

New Challenges on Waiting Lines and Servicescapes During the Covid-19 Pandemic

Emanuele Meier

Haute École Spécialisée de Suisse Occidentale (HES-SO)

Magali Dubosson

Haute École Spécialisée de Suisse Occidentale (HES-SO)

The organisational constraints imposed on servicescapes during the Covid have had dramatic consequences for both retailers and consumers. On the one hand, the need to reduce congestion imposed new regulations, such as the “maximum number of customers per store,” had a significant impact on the length, duration, and location of queues. On the other hand, the fear of the contagion has changed the way we appropriate physical spaces. Customers respond to adverse conditions abandoning or avoiding the queue when situations and other customers’ behaviours do not match their expectations. Behaviours appear to be directly related to objective and perceived risk.

INTRODUCTION

The influence of servicescapes on decision-making and on perceived overall quality satisfaction has long been studied in marketing research (Szymkowiak et al., 2021). In these spaces, queuing seemed to be an area largely controlled by documented methods and principles. Generally speaking, companies favour a relatively short, pleasant and defined wait (Alban et al., 2020; Perlman & Yechiali, 2020; Yang et al., 2022).

The pandemic has shaken this management as new fears for our physical and financial security, and the protection plans put in place by governments have disrupted the daily lives of citizens, while imposing new challenges on the organisation of servicescapes. On the one hand, the need to reduce crowds has imposed new regulations around the world such as ‘maximum number of customers per store,’ which have a significant impact on the length, time (Perlman & Yechiali, 2020) and location of queues. On the other hand, the increased risk of infection associated with crowded environments and physical proximity (Barr, 2020) reinforce the sense of discomfort associated with waiting and negative emotions such as stress or anger (Larson et al., 1991). These psychological and affective states can decrease the perceived level of service quality and behavioural intentions (Liljander & Strandvik, 1997). The new constraints imposed on service spaces challenge the ‘old assumptions’ about their organisation, particularly about the psychology of queuing (Maister, 1985). Immediate actions are needed to manage and reduce customer dissatisfaction and associated costs. The role of the retail space has never been so much in question with, in addition, increasingly fierce competition from e-commerce.

REVIEW OF THE LITERATURE

Queuing and Customer Satisfaction

Very early on, research highlighted the harmful role of waiting times and queues on consumers' perceptions because they imply economic and psychological costs (Chebat & Filiatrault, 1993), even if it is recognised that pleasant episodes of socialisation can occur (Qin et al., 2019). The psychological costs, whether expressed in terms of anxiety, uncertainty or negative emotions, are difficult to assess (Chebat & Filiatrault, 1993; Dube-Rioux et al., 1989; Osuna, 1985). Long waiting times lead to a greater sense of unfairness (Williams & Henderson, 2011). To counter these, some companies have begun to compensate for these costs, in the form of pre-service recovery (e.g., free drinks, snacks or manicures) (Qin et al., 2019).

As perceived waiting time increases, customer satisfaction tends to decrease (Baker & Cameron, 1996). Different studies have even shown that satisfaction with waiting is a good predictor of overall satisfaction (Bielen & Demoulin, 2007; Borges et al., 2015; De Vries et al., 2018; Hui & Tse, 1996; Pruyn & Smidts, 1998) and customer loyalty (Bielen & Demoulin, 2007). Furthermore, if the customer blames a perceived over-expectation on the service provider or if the service provider has the power to control the situation, the customer will be even more dissatisfied (Bitner, 1990; Nie, 2000; Taylor, 1994). Therefore, the traditional business response is to seek to minimise actual waiting time through efficient operations' management (Baker & Cameron, 1996).

A perception of unfairness in waiting times leads to negative emotional states (Haynes, 1990; Maister, 1984). When clients are waiting, interactional justice is particularly important. Therefore, care must be taken to ensure that staff adopt the right mode of communication with customers (Qin et al., 2019). Any employee visible to customers is likely to make themselves immediately available to help customers (Baker & Cameron, 1996). Therefore, the presence of employees outside of buildings implies an active role in managing the queue and the norms to be adopted in sound pandemic management.

Covid's Specific Context

States have imposed measures such as social distancing or mandatory mask wearing, both outside in frequented areas and inside public spaces. At times, stores and supermarkets have had to limit the number of people allowed inside their spaces, leading to customers having to wait outside to try to limit the risk of infection. As a result, we saw long lines forming on the sidewalks. To manage this problem, very quickly researchers sought to reduce queues again and optimise operations' management based on available resources (see for example, Alban et al., 2020; Kaplan, 2020; Long et al., 2020; Perlman & Yechiali, 2020).

This type of crisis completely disrupts our habits and routines and generates an atmosphere of fear (Forster & Tang, 2005; Szymkowiak et al., 2021). This atmosphere is generated by the perception of risk, which is based on two components: uncertainty, i.e., the probability of negative consequences, and damage, i.e., the importance of these consequences (Bauer, 1960 as cited in Laroche et al., 2005). In particular, people change their behaviour when they are afraid of the possible consequences of the risk, even if the risk is low in relation to the probabilities, as in the case of terrorism (Gigerenzer, 2006; Lerner & Keltner, 2000; Slovic & Peters, 2006). It is primarily an emotional reaction (Loewenstein et al., 2001). When people are aware of a risk to their health, they adopt behaviours to limit it, such as reducing contact, decreasing the time spent indoors shopping or the number of stores visited (Szymkowiak et al., 2021).

It is our entire relationship to space that has been altered. Even before the COVID-19 crisis, the ability to control and manage one's own physical space was considered a luxury by some (see e.g., Atkinson, 2016; Hook & Vrdoljak, 2002). With the pandemic, the fear of being infected through contact with others has changed the way we view and use physical spaces to ward off the anxiety generated (Jasiński, 2020). The most radical measure has been to avoid physical spaces altogether, preferring virtual ones.

Some people have argued that coercive measures are counterproductive because they negate the good behaviours that would be natural if individual responsibility was addressed. Researchers observed the opposite. Wearing a mask in a queue had the effect of increasing social distancing (Seres et al., 2020). In contrast, reopening shops and restaurants had a negative effect on this distancing (Seres et al., 2020).

Suddenly, all mundane everyday activities that corresponded to a greater risk of infection were perceived as riskier (Szymkowiak et al., 2021). Consumers drastically changed the way they shopped during the Covid period, and especially during periods of containment by, for example, shopping online, favouring local businesses and visiting stores less frequently (Dubosson et al., 2021). Various studies had highlighted that the adoption of precautionary behaviour during a pandemic period depends on the perceived risk of becoming seriously ill in case of contamination (Seres et al., 2020). This perception is often linked to a partisan or even political approach in society (Ajzenman et al., 2020; Allcott et al., 2020; Grossman et al., 2020; Seres et al., 2020), which involves trusting the spokespersons of one's political party and blindly following them in their assessment of the danger of the situation. Recent research (Dryhurst et al., 2020) has highlighted that risk perception is correlated with self-reported public health compliance (Hypothesis 1a: Behaviour in a queue will differ based on adherence to the norms enacted by the government authority and Hypothesis 1b: based on the degree of trust placed in the authorities).

Psychology of Queuing

Queues generally regulate the influx of customers when it overcomes service delivery capacities and when it is distributed irregularly, creating bottlenecks. From a customer's perspective, it can be seen as a barrier that prevents them from achieving their goals, or at least as a delay in achieving their objectives (Milgram et al., 1986; Quigley et al., 1984). According to Stevenson (2012) waiting in line has three main sources of discomfort: boredom while waiting, unexpected length and unfairness of the process.

Waiting leads to negative emotions such as stress, boredom or anger (Dahm et al., 2018; Pruyn & Smidts, 1998; Taylor, 1994; Zakay, 2014). Maister (1984) notes that anxiety is greater while waiting for one's turn than when being served, even though the waiting time during service is longer. He attributes this anxiety to the fear of being forgotten. However, he notes that it can come from other sources. He also states the principle that the more value a service represents to the customer, the more they are willing to wait. Having to wait for something that is of negligible value is intolerable (Hypothesis 2: the impact of waiting depends on the context and the value attributed to the expected outcome).

Perception of Risk

Risk is a social construct that reflects the interaction between several forces and actors (Burgess, 2015) and it can only be perceived (Fischhoff et al., 1983). Risk perception refers primarily to individuals' assessments of the hazards to which they are or may be exposed. Among the determinants of this perception and its evaluation are several social, cultural and contextual determinants (Pidgeon, 1998). As Tagini et al. (2021) point out, the determinants of individual risk perception include both the perceived probability of becoming ill (personal vulnerability) and the perceived harmfulness to health (severity of the illness). On the other hand, risk perception is positively associated with the adoption of protective behaviours (Schneider et al., 2021).

Interaction with others waiting may be a positive factor if it is welcome. On the other hand, if this interaction is unwanted or considered unpleasant, it will be felt as an intrusion and will generate negative affect (Baker & Cameron, 1996). We can imagine that during the pandemic, with the other representing a risk of contamination, social interaction was rather avoided and considered a danger (Fini et al., 2021). We believe that the queue can be the scene of discomfort, either due to the risk or due to a state of unease, which will translate into attitudes and behaviours in the queue (Hypothesis 3: Behaviour in a queue will differ depending on the level of perceived risk).

Respecting Norms in Queues

Queues are often viewed as a small-scale social system that operates on internalised social norms based on the fairness and orderliness principle of serving customers in their order of arrival (Fagundes, 2017; Hall, 1959; Mann, 1969; Milgram et al., 1986). When free riding occurs, the most common intervention is social pressure and verbal reminders. Physical violence seems to rarely be used because it is not worth the effort and those impacted by the intrusion prefer to remain silent and ignore the violation as minor (Mann,

1969). On the other hand, behaviours such as smoking, loud talking or a sense of crowdedness can also be considered an intrusion by customers (Hui & Bateson, 1991).

The coronavirus pandemic has disrupted the norms governing queuing. Behaviours related to protective measures (particularly social distancing and mask wearing) quickly became new norms (Söderlund, 2020). As existing psychosocial theories consistently show that violations of social norms typically produce negative emotions such as fear and anger (van Kleef et al., 2015; Ohbuchi et al., 2004), it is conceivable that the violation of health norms also respects these observations.

Individuals waiting in line may play a role in compliance. When a person does not follow established norms, he or she elicits negative emotions from others in the queue as they waste time and do not tolerate the rule violation. Implicitly, the responsibility to call for order rests with the person immediately behind the point of intrusion (Mann, 1969; Mann & Taylor, 1969; Milgram et al., 1986; Schmitt et al., 1992). The further away from the point of intrusion, the less objection is made even though the costs are the same. The response is therefore very local rather than systemic (Milgram et al., 1986).

According to social impact theory (SIT), the impact of other people in this system is the resultant of three social forces, namely the number of people present, physical proximity and the status or power of those people (Latané, 1981). The longer the waiting time, the more likely customers will be in a bad mood, become angry, and engage in uncivil and aggressive behaviour (Efrat-Treister et al., 2020; Groth & Gilliland, 2006; Munichor & Rafaeli, 2007). A sense of power will tend to promote aggressive responses. A sense of power is defined as the belief that we can control what we want and find a way to overcome obstacles that would prevent us from achieving it even if it means violating social norms (Efrat-Treister et al., 2020). In a business context, the company is the entity responsible for the outcome and is therefore seen as the authority that sets the standards that apply to the process (Dahm et al., 2018). On the business side, the role of compliance can be attributed to staff (Hypothesis 4: Individuals transferring control of the pandemic to the authorities expect the business to take over the implementation and compliance of the standards).

DATA COLLECTION

This project was designed as an exploratory research project. First, we conducted semi-structured interviews with managers of three companies in French and Italian-speaking Switzerland. The objective was to better understand the issues related to queuing during the crisis and after the reopening of the stores. Then, we conducted data collection on a convenience sample of 71 respondents. This quantitative survey was distributed through an Internet questionnaire; therefore, our sample has a younger age than the general population. Given that waiting behaviour can differ depending on the value attributed to a service, and as the experts interviewed pointed out, part of the questionnaire aimed to better understand the effects of different contexts on the behavioural response to a queue; two scenarios were therefore presented (pharmacy vs. hard discounter) to specify, through behavioural intention measures, respondents' reported behaviour in a fictitious waiting situation.

The data collected were analysed with R software (R Core Team, 2017).

DATA ANALYSIS

Qualitative Data

Semi-structured interviews were conducted with three organisations, a hard discounter, a drugstore chain and a retailer association in a large city. The objective was to highlight the main issues related to queuing during the crisis, during the closure of non-essential stores and after their reopening.

The analysis of these interviews revealed that, regardless of the shopping context, consumers were initially gripped by the fear of being infected, but very quickly became accustomed to the sanitary measures in place and continued to go about their usual business as far as possible. The measures seemed to become a 'new normal.' On the other hand, in the hard discounter setting, it should be noted that clients seemed to gradually show less adherence to the normative behaviours (e.g. respecting distances, wearing a mask). The

rejection of these new norms was manifested by signs of impatience and nervousness, even to the point of physical contact. In the other shops, this kind of behaviour was not noticed.

To explain this difference, the pharmacy manager suggests that it is related to the context. In fact, in the health sector, customers would need to be closer to the staff for explanations, confidentiality or to show physical problems. The manager mentioned a 'greater need to be in contact with health professionals "to be reassured, and to get more advice."' This would lead clients to be more patient, or at least not to display aggressive behaviour.

As far as the abandonment of queues is concerned, only the hard discounter was concerned following long waiting times (e.g., 'Oh no, wait, we'll go quickly next door and then we'll come back here afterwards'; 'Pfff there are too many people, we'll go afterwards'). According to the manager, the refusal to wait, especially outside, is strongly influenced by the image of the hard discounter: "Even though our store has improved its image enormously over the years with its new concept, which is much more modern, which is more structured, with the quality of the products which is constantly improving with a lot of Swiss products. But there is still a certain mentality towards hard discounters where people take everything for granted and seem less willing to wait."

Following the introduction of the new measures, the hard discounter had to make changes to its physical spaces in order to implement a new management of people flow. As interaction is limited in nature in their stores, it has not been greatly impacted. However, the pharmacy did have to consider how staff and customers interacted with each other, which was hindered by these measures, especially the masks and Plexiglas on the counters. Therefore, depending on the nature of the interactions, companies seem to have focused either on adapting processes or changing interpersonal communication requiring Human Resources (HR) measures. This was corroborated by the head of the retailers' association, who thus has a cross-sectional view of the different types of stores.

While the adopted measures contributed to the objective of reducing traffic and the clustering of people in one place, they also greatly reduced impulse buying. For the head of the stores' association, 'compared to unnecessary purchases...if I have to wait, I will do something else.' According to him, it seems that the brand plays an important role both on the perception of the consumers and on the companies themselves. Indeed, more prestigious brands have greater resources (i.e., available square footage, staff, financial resources) that allow customers to feel more comfortable in the spaces. During the pandemic, customers felt safer.

Quantitative Data

As a follow-up to the semi-structured interviews and to further investigate the potential explanatory variables of the clients' reactions mentioned by our interlocutors, we analysed the answers of a convenience sample of 71 persons who completed an online questionnaire structured according to the following themes:

- An assessment of collectivist vs. individualist values based on the work of Singelis et al. and Germani et al. (2020)
- The importance given to preventive behaviours in the fight against COVID-19
- The degree of adherence to health guidelines and the degree of trust in the authority that promulgated them
- Level of perceived risk to personal health
- Fictitious scenarios 1 and 2 – reported behaviours when queuing outside
- Fictitious scenarios 3 – reported behaviours if a person does not meet the standards of behaviour set by the government authority
- Sociodemographic variables (gender, vaccination status, age, political orientation, impact of the pandemic on financial status, general health status)

A fictitious scenario proposed to investigate the reported behaviour of people in a queue towards a person not respecting the prescribed sanitary measures (i.e., 'In a queue during the pandemic, a person does not respect the prescribed sanitary measures (i.e., distances, wearing a mask or disinfecting hands), What is your reaction?'). Respondents indicated the likelihood of adopting one of the following behaviours in the

event of a violation of the new standards: 'I express my disapproval forcefully'; 'I react calmly by asking for compliance'; 'I communicate my disapproval with my eyes'; 'Even though I am angry, I do not say anything'; 'I expect an employee to intervene'.

At the descriptive level, it appears that the respondents would rather opt for an attitude of passively 'undergoing' the situation (i.e., 'Even if I am angry, I say nothing' (m = 3.42). The stronger the reaction becomes, the less it is adopted ('I react calmly by asking to respect the rules' (m = 2.52) vs. 'I vigorously express my disapproval' (m = 2.07). This seems to correspond well to the prevailing mentality in Switzerland.

Furthermore, it is interesting to note that only the behaviour 'I expect an employee to intervene' differs in terms of respondents' 'objective' health risks ($t(69) = 2.61, p = .011$). Those indicating 'objective' risks (i.e., 'Does your overall health put you at increased risk of suffering serious consequences from COVID-19 contamination?') appear to have a higher expectation (m = 4.40) that someone will intervene to enforce compliance compared to those indicating no risk (m = 3.05). It should be noted that the numbers for the group of individuals who reported having objective risks is only n = 5. Further analyses with a larger sample size would therefore be necessary to validate this finding. In contrast, for subjective risk (i.e., 'How concerned do you feel about your health because of COVID-19') no significant difference was observed.

Regarding adherence to norms, respondents reported a relatively high level of trust in the health authorities (m = 3.39), in vaccines (m = 3.06) and in the health measures in place (m = 3.23). The correlations in Table 1 indicate that trust (i.e., in health authorities, in vaccines, in health measures in place) positively affected reported behaviours. For trust in health authorities and in the health measures in place, there were positive correlations with vigorous expression of disapproval (r = .25 and r = .30), calm response that demands compliance (r = .39 and r = .32) and communication of disapproval (r = .33 and r = .34). Trust in vaccines, on the other hand, was positively correlated with responding calmly by asking for compliance (r = .27) and communicating a look of disapproval (r = .24). Therefore, hypotheses H1a and H1b were validated. On the other hand, the degree of trust in authorities and in sanitary measures was not correlated with the expectation that clients might have that an employee would intervene. Therefore, H4 should be rejected.

In the context of the pandemic, even if the company itself has not decided on the measures to be implemented, the issue of customer expectations about the role the companies should play have to be addressed. In Table 1, we observed that customers expected the company to react to enforce the standards when they have also expressed their disapproval of the person who violates the rules, even if only slightly. Thus, the expectation that the company will seize its authority is related to the behaviour of calmly calling for order (r = .46) and looking disapprovingly (r = .39). On the other hand, this expectation was also correlated with the strongest behaviour, expressing disagreement forcefully (r = .35).

TABLE 1
CORRELATION MATRIX OF NORMATIVE ADHERENCE AND BEHAVIOUR IN WAITING LINE

	1	2	3	4	5	6	7	8
1 Your confidence in the health authorities	—							
2 Your confidence in vaccines	0.598***	—						
3 Your confidence in the sanitary measures put in place (e.g., distancing, wearing masks, etc.)	0.394***	0.254*	—					
4 I strongly express my disapproval	0.254*	0.171	0.296*	—				
5 Even if I am angry, I do not say anything	0.017	0.08	-0.188	-0.28*	—			
6 I react calmly by asking to respect the rules	0.389***	0.269*	0.323**	0.605***	-0.352**	—		
7 I communicate my disapproval with my eyes	0.332**	0.24*	0.337**	0.586***	-0.306**	0.537***	—	
8 I expect an employee to intervene	0.166	0.049	0.048	0.35**	0.008	0.461***	0.389***	—

Note. * $p < .05$, ** $p < .01$, *** $p < .001$

In order to study the impact of the purchase context on the declared behaviour, two fictitious queue contexts (hard discounter vs. pharmacy) were presented to the participants. For a better setting, two photos were proposed to situate the following two fictitious scenarios:

1. 'In a pandemic context, you go shopping at a hard discounter (e.g., Lidl, Aldi, Denner). The maximum number of people allowed in the store is reached and there is a queue in front of the entrance...'
2. 'In a pandemic context you go to a pharmacy. The maximum number of people allowed in the pharmacy is reached and there is a queue in front of the entrance...'

Individual propensity to engage in the following behaviours was subsequently measured: 'I wait outside and do nothing'; 'I change stores'; 'I wait and distract myself with my phone'; 'I go make other purchases and come back later'.

To compare responses in the two contexts (i.e., hard discount and drugstore), we conducted a series of paired-sample Student's t tests (Table 2). The results indicated that respondents would be more likely to wait without doing anything or distracting themselves with the phone in the 'pharmacy' scenario ($m = 2.85$; $m = 3.45$) than in the 'hard discounter' scenario ($m = 2.37$; $m = 3.24$).

There was a significant difference between the two scenarios in the behaviours of joining the queue (i.e., doing nothing or distracting myself with the phone) (Cohen's $d = -0.46$ for doing nothing and Cohen's $d = -0.25$ for distracting with the phone). With respect to momentary and temporary queue-breaking behaviours, they showed no significant difference for the behaviour of going to shop elsewhere and returning. Although there was no statistically significant difference ($p = .051$), it appears that giving up and going to a competitor would be more likely in the hard discounter context. Waiting behaviours were more easily adopted in the pharmacy context, whereas the choice to change stores was more prevalent in the hard discounter context. These results corroborate the elements identified in the qualitative phase, except for the momentary postponement of purchases. H2 is therefore largely validated.

TABLE 2
PAIRED SAMPLES T-TEST

	Statistic	df	p	Effect Size	
I wait outside and do nothing	-3.88	70	<.001	Cohen's d	-0.4604
I change stores	1.983	70	0.051	Cohen's d	0.2354
I wait and distract myself with my phone	-2.154	70	0.035	Cohen's d	-0.2556
I go make other purchases and come back later	0.136	70	0.892	Cohen's d	0.0162

In the context of a pandemic, as people fear for their health, one would expect them to change their behaviour to avoid crowds, since others are synonymous with potential carriers of the virus. However, avoidance behaviours in places involving close contact with people and possible crowds were not seen as particularly important in the fight against the pandemic (see Table 3). Among the proposed prevention behaviours, 'frequent hand washing/disinfection' with a mean of 4.13 was considered the most important, followed by 'avoiding close contact with people who cough or sneeze' ($m = 3.61$) and 'eating a healthy diet'. On the other hand, among the prevention behaviours considered the least important, we found 'avoiding large stores (stores/supermarkets)' ($m = 2.48$), 'avoiding bars and restaurants' ($m = 2.49$) and 'avoiding public places' ($m = 2.55$).

TABLE 3
DESCRIPTIVE STATISTICS OF PREVENTION BEHAVIOURS

	Mean	Sd
Avoid public transportation	2.85	1.078
Avoid close contact with people who are coughing or sneezing	3.61	1.293
Avoiding large stores (stores/supermarkets)	2.48	1.04
Wash/disinfect hands frequently	4.13	0.955
Avoid bars and restaurants	2.49	1.17
Avoid public places	2.55	0.997
Avoiding waiting in line	2.87	1.041
Eat a healthy diet	3.35	1.196

This suggests that respondents are not willing give up going to public places for convenience or personal interests and therefore, prefer to use more personal and less restrictive daily routines. Another explanation could be that respondents do not perceive a real risk to their personal health and therefore, are willing to take a minimal risk from their perspective to continue to use public spaces. Thus, when considering individuals' perceived risks ('How worried do you feel about your health because of COVID-19?'), we found that the more worried individuals are about their health, the greater the avoidance behaviours in places with crowds become (Table 4).

Indeed, we observed strong correlations between feeling worried about one's own health and all items related to the proximity of other people, namely 'avoiding public places' ($r = .540$); 'avoiding large stores (shops/supermarkets)' ($r = .449$); 'avoiding bars and restaurants' ($r = .400$); and also 'avoiding public transport' ($r = .414$). There was also a significant relationship with avoiding queues ($r = .341$). Thus, although on average these 'crowd avoidance' behaviours do not appear to be very important, the more one feels worried about one's health, the more important one considers it to be to avoid places where one meets other people.

TABLE 4
CORRELATION MATRIX. PREVENTION BEHAVIOURS AND SUBJECTIVE RISK PERCEPTION

	1	2	3	4	5	6	7	8	9
1 Avoid public transportation	—								
2 Avoid close contact with people who are coughing or sneezing	0.55***	—							
3 Avoiding large stores (stores/supermarkets)	0.526***	0.514***	—						
4 Wash/disinfect hands frequently	0.352**	0.492***	0.254*	—					
5 Avoid bars and restaurants	0.594***	0.612***	0.649***	0.353**	—				
6 Avoid public places	0.532***	0.547***	0.528***	0.361**	0.659***	—			
7 Avoiding waiting in line	0.441***	0.345**	0.466***	0.232	0.428***	0.426***	—		
8 Eat a healthy diet	-0.256*	-0.177	-0.114	-0.015	-0.065	-0.093	-0.067	—	
How concerned are you about your health because of COVID-19	0.414***	0.367**	0.449***	0.301*	0.4***	0.54***	0.341**	0.128	—

Note. * $p < .05$, ** $p < .01$, *** $p < .001$

TABLE 5
INDEPENDENT SAMPLE T-TEST. PREVENTION BEHAVIOURS AS A FUNCTION OF
SUBJECTIVE RISK PERCEPTION

	Statistic	df	p	Effect Size
Avoid public transportation	-2.1048	6	0.03	
Avoid close contact with people who are coughing or sneezing	-1.813	9	0.07	Cohen's d -0.9763
Avoiding large stores (stores/supermarkets)	-2.6009	6	0.01	-1.206
Wash/disinfect hands frequently	-1.6549	9	0.10	Cohen's d 4
Avoid bars and restaurants	-0.6061	6	0.54	-0.767
Avoid public places	-2.0221	9	0.04	Cohen's d 6
Avoiding waiting in line	-2.6126	6	0.01	-0.281
Eat a healthy diet	-0.0922	9	0.92	Cohen's d 1
		6	0.04	Cohen's d -0.938
		9	0.01	-1.211
		9	0.01	Cohen's d 9
		6	0.92	-0.042
		9	0.92	Cohen's d 8

^a Levene's test is significant ($p < .05$), suggesting a violation of the assumption of equal variances

If we consider the 'objective' health status measured through the question 'Does your general health status put you at increased risk of suffering serious consequences from COVID-19 contamination?', the previous finding seems to be confirmed. There were statistically significant differences (Table 5) for the items 'avoid public transportation' ($t(69) = -2.1048$, $p = .039$, Cohens' $d = .98$); 'avoid big stores/supermarkets' ($t(69) = -2.6009$, $p = .011$, Cohens' $d = 1.21$); 'avoid public places' ($t(69) = -2.0221$, $p = .047$, Cohens' $d = .94$); 'avoid waiting in line' ($t(69) = -2.6126$, $p = .011$, Cohens' $d = 1.21$). Those reporting 'objective' risk place greater emphasis on avoiding potentially crowded places. Moreover, as indicated by the effect size measure, these differences were significant. However, it should be noted that five out of 69 people represent 11% of the sample. This prevalence rate is probably close to the population of this age. Indeed, in a previous study of more than 2,000 people representative of the population, carried out at the beginning of the crisis, almost a quarter of the respondents declared having an objective increased risk. In view of the age bias of our sample, we can take this result into account, which should of course be confirmed by a larger sample.

In summary, whether due to an objective risk to their health, or a perceived subjective risk, people seem to want to avoid places potentially frequented because of the risk represented by the other in a certain physical proximity. Hypothesis 3 is therefore validated.

DISCUSSION

Not only did we see the widespread appearance of queues outside due to a restriction in the number of people allowed in public spaces, but we also had to adopt new behaviours such as keeping a minimum distance or wearing a mask. According to the communication of the governmental and health authorities, these new norms of behaviour were to serve to protect ourselves but also others. Collective responsibility and solidarity were to take precedence over individual freedom.

When a person does not respect the norms established in a queue, people react to enforce compliance. Traditionally, the responsibility usually falls on the person who is next in line to the offender. In the case of the pandemic, the issue was not waiting time and adherence to self-imposed norms, but the risk of

contamination that could lead to fatal consequences. If some people questioned the dangerousness of the virus and therefore the validity of the rules, this could explain differences in behaviour. Our study seems to indicate that the people most inclined to take a role in the respect of the norms are those who show the strongest degree of adhesion with the sanitary measures and the authorities who decided them. This result is quite consistent since people who do not believe in the measures have no reason to demand a standard they tend to reject. It seems that as scepticism or weariness grew, more impatient, aggressive or uncivil behaviour could be observed. In general, the clients in our study preferred a passive attitude and did not intervene to demand compliance with the rules. This reflects the tendency to join a conspiracy of silence. On the other hand, those who reported being most likely to intervene were those who considered their condition (real or perceived) to be under threat from this pandemic. They were worried and insisted that everyone respect the sanitary rules. When they considered that their health deserved compliance with new standards and when they expressed their disagreement with a violation of these standards, they expected to get support from the company. It would therefore be important for companies to understand what support is expected, and also to teach staff to recognise the signs of intervention, to implement new procedures and new ways of managing the interaction with customers.

As noted in the qualitative phase, context plays a role in client behaviour. It influences their willingness to wait, but also their loyalty to one brand rather than another. The context is linked to the product/service that one wishes to acquire but also to the brand and its image. The company can therefore take action to prevent customers from running away at the sight of a queue and especially to prevent them from running to the competition, even if they also have to wait outside.

CONCLUSION

To limit the spread of the virus, Szymkowiak et al. (2021) proposed sacrificing what is usually done to greet the customer to instead create a sense of urgency and increase risk awareness to encourage customers to be more efficient when shopping. While it is true that some customers do not seem to be aware of the risks, or rather do not want to sacrifice the opportunity to go out, it seems to us to be dangerous to reinforce the discomfort of customers. They might prefer a competitor with a less anxiety-provoking environment. The role of fear and risk may be worth exploring further in future research.

This study was done in a country, Switzerland, where respect for the law and for others is very important. It would be wise to undertake the same type of research in a different context where traditionally, compliance is questioned. Our results have indeed shown that the adherence to health rules and the consideration of the authorities who decided them is relatively high.

Through the scenarios, we tested the propensity to wait or to change provider in case of a queue. It would also be interesting to investigate in the same way the role of the context in the case of norm violation. From a financial and business perspective, companies need to be able to manage the frustrations of queuing. The context of the purchase seems to play an important role in the willingness to wait or not, depending on whether it is a purchase considered essential or not, or an impulse purchase. We also need to ask ourselves to what extent brand and brand image play a role in queuing behaviour. Companies also need to ask themselves how to meet the standards, i.e., should they make process changes and infrastructure adaptations, or should they focus on managing interactions and reviewing human resource management and training? Of course, the pandemic seems to be subsiding (for now) and the spectre of large-scale infection, with its serious consequences in terms of hospitalisation and mortality, is receding. However, we cannot exclude new crisis like Covid-19, or with different characteristics, but demanding new norms to be respected for better living together.

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