

Article



# Essential Work in the U.S. during COVID-19: Navigating Vulnerability–Sustainability Tensions

Astrid M. Villamil<sup>1,\*</sup> and Suzy D'Enbeau<sup>2</sup>

- <sup>1</sup> Communication Department, University of Missouri, Columbia, MO 65211, USA
- <sup>2</sup> School of Communication Studies, Kent State University, Kent, OH 44240, USA; sdenbeau@kent.edu
- \* Correspondence: villamila@missouri.edu

**Abstract**: The COVID-19 pandemic affected every functioning system in the United States. Workers deemed "essential" faced multiple threats to their well-being that quickly led to acute symptoms of anxiety, depression, burnout, and overall exhaustion, and organizations were challenged to devise employee protocols to maintain sustainability. This qualitative study takes a tension-centered approach to discern how "essential workers" in the United States navigated this tenuous work landscape, particularly with regard to emotional work and workplace dignity. We conducted 19 semi-structured in-depth interviews with essential workers during COVID-19. Our constant comparative analysis of the data identified a macro-tension between vulnerability and sustainability that was revealed through two micro-tensions: (a) essential work as instrumental and disposable, and (b) workplace dignity as recognized and transgressed. We unpack the emotional responses enmeshed in these micro-tensions and situate our findings at the intersection of organizational sustainability, emotional work and workplace dignity. We offer theoretical and practical implications for essential workers and organizations.

**Keywords:** organizational sustainability; emotional communication; workplace dignity; tensions; essential work; COVID-19

# 1. Introduction

The COVID-19 outbreak officially became a "global pandemic" in March of 2020, creating unprecedented sustainability challenges for organizations. All of a sudden, no matter the industry, organizations had to now consider employee health and safety, and the very nature of the organization itself, in addition to things like financial bottom lines. The pandemic challenged us to rethink what work is most important and valuable to meet critical economic and public health demands in the United States [1]. One of the most significant labels during the pandemic was "essential worker". This label separated workers who could perform their duties remotely from those who had to physically show up to work amidst the pandemic restrictions.

The occupations that came to be labeled "essential" in the United States varied from state to state; however, the official definition of "essential work" remained consistent. Essential workers are "those who conduct a range of operations and services that are typically essential to continue critical infrastructure operations" [1]. The scope of essential work ranged from health professionals to electricians, plumbers, and construction and retail workers, to name a few [2]. The "essential" designation granted workplaces the ability to remain open and viable when many other businesses were forced to shut down. However, many of these workplaces lacked the appropriate infrastructure to protect and support their employees [2], and they also demanded more physical and emotional labor from workers. In fact, in many cases, employees were treated as expendable, charged with additional responsibilities, and given minimal protection [3]. Indeed, regardless of their income, benefits, and job protections, essential workers had to perform job duties in an environment full of risk, uncertainty, and fear. These additional pressures on work



Citation: Villamil, A.M.; D'Enbeau, S. Essential Work in the U.S. during COVID-19: Navigating Vulnerability–Sustainability Tensions. *Sustainability* **2021**, *13*, 10665. https:// doi.org/10.3390/su131910665

Academic Editors: Sarah Riforgiate, Shawna Malvini Redden, Satoris Howes, Tim Huffman, Stacy Tye-Williams and Marc A. Rosen

Received: 6 July 2021 Accepted: 22 September 2021 Published: 25 September 2021

**Publisher's Note:** MDPI stays neutral with regard to jurisdictional claims in published maps and institutional affiliations.



**Copyright:** © 2021 by the authors. Licensee MDPI, Basel, Switzerland. This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution (CC BY) license (https:// creativecommons.org/licenses/by/ 4.0/). performance exacerbated emotional labor demands and jeopardized the sustainability goals which are necessary to move beyond the COVID-19 pandemic [4] in the United States and the rest of the world [5].

Although vaccine rollouts are in place as we write this article, and though COVID-19 mortality rates have started to decrease after reaching over 600,000 deaths in 2021 [6], the physical, mental, and emotional effects of the past year on essential workers are not fully understood. The initial effects among workers who were considered essential include increased stress, fear, anxiety, and depression [7]; burnout [8–11]; physical exhaustion and insomnia [12]; and suicidal risk [13], among others. In this article, we build upon this research by exploring how essential workers understood their work during the COVID-19 pandemic, particularly regarding emotional work and workplace dignity, and how these understandings potentially impacted sustainability. We begin with a review of the relevant literature about organizational tensions, emotional work, and workplace dignity in order to provide a conceptual foundation for our subsequent analysis. We then present findings from qualitative interviews with essential workers during the COVID-19 pandemic to make a case that essential workers were expected to work in precarious, undignified conditions that were often couched in the language of heroism and dignity so that organizations could maintain sustainability.

# 1.1. A Tension-Centered Framework for Organizational Sustainability

Tensions offer a useful entry point to explore the complex and sometimes paradoxical landscape posed by COVID-19 [14]. Sharma and colleagues called for research that examines the societal tensions around the pandemic as constitutive elements that underscore this unique moment in history [14]. To this end, we propose a tension-centered framework to investigate the ways in which emotional work and workplace dignity bring to the surface dilemmas for individuals performing essential work as organizations aim for sustainability during the COVID-19 pandemic.

Putnam, Fairhurst and Banghart [15] define tensions as the stress and dissonance that arise when organizational members encounter incongruous or dilemmatic situations. Tensions are realized through discourse and interactions, are informed by socio-historical contexts, build upon other tensions, and often involve engaging dissonance in sense-making processes. Other scholars, like Cooren et al. [16] and Tracy [17], suggest that organizational tensions are communicatively constructed, navigated, and transcended as organizational members attempt to make sense of various workplace dilemmas. How organizational members deal with tensions depends on both the context of the dilemma and the characteristics of the dilemma; these, in turn, determine individuals' intentions to acknowledge both poles of the tension, or to simply "carry out transcendence" [18] (p. 308).

Research on organizational tensions and sustainability has highlighted economic, social, and environmental dilemmas. For example, Hahn et al. [19] proposed an integrative approach to organizational sustainability that simultaneously intertwines economic, social and environmental constructs, and engages the murky nature of this integrated approach. Similarly, Hengst and colleagues [20] discovered that working through sustainability tensions allowed organizational members to both legitimate novel sustainability strategies and maintain mainstream strategies. Hahn, in Sharma et al. [14], pointed out how COVID-19 exacerbated the inherent paradoxical nature of organizational sustainability in addressing economic, social and environmental threats to organizations. He called attention to the need to focus on systemic tensions and paradoxes "collectively before they become salient" (p. 133). That is, it is important to identify the dilemmatic poles and their characteristics before they materialize in order to engage these dilemmas proactively, instead of reactively [21].

Next, we focus on emotion(al) work and workplace dignity as two constructs that have the potential to illuminate the tensions around the construction of "essential work."

### 1.2. Emotion(al) Work and Workplace Dignity

In the groundbreaking compendium *The Managed Heart*, Hochschild [22] differentiated "emotion work" from "emotional labor", and established that emotion work alludes to the internal process of managing emotions and their display to match societal expectations. In contrast, emotional labor requires the use of internal emotional processing to externalize emotions on behalf of institutional goals [23]. More recently, Powers and Myers [24] explored emotions in the context of service work, and identified "emotional work" as the "emotions that arise as a consequence of work-related interpersonal interactions, resulting in responsive emotional communication" (p. 158). Emotional work is typically provoked by: (1) empathic concern, or holding emotional space for someone while keeping personal boundaries; (2) emotional contagion, or taking someone's emotional experience as one's own by matching their emotional intensity; and (3) compassionate communication, which involves a cycle of noticing, feeling, and responding to someone's emotions [24–26].

Emotional labor and emotional work have been associated with various outcomes, including burnout and job satisfaction [24,27,28]. Burnout is understood as a threedimensional construct composed of "exhaustion," "cynicism," and "reduced personal efficacy" [29,30]. Miller and colleagues [27] found empathetic concern to be positively associated with increased satisfaction and decreased burnout, but found emotional contagion to be a precursor of burnout among human service workers, leading to the depersonalization of clients. Zapf et al. [28] examined the relationship between emotion work and organizational burnout, and found that depersonalization was predicted by stressors like uncertainty, social and environmental factors, negative emotions, and emotional dissonance, and the absence of resources like control and positive emotions.

In addition, scholarship has investigated how emotional labor is experienced in different occupations and contexts. For example, Bolton [31] unpacked how nurses navigate emotional work stress with pride by mastering expected feeling rules and strategically offering or concealing emotional support. Hayward and Tuckey [32] explored the emotional regulation techniques nurses put in place to create relational distance or connection in order to preserve well-being or facilitate job performance. Ultimately, nursing and other health service professions undergo a great deal of work-related stress [33] and subsequent burnout [34–36].

Emotional work and emotional labor are valuable assets in a neoliberal context because of the shift to a service and intangible economy, and these service sector occupations were a large portion of those deemed "essential" during COVID-19. For example, "emotional intelligence" [37] has arguably been co-opted to advance productivity, individualism, and entrepreneurialism in post-industrial, neoliberal markets [38]. Incidentally, this affective turn, known as "bounded emotionality", has also been approached as an "alternative mode of organizing in which nurturance, caring, community, supportiveness, and interrelatedness are fused in individual responsibility to shape organizational experiences" [39] (p. 474). Complementing this paradigm, some scholars [40–42] have argued for affect to be placed at the center of the relationship between vulnerability and political agency. In this way, vulnerability, understood as "the condition of being affected" [40] (p. 6), is a strong entry point for an investigation of emotion work during a pandemic, and the subsequent "relationally grounded possibility for political action" [41] (p. 242).

Workplace dignity is the second construct of "essential work" that was potentially impacted by COVID-19. Theorizing about dignity and work can be traced back to Karl Marx's theory of alienation and his critique of production processes that objectify and deny humanity [43]. At the most basic level, workplace dignity can be understood as an unconditional right that involves ongoing mutual respect [44]; it is related to status, honor, free will, and autonomy in work [45]. Workplace dignity is also communicative and relational. For example, Misztal [46], Sayer [47], and Lucas [48] suggest that social interactions are at the core of perceptions of dignity, and therefore that communicating respect on an ongoing basis is essential for establishing dignity. As such, dignity both acts as internal barometer of self-worth and is predicated on the recognition and display of the respect received from others [49].

Lucas [44] identified three components of workplace dignity: (1) inherent dignity, or the result of respectful interaction; (2) earned dignity, recognized by affirmations of competence and contributions; and (3) remediated dignity, or the practices that can conceal instrumental and unequal practices at work. What is more, workplace dignity is manifested in communication, and therefore involves the self and others, as well as contextual and power dynamics. Second, workplace dignity is subjective and self-construed; although interactions inform perceptions of dignity, individuals determine what constitutes a violation or affirmation of dignity. Third, workplace dignity is dialectical, whereas inherent and earned dignity engage in complementary interplays. Fourth, the presence of workplace dignity is often conceptualized by its absence [49].

Similarly to emotion(al) work, workplace dignity is embedded in neoliberal dynamics that prioritize transactional, instrumental, profit-oriented, and oppressive outcomes at work [50]. To wit, Lucas [44] lists several examples of workplace instrumentalities, such as minimized perceptions of workers' roles, the commodification of workers' humanity, and the perception of disposability. Ultimately, these instrumentalities paint a unidimensional picture of individuals whose humanity and self-worth are exclusively perceived in economic terms.

Furthermore, power asymmetries like gender [51,52], sexual orientation [53], social class [48] and status [54] have been linked with workplace dignity. More specifically, extant research has explored the threats to dignity that Black and other people of color experience in the workplace [55–57]. In fact, Wang and Brewster [58] argued that the systemically and culturally entrenched racial stereotypes from customers pushed service workers into situations where discrimination in the shape of subtle indignities would be accepted and seen as justified. This process of continued indignities perpetuates oppressive systems by excluding people of color "from the benefits of welcoming and caring customer service" (p. 531).

Given the additional pressures on individuals' workplace performance during the pandemic, the relevance of emotion work and workplace dignity, and the broader context of organizational sustainability, we pose the following research questions in order to better understand "essential work" during the pandemic:

(RQ1): How did workers perceive the "essential" designation and describe their emotions about the "essential" designation during COVID-19?

(RQ2): How did essential workers experience workplace dignity during COVID-19?

## 2. Materials and Methods

The data collection started in the summer of 2020, after gaining institutional review board approval, and ended in the spring of 2021. The participants were recruited online via Facebook and in person via snowball sampling. The participants were 19 individuals who were designated "essential workers" when the pandemic started (see supplementary Table S1). These were individuals who were called to report to work regardless of the social distancing guidelines in place.

# 2.1. Participants

The participants ranged in age from 23 to 64 years old, with an average age of 39 years. The interviews were conducted with individuals living across the United States. Our recruitment efforts and materials focused on inviting participants from different racial and socio-cultural backgrounds. As such, we advertised our study on various online affinity groups and encouraged participants to share information about our study with their networks. Thirteen participants identified as White, three identified as Black, one identified as Latinx, one identified as Native American, and one identified as biracial. Ten participants identified as men and nine participants identified as women. Their occupations included retail and convenience store staff, home maintenance and repair expertise, and

animal and human healthcare. Their tenure at work ranged from 2 to 40 years, with an average of 21 years.

# 2.2. Interviews

We conducted nineteen semi-structured interviews in total, with twelve being inperson, following social distance protocols, and seven being online interviews via Zoom, resulting in 249 pages of single-space interview text. The interviews lasted from 25 to 65 minutes, with an average of 31 minutes. The questions focused on (a) the meaning of essential work during the pandemic; (b) the changes and challenges of doing essential work; and (c) workplace dignity during the COVID-19 pandemic. The interviews were digitally recorded, professionally transcribed, and double-checked for accuracy. We assigned pseudonyms to all of the participants.

Because of the limited time availability of our sample and the mental bandwidth that in-depth interviews take, we paid special attention to tracking saturation by recording the participants' perceptions of the new information added to the corpus of data. In addition, we were intentional in recruiting participants that represented racial, ethnic, and sociocultural diversity, in order to account for the often-unequal experiences of participants with historically disadvantaged identities. Given these parameters, our sample met the saturation guidelines of high-quality, robust, qualitative scholarship [59].

#### 2.3. Analysis

We used NVivo 12 to organize the data, and utilized a constant comparative method to analyze the data [60]. With the research questions in mind, the first author conducted a lineby-line open coding reading of the data in order to establish the initial emerging themes. The sample codes included reactions to the essential worker designation, challenges at work during the pandemic, and emotional outcomes and tensions due to workplace management. The open coding process required multiple iterations as the coding scheme was developed.

Once the broader categories were identified, both authors engaged in the process of axial coding [61,62], in which the codes are refined and put in perspective with other codes in order to generate conceptual clusters. During this process, the ongoing tension between institutional demands for productivity and the personal needs of essential workers surfaced as an overarching narrative. The authors engaged in memo keeping and notetaking to make sense of the data and account for alternative interpretations [63]. Lastly, we conducted member checks with three participants to invite feedback and check for the accuracy of our interpretations [62]. These member checks resulted in no changes to our findings.

# 3. Results

The research questions that informed this study asked how participants construct the essential work designation and their emotional responses during COVID-19 (RQ1), and how the participants experienced workplace dignity (RQ2). The findings articulated two micro-tensions that characterize the push and pull between work that demands both vulnerability and viability: (a) essential work as instrumental and disposable; and (b) workplace dignity as recognized and transgressed. Taken together, our analysis provides a snapshot of "essential work" during COVID-19, and demonstrates that organizational sustainability and vulnerability are pitted against each other, leaving essential workers with feelings of exhaustion, frustration, and a desire to leave the workforce. In the following pages, we explicate these micro-tensions and the contradictory emotions that allowed participants to navigate these tensions.

#### 3.1. Essential Work as Instrumental and Disposable

To begin, essential work during the pandemic was discursively constructed as instrumental and disposable. That is, performing essential work during the pandemic meant that many of the social distancing guidelines intended to prevent the spread of COVID-19 were compromised, because essential workers had to support the societal infrastructures necessary for communities to maintain basic functions. At the same time, performing essential work also involved the risk of contagion, precarious job conditions, and uncertain plans of action. In terms of their emotion work, participants articulated their ambivalence about essential work as both instrumental and disposable in three ways: being grateful/fearful, surprise/conflict, and frustration/resistance.

#### 3.1.1. Grateful/Fearful

Participants expressed feeling grateful that they were able to continue to do their jobs, earn a paycheck, and contribute to the functioning of their communities. For example, Milton, a coffee shop owner, described the chance to work as a privilege that many did not have. He said:

My wife was jealous of me going to work every day, even though it was a hot, stressful mess, but there was some normalcy to it. And I mean, I think that I'm grateful for that, to have that, even though I was incredibly jealous about everyone else also having off all this time, especially early on everyone goes, "Oh, I'm so bored. I'm looking out the window all day."

Milton reflected on the feelings of jealousy that even his wife had about having the freedom and ability to go to work. Like Milton, other participants in this study felt a sense of gratitude, but also jealousy of people who were not called to work during the pandemic. Megan, a kitchen renovation consultant, expressed feelings of gratitude about being able to work. In this case, Megan alluded to economic reasons. She explained:

I felt kind of grateful because they were paying me. They were paying me to work three days a week, and I still got to stay home two days a week, and it didn't cost me daycare. And, so there was a lot of mixed emotions.

Megan articulated her own viability needs and acknowledged the role of her employer in allowing her to earn a paycheck during the pandemic. She also appreciated the workplace flexibility that allowed her to care for her family without incurring extra daycare charges.

However, the participants were also fearful that they would catch COVID-19 or spread it to members of their family. For example, Eda, a medical assistant, recounted her anxiety and uncertainty around the virus:

I go to therapy. I use a lot of like meditation or working out, keeping myself healthy, just trying to like be optimistic about the future and about my chances of getting it and being realistic, not letting anxiety talk through me, knowing like I'll probably be okay if I get it and also like I need to make sure that my grandparents are healthy and I don't expose them.

Because of her essential worker status, Eda was fearful of catching the virus or exposing her grandparents to it. Eda also shared the coping mechanisms she used to manage her stress and anxiety.

Similarly, other participants expressed apprehension around the safety guidelines. For example, Tristan, a lab manager, described how his family was concerned about him catching the virus. He had to tell them, "It's just going to happen. Once I start dealing with the samples every day, I'm going to be exposed to the virus all the time."

Tristan prepared his family for the possibility of exposure and vowed to take every precaution he could: "I've reassured them that the way that we have everything set up, we're not opening up any packages until they're in our fume hood." Tristan reassured his family that he would remain safe even though the type of work he performed involved a high risk of exposure to the virus. Indeed, many participants feared exposing their close ones to the virus, to the point of choosing to distance from them, as Lulu, a nurse, described:

When this COVID started, I'm divorced. I have three children. I sent my kids away. I was like, "I cannot expose my kids at this point, because I don't know what it's going to be or what's going on." I sent my kids away, and I was just like, "I'm not safe to be around them."

For Lulu, separating from her kids was the only option to keep them safe, even though it represented a temporary change in their custody arrangement and precluded her from spending time with them.

Additionally, the participants were cautious about how other people followed safety guidelines. Zeph, a hardware store associate, described the emotional labor required when interacting with customers who did not follow safety protocols. He said:

Yeah, but I've noticed a lot of customers don't care as well. So, if I'm wearing a mask, you would think they would at least give me the distance if they're not wearing a mask. But I have seen a lot of that not happen. Personally, I'm not offended by it, but at least give me... When some people are actually up close and within my own personal bubble, that gets a little too much. So, I'll step back and kind of, non-verbally be like, "Hey, you need to back up a little."

Zeph emphasized the uncertainty around the interpretation of safety protocols. His example illuminated the fear of directly engaging customers who were not following the protocols, and potentially losing their business, as well as concern about his own exposure to COVID-19. In summary, the participants expressed both gratitude and fearfulness in how they understood their work as "essential".

#### 3.1.2. Surprised/Conflicted

The second set of contradictory emotions that underscored essential work as instrumental and disposable pertained to being surprised and conflicted. Many participants were surprised to be considered essential workers, because their jobs were not prestigious prior to the pandemic. For example, Tom, an inside salesperson, explained the uncertainty around whether his job would be deemed essential:

We were not thinking we were really essential. When this first all broke out, let's be honest, no one knew the direction of this, anything about it, there was so much gray area. So you're thinking hospitals are really... Maybe even not even grocery stores, you know what I'm saying? Fire and police, those were essential. So we were all like, "Ah, we might be losing our jobs here for a little bit," that kind of thing. But then there was some joke because of the company where I worked for, stuff like that, that, "Ah no, they'll find a way to keep us here and working and stuff." And we are, we did and we're here still.

In this example, Tom describes how the meaning of "essential" evolved as economic and viability issues became more pronounced. Notably, the "essential" designation surprised some healthcare workers as well. Dawn, a nurse, observed:

I never knew the word would ever be appointed to my profession. Someone who is needed, I guess. The 'essential worker' is someone who cannot stop working, and can't do it from home. I don't know, because I don't remember ever... I mean, essential. I mean, I know what the word means and everything. But I never thought that... I don't know, I never thought we were 'essential'.

Dawn reflected on the "essential" nature of her work only when the pandemic started. She noted that "because we're a very silent profession that doesn't need to have the verification that we did good, because we see that when our patients get well and go, discharge to home."

The participants also expressed feeling conflicted with the "essential" designation because although this designation guaranteed job security, the boundaries around essential work were not clearly drawn. Milton, a coffee shop owner, explained:

I mean, that literally kept me up for two weeks. I mean, it was every single day. It was trying to decide if we are essential and then the governor would speak one day and every

day for those two weeks it was like, "Oh sh-t, what's [the governor] going to say? Is he going to shut us down?" And as a small business, I mean, it's not like we can float weeks and weeks of not having revenue come in. At some point you have to make tough decisions based on if the money is just drying up.

Milton's reflection on the "essential" designation of his work was indicative of the conflicting nature of essential work; he was hesitant about labeling his coffee shop as "essential" during a pandemic, and yet understood how that designation allowed his business to stay financially afloat. Lulu further explained that:

I felt scared at first to be honest. March, April, May was... I was scared, and then I got sick, and so I was even more scared that eventually I'd get COVID. But, first I felt scared. Then I started hearing stories of my friends who are non-essential, struggling financially and all that, so you go from scared to being like, "Oh, should I feel privileged that I have a job that still pays me?" Conflicted is the best way to describe it.

Lulu's comment exemplified the complex emotion work that was a result of the essential work designation; most participants did not necessarily choose to do work, but felt the pressure to continue working as they observed others losing their jobs due to the economic collapse. Eda, a medical assistant, echoed this sentiment:

In the beginning of me going to work and they told me, I need to stay, a part of me, then they gave me the option. They said, you can also deny and stay home. If you're uncomfortable, by all means, don't stay at work. But like I need to work in order for us to be able to live, in order for us to get bills paid. So it's like this catch 22, like I don't want to work, but I have to work. And I'm like mad about that, but I shouldn't be, because a lot of people got laid off when they really need to work.

As Eda explained, much of this conflict around the notion of "essential work" was related to economic viability and job security, even more than health risks or other occupational hazards. In brief, the fear of contracting COVID-19 was surpassed by the pressure to continue earning money.

## 3.1.3. Frustration/Resistance

The third set of contradictory emotions that revealed essential work as instrumental and disposable involved feelings of frustration and resistance. The participants expressed dissonance navigating old (pre-pandemic) scripts that bumped up against new contradictory protocols. As Lucy, a nurse, vividly described:

And so now, every patient pretty much is in isolation, so you're getting maybe three to four isolations in your assignment that you wouldn't have done before. So everybody's got gowns and gloves, we ran out of gowns the other day, had to go to paper gowns. We don't always have supplies, we've been running out of wipes, so there's that. We've got isolation carts and cleaning tables in the hall, which is a fire hazard, which they would have never allowed before. None of the things we're doing would have ever been allowed with [healthcare organization] or [healthcare organization] before, we would have been fined so much money, but they don't care.

Lucy's frustration reflects the messiness of her work during the pandemic. In addition to putting their livelihood on the line, essential workers had to learn new schemas because of the high volumes of people hospitalized. This frustration caused Lucy to contemplate how the pandemic would change future guidelines:

So they supported us at first with that. Then they took that support away. Now they're doing this crisis stuff, so now... and I told my boss this. They have accentuated the we-they now. They are not supporting us anymore. They are not caring. They've lost all sense of support. And my fear in talking to coworkers too is, now that they're doing this to us in the midst of the worse crisis we have, they are going to just say, "Hey, you did such a great job." This is how it's going to be now, from now on. I can just see it.

Similarly, Donte, a nurse, said:

Everyone is fearful that the staffing grid that we have now is going to stay. But I will fight that. I can't fight this right now, because it's... You know, the word pandemic. Thought I would never, you know, it's not the word that I ever thought, pandemic, COVID, you know, those kinds of things, I would say things like that. But I'll fight for regularity when we have control of this disease.

Here, Donte and Lucy explained the unprecedented sacrifices required of essential workers in order to meet the critical needs of the pandemic crisis, and their wariness that highly skilled performances might set detrimental precedents in a post-pandemic reality.

Essential workers did not perceive much room to resist sanctioned work guidelines due to the volatility of their environments. However, some participants disclosed instances where they asserted their agency to push against COVID scripts. Mara, a physical therapist, explained:

So I am finding, here in the past few weeks, we're getting a lot of COVID positive referrals and what I essentially am doing is I'm not telling my director of nurses this, but I'm not going to go into these patients' homes until the 14 days is up. Now, I don't, as a clinician, I have a right to do that, but also I'm not going to broadcast it to my director of nurses or my bosses. But also, it's not fair to the physical therapy assistants because I go in, do my evaluation, say bye. They're the ones that are in the house over and over. And I just will refuse to do that. So I guess there could be a position where I could get in trouble or, but so far it's been fine, because I'm just being smart.

Mara's position allowed her to ambiguously coordinate her work to be intentional about avoiding exposure to the virus. However, not all essential workers had this autonomy. Indeed, the lack of autonomy potentially contributed to the heightened stress that many participants perceived.

In summary, essential work being both instrumental and disposable generated participants' emotional ambivalence about performing work in which they experienced external praise but also worked in dangerous conditions.

#### 3.2. Workplace Dignity as Recognized and Transgressed

The participants articulated a second micro-tension in the navigation of the push and pull between vulnerability and organizational sustainability, in which workplace dignity was both recognized and transgressed. That is, the participants managed work environments loaded with heightened emotional and cognitive needs, increased demands for productivity and the decreased ability to recharge. At the same time, the essential workers in this study observed an increase in positive external recognition about their work. The participants emotionally grappled with workplace dignity during the pandemic in two ways: being praised/disrespected, and being overextended/underappreciated.

## 3.2.1. Praised/Disrespected

The participants expressed the external and on-site visibility of their contributions at work. All of the essential workers in this study mentioned receiving ongoing praise, acknowledgments, thank-you messages, and other gestures of appreciation that made them feel that they were performing an important job in a competent manner. Some participants, like Mara, a physical therapist, welcomed insurance and grocery store discounts. Others like Michelle, a drug store associate, reported similar perks, and even excused her employer for not providing these perks to the rest of the company:

And people do thank me, I mean, the customers thank you for being here. I'm like, you know, it's my job. Some places are better than... You know, they kind of give you perks and buy you lunches and, you know, pizza party or whatever the hell. But [drugstore] has thousands and thousands of employees. You know, I think it would be kind of pricey to buy everybody lunch.

Phil, a liquor store associate, commented on the significance of cordial treatment from patrons:

But yeah, it was cool. People seem to really appreciate us that we're open still. That was the one big, nice thing, was people were really appreciative and really nice. Not that we have a lot of people that come in who are jerks anyway, but I didn't even see any of that. I saw one guy. There was one guy who was a jerk. But yeah, everyone was really nice to us. Everyone's always really nice to us, but at a time like this, it helps.

Despite a few misbehaved customers, Phil received meaningful messages of appreciation and care. Phil highlighted the positive influence that this praise represented during the pandemic.

Consequently, the pandemic has potentially revealed the value and visibility of essential workers. Enzi, an infectious disease doctor, argued:

And low wage workers, called essential workers today, restaurant, grocery stores midpacking, nursing home staff deemed low skill workers that are now giving their lives to protect the lives of the privilege. DSL really, really had working people. They wake up and do all they have to do to show up at work and don't get any credit, instead they get called all the negative names in the book until COVID shows up. And all of a sudden they're essential workers and society cannot move on without them. How do we put dignity on work by paying people for what they're worth, for the value that their work should have?

Here, Enzi questions an occupational hierarchy that favors linear career ambition and white-collar work. As Enzi suggests, the pandemic may have brought visibility to the importance of blue-collar essential workers.

However, at the same time that praise of essential workers increased, disrespectful interactions also increased. The essential workers in this study expressed multiple episodes of hostility and increased awareness of inequality. The reasons behind these indignities are twofold. On the one hand, the pandemic pushed people to the end of their bandwidth. Consequently, emotions have run high, and essential workers have been on the receiving end; however, they were still expected to perform the appropriate emotional labor. As Mary, a vet tech, explained:

But I mean, at least once a week, there's someone that's like that. And I understand, but it makes it extra stressful for us when you don't want to comply with the things that we're not even in control of. But I mean, there's nothing really we can do.

Mary's example was not an isolated one. In fact, most of the participants recounted similar experiences. Eda, a medical assistant, stated:

You know, and I think I have a really good way of dealing with hard patients. I really don't take it to heart. I have a good way of separating it, but I kind of like laugh with them about it. This one X patient that I'm referring to, he's cursing at me. He's like, and it's my damn birthday and I'm so angry. And I'm like, Oh, well, happy birthday and I sang to him and I was like making fun of it. I was like, isn't this such an exciting birthday for you? Like aren't you having so much fun? And he's a really sarcastic patient and I know that. And so I kind of joked with him and it made him smile a little bit.

Thus, while instances of spirited emotions and disrespect increased, Eda's anecdote represents some of the ways in which the essential workers from this study reacted to these indignities. In another example, Mary described:

Then I go and I unlocked the door, she tries to walk in and I'm like, "Oh, I'm sorry, we can't let people in the building just yet." She was like, "Well, are you sure? I can wear a face covering and everything." I was like, "It's just one of our protocols. Sorry, I can't let you in." She was getting really upset about it and her cat was fine, ended up being fine. But she was just that owner that was really hyper-sensitive about what was going on and was really worried and that's understandable, I'd be the same way.

Perhaps due to the unprecedented conditions, the essential workers engaged in a great deal of empathy and perspective-taking about the emotional labor required in these situations.

Unfortunately, Black essential workers continued to experience racist indignities, as Enzi described:

Well, let's be honest here, I'm a black immigrant in America working at a hospital. So racism at a hospital happens all the freaking time. So it's not just COVID, it's before COVID, it's during COVID, it's going to be after COVID. And the frustrating thing is that you're not always feel like the institution you work for has your back, that they're going to... How do you call that? Find excuses to not see your rights being violated by patients. And usually there's no policy that says you as a patient cannot violate the worker's rights or dignity at work, and you will find yourself in the cycle of a patient is being discriminatory towards you. Do you report it to the workplace? And if you decide you're going to do it, then you have to deal with the silence that usually comes with this kind of report. You will email, you'll call, and nobody really takes your complaint seriously. That's not just COVID, this is before COVID, this is during COVID and I'm pretty sure it's going to be after COVID. And I'm pretty sure it is because of the history of this country.

As carefully articulated by Enzi, the pandemic accentuated the history of racism and discrimination in the United States. In other words, the same micro-aggressions and racial indignities that pre-dated the pandemic popped up during the pandemic for Black essential workers. Lulu said:

Okay, so simple example is obviously you can tell I have an accent. I walk into patient's room, and I was like, "Oh, hey, my name is Lulu. I'm going to be your nurse. How are you doing?," whatever, and just looks at me and says, "I need somebody who speaks English. I don't want you to be my nurse." That actually, believe it or not, happens a lot. I used to be somebody who'd feel offended by it. Sometimes I'm like, "Oh, my gosh." But I've learned the skills that I think along the way have helped me. One patient was like, "Oh, I don't understand your accent." I just looked at him. I was like, "You know what? Good thing we have eight hours for you to learn my accent. My shift is eight hours long. You're going to probably understand me later." We move on.

Just as instances of racism are not novel to the pandemic, the way to manage these instances reflected the careful reflection of the participants. Donte explained:

So after racial differences, ethnic and social class differences, all those things come at you. Those are the few times that I have had to challenge people and let you know, I might have an accent, I might look different, but I'm here to give the best care to your family member, if you let me and if you don't want to let me then either you take your family member away, or maybe I have to leave. And you just put your family member in a difficult position because I'm trained and probably the most experienced person on this floor.

In this way, Donte articulated how his expertise was routinely challenged, expertise that could provide invaluable assistance to patients and families, because of racism.

In sum, the essential workers in this study reported an increase in external praise about the quality of and commitment to their jobs during the pandemic. In some cases, the participants were surprised by this praise because they were undervalued prior to the pandemic. However, because of heightened stress and emotional exhaustion, the participants also reported threats to workplace dignity. Furthermore, pre-existing racial dynamics meant that all three Black participants in this study observed differential treatment based on their racial identity.

## 3.2.2. Overextended/Underappreciated

In addition to working long hours and being physically exposed to the virus, essential workers performed a great deal of emotional labor induced by heightened demands from

patrons, clients, patients, management, and even family members. In brief, the participants were both overextended and underappreciated.

This affective turn was novel for some essential workers who, prior to the pandemic, were not asked to perform emotional labor above typical expectations; for other essential workers, like nurses and physicians, emotional labor has been widely documented to be an expected part of their job performance [31]. Incidentally, essential workers that traditionally performed voluntary emotional labor with patients prior to the pandemic were unable to do so during the pandemic because of safety regulations, imposed institutional guidelines, or the high volume of infected patients.

At the conclusion of the data collection in the spring of 2021, COVID-19 had reached a second peak across multiple regions of the United States. The physical, mental and emotional exhaustion was evident in all of the participants, especially the essential workers in healthcare. The participants felt overworked, tired, and pushed to the limits of their physical, mental and emotional capacity. Enzi, an infectious disease doctor, described:

So emotionally it takes a toll on you. I had been in social distance, I mean, the first few months I'd been doing quarantine in my own home because I didn't want to get anyone sick. Sleeping in the separate bedroom, separate bathroom kind of things. So that in case I get it, I don't give it to anyone else living in my house. The demand, and then texts from friends, from people who know you're an infectious disease doctor and have their family members sick, or they have symptoms, but they don't know what to do because of how disorganized the national response is.

According to Enzi's experience, essential healthcare workers were asked to perform emotionally exhausting activities not only at their work but also among their own personal networks.

Indeed, the mental and emotional toll the pandemic has taken on essential workers could have consequences for generations to come, and some participants reflected on this. For example, Lulu, a third-generation nurse, said:

Since the COVID, I honestly have said to myself, "I want to give the best that I can give, and do the best that I can do, and be the best that I can be." But I think it has sucked me almost dry. One of my friends is a hospitalist that I... We were talking one day during this whole COVID thing, and then he goes, he's like, "Lulu, I wish I had upped my anti-depressants before this whole thing started." I was like, "I hear you loud and clear." He's like, "Because I am not handling this." I was like, "I don't think anybody is. I don't even know how to handle it." For me, I would want to be there through the pandemic, but it has... I think it has sucked enough out of me that I'm starting to think I would be okay in the next five to 10 years not being a nurse. I would be okay to walk away from the profession. I would be fine with that.

Lulu's reckoning with a profession that has preceded her for three generations was exemplary of the mental state of many essential healthcare workers. This mental exhaustion was also present in essential workers from other occupations. Milton, a coffee shop owner, described:

I mean, it was crazy how the rules were changing constantly and how we had to figure out, what the reality was one day was totally different the next. So there was just a lot of time spent, a lot of mental energy, a lot of just stress, trying to figure that out. So that carried over. Just at work and then afterwards too because the new updates would come at eight o'clock at night. So you'd have to figure that out before you woke up the next morning.

Milton explained the exhaustion of reacting and adapting to constant change without getting a break or knowing when it would stop. Performing emotional labor with this added uncertainty contributed to the exhaustion and, often despair, many essential workers experienced.

In addition to an increased pressure to overextend their emotional labor, the participants reported feeling underappreciated and manipulated by their supervisors. The participants expressed concern that their occupations were being weaponized in the name of a greater good for humanity, but the reality was that their employers were trying to stay financially solvent. Ruth, an outpatient nurse, explained:

I guess because I'm fast and appropriate and getting my charting done that they are now looking at, what are you doing? I had three admission patients to see today, and I ended up with four more. So, you just have to adjust your time and try to get them all done. So tomorrow's going to be a full day.

Ruth's experience was not an isolated case among the essential workers in this study. Dawn, a nurse, stated:

We barely get to break anymore. There are days where we don't drink until noon, and we start at 7:00, so we don't drink anything till noon. Or between 11:00 and 12:00. I've kind of learned to either, if I'm going to eat lunch as soon as I can get away, which is about 11:00, 11:30, and then I never break until I go home. And then I usually eat what I brought for my snack, which is a protein and a fruit. And then our day does not end at 3:30 very much anymore. We're there till 4:00, 4:30 sometimes.

As Dawn explained, the high volume of patrons and patients combined with a reduced workforce meant that essential workers found themselves working more hours, maximizing their job activities, and sometimes performing other tasks outside of their job description.

COVID-19 increased the demands for productivity even more. Moreover, it pushed businesses to identify avenues for revenues unique to the pandemic, as Tristan, a lab manager, described:

I'm a little disappointed in some of the people who do sales, or just investors, in the way that they perceive what this change and what we're going to be doing, is all about. I see it more as a call to arms, where you hear in the news every day that we need more testing, more testing, and this lab can do it. Let's go and figure out all of these stupid hurdles that are absolutely necessary. We need to get started already. Some of the people that don't understand the lab stuff as much, it came up in a meeting that I wasn't a part of, but it's in the building, that, like, "You know how much money we can make off of this?" That's sh-tty.

The dilemma that Tristan's employer faced demonstrates the complex tension of navigating viability and vulnerability. Even in one the most tenuous times modern humanity has experienced in this century, the interest in profit remained a primary decision-making factor.

The pandemic also caused many essential workers to reconfigure their relationship to their occupation, jobs, and other aspects of their lives. From quitting careers to changing jobs or reconsidering ideal jobs and work–life intersections, the pandemic provoked massive shifts in participants' life and career prospects. Joe, an oil and gas worker, reflected:

I'd like to not go back, I finally got laid off. I had to work through the entire thing, but it's slowing down so much that I got furloughed. And I'm thinking like, "What is the meaning of life right now for me? Is it to work my life away?" to have money, but what is money if you don't have time? And that's what I'm losing a lot of right now is time. That's what I lose at this job. So, it'd be nice not to have to go back. We're looking at other avenues of work that can keep me home more, and hopefully not have to go do that dirty job again.

Just like Joe, other participants talked about a crossroads that involved career redirections or, at the very minimum, a sustained suspicion against institutional and corporate discourses. Lulu said, "Do I lean to the organization? I really don't, I don't. I'm one of those people, I don't trust big corporate. I do not. They don't have my best interest at heart, so not them." This longing for career and life redirection, and this acquired skepticism towards workforce systems was both a potential symptom and cause of the acute burnout essential workers experienced during the pandemic. To summarize, the ways in which the essential workers in this study talked about work/working during the pandemic illuminates a tight rope between organizational sustainability and vulnerability. Their discourse suggests micro-tensions that problematize the functionality and disposability of essential work, and reveal the paradox of performing emotional labor while experiencing threats to dignity. These findings raise concerns about the mental, physical, and emotional health of essential workers, and invite further discussion about the ways in which the effects of neoliberal ideologies can exacerbate work during precarious and often untenable circumstances.

## 4. Discussion

In this study, we analyzed how workers talked about navigating the contradictory emotions and disruptions to workplace dignity regarding their "essential" designation during the COVID-19 pandemic. The participants' talk described a complex work land-scape for essential workers who were tapped to do risky work with little support and high demands for quality, precision, and timeliness. Based on our findings, we offer theoretical contributions and practical implications.

# 4.1. Theoretical Implications

First, our qualitative analysis extends research on organizational tension, precarious work, and emotion work [14] by identifying the tightly coupled and contradictory emotions that were associated with the ways in which workers navigated the fluctuating meanings of "essential". That essential workers were able to tack back and forth between contradictory emotion poles is reflective of how the meaning of "essential" was constantly in flux. Our analysis also demonstrates how the meaning of "essential" was dependent upon the regulatory body to which it was anchored: government, organization, or individual. Each of these regulatory bodies had different criteria and priorities for what constituted "essential", and tracing the contradictory emotional responses of the workers' themselves demonstrates the competing commitments of the broader viability–sustainability tension that underscored the participants' talk. In doing so, we also position affect as a central construct in considerations of vulnerability and organizational sustainability.

Second, this study responds to calls to look at multi-level tensions, such as governmental (macro), organizational (meso), and individual (micro) tensions [14]. The essential workers in this study experienced emotional tensions at the individual level that highlight the ways in which the pandemic exacerbated the already precarious nature of work under neoliberalism, and the macro-level viability-sustainability tension is one outcome. How participants talked about the implications of their "essential work" designation surfaced a latent paradox that evidences the neoliberal, late-capitalist dynamics that operate in the United States: work must never stop, and workers must put their livelihoods on the line to preserve the work. In this paradox, resources are limited but emotional and physical labor should be limitless; emotional and physical labor should be unconditional, but job security and workplace dignity are conditioned. This proposition raises questions of sustainability as organizations potentially compromise the agents that keep them in business, and workers question their emotional labor capacity and the authenticity of workplace dignity during a global crisis. Although neoliberalism might present some opportunities (e.g., lower budget burden for the government, competitiveness, and innovation, etc.), it also establishes rules of engagement that can become unsustainable, even before the onset of the pandemic. In this study, the participants described the emotional turmoil that resulted from competing commitments around delivering expertise, doing emotional labor, and managing threats to dignity, as well as fears and uncertainty about their livelihood.

In this way, the findings of this study potentially push back on neoliberal ideologies and signal a major shift in the workforce that will have a ripple effect once the pandemic is over. Specifically, many essential workers expressed their desire to find other means of employment when the pandemic ends, or even before then [64,65]. Other essential workers reported serious interest in changing careers and weighting these decisions on factors

15 of 18

other than financial or market-driven motives. Given this landscape, this study is an early indication that essential workers can mobilize against the instrumental and transactional nature of neoliberal impositions by exercising occupational freedom.

## 4.2. Practical Implications

The findings from this study suggest important practical implications. To begin with, essential work is filled with contradictions that are evidenced in the conflicting emotional responses about work. As such, organizational leaders can be aware of the existence of these emotions and take pre-emptive steps toward recognizing the fluid, complex, and challenging nature of essential work. In addition, leadership teams can focus on fostering personal and institutional empathetic support [27] that transcend economic incentives, which are often perceived as utilitarian. This pre-emptive turn can aid organizational leaders in planning messages and policies to account for the conflicting elements of essential work. Furthermore, it can optimize communication processes to reflect transparency and reduce uncertainty and distrust [48].

Our findings also outlined an important opportunity to remediate threats to dignity in the workplace. Demonstrations of affirmation made a big difference for essential workers during the pandemic. While essential workers still experienced a great deal of violations to their earned dignity during COVID-19, they also reported novel recognitions to their service from their primary and peripheral communities, helping them to boost morale. Organizational leaders could incorporate more opportunities for meaningful recognition. These opportunities have a twofold purpose: one, they can recognize and celebrate the contributions of essential workers; two, they can affirm and legitimate essential workers who experience threats to their dignity or challenges to their expertise. As Lucas et al., [66] have argued, bolstering dignity is a systemic organizational move that can have positive consequences at the micro, meso, and macro level for any workplace. Doing so can also tap into affective and relational aspects of work that transcend the transactional and essentialist nature of neoliberal workplaces.

Finally, the findings of this study posit that "depersonalization" and "reduced professional inefficiency", often associated with burnout [24,27–30], became coping mechanisms to navigate feelings of powerlessness during the pandemic. As such, essential workers can explore automatic regulation [24] to hold mental and emotional space for contradictions and conflicting feelings in order to maintain their ability to function in work environments charged with stress. Our findings partially agree with Powers and Myers [24], who found that automatic regulation could slow down burnout, particularly for essential workers navigating a precarious work environment.

# 5. Conclusions and Directions for Future Research

Future research should continue to explore the ways in which organizational sustainability goals can bump up against the interests of individual workers, and the strategic ways in which workers navigate that tension. We are hopeful that this exploratory qualitative study can serve as a starting point for quantitative research in this area. Additionally, the Black and essential workers of color in this study were the targets of racist episodes from people they were required and willing to assist; thus, instead of the praise and admiration that other essential workers received, Black and essential workers of color experienced threats to their competence based on their racialized identities. Further research on workplace dignity should investigate the systemic and endemic roots of these indignities, as well as avenues for remediation.

The COVID-19 pandemic brought to the forefront underlying, existing tensions between organizational sustainability and essential work. This study identified a main micro-tension between organizational sustainability and vulnerability that was revealed through two micro-tensions: (a) essential work as instrumental and disposable, and (b) workplace dignity as recognized and transgressed. We hope to invite a discussion from scholars and practitioners about the recalibration of the short- and long-term effects of the pandemic on the sustainability of the workplace and the generation of alternative ways to pursue seemingly contradictory goals.

**Supplementary Materials:** The following are available online at https://www.mdpi.com/article/10 .3390/su131910665/s1, Table S1: Self-reported participants' demographics

**Author Contributions:** Conceptualization, A.M.V. and S.D.; Formal analysis, A.M.V. and S.D.; Methodology, A.M.V. and S.D.; Writing–original draft, A.M.V. and S.D.; Writing–review and editing, A.M.V. and S.D. Both authors have read and agreed to the published version of the manuscript.

Funding: This research received no external funding.

**Institutional Review Board Statement:** The study was conducted according to the guidelines of the Declaration of Helsinki and approved by the Institutional Review Board of the University of Missouri-Columbia (#2023023, approved on 6 May 2020).

Informed Consent Statement: Informed consent was obtained from all subjects involved in this study.

**Data Availability Statement:** The data are not publicly available due to confidentiality agreements with the participants and IRB requirements. Any questions can be directed to the first author.

Conflicts of Interest: The authors declare no conflict of interest.

## References

- 1. Cybersecurity & Infrastructure Security Agency. Available online: https://www.cisa.gov/identifying-critical-infrastructureduring-covid-19 (accessed on 23 March 2021).
- Lakoff, A. The Supply Chain Must Continue: Becoming Essential in the Pandemic Emergency. Social Science Research Council 2020. Available online: https://items.ssrc.org/covid-19-and-the-social-sciences/disaster-studies/the-supply-chain-must-continuebecoming-essential-in-the-pandemic-emergency/ (accessed on 23 January 2021).
- 3. Pandey, K.; Parreñas, R.S.; Sabio, G.S. Essential and expendable: Migrant domestic workers and the COVID-19 pandemic. *Am. Behav. Sci.* 2021, *65*, 1287–1301. [CrossRef]
- 4. Ashford, N.A.; Hall, R.P.; Arango-Quiroga, J.; Metaxas, K.A.; Showalter, A.L. Addressing Inequality: The First Step beyond COVID-19 and Towards Sustainability. *Sustainability* **2020**, *12*, 5404. [CrossRef]
- 5. Zapata-Cantu, L.; González, F. Challenges for Innovation and Sustainable Development in Latin America: The Significance of Institutions and Human Capital. *Sustainability* **2021**, *13*, 4077. [CrossRef]
- 6. Washington Post. Coronavirus. Available online: https://www.washingtonpost.com/coronavirus/ (accessed on 23 June 2021).
- Platt, C. Cognitive, Emotional, and Behavioral Disorders in Frontline Medical Staff and Nurses Working with COVID-19 Patients. Psychosociol. Issues Hum. Resour. Manag. 2021, 9, 7–16. [CrossRef]
- Robinson, R. Burnout Syndrome, Clinically Significant Depression, and Acute Stress among Medical Personnel Providing Care to COVID-19 Patients. *Psychosociol. Issues Hum. Resour. Manag.* 2021, 9, 78–88. [CrossRef]
- 9. Lyons, N.; Birtus, M.; Cug, J. Sustained Psychological Distress, Acute Depression, and Emotional Exhaustion in Frontline Medical Staff and Nurses Working with COVID-19 Patients. *Psychosociol. Issues Hum. Resour. Manag.* **2021**, *9*, 99–108. [CrossRef]
- Shreffler, J.; Petrey, J.; Huecker, M. The impact of COVID-19 on healthcare worker wellness: A scoping review. West. J. Emerg. Med. 2020, 21, 1059. [CrossRef]
- 11. Wu, Y.; Wang, J.; Luo, C.; Hu, S.; Lin, X.; Anderson, A.E.; Bruera, E.; Yang, X.; Wei, S.; Qian, Y. A Comparison of Burnout Frequency among Oncology Physicians and Nurses Working on the Frontline and Usual Wards During the COVID-19 Epidemic in Wuhan, China. *J. Pain Symptom Manage*. **2020**, *60*, 60–65. [CrossRef]
- Zhang, C.; Yang, L.; Liu, S.; Ma, S.; Wang, Y.; Cai, Z.; Du, H.; Li, R.; Kang, L.; Su, M.; et al. Survey of Insomnia and Related Social Psychological Factors among Medical Staff Involved in the 2019 Novel Coronavirus Disease Outbreak. *Front. Psychiatry* 2020, 11. [CrossRef]
- 13. Rahman, A.; Plummer, V. COVID-19 related suicide among hospital nurses; case study evidence from worldwide media reports. *Psychiatry Res.* **2020**, 291, 113272. [CrossRef]
- 14. Sharma, G.; Bartunek, J.; Buzzanell, P.M.; Carmine, S.; Endres, C.; Etter, M.; Fairhurst, G.; Hahn, T.; Lê, P.; Li, X.; et al. A Paradox Approach to Societal Tensions during the Pandemic Crisis. *J. Manag. Inq.* **2021**, *30*, 121–137. [CrossRef]
- 15. Putnam, L.L.; Fairhurst, G.T.; Banghart, S. Contradictions, dialectics, and paradoxes in organizations: A constitutive approach. *Acad. Manag. Ann.* **2016**, *10*, 65–171. [CrossRef]
- Cooren, F.; Matte, F.; Benoit-Barné, C.; Brummans, B.H.J.M. Communication as ventriloquism: A grounded-in-action approach to the study of organizational tensions. *Commun. Monogr.* 2013, *80*, 255–277. [CrossRef]
- 17. Tracy, S.J. Dialectic, contradiction, or double bind? Analyzing and theorizing employee reactions to organizational tension. *J. Appl. Commun. Res.* **2004**, *32*, 119–146. [CrossRef]
- 18. Carlson, E.J.; Poole, M.S.; Lambert, N.J.; Lammers, J.C. A study of organizational responses to dilemmas in interorganizational emergency management. *Commun. Res.* 2016, 44, 287–315. [CrossRef]

- 19. Hahn, T.; Pinkse, J.; Preuss, L.; Figge, F. Tensions in Corporate Sustainability: Towards an Integrative Framework. *J. Bus. Ethics* 2015, 127, 297–316. [CrossRef]
- 20. Hengst, I.-A.; Jarzabkoswki, P.; Hoegl, M.; Muethel, M. Toward a process theory of making sustainability strategies legitimate in action. *Acad. Manag. J.* 2020, *63*, 246–271. [CrossRef]
- 21. D'Enbeau, S. Unpacking the dimensions of organizational tensions: The case of sexual violence response and prevention among college students. *J. Appl. Commun. Res.* 2017, 45, 237–255. [CrossRef]
- 22. Hochschild, A. The Managed Heart; University of California Press: Berkeley, CA, USA, 1983.
- 23. Tracy, S.J. Locking up emotion: Moving beyond dissonance for understanding emotion labor discomfort. *Commun. Monogr.* 2005, 72, 261–283. [CrossRef]
- 24. Powers, S.R.; Myers, K.K. Work-Related Emotional Communication Model of Burnout: An Analysis of Emotions for Hire. *Manag. Commun. Q.* **2020**, *34*, 155–187. [CrossRef]
- 25. Kanov, J.M.; Maitlis, S.; Worline, M.C.; Dutton, J.E.; Frost, P.J.; Lilius, J.M. Compassion in organizational life. *Am. Behav. Sci.* 2004, 47, 808–827. [CrossRef]
- Way, D.; Tracy, S.J. Conceptualizing compassion as recognizing, relating and (re) acting. *Commun. Monogr.* 2012, 79, 292–315. [CrossRef]
- 27. Miller, K.I.; Stiff, J.B.; Ellis, B.H. Communication and empathy as precursors to burnout among human service workers. *Commun. Monogr.* **1988**, *55*, 250–265. [CrossRef]
- 28. Zapf, D.; Seifert, C.; Schmutte, B.; Mertini, H.; Holz, M. Emotion work and job stressors and their effects on burnout. *Psychol. Health* **2001**, *16*, 527–545. [CrossRef] [PubMed]
- 29. Bakker, A.B.; Demerouti, E.; Schaufeli, W.B. Validation of the Maslach Burnout Inventory–General Survey: An internet study. *Anxiety Stress Coping Int. J.* 2002, 15, 245–260. [CrossRef]
- 30. Maslach, C.; Jackson, S.E. The measurement of experienced burnout. J. Organ. Behav. 1981, 2, 99–113. [CrossRef]
- 31. Bolton, S.C. Who cares? Offering emotion work as a 'gift' in the nursing labour process. *J. Adv. Nurs.* **2000**, *32*, 580–586. [CrossRef] [PubMed]
- 32. Hayward, R.M.; Tuckey, M.R. Emotions in uniform: How nurses regulate emotion at work via emotional boundaries. *Hum. Relat.* **2011**, *64*, 1501–1523. [CrossRef]
- 33. Neill, D. Nursing workload and the changing health care environment: A review of the literature. *Adm. Issues J.* **2011**, *1*, 13. [CrossRef]
- 34. Balducci, C.; Avanzi, L.; Fraccaroli, F. Emotional demands as a risk factor for mental distress among nurses. *Med. Lav.* **2014**, *105*, 100–108.
- 35. Lawless, J.; Moss, C. Exploring the value of dignity in the work-life of nurses. Contemp. Nurse 2007, 24, 225–236. [CrossRef]
- 36. McGuire, T.; Dougherty, D.S.; Atkinson, J. "Paradoxing the dialectic": The impact of patients' sexual harassment in the discursive construction of nurses' caregiving roles. *Manag. Commun. Q.* **2006**, *19*, 416–450. [CrossRef]
- 37. Goleman, D. Emotional Intelligence; Bantam Books: New York, NY, USA, 1995.
- 38. Healy, S. Affective dissent. Cosmop. Civ. Soc. Interdiscip. J. 2013, 5, 114–128. [CrossRef]
- 39. Mumby, D.K.; Putnam, L.L. The politics of emotion: A feminist reading of bounded rationality. *Acad. Manag. Rev.* **1992**, 17, 465–486. [CrossRef]
- 40. Butler, J. Rethinking Vulnerability and Resistance. Vulnerability in Resistance; Duke University Press: Durham, NC, USA, 2016.
- 41. Pritzker, S.E. Language, Emotion, and the Politics of Vulnerability. Annu. Rev. Anthropol. 2020, 49, 241–256. [CrossRef]
- 42. Wetherell, M. Affect and Emotion: A New Social Science Understanding; Sage: Thousand Oaks, CA, USA, 2012.
- 43. Marx, K. Economic and Philosophical Manuscripts of 1844; Lawrence and Wishart: London, UK, 1977.
- 44. Lucas, K. Workplace dignity: Communicating inherent, earned, and remediated dignity. J. Manag. Stud. 2015, 52, 621–646. [CrossRef]
- 45. Bolton, S. Dignity in and at Work: Why It Matters; Routledge: New York, NY, USA, 2007.
- 46. Misztal, B.A. The idea of dignity: Its modern significance. Eur. J. Soc. Theory 2013, 16, 101–121. [CrossRef]
- 47. Sayer, A. What dignity at work means. In *Dimensions of Dignity at Work*; Bolton, S.C., Ed.; Butterworth-Heinemann: Oxford, UK, 2007; pp. 17–29.
- 48. Lucas, K. Blue-collar discourses of workplace dignity: Using outgroup comparisons to construct positive identities. *Manag. Commun. Q.* **2011**, *25*, 353–374. [CrossRef]
- 49. Thomas, B.; Lucas, K. Development and validation of the workplace dignity scale. *Group Organ. Manag.* 2019, 44, 72–111. [CrossRef]
- 50. Bélanger, J.; Edwards, P. The nature of front-line service work: Distinctive features and continuity in the employment relationship. *Work. Employ. Soc.* **2013**, *27*, 433–450. [CrossRef]
- 51. Crowley, M. Gender, the labor process and dignity at work. Soc. Forces 2013, 91, 1209–1238. [CrossRef]
- 52. Purser, G. The dignity of job-seeking men: Boundary work among immigrant day laborers. *J. Contemp. Ethnogr.* **2009**, *38*, 117–139. [CrossRef]
- 53. Baker, S.J.; Lucas, K. Is it safe to bring myself to work? Understanding LGBTQ experiences of workplace dignity. *Can. J. Adm. Sci. Rev. Can. Sci. l'administration* 2017, 34, 133–148. [CrossRef]

- 54. Dufur, M.J.; Feinberg, S.L. Artificially restricted labor markets and worker dignity in professional football. *J. Contemp. Ethnogr.* **2007**, *36*, 505–536. [CrossRef]
- 55. Allen, B.J. "Learning the ropes": A black feminist standpoint analysis. In *Rethinking Organizational and Managerial Communication from Feminist Perspectives*; Buzzanell, P.M., Ed.; Sage: Thousand Oaks, CA, USA, 2000; pp. 177–208.
- 56. Delgado, F. Reflections on being/performing Latino identity in the academy. Text Perform. Q. 2009, 29, 149–164. [CrossRef]
- 57. Meares, M.M.; Oetzel, J.G.; Torres, A.; Derkacs, D.; Ginossar, T. Employee mistreatment and muted voices in the culturally diverse workplace. *J. Appl. Commun. Res.* 2004, 32, 4–27. [CrossRef]
- 58. Wang, L.I.; Brewster, Z.W. Dignity Transacted: Emotional Labor and the Racialized Workplace. *Univ. Mich. J. Law Reform* **2020**, *53*, 531–566. [CrossRef]
- Guest, G.; Bunce, A.; Johnson, L. How many interviews are enough? An experiment with data saturation and variability. *Field Methods* 2006, *18*, 59–82. [CrossRef]
- 60. Charmaz, K. Constructing Grounded Theory, 2nd ed.; Sage: Thousand Oaks, CA, USA, 2014.
- 61. Lindlof, T.R.; Taylor, B.C. Qualitative Communication Research Methods, 2nd ed.; Sage: Thousand Oaks, CA, USA, 2002.
- 62. Miles, M.B.; Huberman, A.M. Qualitative Data Analysis: An Expanded Sourcebook, 2nd ed.; Sage: Thousand Oaks, CA, USA, 1994.
- 63. Tracy, S.J. Qualitative Research Methods: Collecting Evidence, Crafting Analysis, Communicating Impact; John Wiley: Hoboken, NJ, USA, 2012.
- 64. Bajrami, D.D.; Terzić, A.; Petrović, M.D.; Radovanović, M.; Tretiakova, T.N.; Hadoud, A. Will we have the same employees in hospitality after all? The impact of COVID-19 on employees' work attitudes and turnover intentions. *Int. J. Hosp. Manag.* **2021**, *94*, 102754. [CrossRef]
- 65. Labrague, L.J.; de Los Santos, J.A.A. Fear of Covid-19, psychological distress, work satisfaction and turnover intention among frontline nurses. *J. Nurs. Manag.* 2021, 2, 395–403. [CrossRef] [PubMed]
- Lucas, K.; Manikas, A.S.; Mattingly, E.S.; Crider, C.J. Engaging and misbehaving: How dignity affects employee work behaviors. Organ. Stud. 2017, 38, 1505–1527. [CrossRef]