

Strategic HRM Preparedness for Healthcare Crisis Management

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ABSTRACT

Background: unforeseen events, such as a pandemic crisis, and disasters sometimes spontaneously arise in the healthcare organization. While it is recommended that the management should formulate robust plans in readiness for such crises, there is little evidence on the current preparedness of the strategic human resource management in the crisis preparedness in Saudi Arabia.

Purpose: this research was conducted to analyze the role and preparedness of strategic human resource planning in the crisis management in Saudi Arabia.

Methods: quantitative cross-sectional research was conducted in Saudi Arabia. Data was collected from a sample of 68 participants, who were healthcare workers in different occupations, including doctors, nurses, receptionists, management and risk management. the questionnaire used in data collection was adapted from a previous research study. The analysis of data was then performed using the descriptive statistics of SPSS for evidence-based conclusion.

Results: this study noted that most of the healthcare service providers through the strategic human resource management mostly read the emergency response plan for strategic crises management annually (71%) and 29.41% never read them at all. However, 91% have an emergency response plan crises management, and 60.29% have a summarized version of the risk management. It was also established that 38.23% of the healthcare workers participate in the collective training with the local authorities annually and 79.41% do update their contact details for easy access.

Conclusion: overall, the preparedness of the strategic HRM in healthcare organizations to deal with crisis varies from case to case. Nevertheless, there is a need for improving the healthcare crisis preparedness among the human resource management in Saudi Arabia.

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INTRODUCTION

Strategic human resource management (strategic HRM) is a relatively old concept in business operation that emerged in the early 1980s (Boonet al., 2018). While the strategic HRM was previously studied as a personal management, it later revolutionized over different disciplines of human resource study (Lengnick-Hall, Beck, & Lengnick-Hall, 2011). In fact, it was until late that the human resources department focused on the health and safety needs of the employees. Currently, the strategic human resource planning has become a vital function to inculcate the values of the organization and keep the morale of the employees to achieve efficiency (Mathis et al., 2016). The strategic HRM focuses on five significant themes, including employee training, organizational culture, empathy, psychology, health and safety of personnel, recruitment, and retention (Jiang et al., 2012).

Like the other business organizations, the role of strategic HRM is imperative in healthcare as it graces over the division

of human resources for effective output. In fact, with the current dynamic reforms and improvements in healthcare, the role of HRM becomes even more weighty. One of the significant roles of the HRM in healthcare is duty allocation for smooth operations, which could help harmonize various cases of disagreements (Mousa & Othman, 2020). For example, conflict of interest may arise between the doctors managing the patients and the management's desire to adhere to a certain standard of service. In this scenario, the management might be more skeptical in analyzing the situation of the patients whereas a doctor is bound by the oath to value the life of the patient first. As such, the strategic human resource management becomes vital in smoothening the gap between management and the doctors for harmonized operations.

Overall, the healthcare HRM has responsibilities that overlap over diverse functions, including employee training and

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development, risk assessment and training, employee engagement, employee appraisal and motivation, business impact assessment and analysis, and business continuity planning (Guest, 2017). With the proper forecasting and planning activities, the strategic human resource planning becomes one of the ways to define the guidelines of avoiding the panic situation, physical and psychological well-being of the staff, and protection of the employees from harm (Myer, Conte & Peterson, 2007).

Moreover, the human resource personnel also play a significant role in identifying the needs of employees and identifying critical operational issues which should be incorporated in managing crisis in healthcare (Khatri et al., 2006). This can be achieved through effective planning and modern approach of employee's management and resource planning. These approaches have gained popularity as some of the ways to attain competitive advantage as well as working in a sustainable environment to cushion the operations during calamities (Khatri, et al., 2006). These are vital for the business growth and resilience by strategizing and overcoming crisis.

Crisis in healthcare may come in different shapes. According to AbuKhalifeh et al. (2013), there is no specific or harmonized definition of crisis in healthcare. These researchers further explain that the missing definition could have arisen from the dynamic nature of the healthcare crisis. Crisis in healthcare can be described by the drastic pressure on the finance, social, health or economic terms that surround the organization and cause potential negative impact. Typical cases of healthcare crisis have been witnessed in the London bombings, hurricanes, and the recent COVID-19 outbreak (Liu et al., 2020; Brewin et al., 2008). According to the SHRM 2005 Disaster Preparedness Survey Report, 55% of the organizations still believe that investment in a sound crisis management plan is worth the resources (Vardarlier, 2016). Nevertheless, healthcare organizations are currently working towards creating flexible and adaptable business plans that can withstand the crises.

Crisis management encompasses many activities that range from resource allocation and financial management to the development of human resource policies (Švarcová, Hošková-Mayerová, & Navratil, 2016). These activities should be predetermined by the management of the organization prior to the actual crisis (Abbas, 2021). Effective crisis management strategy involves a combination of organizational teams like emergency response, communications, and business continuity and risk management units (Booth, 2015).

Researchers have come up with a stages of crisis management, and they agree that it moves through three stages, including the pre-crisis, crisis, and post-crisis situation in different sectors (Pavelková et al., 2018). The first stage involves determining the situation and analyzing different aspects of the business and how they can function smoothly

in a crisis. It includes extensive planning and development of different strategies that can be beneficial for the business. The crisis stage is described as the period where the organizations are exposed to an emergency and are compelled to implement those active measures planned in the previous stage (Coomb & Laufer, 2018). The post-crisis is the situation after the emergency has gone and the organization has to determine the ways to combat the aftermath of the situation. Organizations strive to work towards the recovery and smooth operations by taking the business into its original state.

Through the three phases, the strategic HRM has a critical role to play in the preparedness and mitigation of crises. One of the specific roles of the HRM is creating the crisis management team. The crisis management team helps in designing customized counseling and training programs to help employees and other stakeholders manage the disastrous situation (Wagner, Hlavacka, & Bacharova, 2000). This is in line with the perspective of Myer, Conte and Peterson (2007) who notes that the crisis management acts as a sum of strategic initiatives taken by the management to plan the smooth running of the operations to sustain the business.

Further, the crisis management comes up with the crisis management policy. Vardarlier (2016) explains that the human resource department needs to spare experienced individuals to strategize ideas about to help manage crisis. Previously, greater attention was given to the need of safeguarding the equipment and running the operations smoothly with little focus on the well-being of the staff who are the custodians of the organizations. However, this focus has changed over time since there are also great risks and chances of employees being harmed physically and emotionally, which can hinder their efforts towards the crisis at hand. Currently, the healthcare management gives a exhibits special interest in safeguarding its employees emotionally and physically in the crisis management situation (Guest, 2017; Carnevale & Hatak, 2020).

Researchers further note that effective crisis management strategy can only be successful if significant efforts are devoted towards the development of human resource planning strategies which are beneficial for the employees, their families, and the overall community (Barnett, Patrickson & Maddern, 1996). On the same point, Dai, Duan and Zhang (2020) established that stress and anxiety amongst people have been seen to increase in several studies where the Strategic human resource planning element are neglected.

While literature evidence has suggested a strong implication of the strategic HRM in the development of a crisis management system and overall organization resilience towards crisis in healthcare. However, little has been in the Saudi Arabia healthcare context to assess the preparedness of the strategic HRM in crisis management. Therefore, this research was conducted to analyze the role and preparedness of strategic human resource planning in the crisis management in Saudi Arabia.

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METHODOLOGY

A descriptive quantitative cross-sectional research design was applied. Data was collected using the survey questionnaire, which was adapted from Tashakkori & Teddie (1998) to examine the role and preparedness of the strategic planning for human resource management in crisis. This questionnaire was further piloted before being administered to the sample population. The sample participants consisted of healthcare management employees in various healthcare organizations in Saudi Arabia. A total of 100 prospective participants were conveniently sampled for data collection. The participants had to meet one inclusion criteria – they were responsible for planning the emergency response and conducting all actions to keep the country safe against issues like the recent COVID-19 outbreak.

The questionnaires were administered electronically via the Survey Monkey. Data was collected in the quantitative format, which was further exported into the excel sheet and then the SPSS software for analysis. The analysis was done using the descriptive statistics of SPSS. The statistical outcomes are hence presented in forms of tables, pie chart and bar graphs.

RESULTS

A total of 68 questionnaires were completed and returned for analysis. The participants' sociodemographic features and specific responses to the individual questions on the preparedness of the HRM in healthcare crisis management are presented.

All the participants were from Saudi Arabia nationalism (n=68; 100%). Most participants were between the age of 30 and 39 (n=36; 52.94%), and from this, it can be assumed that most of this sample has had 7-10 years' experience, if they graduated from university when they were 22 or 23 and got the job in the following year. Indeed, the analysis showed that most participants had worked for between 5 and 10 years (n=24; 35.29%).

Further, 16.18% (n=11) had worked for over 20 years, and 25% (n=17) had worked for 5 years and below. It was noted that out of the 68 participants, 20.59% were receptionist, 22.06% were doctors, 14.71% were nurses, 14.71% worked at the management, 4.1% worked in risk management, and 23.53% worked in other departments not named (Table 1).

Table 1. Participants' features

Variable	Frequency (N)	Percentage (%)
Age		
Below 20	0	0
20-29	19	27.94
30-39	36	52.94
40-49	7	10.29
50 and above	6	8.82
Nationality		
Saudi Arabian	68	100
Middle East	0	0
Africa	0	0
Asia	0	0
European	0	0
African or South American	0	0
Occupation		
Receptionist	14	20.59
Doctor	15	22.06
Nurse	10	14.71
Management	10	14.71
Risk management	3	4.41
Other	16	23.53
Years of experience		
5 and below	17	25
5-10	24	35.29
10-15	10	14.71
15-20	6	8.82
Over 20	11	16.18

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Preparedness of the HRM in Healthcare Crisis Management

This study mainly focused on assessing how the HRM handles or prepares to handle crisis in healthcare. Accordingly, the study used six different questions, whose responses are presented in using the descriptive statistical outcomes below.

One of the items inquired how often they read the emergency response plan for strategic crises management. To this

question, it was established that majority of the participants only read the emergency response plan for strategic crises management annually (71%). Further, 29.41% never read the emergency response plan for strategic crises management. Only 11.17% of the participants indicated to be reading the emergency response plan for strategic crises management weekly (Figure 1).

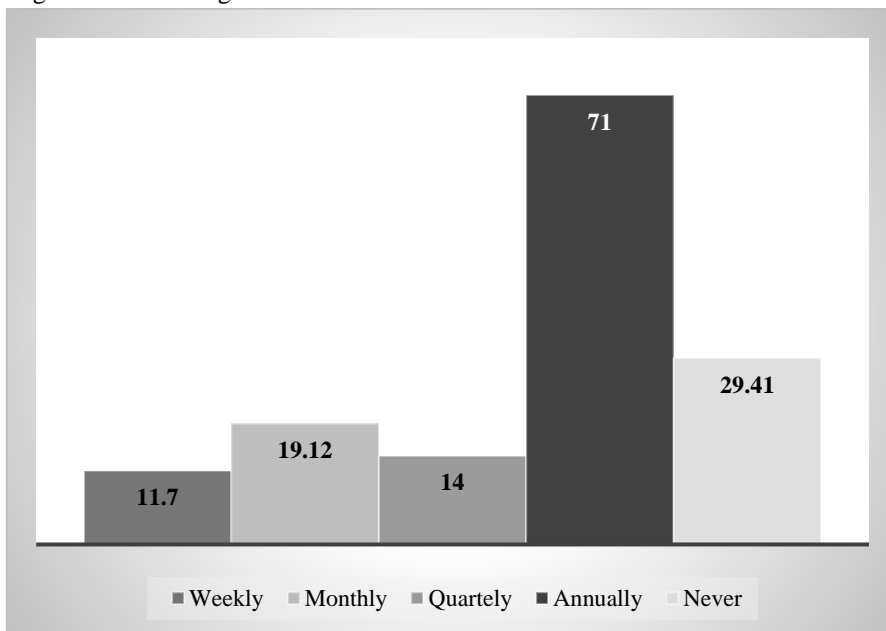


Figure 1. Frequency of reading the read the emergency response plan for strategic crises management (%).

The study further inquired how many times they deal with the healthcare crisis like covid-19. To this item, the highest proportion of the participants (47%) deal with such crises between 1 and times. The second largest proportion (35%)

indicated that they never deal with such crises. The least fraction of the participants (9%) indicated that they deal with such crises between 5 and 10 times, and more than 10 times (Figure 2).

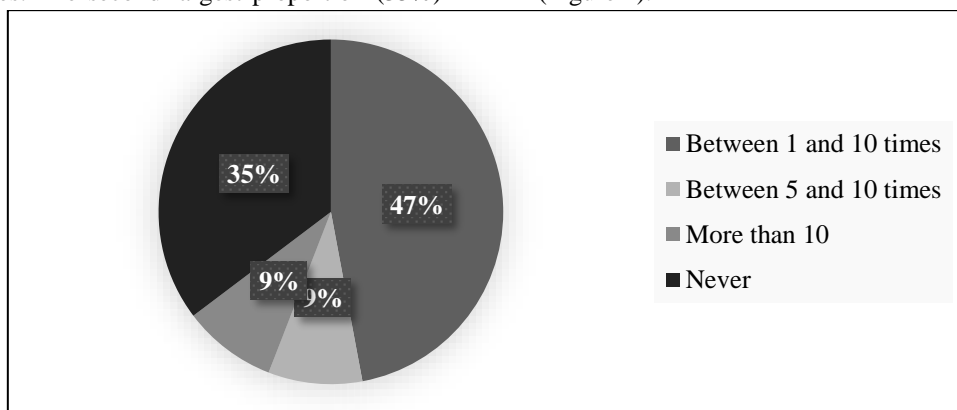


Figure 2. Frequency of dealing with healthcare crisis

The third item focused on assessing whether the healthcare sector has emergency response plan for crisis management. Accordingly, the majority of the participants (91%)

indicated that they have the emergency responses plan for crisis management. However, the 1% was not aware of its existence and 8% said that they do not have (Figure 3).

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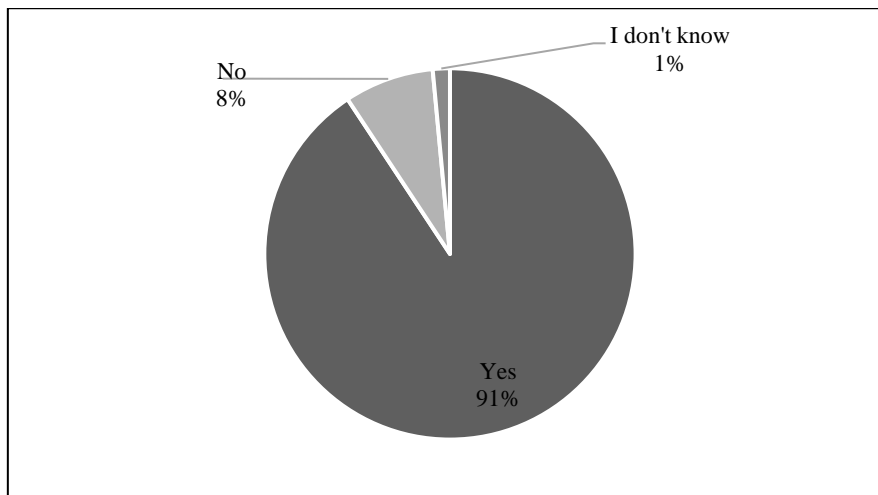


Figure 3. Having emergency Response plan crises management

Another item sought to establish whether there was a summarized version of the risk management for easy access for emergency risk like COVID-19. To this question, 60.29% of the respondents indicated that there is a summarized version. A total of 25% indicated that they do not know about the existence of the summarized version, and 14.71% responded that there is no summarized version (Figure 4).

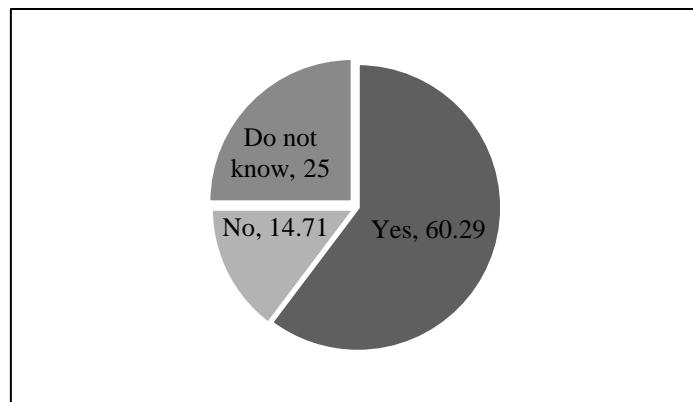


Figure 4. Existence of a summarized version of the risk management

The other item sought to establish whether there is a strategic plan or application on healthcare sector web site to deal with crises or planning for crises management. It was noted that

majority of the participants (52.84%) said yes, 26.47% they do not know, and 20.59% said no (Figure 5).

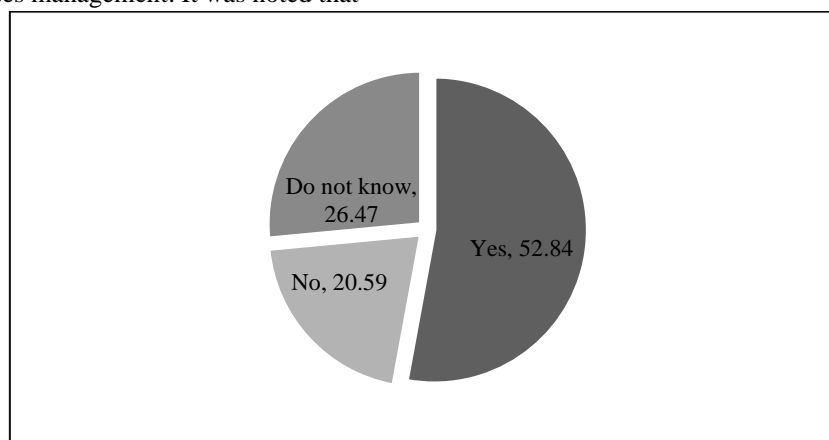


Figure 5. Existence of strategic plan or application on healthcare sector web site to deal with crises

Further, it was inquired how often they participate in collective training with the local authorities or other. To this item, it was established that the largest proportion of the

participants only participate annually (38.24%). However, 33.82% never participate, and the least proportion of the participants (4.41%) participate weekly (Figure 6).

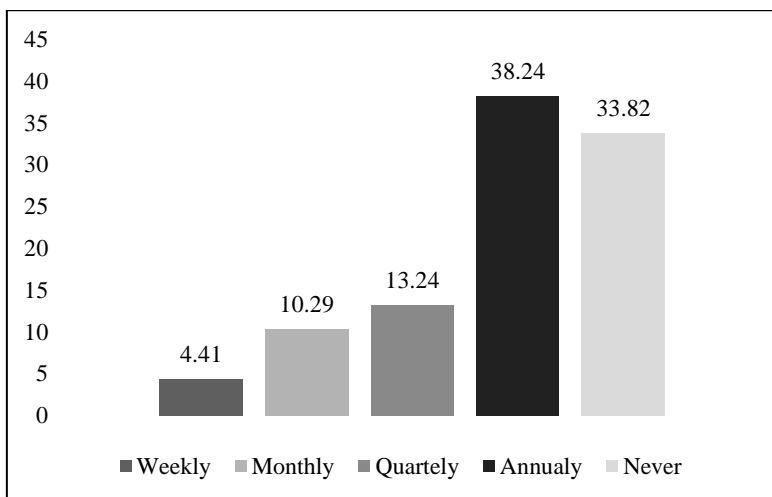


Figure 6. Frequency of participating in the collective training with the local authorities or others.

The last item inquired whether the participants do update their contact details for easy access in 24/7. It was observed that 79.41% do update their contact details for access around the

clock. However, 8.82% do only update the contacts sometimes, and 11.76% do not update their contacts.

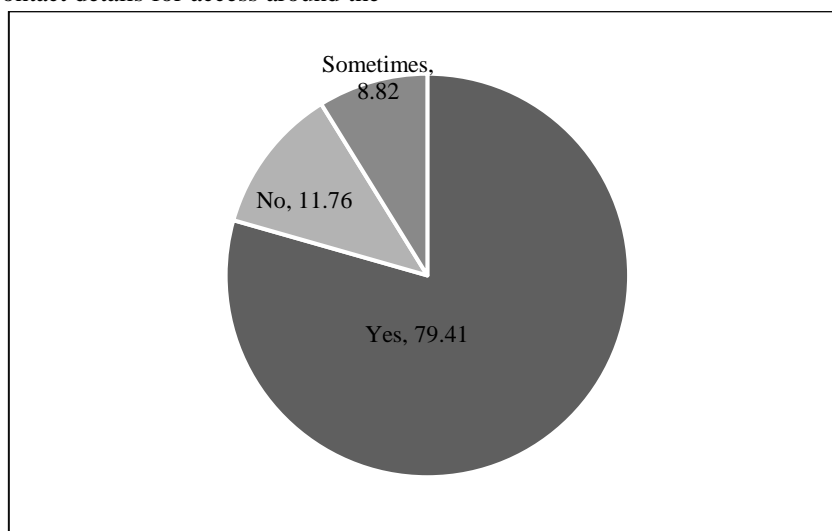


Figure 7. Updating contacts for easy access.

DISCUSSION

This research made many significant observations in line with the formulated research purpose. For instance, it was established that the reading of the emergency response plan is mostly done annually, which may negatively affect the preparedness to deal with the emergency crises. Nevertheless, this discussion provides a critical discussion of these findings alongside the literature evidence.

One of the striking findings is the little guidance available to evaluate HR planning, especially from local sources in the Kingdom of Saudi Arabia. These sources provide useful tools for emergency managers and academic researchers to obtain optimal benefits from exercises and emergency preparedness. By examining the library, it becomes apparent that a significant number of studies have been in Saudi Arabia to examine the healthcare crisis and disaster management in healthcare (Al-Wathinani et al., 2021; Aruru, Truong & Clark, 2021; Bin Shalhoub, Khan & Alaska, 2017; Aljabri et

al., 2021; AlAssaf, 2022). These pieces of evidence would this provide a comparative and reference points in this discussion.

However, from the available evidence it can be seen that some healthcare centers in Saudi Arabia are not adequately prepared to deal with crises in the present times. This is evident in this research where majority of the respondents only participate in collective training with the local authorities once a year. According to a study conducted by Al-Shareef et al. (2017) showed there is a critical gap in the emergency room preparedness to deal with unforeseen crises. They further recommended “improvement in most aspects of hospital Emergency Operations Plans, in particular: reviewing the plan and increasing the frequency of multi-agency and multi-hospital drills” (Al-Shareef et al., 2017, p. 33). The same gaps are noted by Aljabri et al. (2021). Hence the critical need to improve the crisis preparedness.

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Nevertheless, the participants in this recent study mentioned that their prior informed consent has developed strategic planning measures for human resources management in crisis management in health care from epidemic and crisis risks; however, most employees did not read them even if they were available on the website of the ministry or their hospital on the Internet and there are brief versions. The lack of any precautions for it may lead to a disaster. Comparing the results of this research with the literature on epidemiological management (Hari & Yuko, 2008) shows that epidemics can completely disrupt economic activities and cause severe harm to people and well-prepared health departments can manage emergencies (Schierow, 2006; Ikeda, 2008). Therefore, risk management is the only solution that can mitigate the impact of epidemics if prevention measures are unsuccessful.

Further, this research also highlighted that there were certain measures in their workplace to manage emergencies, but they were unable to verify whether they were effective or not.

The only way to assess planning for crises management and precautionary measures is through exercises, which will show effective evaluation of officials where weaknesses are and where improvements should be made (Trinka and Jenvald, 2006).

However, more than half of the doctors expressed that they had not participated in any conductor exercises with local authorities or hospitals, although 75% of them had more than 5 years' experience in the health sector. All doctors and employees in health sector said that all risks are written into their risk management and tested every year. However, health workers gave a different response: they said that their training did not cover all risks, especially infectious diseases such as the COVID-19. Instead, responses to the entire survey indicate that prior informed consent in the health sector has all the epidemic risk reduction measures written, but the exercises are not carried out consistently; not all respondents agreed that the training sessions were conducted by a specialized team. However, doctors believe their hospitals are ready to cope with any type of major real epidemic.

There is also a looming gap in the participants knowledge about emergency preparedness in Saudi Arabia. This is also echoed in the study conducted by Al-Wathinani et al. (2021, p. 1329), who recommended "competency-based training, including both table-top and full-scale live exercises" as a way of dealing with the crisis. At the same time, Alzahrani and Al-Moteri (2022) also reported the need to ensure disaster preparedness programs among the healthcare organizations in Saudi Arabia.

Training and exercises provide an opportunity to test the skills, capabilities and knowledge of first responders and government officials and assess participants' perceptions regarding the effectiveness of the network response, adequate training and teamwork, and adequate equipment and work risks. It can also be used to develop resilience to stress,

efficiency in new decision procedures, and the allocation of decision-making responsibilities.

Based on these observations, this study makes the following recommendations:

- The strategic HRM needs a plan together with the crisis management to prevent epidemics from becoming disasters.
- Government officials should insist that the human resource management makes a plan for crisis management.
- Government should directly supervise the emergency plans for prior informed consent and periodically supervise their individual implementation, as well as collective implementation with private and government hospitals.
- Government should request the prior informed consent adjacent to develop an emergency plan that is compatible with each other.
- Government should re-evaluate risks and develop strategic plans for human resource management in crisis management.
- Government should ensure that all health care personnel participate in all training, especially those related to major events, so that doctors understand their roles in the time of crisis.
- Future researchers need to understand the international best practices and standards in the study area to help achieve the best results. For example, in relation to strategic planning for HRM in crisis management, the best practices are crisis management

LIMITATIONS

Two significant limitations could affect the outcomes of this study. First, there was apathy in the respondents' consents, which led to a decline in the overall sample size. Nevertheless, the outcomes were still made out of the available data in comparison with the literature evidence. The other limitation was access to the study participants, which could significantly affect the quality of data. The researcher collected data via the support team in the study area. Still, the collected data was checked for completeness and quality as per the questionnaire items.

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