COVID-19 and Its Impact on Government Workers Performance in Nigeria: A Study of Oredo Local Government Area, Edo

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ABSTRACT

This study examined the impact of COVID-19 on the performance of workers in Oredo Local Government Area of Edo State, Nigeria. The specific objectives were to examine the ways in which COVID-19 vaccination, social distancing, use of face masks affect the performance of workers in Oredo Local Government area. The Expectancy theory of Victor Vroom 1964 served as the theoretical framework, and a survey research design was used with a questionnaire as the research instrument. The study found that COVID-19 vaccination is an effective means of ensuring the safety of civil servants from contracting COVID-19, but it can also lead to discomfort and work performance issues for some individuals. The use of face masks was found to create some challenges for Government workers and members of the public, but it also helped individuals and members of the public with a greater sense of confidence and safety in areas with high-risk environments. Based on these findings, the study recommended that government workers and members of the general public in Edo State should continue to abide by safety measures to curb the spread of COVID-19, even in the COVID-19 era. Government workers should not abuse the freedom given to them when asked to work from home, and proper sensitization should be carried out prior to enacting COVID-19 work policies that may affect the performance of civil servants. This will help to ensure that government workers understand the need to abide by the policies and vaccination and minimize any negative impacts on their work performance.

INTRODUCTION

COVID-19 is a disorder that is sometimes referred to as a coronavirus. The severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) is thought to be the infectious agent that caused the disease in 2019. It was officially recognised for the first time in 2019. The COVID-19 pandemic, one of the most devastating global health disasters in human history, has had an impact on virtually every aspect of human life (Hua & Shaw, 2020), including members of the general public and government officials. The pandemic has not only posed a severe threat to public health but also had far-reaching economic, political, religious and social consequences(Morens, Breman, Calisher &Dojerty, 2020). In Nigeria, the virous has had a profound impact on the performance of workers, who are responsible for delivering essential public services to citizens.

The government workers and the general public are very critical component of governance in Nigeria, and there performance are crucial for the effective delivery of public services. However, the COVID-19 pandemic has disrupted the workers service operations, leading to significant changes in service delivery. The pandemic has necessitated the adoption of new work arrangements, including remote work, to ensure compliance with social distancing measures aimed at curbing the spread of the virus. .

The existence of Corona Virus Disease 2019 (COVID-19) is no longer news to most Nigerians as there have been various efforts by the Nigerian government, individuals and Non-Governmental Organizations (NGOs) to raise awareness on the dreaded disease ravaging the whole world.

COVID-19, on the other hand, is a virus that has caused several economies around the world to collapse, has killed thousands of people in just a few months after it was discovered, and has led to the closure of international borders and the implementation of a stay-at-home policy by administrative bodies in a number of different nations (Nwaoboli, 2021).A virus, according to Hua and Shaw 2020, is a tiny obligate intracellular parasite with a ribonucleic acid (RNA) or a deoxyribonucleic acid (DNA) genome. The virus codes for a protective protein coat that covers this genome. Corona viruses have been shown to cause respiratory illnesses in mice, rats, chickens, turkeys, swine, dogs, cats, rabbits, horses, cattle, and people. Furthermore, experts have discovered that the condition can induce a number of severe disorders, including gastroenteritis and respiratory diseases. The coronavirus is thought to have originated at the Hunan seafood market in Wuhan, China, which sells a range of creatures such as bats, snakes, raccoon dogs, palm civets, and others. The virus then quickly spread to nearly every country on the planet. Although the zoonotic origins of SARS-CoV-2 have yet to be determined, sequence-based analysis has suggested that bats are the principal source of the virus. Nigeria recorded its first COVID-19-related mortality on March 23, 2020. Nigeria reported its first case of COVID-19 on February 27, 2020, which was contracted by an Italian. The Virology Laboratory of the Lagos University Teaching Hospital was one of two laboratories in Nigeria at the time that could detect COVID-19 (Nwaoboli & Asemah, 2021). The index case discovered in Nigeria was authenticated by this laboratory. Even though the index case arrived in Nigeria via Murtala Muhammad International Airport in Lagos, the fact that he was first suspected of having the virus in Ogun state meant that the Ogun State Government had to quarantine all 39 people who had contact with him, including four health workers at his company's clinic. The Lagos State authorities and the Nigerian authorities also launched contact tracing of those on the same flight as him. The index case had gone on a journey. The way Nigerian workers operated have

been enacted (Nwaoboli & Asemah, 2021). However, in the face of COVID-19, these policies seem to be gradually dropping in terms of practice as most civil servants now feel that COVID-19 no longer exist or can affect them (Morens, Breman, Calisher &Dojerty, 2020). Civil servants also seem to be forgetting the need to rise up to their toes and understand the true state of our health infrastructure, the covid-19 era and learns learnt from the pre-COVID and COVID-19 era. As such, there seems to be 'information poverty' on how civil servants in Nigeria can fill the gaps identified in our local government areas arisen from COVID-19 (Chaplin, 2020).

STATEMENT OF THE PROBLEM

The COVID-19 virus has now been detected in every continent of the world and the majority of the world's nations have now become dangerous zones to visit .. The rates of infection and mortality are quite high, and there is currently no recognised treatment or cure for the condition. As a result, it has been referred to as the most severe global health catastrophe of our time and the most significant obstacle that the world has encountered since the end of World War II (Abd-Alrazaq, Alhuwail, Househ, Hamdi&   Shah, 2020). In addition to the health problems it has caused, COVID-19 has also had a negative impact on the overall socioeconomic growth of local government areas. There is an absolute standstill, the economy of the whole world is in shambles, and the performance of civil servants in Local government areas in Nigeria has seen a swift decline. As a result, it has emerged as one of the most pressing problem confronting society at the moment, and knowledge on it, which is readily available in both printed and non-printed formats, is in great demand.

Conceptual Clarification

According to Modrow's (2013) definition, a virus is an infectious unit that cannot be filtered and ranges in size from approximately 16nm to over 300nm. Virions, which are infectious particles of a virus, consist of proteins encased within a lipid membrane known as an envelope. To clarify, viruses contain genetic material that encodes multiple regulatory proteins, enabling them to reproduce within the host cells they invade and express their genomic functions therein. Viruses are capable of self-replication and can persist in diverse environments, leading to a state of latency when they integrate their genetic material into the host cell's genome. The Coronavirus is classified as a member of the Coronaviridae virus family, which is comprised of enveloped viruses that possess a large, positive-strand Ribonucleic Acid genome that exhibits high transmissibility (Nwakpu, Ezema&Ogbodo, 2020).

According to Anon (2020), the virus is responsible for causing respiratory infections that have been detected in various animal species, including mice, rats, chickens, swine, horses, cattle, dogs, and humans. The coronavirus disease is associated with various severe health conditions, including respiratory tract infections and gastroenteritis. Transmission of the disease can occur through multiple routes, such as the atmosphere, oral, faecal, or respiratory form, as well as through saliva or fomites (Cennimo, 2021). The China CDC was the initial organisation to deploy a prompt response team comprising of health officials and researchers to carry out an epidemiological and etiological inquiry into the virus that was causing fatalities in Wuhan. The team ascertained that the outbreak emanated from the Huaban South China seafood market, although the virus's precise animal source remains unidentified (Chaplin, 2020; UNDP, 2020).

The symptoms of coronavirus disease in humans are commonly associated with various physical discomforts such as headaches, sore throat, rhinorrhea, fever, cough, and respiratory distress, as well as sensory impairments including loss of smell or taste. According to Cennimo's (2021) findings, the duration between the onset of COVID-19 symptoms and the occurrence of fatalities varies between 6 to 41 days, with a median of 14 days. The variability observed during this period is contingent upon the age of the patient and the condition of their immune system, which may account for the earlier mortality rates observed in elderly patients as compared to their younger counterparts. Before the advent of vaccines, the most effective means of disease prevention involved implementing measures to minimise exposure to the pathogen.

According to Ayenigbara's (2020) findings, the transmission of the coronavirus occurs via respiratory droplets that are released by an infected individual during activities such as sneezing, talking, coughing, or breathing in close proximity to another person. The transmission of the virus can occur via respiratory droplets that persist in the environment subsequent to their release by an infected individual. Furthermore, the transmission of coronavirus can occur through direct exposure to an individual who has contracted the virus or via indirect contact with contaminated surfaces that have been in contact with the virus (Zarocostas, 2020). The coronavirus is a zoonotic pathogen that has been identified in various animal species, including bats, cats, and camels (Nwaoboli, 2021). Parasites inhabit the host organism and undergo genetic alterations or modifications upon transmission to a different host species. Moreover, it has the potential to depart from the host organism and infiltrate the human body (Zarocostas, 2020).

According to Zarocostas (2020), the coronavirus has an incubation period ranging from 2 to 14 days, during which individuals who have contracted the virus begin to exhibit symptoms. Individuals residing or temporarily inhabiting regions experiencing a persistent and accelerated dissemination of the ailment are highly susceptible to contracting the illness. Individuals who have not received vaccinations, those who are 60 years of age or older, and those who have been in close proximity to infected individuals are at a heightened risk of contracting the disease, according to the World Health Organisation (WHO, 2021).

Cennimo (2021) notes that the aetiology of COVID-19 is attributed to acute respiratory syndrome. The recommended preventive measures include the utilisation of facemasks, maintaining a physical distance of six feet from others, frequent hand washing, avoidance of contact with infected individuals, covering the nose while sneezing, refraining from touching the face, mouth, or nose, consuming a balanced diet to enhance the immune system, obtaining sufficient rest, and self-isolating when experiencing symptoms. As of October 11th, 2021, the Centres for Disease Control and Prevention (CDC) reported a global tally of more than 159 million individuals who have contracted the disease, resulting in over 3 million fatalities. Furthermore, the United States had documented in excess of 32 million individuals who had contracted the virus and suffered 580 thousand fatalities. India had recorded 23 million cases and 250 thousand deaths, while Turkey had accounted for 5 million infected cases. Brazil had confirmed more than 152,000,000 cases, and England had reported over 4 million cases, as reported by Ayenigbara (2021).

According to the Centres for Disease Control and Prevention (CDC) in 2021, the typical symptoms of COVID-19 comprise diarrhoea, nausea or vomiting, a runny nose and cough, sore throat and headache, fatigue, shortness of breath, fever or chills, loss of taste and smell, difficulty

awakening from sleep, persistent chest pressure, bluish face and lips, and body aches. All of these symptoms can be attributed to the coronavirus when a laboratory test is conducted using a sample collected from the mouth or nose via saliva or swab.

In addition, the emergence of the novel disease resulted in an unparalleled catastrophe that not only resulted in fatalities, but also prompted the global economy to come to a standstill and instigated the implementation of travel restrictions in nearly all nations worldwide. Individuals were advised to safeguard themselves by adhering to stay-at-home orders, medical facilities became overwhelmed, and in certain nations such as Italy, there was a significant surge in fatalities. According to a report by Reuters in 2021, the COVID-19 lockdown in Nigeria resulted in a significant increase in poverty, affecting approximately 10 million individuals who lost their jobs or experienced the closure of their businesses (Mbamalu&Ohaja, 2021).

Concept of COVID-19 Vaccination

The World Health Organisation (2020) defines vaccination as the process of administering a vaccine to a person in order to confer protection against a disease or virus. It is often referred to as the delivery of a vaccine to help people's immune systems establish defences against a disease. Vaccines typically include viral germs in a dead, weakened, or toxified condition. In other terms, vaccination refers to the act of administering a substance to a patient in order to induce a response from the body to an infectious illness. The chance of getting or developing a disease is decreased by vaccination. According to the Centres for Disease Control and Prevention (CDC), vaccination is a technique used to induce the human body to build immunity against a particular disease, infection, or ailment. The protective system against microbes is stimulated by the injection of a deceased bacterium, hence avoiding sickness (Nwaoboli, 2021).

According to Nwaoboli and Asemah (2021), there are several types of vaccination, which is the term used to describe the treatment of individuals with vaccinations. These include the BCG vaccine SSI, which protects against severe and acute tuberculosis, Bexsero, which protects against meningococcal disease, Booatrix, which protects against pertussis and diphtheria, Engerix, which protects against hepatisis B, Gardasil, which protects against 9 types of papillomavirus, Harvix, which protects against hepatisis A, and Hi.

Humans may be protected with vaccinations against bacteria that cause tetanus as well as viruses like the coronavirus and those that cause it. Although vaccinations have varied mechanisms of action, they all attempt to stimulate the human immune system to react and combat infections. Vaccination is the process of using a vaccine to guard against a disease, and obtaining immunity via vaccination is safer than attempting to do so when already ill with the illness (MedlinePlus, 2020, referenced in Madad&Jetelina, 2021). This is because a lack of immunity during illness might result in death (MedlinePlus, 2020 referenced in Madad&Jetelina, 2021).

According to NHS (2021), referenced in Madad&Jetelina (2021), vaccine treatments, or vaccination, go through comprehensive safety testing and assessment before they are licenced in any countries throughout the globe. Community immunity happens when all people of a society take a vaccine for a disease. Immunisations that keep everyone in a community healthy often result in communal immunity. Because to vaccination, society's members may maintain their health by having their immune systems recognise a germ invasion as alien, fight it off, and kill the germ if it attempts to re-invade the body.Contrarily, coronavirus vaccination is a medical procedure that

enables the body to fight against the coronavirus infection (Mckeever, 2021). Both T and B lymphocytes are left over from the COVID-19 vaccination, providing the body with memory cells that will help it fight the COVID-19 virus in the future (Mckeever, 2021). A single dosage is required for some COVID-19 vaccination methods, such as the mRNA vaccine treatment, protein subunit vaccine treatment, vector vaccine treatment, Pfizer-BionTech vaccine treatment, Moderna vaccine treatment, and Johnson & Johnson's Janssen vaccine treatment (Mckeever, 2021).According to MayoClinic (2021), which was quoted in Madad&Jetelina (2021), the coronavirus vaccine is a medication that is injected into people in order to increase their body's protection against the sickness. The coronavirus vaccination shields against infection, severe illness, and even death brought on by the virus. The COVID-19 (SARS COVID) virus cannot transmit, regenerate, or reproduce due to the coronavirus vaccination, which also protects individuals from passing the disease to other members of society. The vaccination also boosts the body's defences so it can fight off the illness.

Receiving the vaccination protects against the virus's capacity to re-infect the human body, and the FDA has approved the global commercialization of a number of distinct COVID-19 vaccines. Among these vaccines are the COVID-19 vaccines developed by Pfizer-Biontech, Moderna, Janssen, and Johnson & Johnson, among many others. Individuals in a number of nations worldwide can now receive the COVID-19 vaccine for free. These nations can be found all around the globe. The COVID-19 vaccination, according to Madad and Jetelina (2002), might induce adverse reactions such as fever, weariness, chills, joint discomfort, fever, headache, muscular soreness, disorientation, swollen lymph nodes, and arm swelling. These symptoms may arise following vaccination. According to NHS (2021), which was mentioned in Madad&Jetelina (2021), the COVID-19 virus vaccine requires one dose to be administered to children between the ages of twelve and fifteen, two doses to adults between the ages of sixteen and sixty, and one dose to those over the age of sixty-five. Individuals of any race, tribe, or colour are eligible for the coronavirus immunisation. According to the World Health Organisation (2021), proper vaccine information is required to prevent the spread of myths or falsehoods about coronavirus immunisation. The World Health Organisation (WHO, 2021) lists the following as some of the most common misconceptions and rumours:

Vaccines against the COVID-19 virus have been created as a direct result of the virus's pandemic. These vaccines are designed to make people immune to the virus. On the other hand, the general public has been taught to believe a slew of lies and been provided a slew of erroneous information about the COVID-19 vaccination. In this context, it is critical to clarify and disprove these myths in order to acquire accurate information and assist successful public health activities.One of the most common yet inaccurate fallacies regarding COVID-19 immunisations is that they can cause various kinds of the disease. The World Health Organisation (WHO) has, however, declared explicitly that the only way new variations can be formed is through the naturally occurring process of mutation, not as a result of receiving the COVID-19 immunisation (WHO, 2021). Another myth suggests that all events reported in the Vaccine Adverse Event Reporting System (VAERS) are caused by the COVID-19 vaccination. However, the WHO has stated that several reported events on the VAERS system are inaccurate, and the numbers of deaths as a result of COVID-19 vaccination have been misreported (WHO, 2021). There have also been rumors that the COVID-19 vaccine contains microchips to track human movements. However, the WHO has clarified that

the vaccine was only developed to fight against the disease and not to track human movements, as in the case of microchips (WHO, 2021).

Another myth suggests that the COVID-19 vaccine makes humans magnetic. However, the WHO has clarified that the vaccine does not contain ingredients that produce electromagnetic fields at the site of injections and is free from metals (WHO, 2021).Additionally, there have been claims that the COVID-19 vaccine alters human DNA by changing or altering it in any way. However, the WHO explains that the vaccine content does not enter the nucleus of the DNA cell and only builds up protection of other cell membranes against the novel virus (WHO, 2021e). It is important to note that receiving the COVID-19 vaccine does not make humans test positive for the virus. This myth has been described as untrue and wrong (WHO, 2021).

Despite these myths, the COVID-19 vaccination remains crucial in ending the pandemic and making people immune to the virus. Health research teams have risen to the challenge by developing vaccines that protect against the virus (Ayenigbara, 2021). However, the new challenge lies in making the vaccine available to everyone, especially in developing countries where only 2.3% of the population has received at least one dose of the vaccine (Anwumablem&Asemah, 2021).

NHS (2021) cited in Anwumablem&Asemah (2021) explained that Humans aged 12 and above, across the globe are eligible to take the coronavirus vaccine of any kind, but pregnant women that are under 40 years of age and people under the age of 18 can only be offered the Moderna vaccination treatment, or the Pfizer/BionTech vaccination treatment. Health organisations have also advised that people should endeavor to take the 2nd dose of the vaccine type they took as the first dose, unless they reacted negatively to the first dose and in a bid to increase the acceptance of the COVID-19 vaccination among people. Some country's government has made the vaccination compulsory.

History of COVID-19

The World Health Organisation (WHO) later recognised the Coronavirus as a novel severe acute respiratory syndrome virus known as SARS-COV-2, according to Gennaro et al. (2020). This was done in accordance with Gennaro et al.'s findings. Initially, experts suspected that the Coronavirus was caused by a cluster of pneumonia cases with an unknown aetiology. Dr. TedrosGhebreyesus, the director general of WHO, named the disease COVID-19 on February 11, 2021. He proclaimed the sickness a public health emergency of worldwide concern on January 30, 2020. A month after the disease was named, on March 11, 2020, it was proclaimed a global pandemic. Over 118, 000 COVID-19 cases had been reported, with over 4,000 deaths (Asemah& David, 2021). Researchers assume that the viral infection was caused by either natural selection in an animal host before to zoonotic transmission or natural selection in humans after zoonotic transmission. On January 13, 2020, the virus was discovered as a confirmed case outside of China for the first time in Bangkok, Thailand. Following that, it spread to an exceptionally large proportion of the world's countries (Morens, Breman, Calisher, & Dojerty, 2020).

Chaplin (2020) noted that the COVID-19 sickness cluster cases, which were eventually linked to cases of pneumonia in Wuhan, China, were formally reported to the World Health Organisation (WHO) on December 31, 2019. According to Chaplin (2020), the occurrences of pneumonia in Wuhan were later related to cases of COVID-19 disease. By the 15th of January,

2020, the WHO had confirmed 282 cases of the coronavirus, which had no name at the time. Four of these cases were discovered in South Korea, four in Japan, and four in Thailand. By the 5th of January 2021, 59 occurrences had been discovered. In Wuhan City, 51 persons were documented as being in serious condition (Nwakpu, Ezema, &Ogbodo, 2020). Six people died among the 51 persons, and 12 patients were in a life-or-death scenario. The COVID-19 outbreak, which began fast spreading to other Chinese towns and other nations in massive numbers, became the second-deadliest global health catastrophe of the twenty-first century, trailing only the World War II disaster. Because there were no viable therapies or vaccines available to battle the outbreak at the time, governments from various countries were compelled to rely on the World Health Organisation (WHO) for guidance. The sickness epidemic not only interrupted social connections and transactional relationships, causing people to feel frightened or terrified, but it also produced a global economic disaster, an environmental problem, and social humiliation for those who were afflicted. It was also responsible for the deaths of millions of people (Abbas et al., 2021).According to Chaplin (2020), as of May 12, 2020, the COVID-19 virus was responsible for about 4,200 deaths per day and over 82,000 confirmed infections per day. He went on to clarify that, while SARS-CoV-2 was the first coronavirus to cause respiratory sickness epidemics in humans, there have been six others that were previously thought to be animal-borne. He claims that SARS-CoV-2 is the first coronavirus to produce human respiratory illness epidemics. The COVID-19 illness was caused by the SARS-cov 1 virus, according to Morens et al. (2020). In 2002, this virus was detected for the first time in China and 27 other nations. At the same time, it was responsible for almost 8,000 deaths. The Middle East respiratory syndrome coronavirus (MERS-Cov), also known as the previously identified b coronavirus, transmitted from animals to humans. As time went on, the difficulties brought on by the coronavirus were controlled by the use of supportive oxygen supplementation and mechanical ventilations to assist patients breathe. Additionally, the hunt for medications and a vaccine to treat and prevent the virus started in early 2020, and the WHO started clinical studies to examine four COVID-19 medicines in 18 different countries across the globe. Remdesivir, lopinavir/ritonavir, interferon beta-1a, chloroquine, and hydrochloroquine were also tested in these therapeutic studies. When the studies on the vaccine treatments were finished, a breakthrough was subsequently noted in late 2020, and vaccinations were given to individuals (Chaplin, 2020).

The Campaigns on Infectious Diseases

State governments play a proactive role in informing its publics about infectious diseases through campaigns. In the case of COVID-19, State Government Areas through Public Service Announcements, programmes, seminars and all forms of campaigns educated the public and their employees about social distancing, the need to cough on elbows, wear nose masks, avoid hand shake, use of hand sanitizers and the importance of self-quarantine (Omoronyia, Ekpenyong, Ukweh&Mpama, 2020). As the cases of COVID-19 were increasing day by day, the role of Local Government Areas to educate their employees about it via campaigns also increased. Here the role of Government is very crucial, as most of the campaigns are accessible and direct and because the employees are always loyal to their employers Omoronyia, Ekpenyong, Ukweh&Mpama, 2020). They are loaded with dual responsibility of not only carrying out their duties as civil servants but also providing relevant and genuine information requisite for growth for employees which include

sensitizing employees about need to be cautious from contracting COVID-19 virus (Prati and Pietrantoni, 2016).

Governments through campaigns have a very crucial role in building any society as well as civil servants. Government employees have changed the world a lot that we can not lay aside their presence. In this pandemic time Governments used various sources of information as they play valuable role in everyone's life especially their employees (Omoronyia, Ekpenyong, Ukweh&Mpama, 2020). Government Areas have robust power to make laws to see the COVID-19, as it so flexible that it could influence the people in a large extent. In times of infectious disease, local Government Areas are used to educate people about the disease, how it is contracted, its effects and cure or management techniques (Omoronyia, Ekpenyong, Ukweh&Mpama, 2020). Government throughcampaigns air their opinion about the infectious diseases and thus helps make policies about the diseases (Depoux, Karafillakis, Preet, Wilder-Smith & Larson, 2020). Local Government Areas are becoming the voice of employees whose voice had been graved and a genuine medium for effective infectious disease campaigns for civil servants.

Theoretical Review.
Equity Theory (Adam, 1963)
According to Fogli, Hulin, and Blood (2011), the foundation of equity theory is the idea that employees may make the connection between their efforts and the results they achieve in their jobs and organisations. The results consist of monetary pay, additional amenities, job satisfaction, social status, the opportunity for professional advancement, greater job security, and improved prestige. The phrase "inputs" is used to describe the contributions that employees provide to the organisation, including their time, effort, output, skills, knowledge, education, and experience (Tien, 2000). There are a number of methods in which inputs can be quantified.Equity theory, which is not necessary based on any objective standards, focuses on the outputs and inputs from the perspective of the individuals who are engaged. People use a ratio to indicate their assessment of the fairness of an encounter based on how their outcomes and efforts compare to those of others (Tien, 2000). They achieve this by directly comparing the ratios of their own outputs and inputs to the ratios of those of other people. Tien (2000) explains that the "others" who serve as comparisons could be members of the same work group, employees of the same company, or members of the same profession.

Expectancy theory (Vroom, 1964)
Vroom's theory of expectation, commonly known as the valence, instrumentality, and expectancy (VIE) theory, was proposed in 1964. Vroom understood that an employee's performance is determined by their unique combination of traits, experiences, and knowledge (Triandis, 2015). According to the notion, people might be motivated to work towards their goals if they have faith that their efforts will yield favourable results and that their efforts would be rewarded favourably. It's worth it to put in the time and effort because the payoff will meet the demand eventually (Triandis, 2015). Three components—valence, instrumentality, and expectation—form the theoretical foundation. The term "valence" is used to describe how people feel about potential outcomes (rewards). It also refers to the extent to which a worker is motivated by the prospect of receiving an extrinsic (monetary, promotional, vacation, and benefit) or an

intrinsic (personal, or job-related) reward. Management needs to learn what matters most to workers (Tien, 2000).

On the other hand, 'expectancy' suggests that employees have different expectations and levels of confidence about what they are capable of doing and management must discover what resources, training or supervision employees need. Whereas, 'instrumentality' means the perception of employees as to whether they will actually get what they desire, even if it has been promised by a manager. Management must ensure that promises of rewards are fulfilled and that employees are aware of that. Vroom suggested that an employee's beliefs about expectancy, instrumentality, and valence interact psychologically to create a motivational force such that the employee acts in ways that bring pleasure and avoid pain. Expectancy theory is generally supported by empirical evidence (Tien, 2000).
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Nwaoboli (2021) examined surveyed opinions of Benin City residents on COVID-19 infodemic and conspiracy theories. The study's goals were to learn how COVID-19 infodemics and conspiracy theories are perceived in Africa, identify the different COVID-19 infodemics and beliefs present there, and assess the degree to which they are dominating the continent. In the research, 400 questionnaires were distributed, while 389 were recovered and still in useable condition. The study's findings revealed that COVID-19 infodemics and conspiracy theories continue to dominate and be widely accepted throughout Africa. Because some COVID-19 news stories are just infodemics and conspiracy theories, the research advised Africans to carefully double-check any news they encounter, particularly on social media. Although there were some differences in terms of research methods, sample size, scope, and research population, the results of the previous study and those of the present one are in accord with one another.

History of COVID-19 in Nigeria

Since the fatal coronavirus was first identified in Nigeria on February 27, 2020, the West African nation, which is projected to have a population of over 200 million, has experienced the same effects as every other nation in the globe (Okwudiri et al., 2021). As Nigeria entered one kind of lockdown or another, the sickness also had a significant worldwide influence on every facet of human existence there. The first coronavirus patient was identified as an Italian national on February 27, 2020, by the virology lab of Lagos University Teaching Hospital after he was screened there. The Ogun State Government then placed 39 individuals under quarantine who had contact with him. However, 11 days after the first verified COVID-19 case, a second one was discovered. The number of confirmed COVID-19 active cases increased starting on March 9; Lagos served as the nation's primary pandemic hub (Okwudiri et al., 2021).

According to Amzat, Aminu, and Danjibo (2020), the Nigerian quick reaction team was trained earlier in December 2019 and established on January 28, 2020 to handle any emergency COVID-19 incidents. In order to connect with the national incident coordination centres, these fast reaction teams subsequently established emergency operations centres in 22 of the 36 states. The Nigerian Presidential Task Force (PTF) for COVID-19 control was established on March 9th, 2020, and on that day it declared the limits on international travel from 19 nations because to the high virus transmission in those countries. The majority of visitors who came in the country did

not follow the NCDC's advised 14-day isolation procedure, hence the nation had more imported instances of coronavirus before the ban went into place (Ngozika, Anikwenze&Isiani, 2020).

After 81 cases were confirmed in 10 states of the nation on March 18, 2020, the Nigerian Federal Government, through its President, MuhammaduBuhari, closed the nation's borders, prohibited flights from nations with high rates of Covid-19 transmission before completely closing the country's airspace, imposed an interstate travel ban on people, and shut down all public and private organisations, including schools and religious institutions. The number of COVID-19 confirmed cases climbed to 232 by April 5th, 2020, with 5 fatalities and 33 recoveries (Okwudiri, 2021). At that time, the NCDC noted that 70% of confirmed cases were male, with the remaining cases being female. adding that although some cases were the result of community transmission, 44% of them were imported (Amzat et al., 2020).

According to Nwaoboli (2021), the coronavirus spread in Nigeria so quickly that both the average person and famous people felt its effects. Several persons had the virus during the beginning of April 2020, when symptoms of community transmission were made public. The former Chief of Staff to the President, Abba Kyari, was notable among them. He got the illness and eventually passed away on April 17, 2020 as a consequence of the virus' complications (Nwaoboli, 2021). Additionally, Buruji Kashami, a former senator from the Ogun East Senatorial District, passed away from difficulties related to COVID-19 (Nwaoboli, 2021). Rotimi Akeredolu, the governor of Ondo state, and the governors of Bauchi, Kaduna, Oyo, and Abia states all tested positive for the virus but made a full recovery after receiving treatment. In Nigeria, a large number of individuals, including the son of the former vice president, Abubakar Atiku, were infected with this new virus (Reuters, 2021; referenced in Mbamalu & Ohaja, 2021).

To stop the disease from spreading, the Federal Government of Nigeria and its numerous health agencies launched health, security, and social responses. They also funded the COVID-19 crises intervention fund with 500 billion dollars to assist all 36 states in building the necessary healthcare infrastructure to handle cases of the disease. Additionally, the Federal Government said that it will provide 20,000 naira grants to the nation's poorest families (Odoemelam, 2021). The National Primary Health Care Development Agency, or NPHCDA, also provided food donations to certain country residents and taught medical staff on coronavirus (Mbamaluc& Ohaja, 2021).

SUMMARY

The COVID-19 virus, according to Anon (2020), has had very severe impacts on mankind since it has produced chaos, brought down major global economies, killed thousands of people in Nigeria, and forced border closures and a stay-at-home policy there. Only Kogi state out of the 36 states in the nation has no record of a COVID-19 confirmed case as of June 7, 2020, when the number of COVID-19 testing centres climbed from 3 to 23. Samples of persons had to be delivered to the 23 sample centres around the nation. Additionally, public health education and risk communication efforts on the virus started in every region of Nigeria, and both traditional and new media were used to disseminate information about it. Through #Takeresponsibility theme campaigns, the NCDC launched sensitization initiatives around the country in partnership with other governmental and non-governmental organisations (Reuters, 2021 quoted in Mbamalu&Ohaja, 2021).

Although the first coronavirus case in Nigeria was discovered on February 28, 2020, the first death occurred on March 23, 2020, and by November 17, 2020, the centre had identified over 65 thousand confirmed cases of the virus in Nigeria, with about 3000 active cases and about 1000 fatalities (Anon, 2020). Globally, there were 55.6 million active cases, 35.8 million recoveries, and 1.34 million fatalities from coronavirus over this period (Anon, 2020). America, India, and Brazil were the countries most affected.

According to Ngozika et al. (2020), in an effort to stop the spread of COVID-19 in Nigeria, state governments adopted proactive measures by sealing their borders and state boundaries, as well as by outlawing any kind of large-scale gatherings of people at places of worship, sporting events, and celebrations. In an effort to stop the spread, the federal government also stopped all public and private schools. A take responsibility campaign was started in Nigeria by UNICEF and the NCDC in collaboration with SMS, TV, radio, newspapers, and even new media to educate the people on how to protect themselves and their loved ones during the epidemic. OBSERVATIONS

Many Nigerians still do not believe that COVID-19 exist. Some other groups of Nigerians believe that the virus exist but not in the country and that deaths that were associated to the disease had been caused by other sicknesses.

This Paper brings to our knowledge the degree of influence COVID-19 have on the performance of civil servants in Nigeria. The study also serves as a guide to health agencies such as the National Centre for Disease Control (NCDC) in their day-to-day management of COVID-19 and sensitization of the public especially civil servants on COVID-19 preventive and management strategies as well as the covid-19 era.

On the other hand, this study will serve as a good feasibility study for prospective researchers in the civil service sector, health practitioners, governments and individuals seeking for viable insights on civil servants modus operandi in the COVID-19 era for proper sensitization against viruses and diseases and the need for healthy living especially among civil servants.

Furthermore, the study is significant because it sheds light on the challenges faced by civil servants in the delivery of public services during a global health crisis. The findings of the study may be useful for policymakers and stakeholders in the civil service in developing strategies to mitigate the impact of the pandemic on service delivery. The study may also provide insights into the potential long-term effects of the pandemic on the civil service and its operations in Nigeria.

The study's findings may have implications beyond Oredo Local Government Area and Edo State, as they may provide insights into the impact of the pandemic on public workers in other parts of Nigeria. The study may also contribute to the broader discourse on the impact of the pandemic on public service delivery in developing countries and would add to the body of limited knowledge on the impact of COVID-19 on the performance of employees.

CONCLUSION

The importance of an organization's development in connection to its human resource requirements, according to Robbins and Judge (2017), cannot be understated. The rapid growth of technology will not be able to replace the critical role that people play in an organization's success. Every business and organisation, including the National Civil Service Agency, is likely to be struggling. At the organisation, there are several concerns concerning the work environment,

career progression, and communication.A government servant must have the abilities required to accomplish their tasks. Ability is described as a person's ability to do a task. A person's capabilities, according to Robbins and Judge (2017), can be divided into two categories: intellectual abilities and physical talents. These two factors combine to form an individual's total talents. Ability has a big influence on one's degree of work performance. Employees who have a better or greater ability to work will produce better results, which will lead to good performance from the employees.According to Robbins and Judge (2017), conduct is another factor that influences employee success. A government employee must keep a proper demeanour in order to perform in compliance with the procedure. Because a government employee's performance is directly proportional to their behaviour, if they behave properly, they will generate high-quality work. The better the behaviour of a civil servant, the greater their performance. Civil servant performance is critical for Local Government Areas that want to see gains not only in human resources but also in other areas of endeavour. The workplace environment is an important component of the public sector. The ambiance of the workplace can have a direct impact on public service performance. The phrase "work environment" refers to everything that surrounds employees and has the potential to influence how they carry out their duties and occupations. According to Cooper (2015), a productive workplace will provide employees with a sense of ease and safety, allowing them to complete their tasks on time. Along with the working environment, competence is another factor that influences a civil servant's degree of productivity. Employees must possess particular competencies in order to deliver results that are consistent with the specified goals, objectives, and standards. Individual competencies must be able to support the implementation of organisational strategies and any adjustments made by management. Furthermore, these competencies must be able to accommodate any changes that may be made. To attain competency, both hard talents and soft skills are essential. Motivation, behaviour, habits, character/attitude, leadership, creativity, communication, honesty, and adaptability are examples of soft talents (Cook, 2008). Knowledge, technology, and technical talents are examples of hard skills. Furthermore, the COVID-19 epidemic that erupted caused changes all over the world, particularly in Nigeria. The changes are summarised as follows: increased sickness, death, poverty, impact on health, food production, security, money supply, reduced inflow of foreign exchange due to lack of export and import of goods and services except for essential products, lack of patronage due to movement and access restrictions, changes in mode of business operation from physical contact to online, and many others. Since 2019, the expansion of the pandemic has had a significant influence on civil service performance, which is still being felt today. The new virus that is wreaking havoc on the global economy has a substantial impact on both customer patronage and cash flow. This experience elicited negative thoughts of survival as well as thrill and sentiment towards the ongoing pandemic infection. As a result of the widespread COVID-19 outbreak, some public service activities have failed, and many more are on the verge of extinction. As a result, the majority of government agencies that spend money on performance have experienced an economic shock, and it is highly unlikely that they will recover in the short run. The unique virus produced a slew of issues, prompting numerous countries throughout the world to implement containment measures. These tactics included national and international mobility limitations, total lockdown and stoppage of corporate operations, and border-to-border movement restrictions (Robbins & Judge, 2017).

REFERENCES

Abd-Alrazaq, A., Alhuwail, D., Househ, M., &Hamdi, M., Shah, Z. (2020). Top concerns of Tweeters during the COVID-19 pandemic: Infoveliance study. *Journal of Medical Internet Resources*, 22(19), 1-16.

Anon, A. J. (2020).COVID-19 pandemic and the audacity of negligence byNigerians.*Journal of Information Technology*, 2(12), 111-125.

Anwumablem, A. C &Asemah, E.S (2021).Coverage of COVID-19 pandemic in select Nigerian mainstream media.In E, S Asemah (E.d).*Communication, pandemic and civil unrest in Nigeria* (p 110-118).Franklead Printing Company: Enugu. .

Asemah, E. S. & David, S. (2021). Perception of media coverage of coronavirus outbreak in select local government areas in Edo state.In E S, Asemah (E.d).*Communication, Environment, and Sustainable Development*. Jos: Maktol Press.

Ayenigbara, I. (2021). COVID-19: An international public health concern. *Central Asian Journal of Global Health*, 9(1), 1-11.

Cennimo, D. J. (2021).Compulsory COVID-19 vaccination in America.*American Journal of Health,* 17(3), 16-30.

Chan, I. Nickson, O., Rudolph, K., Lee, M &Joynt, A. (2020). Mass media for rapid knowledge dissemination: early experience from the COVID-19 pandemic. *Anaesthesia*. 2(7), 23-41.

Chaplin, S. (2020). A brief history and treatments in development for COVID-19. *Wiley Clinical Healthcare Hub* Journal, 31 (5), 23-28..

Cooper, C. (2015). *Leadership and management in the 21st century*. Oxford: Oxford University Press.

Depoux A, Martin S, Karafillakis B, Preet R, Wilder-Smith A., & Larson, H. (2020). The pandemic of social media panic travels faster than the COVID-19 outbreak. *Journal Travel Medical*. 27(3), 1-21.

Ebunuwele, N. E. (2021). Belief System and the Receptibility of Covid-19 Prevention Campaign Messages.In Osemeke, M., Ohiokha, F., Oaikhena, M., Ola, K., Okwudiri, E. (Eds.). *Pandemic in the 21st Century: Multidimensional Approaches: Proceedings for 2nd College of Management and Social Sciences 2021 Conference, Samuel Adegboya University.* Department of Mass Communication, Samuel Adegboyega University, Ogwa, Edo State.

Fogli, L., Hulin, C.L. and Blood, M.R. (2011).Development of first-level behavioural job criteria.*Journal of Applied Psychology*, 55(1), 3-8..

Garber, P. (2011).*Coaching employee engagement training.* Alexandria, Va.: ASTD Press.

Gennaro, F., Pizzol, D., Marrotta, C., Antnes, M., Racabuto, V., Veronesse, N., & Smith, L. (2020). Coronavirus diseases (COVID-19) current status and future perspectives: A narrative review.*International Journal of Environmental Research and Public Health,* 7(3), 130-142.

Gilmore, S., & Williams, S. (2019). *Human resource management*. Oxford: Oxford University Press.

González-Padilla, U. (2020). Social media influence in the COVID-19 Pandemic. *Int. Braz J urol*. 46(1), 1-21

Hua, J. &Shaw, R. (2020).Corona Virus (COVID-19) "Infodemic" and Emerging Issues through a Data Lens: The Case of China. *International Journal of Environmental Resources in Public Health*. 17(2), 09-23.

Madad, S. &Jetelina, L. (2021).Message Framing in Vaccine Communication: A Systematic Review of Published Literature. *Health Communication*, 33(3), 299-314.

Mbamalu A. &Ohaja, U. (2021).Alleged Covid-19 information concealment in Nigeria.Samuel *Adegboyega University Journal of Communication.* 2(2), 34-38.

Mckeever, A. (2021). COVID-19 vaccines.*The Geographic*, 6(1), 1-12.

Modrow, S. B (2013). Viruses: Definition, structure, classification. *Healthycom Journal*, 13(4), 141-155.

Morens, D.M., Breman, J.G., Calisher, C.H &Dojerty, P.C. (2020). The origin of COVID-19 and why it matters.*The American Journal of Tropical Medicine and Hygiene*, 103(3), 955-959.

Nwakpu, E.S., Ezema, V.O &Ogbodo, J.N. (2020).Nigeria media framing of coronavirus pandemic and audience response.*Health Promotion Perspective: An International Journal*, 10(3), 192-199

Nwaoboli, E. P. (2021). Perceptions Of Covid-19 Infodemic And Conspiracy Theories In Africa: Insight From Benin City Residents In Nigeria. *International Journal of Engineering Applied Sciences and Technology*, 6(5), 65-72.

Nwaoboli, E. P. (2022). A Survey on Parental Influence on Academic Performance of Secondary School Students in Oredo LGA, Edo State. An Unpublished Long Essay Submitted to the Department of Post-Graduate Diploma in Education, National Teachers Institute, Kaduna.

Odoemelam, C.E. (2021). The COVID-19 health crisis and its framing : Approaches used by the print media for coverage. *Advances in Social Sciences Research Journal*, 8(3), 115-142

Odusote, A. (2021). Compulsory COVID-19 vaccination in Nigeria, why it is illegal and a bad idea.*Health Promotion Perspective: An International Journal*, 10(3), 104-114

Omoronyia, O., Ekpenyong, N., Ukweh, I. &Mpama, E. (2020). Knowledge and practice of covid-19 prevention among health workers in rural cross river state, Nigeria: Implication for Disease Control in Africa. *Pan Africa Medical Journal.*11(4), 12-35.

Okwudiri, E., Cole, Z., Friday, V., Egbeyon, P &Okafor, S. (2021). Influence of NCDC COVID-19 SMS campaign on the knowledge and behaviour of undergraduates in Samuel Adeboyega University, Ogwa, Edo state*, Nigeria.*.

Racanieollo, V. (2017). Communication considerations for one health: the influence of media framing on representations of a human-bat disease in the Australian print media. *Australian Zoologist Journal,* 38(4), 505-517.

Robbins, S., & Judge, T. (2017). *Organizational behavior*. Upper Saddle River, N.J.: Pearson/Prentice Hall.

Slavin, S., Matheson, W., Millar, K., & Van, C. (2014).Performance evaluation in the human services. Hoboken: Taylor and Francis.

Tien, F.F. (2000). To what degree does the desire for promotion motivate faculty to perform research. *Research in Higher Education*, 41(6), 723-752.

Triandis, H.C (2015) *Individualism and collectivism*. Boulder, CO: Westview Press.

Umoro, N. N &Asemah, E.S (2021).Perception of CNN coverage of COVID-19 global health emergency among the undergraduates of University of Benin.In E, S Asemah (E.d). *Commuication, pandemic and civil unrest in Nigeria.*Franklead Printing Company: Enugu. P 151- 160.

WHO (2020).Novel Coronavirus (2019-nCoV) Situation Report–11. Retrieved November 18, 2020 from https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200131-sitrep-11-ncov.pdf?sfvrsn=de7c0f7_4.

Windsor, T. (2021).Public communication campaigns: Theoretical principles and practical applications. In J. Bryant and M. Oliver (Eds.), *Media effects: Advances in Theory and Research (3rd Edition)* (pp. 436–468). New York: Routledge.

Zarocostas, R. (2020). How to fight an infodemic.*Lance*t *Journal*, 33(17), 395-476.