



WWJMRD 2018; 4(3): 146-150
www.wwjmr.com
International Journal
Peer Reviewed Journal
Refereed Journal
Indexed Journal
UGC Approved Journal
Impact Factor MJIF: 4.25
E-ISSN: 2454-6615

Bassey, Antigha Okon
Senior Lecturer, Department
of Sociology, University of
Calabar, Calabar, C.R.S.,
Nigeria

Iji, Mary Eru
Assistant Research Fellow
Institute of Public Policy and
Administration, University of
Calabar P.M.B. 1115 Calabar,
C.R.S., Nigeria

Correspondence:
Bassey, Antigha Okon
Senior Lecturer, Department
of Sociology, University of
Calabar, Calabar, C.R.S.,
Nigeria

Ebola Scare and Organizational Work Performance in West Africa: An Analysis of Nigeria Experience

Bassey, Antigha Okon, Iji, Mary Eru

Abstract

This study primarily examines the effect of Ebola scare on organizational work performance in West Africa. Analysis in the study centres around Nigeria because of financial limitations of the researchers to visit other West African countries where an incident of Ebola infection was high. Organisational work performance indicators, such as: attendance, opening of business premises, customers' patronage, production and service provision, as well as, employees turnover were critically analysed qualitatively through in-depth interview (ID). It was discovered that all the indications were negatively affected resulting in low or poor organizational performance. It was a descriptive study, which recommended that eradication of Ebola through the introduction of vaccine and actual vaccination is the only way out, which will eliminate Ebola scare for organizational performance to improve.

Keywords: Ebola's scare, Ebola virus, work performance, organisation

Introduction

Ebola is a disease caused by Ebola viruses. This disease is commonly called Ebola, Ebola Virus Disease (EVD) or Ebola Hemorrhagic fever (EHF). This disease affects both human beings and primates (World Health organisation, 2014). The virus that caused Ebola was first discovered in Marburg in 1976 and subsequently renamed 'Ebola Virus' after Ebola River following outbreak in region of the river in Democratic Republic of Congo in 1976 (Ebola Virus Net, 2017).

Once contacted, the virus incubates for between 2 days to 3 weeks before development of such primary symptoms like fever, sore throat, muscular pain and headaches, which progress to other secondary infections as: vomiting, diarrhea, rashes, decreased liver and kidney function (World Health organisation, 2014). At advanced stage, internal and external bleeding sets in. World Health organisation (2014) indicates that average death rate occasioned by Ebola 50 percent caused by low blood pressure due to fluid loss and stipulates 25-90 percent mortality rate.

The disease condition is contagious, spreading through direct contact with infected person, contact with body fluids of infected person, their semen and even breast milk of recovering person (Singh, 2014). Ebola is highly contagious and prevention is only through coordinated medical services, while treatment is by supportive care, through medical handling of symptoms. The fruit bats are the known normal carrier of Ebola virus; consequently, proper handling of fruits, especially wild fruits, and careful handling of bush meat are integral component of care and prevention (Singh, 2014).

Ebola scare refers to the fear of contacting and the spread of Ebola, considering its pathological analysis above. According to Brooks (2014), Ebola scare represents the fears of mass contagion of Ebola virus and its attendant consequences, being considered by world Health Organisation (2014) as the "most. Acute health emergency in modern times". In view of the high mortality and the highly contagious nature of Ebola, examination of work performance in organisations of societies where Ebola prevails becomes very critical, even to the health of personnel that are to attend to Ebola patients in healthcare institutions.

Statement of the problem

Ebola is a dreaded disease, feared by individuals, government and the international community, including transnational and international non-governmental agencies. The impact of Ebola to communities where Ebola infected people, with its attendant high mortality rate poses a major problem to all aspects and facets of social life.

Organisations are where people work to earn their means of livelihood. When Ebola infects even one person in a community, what happens to the organisation in such community is the primary concern of this paper. The critical aspect of organisation under consideration is work performance. Major question to be answered is: can organisations perform in communities where Ebola is suspected? This broad objective will be analysed using conventional indicators of organizational performance, such as: attendance at work, opening of business premises, customers' patronage, provision of service, production of goods and employees turnover, which are all critical indicators of organizational performance. This paper will reveal how organisations manage in the face of Ebola's fear.

The dependent variable of this study is organizational performance, while the independent variable is Ebola scare. Organisational performance involves the ability of organisations to achieve set goals and objectives for which such organisation was primary established to attain. Performance relates to effectiveness of an organisation, and its persistence over time. In this study, indicators of performance include: personnel work attendance, opening of business premises, customers/clients and stakeholders' patronage, provision of service, production of goods and employees turnover. Consequently, this study will examine how these indicators fare in organisations in communities where Ebola scare exists.

West African sub-region suffered Ebola outbreak from 2014-2015, and in some places up to 2016 (Brooks, 2014; WHO, 2016). How were organisations performing broadly in terms of the primary dimensions of organizational performance, namely; financial performance, market performance, production performance and shareholders' value performance. How these various dimensions and indicators of performance were influenced by Ebola scare is the main objectives of this research.

Methodology and theoretical framework

This study is a descriptive research, which relies extensively on secondary data obtained from books, journals and existing empirical study from international agencies. The study also made use of interview to provide empirical qualitative foundation to substantiate or otherwise data obtained from secondary sources. Consequently 5 In-depth Interviews (IDI) were conducted. Those interviewed were people in location where Ebola scare actually existed. Consequently, five Nigerians were interviewed in Calabar, Cross River State, Nigeria. The study was limited by the researcher's inability to source for funds to travel to Ebola infested countries like Liberia, Sierra Leone, Gambia, etc. It is this limitation that necessitated the heavy dependence on secondary data.

Merton (1968) functional theory, defines social function as objective consequences of action on any system that such action takes place. Merton (1968) identifies latent and manifest functions. Manifest function refers to the intended consequences of action, while latent function describes the unintended consequences of action. Action and social phenomenon in sociological analysis are considered as things that can be studied by observation and analysed scientifically. In this study, Ebola scare is the primary object of study and its consequences on organizational performance will be revealed. Ebola being a disease condition will instantly exert consequences on human health and life. Human beings are members of work organisation, considered as personnel, employees or human capital, without which organisations cannot function. This study therefore looks at the consequences of Ebola scare in organizational work performance.

Literature review

Aribindi (2014) analysed the entry of Ebola in Texas, United States of America, which reveals medical quality and system error, which occurred as a mistake when a bunch of events came together, permitting loopholes for a negative eventually to get through. A person lied at security airport checks, coming from a poorly Ebola quarantined country (Liberia) and carried the virus to Dallas, Texas. Consequently, all areas of his contact were quarantined when he started showing symptoms of Ebola, disrupting work and services. Aribindi's (2014) report was based on system error, while this study is a functional analysis.

Gulzac (2014) reported that Donald trump, an American businessman, challenged United States of America Centre for Disease control to stop bringing aid workers from Ebola infested Africa for them to suffer consequences of their action, and the American government should stop all flight and interaction with such countries. Such comment occasioned by Ebola scare by a top businessman and today American President was enough to bring work performance to an end in all American organisations including embassies in some African countries. This was an outburst which revealed the extent of Ebola's scare.

Gallup poll reveals that American rating of job performance of the Centre for Disease Control (CDC) as a centre of excellence dropped by 10 percent, from 60 percent to 50 percent, which was primarily due to poor public perception of the organisation occasioned by bringing Americans infected with Ebola virus in Africa, back to the United States for treatment (Griffiths, 2014). This is an empirical finding that necessitates the study of Ebola scare and performance of organisations in Africa.

Previous studies and reports cited above reveal the effect of Ebola scare on organisations in United States of America, which implies that little or nothing has been done about performance of organisations in West Africa in general and Nigeria in particular, which incidence of Ebola infection actually manifested. This identified gap is what this study attempts to fill.

Data Presentation

Table I: Demographic data of interviewees

Interview	Age	Sex	Profession/ Status	Organisation	Ebola Scare	Actual Ebola infection	Highest educational qualification
1	46	F	Nurse	University of Calabar Teaching Hospital, Calabar	Yes	No	NRM, SRM
2	34	M	Factory work	United Cement Company, Mfamosing, Cross River State	Yes	No	B.Sc.
3	41	M	Teacher	Universal basic Education Board, Calabar	Yes	No	B.Ed.
4	57	F	Teacher	Post-Primary school Management Board, Calabar	Yes	No	B.Sc., PGDE
5	43	M	Clergy	Apostolic Church	Yes	No	Dip.Th

Source: Author's field investigation

In Table I above, 3 males and 2 females were interviewed in-depth, being 60 percent male and 40 percent female. Those considered for the interview were educated implying that they understand the language of the interviewer as well as concepts used clearly. In the various organisations, Ebola scare manifested, but there was no incident of any Ebola virus infection. Those interviewed were all adults who were informed of the purpose of the interview and they provided their consent in line with research ethical requirement. Inferring from Table I above, there was no incidence of Ebola in Calabar where in-depth interview was conducted, but the incidences in Port-Harcourt and Lagos in Nigeria, provided the basis for Ebola scare to spread to Calabar because of availability of air, land and water transportation from Port-Harcourt and Lagos to Calabar, in terms of possibility of spread.

Analysis and discussion

This section provides analysis and discussion of data obtained primarily through in-depth interview and secondarily through existing intellectual materials. The data obtained were treated and analysed in line with the various indicators or organizational performance variables in organisations.

Work attendance: work attendance has to do with reporting work on scheduled working time. It is tied to punctuality, because reporting to work must be on scheduled time in order to achieve work target which measures productivity and performance. Once a person is diagnosed of infection by Ebola virus, such a person is quarantined to a fixed location in medical facility for treatment and care, this is the guidelines from Centre for Disease control and Prevention (2015). Consequently, the quarantined person cannot go to work. His or her attendance at work is stopped until full recovery in line with stipulated recovery period. This is also applicable to a person suspected of Ebola infection.

Work attendance being a cardinal performance determinant, is disrupted by Ebola. In an interview with a staff of United Cement Company in Calabar, it was reported that:

When three white experts came from abroad to UNICEM plant in M famosing, near Calabar, as a requirement to log-in which they have to press their finger, they rejected as a precaution against Ebola. Consequently, they did not enter

the company premises to carry out strategic task that brought them, until management allowed them to enter without logging-in after two days.” (IDI 2)

Considering the above finding, Ebola scare halted strategic work process and performance for two days. The financial loss to the organisation for halting production for two days was heavy. Consequently, Ebola scare disrupted work performance in terms of work attendance.

Opening of work premises: No organisation can carry out its functions when it is closed down to both internal and external stakeholders, including employees. As a quarantine requirement by centre for diseases Control and Prevention (2015), any location in which Ebola virus is suspected, should be closed for investigation and quarantine. In situation of this nature, work performance cannot continue. When a patient died of haemorrhagic fever and Ebola virus was suspected, the Accident and Emergency Ward was shut down, until Ebola Emergency team of Cross River state certified that the patient did not die of Ebola. The University of Calabar Teaching Hospital Accident and Emergency Ward was re-opened. Work in the ward was suspended for over 2 days of investigation, and full service was not available, thereby hindering work performance (Nigerian eye, 2015). An eye witness in In-depth Interview reported that:

Following the death of a patient brought in from Akpabuyo after showing signs of Ebola virus infection, staff deserted the hospital, and the Accident and Emergency Ward was closed down. No one reported for work until it was certified Ebola free. (IDI 1)

In an attempt to curtail the spread of Ebola in Nigeria, the Federal Government took a decision to postpone the resumption of all public primary and secondary schools from second week of September to October 13, 2014, a period of almost one month. Consequently, a school term that should be a minimum of 12 weeks was barely six weeks. Students and teachers consequently spent six weeks at home, lost to Ebola scare. The same directive closed down all summer long vacation schools with immediate effect (Ogundipe, 2014).

The situation was more serious in other West African countries where the outbreak was major as compared to Nigeria that was classified as minor. Sierra Leone closed schools, Liberia closed schools and universities. In West

African countries of Guinea, Sierra Leone, Liberia and Nigeria, foreign investors were scared, affecting trade, hurting agriculture, resulting in unfavorable balance of trade and payment to the affected countries (Brookings, 2014). Closing of business premises is a major step in curtailing Ebola and it affects work performance.

Customers’ patronage: Customers and stakeholders are scared of contacting Ebola virus whenever it is suspected; for instance, stoppage and quarantine of flight where Ebola patient was carried. No passenger will like to enter that plane, even when assumed that it was not Ebola. No parent will allow the child to go to school where Ebola was suspected. Ebola patients are even stigmatized. Two teachers in separate in-depth interviews maintained that school cannot reopen when there exists Ebola scare, thus:

If your child is to go to school and you are unsure that one of the students is infected by Ebola virus, will you allow your child to go? No parent will allow that. It amounts to suicide. School, like any other organisation where people are many, must adhere strictly to the guidelines on prevention, to guarantee patronage after the incidence (IDI 3 & 4).

Without customers and clients’ patronage, there will be no demand for product or service, and there is no need for performance, when product or service is not required.

Production and service provision: Ebola virus as earlier explained occasioned high mortality which automatically causes decline in population. When population reduces, it affects market performance which leads to production of good and services without market, which is a waste. In

Nigeria, Ebola virus led to reduction in church services and changes in church doctrines, such as: sharing of communion cups, shaking of hands, priest steal of blessing by congregants etc. In one In-depth interview, it was reported that:

It becomes unhealthy to share communion cups because of the fear of Ebola infection. Members of congregation distance themselves from one another. Some churches indoctrinated their members to drink salt and bath salt to prevent Ebola attack. Many churches reduced meeting time and excluded certain religious rituals that encourage bodily contact, all in an attempt to curtail Ebola virus (IDI 5)

Educational services were stopped where schools were closed. The same happened to healthcare provision, where hospitals were closed. Other service and production organisations in countries affected were not spared. Ebola scare hinders service provision and production of goods by organisations in countries where Ebola virus affected people, in all, disrupting organizational performance.

Employee Turnover: This refers to the number of employees leaving an organisation. It is also known as separation. One major cause of separation is high mortality. Since Ebola causes death, employees that died are separated from their organisation, and high employee turnover is an indicator of reduction in performance, where such employees are trained and much expended on their development. High turnover of skilled and trained employees will result in low or poor performance of an organisation. Every country with major incidence of Ebola was negatively affected in this direction, as indicated in Table II.

Table II: Ebola Incidence in the world

S/No	Country	Description of incidence	Geographical location
1	Guinea	Major	West Africa
2	Liberia	Major	West Africa
3	Sierra Leone	Major	West Africa
4	Nigeria	Minor	West Africa
5	Mali	Minor	West Africa
6	Senegal	Isolated	West Africa
7	United Kingdom	Isolated	Europe
8	Sardinia	Isolated	Italian Island in Mediterranean Sea
9	United States of America	Secondary infection of health worker	North America
10	Spain	Secondary infection of health worker	Europe

Source: World Health Organisation (2016)

Though Ebola virus infection causes high employee turnover occasioned by death in countries with major incidence, Ebola scare courses fear in the minds of employee and may motivate them to change job to low risk areas. This may be seen among health workers where there exists high occupational risk to health industry due to Ebola outbreak and scare.

Conclusion and Recommendation

Ebola virus infection poses one of the greatest health hazards to human society in contemporary times, and infringes negative effect upon all facets of the society. Work organisations being component part of the society suffer not only from actual Ebola virus infection of its members, but the very fear of Ebola (Ebola scare). This study concludes that Ebola’s scare impact negatively on

organizational performance in terms of hindering work attendance, causing closure of organisation premises, reduction or decline in customers’ patronage, halting of production and service provision, as well as high employees’ turnover occasioned by death and change of job due to perceived job risk.

As government the world over prepare against Ebola virus, organisations and individuals within organisation must be conscious of the negative impact of Ebola and their performance and join government and international agencies to prepare against Ebola. Good preparation against Ebola virus will eliminate fear thereby eradicating Ebola’s scare. Public health education and campaign should be targeted towards organisations to prepare employees in order to foster performance. The development of vaccine and actual vaccination of employees should be the largest

of all in the fight against Ebola virus.

The researcher in the study appreciates the effort, commitment and sacrifice of health personnel in Nigeria, Africa and the world over in fighting the deadly Ebola virus. Curtailing Ebola spread is a function of institutional preparedness, commitment and capacity. Health organisations, government and international agencies must not ignore the probability of its re-emergence. The fight for cure and prevention is continuous. Medical and industrial sociologists should join the fight against Ebola virus, which produces “Ebola Scare”

References

1. Aribindi, V. (2014). Ebola in Texas: Fascinating story of system errors. www.kevinmd.com, retrieved 27th June, 2017
2. Brookings (2014) Understanding the economic effects of the 2014 Ebola outbreak in Africa. www.brookings.edu retrieved 27th June, 2017
3. Brooks, M. (2014). “The current Ebola scare”, *The Newstateman*, 15th October
4. Centre for Disease Control and Prevention (2015). Information for employers and employees: Business and business travelers, July 29th, Atlanta: United states department of Health and Human services, www.cdc.gov/ebola/business. Retrieved 26/06/2017
5. Culzac, N. (2014). “Ebola Gatwick scare for “petrified” staff passengers after woman on West Africa Flight collapses and dies”. *Independent News*, www.independentnews.uk, retrieved 27th June, 2017
6. Ebola Virus Net (2007). History of Ebola. www.ebolavirusnet.com retrieved 29th May, 2017
7. Merton, R. K. (1968). “The unanticipated consequences of purposive social action”. *American Sociological Review*, 16): 894-904
8. Merton, R. K. (1968). *Social theory and social structure*. New York: Free Press
9. Nigerianeye (2015). “University of Calabar Teaching Hospital shuts emergency ward”. www.nigerianeye.com. Retrieved 4th October
10. Ogundipe, S. (ed.) (2014). “Ebola scare: Federal government shuts schools till October 13th”. *Vanguard*, August 27th 2014
11. Singh, S. K. (2014). *Viral hemorrhagic fever*. Boca Raton: CRC Press, Taylor & Francis Group
12. World Health Organisation (2006). Data on spread of Ebola
13. World Health Organisation (2014). Ebola virus disease fact sheet, Number 103