

## Research Article

## Will the COVID-19 Pandemic Reshape our Society?

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**Abstract:** The global impact of the coronavirus pandemic is far from being sufficiently known. While billions of people are confined in their homes, due to severe quarantine, some puzzling questions remain: is this moment in history when the world changes permanently? Will life be the same again, and when will things return to normal? How to adapt to this new reality? This article is intended to provide scholars with a perspective on the evolving situation and implications for the learning workplace. Key findings pointed out the necessity for developing adaptability skills to face coronavirus-related restrictions, such as standstills, closings of all kinds of businesses, overall cancellations, school closures, among others. Discussion and recommendations for future research compile the present work..

**Keywords:** coronavirus, COVID-19, pandemic, quarantine, restrictions, adaptability skills.

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### INTRODUCTION

It is global wartime. The World Health Organization (WHO), on 11 March 2020, has declared the COVID-19<sup>1</sup> the first XXI century pandemic. Since then, severe quarantine measures are being reinforced worldwide, attempting to stop the quick spread of the COVID-19.

The authors face - when this article is written, one month of home confinement, trying to adapt to a new and uncertain reality. Nobody can tell for sure when the regular activities will return, or in the worst-case scenario, if they will return. Millions of individual, social, and family groups' routines were altered. Gatherings are forbidden. Businesses are closed, and may face a hard-post-coronavirus reality: will they survive?

Therefore, this article investigated the COVID-19 pandemic in Brazil, as the unit of analysis (Yin, 1988). The objective is to promote an essential debate on the life adaptation strategies developed by the communities affected by the virus.

Coronavirus, or COVID-19, is an infectious disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). According to the WHO,

COVID-19 was initially reported as "pneumonia of unknown cause", first detected in Wuhan, China, reported to the WHO on 31 December 2019 (WHO, 2020).

COVID-19 has the following symptoms: (i) fever, (ii) shortness of breath, (iii) cough, (iv) headache, (v) sore throat, muscle pain, (vi) loss of smell, and in some cases, (vii) abdominal pain. (WHO, 2020). Covid-19 has no cure, this far. Treatment is prescribed with paracetamol and mechanical ventilation for eight days (WHO, 2020). COVID-19 is illustrated in Figure 1, as follows:

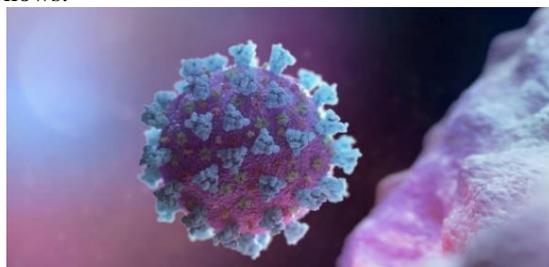


Figure 1 COVID-19. Source: WHO, 2020

COVID-19 is essentially transmitted by saliva contact from coughs and sneezes. Evidence indicates that the virus lives 72 hours on plastic, 24 hours on cardboard, and only four hours on copper surfaces, among others. There is no evidence of COVID-19 being airborne transmitted. The risk group is essentially composed of (i) elderly, (ii) patients with chronic

<sup>1</sup> Coronavirus 2019 (COVID-19) is the name of the disease caused by the SARS-CoV-2 virus

diseases, (iii) people with the immunocompromising condition, and (iv) pregnant.

Approximately 80 percent of the cases are asymptomatic, and the recovery leaves no sequels. Diagnosis involves PCR test (reverse transcription-polymerase chain reaction). Evidence also suggests that Alcohol 70 percent, and soap, kill the virus (CDC, 2020).

Therefore, some of the preventive measures are: (i) washing hands, (ii) cleaning all the surfaces, and (iii) social distance, once the virus spread quickly over the population through contact, as recommended by the WHO protocols (2020). In the next section, research methods and study limitations are presented.

## RESEARCH METHODS

This research used a qualitative approach and a single, descriptive case study, which unit of analysis is the COVID-19 spread over Brazil (Yin, 1988). The data was collected using archival research on the Brazilian government database and in the World Health Organization (WHO) and the Centers for Disease Control (CDC) databases. Also, direct participation and observation from the authors, indirectly affected by the

quarantines and massive standstills, to be discussed further. The observation was carried out by collective reaction to the confinement, through observing community life in general, and particularly, on the decisions taken by central and local authorities.

The literature review was conducted to explore information related to COVID-19. The analysis was performed in three steps: data reduction, data display, and conclusions. Finally, the current investigation is limited to Brazil. Other countries are not investigated in the present research.

### Covid-19: OUTBREAK IN BRAZIL

The first COVID-19 case in Brazil occurred on 25 February 2020, when a 61-year-old male, a resident from São Paulo state, arrived from his travel to Italy. Approximately one month later, on 31 March 2020, 4,661 cases were registered, with 159 deaths. In Italy, 101,739 cases with 11,591 deaths were registered (on 30 March 2020, 852 people died from COVID-19 in Italy, five times the total deaths occurred in Brazil, in a single day). In the United States, according to the CDC, there are currently 140,904 COVID-19 cases, and 2,405 deaths registered (CDC, 2020). Finally, Figure 2 reveals the COVID-19 spread over Brazil.

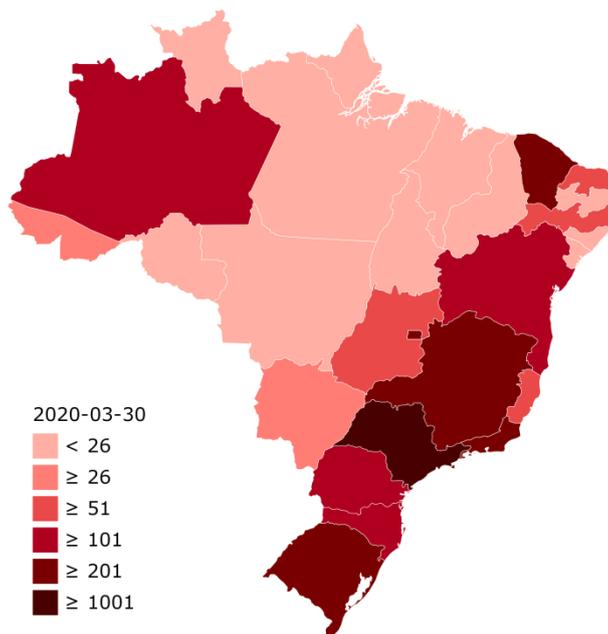


Figure 2 COVID-19 spread over Brazil, on 30 March 2020. Source: Brasil, 2020

Notice in Figure 2 that the South and Southwest are the most affected regions (spotted in dark red-brown), while the Center-west and North are the less affected regions in Brazil (light pink in Figure 2).

## SOCIAL ISOLATION AND CONFINEMENT

Almost all countries are promoting social isolation measures to contain the COVID-19 spread. In Rio de Janeiro state, where the authors live currently, the partial lockdown was declared between 17-31 March 2020, prorogated for 15 additional days.

Essential services provided by pharmacies, supermarkets, hospitals, buses, trains, among others, were preserved from the lockdown. Cinemas, shopping centers, restaurants, bars, beaches, classes, and tourist points like the Sugar Loaf and the Christ Redeemer

remain closed, as well as all churches. In sum, all gathering places. Highways were not closed in Rio. In Brazil, the governors abide by the recommendations of the Health Ministry, the doctor Luiz Henrique Mandetta, in turn, subordinated to the Brazilian President, Jair Bolsonaro, who gave controversial declarations that the COVID-19 is nothing more than a “little flu”, and is strongly averse to the lockdown proposed by sanitation authorities worldwide (G1, 2020).

In consequence, since 17 March 2020, every night by 8:30 PM, people started banging pans in protest, for the last 15 days. The situation is also tense between the President and local governors for the same reason. History judgment will be harsh on the political leaders. Only time will tell who is right or wrong. Meanwhile, the ordinary citizen does everything to adapt to the new reality, as described in the next section.

## WILL THE WORLD BE THE SAME?

The confinement adopted by the government authorities all over the planet brought challenges and opportunities for all sorts of people: in most cases, three generations<sup>2</sup> are coexisting in the very same space, with pros and cons. Elderly (retired mostly), kids and youngsters (without classes, suspended), and their parents (home-office work) now divide the same space. Before lockdown, parents used to drop kids at school, going to work, and late picking them up. Now, the family dynamics are entirely different: children are taking online classes and studying with their relatives daily. Parents go shopping (in most cases, the elderly are advised to stay at home at all costs), and take care of each other. Severe cleaning measures are taken at home. Families are forced to rediscover the real meaning of the word solidarity.

Habits are also changing. For instance, shoes are left outside the house (not common to Brazilians as habitual to Japanese). Hands are sanitized at the entrance of every home with alcohol 70 percent (who disappeared from the pharmacies and supermarkets due to the high demand). Clothes are changed and put on a sack. Then, one goes straight to the restroom for a shower. Finally, when the ritual is complete, one says hello to the family. The most difficult, for both sides, is to avoid the children’s effusive and genuine happy hugs.

Business relations are also being adapted to the new reality. Communication tools and apps, such as Microsoft Zoom were made available for service providers to help people to conduct large meetings, for instance, as well as online courses, who overspread. Once the restaurants are closed, food apps such as *Ifood*, *UberEats*, among others, are hiring people for quick delivery. The other restaurants are trying to keep up and

offer similar food delivery services. The con is that the orders overpass the delivery capacity sometimes, and delays are frequent in this era of confinement adaptation.

Domestic violence rates have increased as one of the worst consequences of quarantine. All gyms and sports activities are suspended. Consequently, people do exercises at home (at least in the first week of the quarantine, after this period, accommodation and lack of physical exercise has been observed).

The confinement is critical to favelas (slums), in which people cohabit in tiny spaces, with a lack of potable water and sanitation, where an increasing number of cases is expected.

Nevertheless, the confinement is far from its end, and it is quite early to answer if the economic situation will remain the same. Meanwhile, make peace with relatives and enjoy the presence of children. Be organized and disciplined. The establishment of routines has been essential to avoid anxiety and other mental diseases.

It is also quite early to answer if the changes are permanent or not. For sure, people are being challenged to take much better health care, to consider alternative ways of dealing with the frustration caused by the restrictive sanitation measures, to appreciate the freedom temporarily lost, among others.

Curiously, solidarity is flourishing among people, such as the increase of supporting volunteer works, when dealing with most vulnerable members of the neighborhood. Paradoxically, physical distance does not seem to be implicated in the moral distance, on the contrary.

## DISCUSSION

The first week was the worst. Panic from the confinement itself, intensified by media, devoted to COVID-19 coverage. In Brazil, part of the media also criticizes the Executive Power’s decisions daily.

Supermarket and Pharmacy shortages were detected in several locations in Brazil. Aisles have been stripped of alcohol, toilet paper, baby wipes, paper towels, and cleaning goods in general, as people stock up amid coronavirus panic.

Most corporate training and MBA classes canceled. What to do? Adaptation. Discipline. Virtual classes temporarily substituted the MBA courses. Some students decided not to take online classes. Many of our colleague professors got virtually together in WhatsApp groups, helping each other to adapt their courses creatively to the new challenges.

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<sup>2</sup> Son/daughter, father/mother, grandfather/grandmother, etc.

Finally, social isolation and home confinement brought challenges and opportunities to all. Online communication systems proved to be effective in gathering groups together virtually while separated physically.

People across the globe have the opportunity to tighten family bonds. Mothers and fathers have the chance to stay closer to their children. While face hunger and starvation due to the absence of wages, assisted by solidary work. In sum, people find ways to survive.

This research implicates directly in the following paralyzed economic sectors: (i) carmaker industry (Dias, M.O., Navarro and Valle, 2013, Dias, M.O., *et al.*, 2014; Dias, M.O., *et al.*, 2013); (ii) aircraft manufacturer industry (Cruz, B.S. & Dias, M.O., 2020; Dias, M.O., Teles, and Duzert, 2018; Dias, M.O. and Duzert, 2018); (iii) government and non-government activities (Dias, M.O., 2018; Paradela, Dias, M.O.; Assis; O., J.; Fonseca, R. (2019; Dias, M.O. & Navarro, 2017; (iv) brewing industry (Dias, M.O. & Falconi, 2018; Dias, M.O., 2018); logistics, sales operations, small business, among others.

Finally, the Human race will prevail no matter the high cost due to the capacity of adaptation and social cooperation, remarkably when facing such a crisis. The world may remain the same or not, only time will tell. People, however, will never be the same after the COVID-19 pandemic.

## FUTURE RESEARCH

Future research is encouraged to investigate the impacts of the COVID-19 disease in virtually all fields of study, including new ways of socialization and communication, for instance. Studies on family relations pre and post coronavirus are recommended. Will home office substitute the physical presence at work? What kind of commercial relationships will be changed? Will the world be the same after the COVID-19 pandemic? These are questions encouraged to be answered in the near future, after we have won the coronavirus.

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