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A Conceptual Framework for Post Crisis Workplace Structures from the lived Experiences of Healthcare Workers

TAYYEBAH SEHAR
Lecturer, Business Administration
Preston University, Islamabad
Email: Tayyebah.sehar@yahoo.com

Dr. MUHAMMAD WAQAS RAJA
Assistant Professor, Business Administration
Iqra University, Islamabad
Email: waqas.raja@iqraisb.edu.pk

Dr. SADAF KASHIF
Associate Professor, Business Administration
Iqra University, Islamabad
Email: sadaf.kashif@iqraisb.edu.pk

Abstract

The given qualitative study has explored the factors affecting the organizational citizenship behavior of healthcare employees by examining their lived experiences in pandemic and post pandemic phase so that there would be better understanding of factors for future crisis management and also necessary for consideration in post pandemic workplace structural perspective. There were forty-nine participants chosen via purposive sampling method and interviewed after the COVID-19 pandemic comprising of doctors and nurses employed within the emergency and intensively critical departments of public and private hospitals in Islamabad, Lahore and Karachi, the main cities of Pakistan. The research results included few themes including leniency at workplace, flexibility, stress and health challenges and organizational citizenship behavior among employees with increased employee engagement due to factors of voice and perceived support from organizations. All these factors can be used by managers and decision makers for effective crisis management for such unprecedented state of emergency like pandemic.

Keywords: *Pandemic, FWA, OCB, Voice, Leniency, engagement, healthcare sector*

Introduction

Pandemic has vibrated all life processes equally throughout the globe regardless of developed and developing gap. There is need for re vitalization of strategies to ensure employee engagement (Stoichitoiu & Baicus, 2021). Pandemic has brought the feelings of anxiety and lack of engagement due to trauma of losing the loved ones in personal and workplace settings (Fisher et al., 2021). Lot of evidences have been added in literature from developed nations to investigate impact of pandemic and to investigate the work behaviors from post pandemic perspective. The emergency and state of crisis followed with COVID needs to be studied in a context to ensure preparedness of never ending crisis as declared by WHO that it is not over yet (Yeo & Ganem, 2020). The pandemic and accompanying economic influences led to escalation of occupational and mental health and workplace arrangements issues involving lack of engagement, fear of

safety and lack of work balance and failure to attain targets (Ngoc Su et al., 2021). Preceding to the pandemic, it was seen that eight out of ten people stated stress with a high rate of 94% noticeably high (Lai et al., 2020). These are evidences from developed countries and situation seems worst in context of developing countries where already there is lack of resources and effective policy implications due to governance issues and economic challenges resulting in loss of employee engagement, absenteeism, lost productivity, and health care costs.

Thus, the research objectives can be established in order to build the rationale for further processing of study as given. There is clear understanding at all levels including governance as well as human resource strategists and policy makers that developing countries have their healthcare sector serving as a role of backbone in overall growth and progress particularly in case of Pakistan it has been established that it is vital part of the millennium development goals often designated as MDGs and without the attainment of clear improvements in healthcare sector the country's growth and stability cannot be attained. Still there exists gap and passive developmental reforms in this sector at governance level (Hafeez et al., 2010). The given circumstances paved a pathway of given study to attain the stated objectives of study so that an in-depth understanding of healthcare workers can be attained. Thus, the study has following aims.

Research Objectives

This study was designed to explore the factors that can contribute towards post pandemic sustainable workplace structures by knowing the lived experiences and exploring their expectations and future projections in initial and later stages of pandemic among healthcare workers as an example of high-pressure oriented cases to cope the pandemic challenges. Thus, the research objectives can be summarized as

- To investigate the lived experience of healthcare workers as an example of employees facing intensive stress due to pandemic crisis
- To explore the factors affecting post pandemic workplace structures

The stated objectives have led to formulation of given questions so that the issues and problems from front line workers and challenge bearers can be attained and addressed effectively. Thus, the given study is based on following main queries.

Research Questions

Based on previously discussed objectives of the study the research has following questions to be addressed

- How the lived experience of healthcare workers can serve as an example of employees facing intensive stress due to pandemic crisis?
- What are the factors affecting post pandemic workplace structures?

Literature Review

It has been established by the researchers in past that there remained always a dilemma in developing countries particularly in Pakistan that rather availability the deployment of human resources was an issue even in healthcare workforce perspective thus, the problematic area in health facility delivery in country has not been the inaccessibility but relatively their poor utilization and incapability to harvest anticipated health outcomes (Hafeez et al., 2010).The situation can be intensive at times of sustainability challenges like pandemic crisis. Literature has studies examining mental distress in healthcare employees throughout and afterward pandemics based on mainly quantifiable approach, by means of psychological assessment tools like Depression and Anxiety scales but limited studies have focused on factors and domain of elements contributing to coping strategies using the lived experiences of healthcare workers so that the leaders, policy makers and human resource managers may seek some guideline in setting the workplace structures pertaining to post pandemic crisis in particular (Vu et al., 2021).

It has been revealed from published studies that are manly investigating various factors such as psychological distress, fear of developing the virus, work stress and insomnia among healthcare workers during as well as post pandemic perspective and these studies majorly deployed quantitative assessment tools. Literature reveals that there existed psychological impact on health care workers with fear of the unknown or being infected was dominant. Thus, it ca n be concluded that mainly focus of studies remained factors and elements contributory towards stress and pandemic induced fear and subsequent behavioral consequences.

Pandemic augments an unusual stressed working environment, which generates need for cohesive and team spirit-oriented performance and selfless work behaviors even at times no formal or traditional supervision or control mechanisms due to crisis and transformed work paradigm. This is predominantly challenging in the situation of redeployment of staff for instance transference of non-specialized staff to intensive care units working in the perspective of COVID emergency response units. There is need for team spirit and discretionary work behavior at times of unprecedented crisis with a positive working environment based on lenient relations among employees and flexible arrangements at times of fear for a healthy work place (Manucci, 2021). During the pandemic, the research results revealed that there was an accelerated alteration from the traditional approach oriented a typical command-and-control leadership panache towards positive, lenient and supportive team climate inclusive of psychological safety (Chen et al., 2020), which is very pivotal and essential for effective crisis management.

It has been established that work is forever changed due to COVID-19. There has been arose a challenge for managers to develop strategies and establish pathways for post pandemic workplace structures because there is no more existence of the pre-pandemic workplace (Rozlan & Subramaniam, 2020). There are traces of evidence from developed countries where organizations have developed and discovered new pathways and strategies of. For instance, many organizations have reflected digital transformation, implementation of hybrid work arrangements and several health care providers spun swiftly to telemedicine. Even companies that required to uphold a significant collocated workplace castoff digital innovations to expand workforce and clients or customers safety (Meinhardt & Staehr, 2020). There are many examples of practices like digital transformation, adaptation of sensors for social distancing in outlets and workplaces and factories, as in case of , Hitachi using social distancing monitoring sensors in factories, and countless restaurants rapidly espoused virtual ordering, distribution and delivery services. The post pandemic scenarios need managers to identify factors and ways that enhance effectiveness of working in hybrid work patterns as well as enabling employees to interact effectively to get out of post pandemic stress and traumas (Jankelová et al., 2021). There is also need for effective employee engagement measures because physical presence at work is just one aspect of overall complex phenomena of employee engagement (Veetkazhi et al., 2020).

There is need to reinvent workplace while enabling flexibility in work, appreciation and ethical and moral support as already employees are faced with stress, feelings of isolation and painful incidents of losing loved ones (Lippert et al., 2021). Researchers have highlighted the need to re design and particularly identify the influential factors for healthcare employees later generalizable to all other organizations facing stress, burnout and engagement issues of employees (Stokes, 2022). It has been added by researchers that post pandemic work scenarios are more challenging in terms of re- activation of employees wellbeing and satisfaction because ethical issues also raised due to COVID induced stress. There has been highlighted the need for maintaining flexible, supportive and ethical workplace dominated with team spirit, discretionary work behaviors based on cooperative work attitudes so that organizational citizenship oriented performance patterns may ab attained particularly at times of uncertainty(de Klerk, 2021). There are also traces of exceptional impact on employees in healthcare sector as they faced intensive pandemic effects all across the globe, where female employees have suffered more in terms of working hours, leaves inflexibility, high workloads and insomnia (Pyle & Roesch, 2022).

There emerges a need for the leaders to develop understanding for re invention of sustainable workplaces based on proactive approach to respond crisis. There have been suggested several practices including

flexibility at various levels, support for employee preferences as they need to rethink how a space should be configured while creating a sense of employee ownership at workplace with effective engagement strategies to generate discretionary work behaviors among employees(Stokes, 2022).It is evident from literature that rethinking the workplace also paves a pathway for new opportunities for rethinking and re designing the workforce and, the work related behaviors and ultimately, work itself (Hejase & Dirani, 2021). It also creates opportunities as well as challenges the managers and strategy makers to prepare and develop mechanisms to cope with the challenges of employee engagement, behavioral ties and for rethinking work itself by creating new ways to integrate mechanization and analytics to adapt and transform according to changing workplace structures pertaining to post pandemic context (Chen & Sriphon, 2021).It has been established that workplace, including workforce, and also work of the future will be necessarily different as an outcome of the pandemic (Manucci, 2021). The gradual emergence from this commotion offers an unprecedented opportunity to reconnoiter and experiment at workplaces in work and interpersonal relational context while handling delinquencies and deviations at work place in work related behaviors. Leaders must acquire to constantly reinvent the future of work, and now is the time to commence determining how to bring that future about (Dirani et al., 2020).

The post pandemic workplaces are full of traces of disengaged employees, workers separated from workplaces, peers, daily routines, enhanced stress, dropped morale, scrappy team cohesion resulting in dampened work performance with harsh reactions towards cases of even minor misconduct or mistakes and deviations at workplaces across all organizational levels due to reduced patience. It creates a vacuum for efforts to actively foster a sense of inclusion at work with critical focus on boosting discretionary work behaviors (Al-Taweel et al., 2020). There is dearth need to boost the morale and work related feelings of pride (Šimunjak, 2022) among employees in post pandemic work environments so that employees may develop better performance tendencies in synchronous and asynchronous work modes subjected towards employee internal motivation rather traditional monitoring and control oriented traditional workplace practices (Pyle & Roesch, 2022).

Since healthcare sector is most affected sector faced with high stress environments and chronic work conditions for employees so it can be easily understood that study of health-care providers' lived experiences regarding pandemic crisis (Eftekhar et al., 2021). It can develop more understanding and provides better guideline to develop future work mechanisms for inculcating discretionary work behaviors among employees at the times of intensive pressures, lack of monitoring, state of disengagement and to develop better managerial practices for future course of action with an in-depth examination of the experiences and the respective consequences of healthcare workers tackled pandemic challenges and crisis. Whereas this research was conducted all through the critical early phases of the pandemic; comprising of an outcome of recommendations supportive to ongoing, as well as changing state of crisis.

Research Methodology

Research Design

The given study is based on a qualitative study deploying semi-structured interviews with health care experts during and after pandemic crisis. The study involved semi structured-interviews conducted via telephone, face to face interview through visit to healthcare centers and video calls from May 10,2021 to April 4,2022. The study utilized thematic analysis with an emphasis on classifying, analyzing and interpreting patterns of meaning within qualitative data for a rich in-depth exploration of contributors experiences. The research work involved recruitment of respondents via approach of maximum variation sampling. The core variation variables were age, marital standing, along with work experience, as well as medical specialties and level of seniority.

Participants

The study has recruited participants from main cities of Pakistan; remained main hubs for COVID related challenges including Lahore, Rawalpindi and Islamabad. The inclusion criteria for participants in the study were a health care worker (HCWs) including doctors, intensive care unit physicians and nurses who treated patients of COVID directly or indirectly and faced and experienced pandemic related work stress and cure and prevention practices and participated in the study willingly with their agreement. All level and age group participation were assured by using maximum disparity-based sampling strategy. Participants of studyexhibit variation of age, gender, marital status, occupational level, occupational status and also special medical special-ties. Data congregation and analysis was synchronized with each other to govern the saturation which includes assurance that no new data was arisen and all identified themes werere inforced by the data collected.

Data Collection

The core method of data congregation was semi-structured, in-depth interviews with purposive sampling approach. The data collection formerly involves key-informant interviews (KIIs) and later an in-depth interview (IDIs). KIIs were purposively recruited from hospital management and leadership, direct or indirect role in management of COVID-19 patients. In a same manner participants for IDIs were also purposively sorted from front-line healthcare providers, having direct dealing with intensive cases or COVID patients. The interviews are held via interview guide given in annex. The pilot study of interview guide was held with non-study sample including (2 KIIs and 2 IDIs) bearing identical features as that of the study sample for evidence-based guidance for data collection. The study objectives were explained sufficiently before subjects of study and consent was attained. Proficient researchers, experienced in qualitative research, steered online interviews using Google meet, WhatsApp and Zoom. The interviews were held with assurance of anonymity for respondents. The consensus of respondents was also acquired via informed consent. A total of 19 KIIs were conducted with senior management and hospital leadership. These KIIs were conducted to understand the barriers and facilitators faced while managing COVID-19 cases at Holy Family Hospital. The time taken by KIIs was between 20 to 35 min. In-depth interviews (IDIs) involving healthcare workers comprised of 12 respondents that were identified from the hospitals dealing and offering COVID-19 services. The time taken by IDI involved approximately amid 30 and 45 min.

Data Analysis

Research study involved the data analysis by means of the conventional content analysis method (Yan & Xiao, 2016). The foremost level involved the transcribing of audio recordings from interviews and secondarily the translation of these transcribed recordings into English language. The records were read numerous times carefully by four researchers to devise and develop an interpretation of respondents. It was basically an iterative procedure containing several incremental steps of coding, comparison, contrasting, and re definition of content to generate successive emergent themes out of data followed with transcribing text into meaning units without displacing or disturbing the context of study. The meaning units taken as codes were then examined and assembled into similar categories. Lastly, analogous categories were accumulated under subthemes and corethemes. Two independent investigators (SHK, MGF) executed the encrypting, and group or category conception and incongruities were setby means of dialogue and discussion till attainment of a consensus.

Reliability of the Study

Tracy et al , Lincoln and Guba's criteria was utilized in the study for ensuring trustworthiness and attainment of methodological rigor (Lu & Roto, 2016). The study assures of credibility by triangulation of

data by two basic means involving data source triangulation which involved exploration of acumens of different groups—healthcare workers and key-informants while on the other hand involvement of multiple researchers (SHK and MGF) respectively (Quek et al., 2021). The rigor of study was amplified via checking of transcripts and data that was synthesized to assure resonance with respondent experiences (Hsieh & Shannon, 2005). Subsequently study based on qualitative approach, mainly relied on identification and exploration of healthcare sector employees and among employees mainly doctors and nurses' experiences in severe uncertain, stressful and crisis-oriented work conditions rather followed with COVID 19 pandemic rather aiming at a single truth and its respective generalization. It has been emphasized that qualitative inquiry has more focus on subjectivity and in depth study of smaller or even single case while making limited claims for external validity of any study (Loeb et al., 2017).

Results

In this qualitative study, 19KIIs and 12IDIs were conducted, between April 2020 till and March 2022, with a variety of participants including registered nurses, hospital headnurses, nurse managers, doctors, senior management head doctors and few key individuals or doctors from leadership positions of selected hospitals. Data collection was concluded till saturation attainment. The initial preliminary reduced number of qualitative interviews paved a pathway for in-depth interviews to understand the unique perspectives and experiences of healthcare workers pertaining to pandemic. The demographic information for the KIIs and IDIs participants is illustrated in table1.

Table1 : Characteristics of KIIs and IDI study participants (KII=19; IDI=12)

N (%) or median (range)	
Characteristics of KII participants	
Gender	
Female	11(57.9%)
Male	8 (42.1%)
Age	45(34-58)
Designation	
Professor	5(26.3%)
Associate Professor	7(36.8%)
Assistant Professor	2(10.5%)
Manager	3(15.8%)
Leadership Role	2(10.5%)
Years of experience	19(1-45)
Characteristics of IDI	
Gender	
Female	11(91.7%)
Male	1(8.3%)
Age	31(22-48)
Designation	
Doctor	5(41.7%)
Nurse	6(50%)
Years of experience	9(2-20)

IDI, In depth interview, key informant interview

All the study participants (n=31) gave their full agreement to participate in the research study with the findings as a result of analysis of data involved the generation of three themes related to exclusive pandemic phase based on stress and high anxiety and containing several initial days challenges as an obstacle for the working of healthcare workers, secondly the theme of support by enabling entities towards

healthcare workers and lastly and third theme involved post pandemic projections in long term aspect as given in figure1.

Figure1: Three Level Model for Post Pandemic Crisis Challenges

Personal Life Transformation with Negative Effects	Phobia	Early Exposure High Levels of Pandemic Crisis Stage
Daily life disturbance	Fear	
Loss of loved ones	Anxiety	
Disease transmittal threats	Depression	
Death Fears	Lack of tolerance	
Misconduct and harshness in behaviors	Poor Control	
Stressful Pandemic Phase		
High workload	Hopelessness	
Lack of proper routine	Depression	
Uncertainty	Anxiety	
Equipment shortage and usage disease	Lack of sleep	
Lack of flexibility	Lack of appetite	
Lack of leniency across levels and supervisory channels and among patients and service providers and clear information	Fear and Pandemic phobia	
Lack of sense of being heard and participated in decision making as emergency imposition was there	Impatience	
Diminished workplace possession and pride	loneliness	
Due to continuo complains of patients who faced loss particularly		
Post Pandemic Phase with Challenges and PTSD	Disengagement	Long Term Post Pandemic Crisis Challenges
Discretionary behavioral Requirements	Lack of monitoring	
Diminished or altered monitoring and evaluation mechanisms	Lack of control	
Engagement challenge due to insomnia	Adaptability issues	
Loss of loved ones	PTSD	
Transformed workplaces	Aggression	
Re adjustment challenges	Burnout	
	Depression	
	Stress	
	Fear	
	Transformed Workplace structures Need	

The analyses and study of coded transcripts generated and enabled the researchers to understand that there are certain experiences and feelings of healthcare workers and respondents of study that are to segregated as three main phases as depicted in model mentioned in figure 1. Even though the aim was to assess both positive and negative feelings of the respondents but they did not give much of information and rather shared the negative effects and future concerns regarding pandemic experience.

Table 2: Subthemes, code and related Quotations of the Working in the pandemic era theme

Sub-Themes	Codes	Quotations
Amplified workload	*Substantial load*	*Primitively the workload was not humanly possible, too high, too tough and even did not feel sufficient time for breathing all the time masks and feelings of COVID all around with bombardment of patients in hospitals in COVID wards(Nurse)*
Profligate variations in the work		
Record crisis of load management		
		Initial in the pandemic, it was so tiring and highly loaded routine with nonstop working and no breaks that was never seen before(Doctor)
Vicissitudes in protocols		

Variations in guideline Directing new drugs without knowing the results and reaction was very troublesome Condemnation of new drugs Swift changes in patients' position		*Introduction and administration of new drugs on daily basis is practiced (Doctor) The findings and guidelines of health agencies varied a lot in findings as initially droplets are supposed to be source of transmission but later aerosols are included as transmittal source and even today oral fecal is also among the methods (Nurse) As adoctor,weusuallyfeelthatwecancontrolthedisease,butit getsworseveryquicklyandthereisnocureforit(Doctor) Thepatientswerecomingtoday,theywerefine,theyweredyingthe nextday,young,old,wedidn'tknowwhattodoatall(Doctor)*
Losing control over situation and feelings of suppressed voice due to bombardment of Instructions Acute shortage of instruments and lack of flexibility in workplace	*Trailing control Sense of helpless Vanity of routine handlings Exhaustion of prevailing human resources Insufficiency of preceding work experiences The lack of medicine and clear prescription for Corona automatically diminishes the confidence to predict the death or survival and I often feel for myself and my colleagues ineffective and useless in the healthcare sector and*	*Preparing to give live for others Risking their health forothersItisourdutytoworkinthesesituations,ourworkrequi resit(Doctor) Every job has its difficulties and difficult situations. This is the difficult situation of our work (Nurse) Wehavetofollowthemedicaloathwetook,basedonthatoath, itisourdutytobeatworknow(Doctor) When we came into this profession, with clear mind that our oath demands us to sacrifice life for humanity. It is a sacrifice of nurse which lot made in corona(Nurse) It is our duty, and Allah will give us best reward(Nurse) There is no cure for this disease, usually patients who are transferred to an intensive care unit do not have much chance. As for this disease, I feel that our work does not have much effect on patients' recovery (Physician) When ourpatientsdieafterallthishardwork,withtheseprotectivec lothesthataresodifficulttowear,wesaytoourselves,whati sthepointofourwork?(Nurse)*
Rapid and massive death rate despite all saving efforts	*Scarcity in protecting devices Difficulty of procedure for extended periods*	*feel losing control even for others too who were deadly in a desire to overcome corona(Doctor)*

Change in Life and Work Systems in Pandemic Phase with Adverse Effects

Table 3: Subthemes, code and related Quotations of the Stressful Pandemic Work Phase theme

Sub-Themes	Codes	Quotations
Alteration and Destruction of Routine	*Distancing and fear all the time*	*I did not kiss my children and my husband from the beginning of this disease ,my husband's and I are sleeping in separate places(Nurse)*
Normal Life	*Family system, spoiled Impairment of relationships at all levels due to over protective behaviors With loved ones*	*My two-year child had no idea why mother is far away from him, why no hugs, no warmth of motherhood because I am a nurse, I missed him very much and even it was very painful to see him from glass or on cell phone in pictures. I love my sons but corona is not for my son (Nurse)*
Self-Isolation and quarantining discretely Living all unaccompanied Varying living dwelling and place	*Living*	*I was totally separated, my food, clothes, all daily routine arrangements were separated from rest of family members and I was practicing increased hand wash and hygiene practices (Physician). After understanding I have symptoms, I quarantined myself in ward and survived entirely separately(Doctor) The hospital provides a ward for us I did not see my family for weeks (Nurse)*

Fear of dying alone and separated from loved ones'	*Being separated Dread of dying alone Distress of not having religious cremations and observances*	*When I was hospitalized in the ICU, shortness of breath, choking made me to think that I would not be able to see my family and even my funeral may not be offered properly as per tradition(Nurse) horrible feelings of death without even having a look of family members was itself life taking (Nurse). My terrible fear is to be an asymptomatic hauler and spread virus across household members, I will be threat for parents, children and husband (Nurse)*
Fear of virus transmittal across friends and family	*Fear of conveying the virus to household members Untrustworthy and insufficient tests*	*The probability of virus transmittal across household members without having repetition of tests as tests are not authentic and reliable in a single go at all and time taking fatigue till final results (Doctor)*

Table 4: Subthemes, code and related Quotations of the Post Pandemic Phase, normalization and adaptation to the pandemic theme

Sub-Themes	Codes	Quotations
Learning to adapt	*Learnt to differentiate among distinguish between COVID and non-COVID patients, Knowledge enrichment*	*Medicines with their different effects were examined and tested and effects are understood that helped to learn a lot about COVID (Doctor)*
		Progressively, we came to know about managing patients, ventilator and equipment's handling, breathing techniques and managed our own work in safety suits initially which was impossible and problematic(Doctor)
		I have learnt various breathing techniques and ventilator handling effectively(Nurse)
Compromise with circumstances and attainment of confidence	*Learnt to live with COVID, Retrieval of control*	*It appears we have to get cast off to this routine. Wearisomeam as kallthe time, was hour hands frequently, dropping social interactions. I feel entirely gone for hand shake I really miss my warm morning meetings before work(Doctor)*
The normalization on of life	*Restoration of self-confidence*	*The prolonged duration for disease causes serious problems, including mental health issues, impaired relations and also, we are expected to work like robots which is not humanly possible(Nurse)*
	Gradually learning to live with the disease and SOPs as a new way of life	*Back to work, death rate diminished, vaccination and respective measures enabled to attain control (Doctor)*
		The things are getting normal and we are learning to live without very specials and this is life (Doctor).
		There is need for breaks, some lenient days without bombardment of instructions and changing guidelines (Nurse).
		We are not robots but people expect us to be calm and composed all the time, at times I feel that I will give up (Nurse).
Readjustment Challenges	*Rejoining work after isolation and loss of loved ones Lot of stress Mental health disturbance feelings Lack of Information and Over instructioning Transfer towards e*	*It was learning oriented experience and we have also somehow learnt to be prepared for emergency and crisis also collaboration of governance and health sector has amplified because it is projected that such viruses will keep on attacking in future (Doctor).*
		I feel confident now while handling complicated cases even (Doctor).
		This virus has become like anyother diseases for us, we are careful but less scared and living with it(Nurse)

	health facilities	*Following SOPs to prevent Corona are now part of our life and getting normal to disinfect ourselves and surroundings, social distancing and such other protocols but all I need is flexible job as non-Covid patients want us to treat like normal days even for their minor issues I feel some awareness and adaptive measures at all levels like telework for routine checkups as e services should be expanded as one of my colleagues was sharing from USA, and need to be adapted at broad levels (Doctor)*

Discussion

The conducted study is as per best of researcher's knowledge a first attempt to collaborate the pandemic and exclusive traumatic stress days during COVID and the exploration of lived experience of healthcare staff as an example of crisis management practice to project and anticipate for post pandemic workplace context in Pakistan. The research projected and anticipated post pandemic transformational paradigm expectations and probable factors through lived experiences of doctors and nurses while handling and dealing COVID patients, resource management and strategic decision making at times of crisis. The healthcare workers reflected concerns, problems, challenges and future requirements that can be fruitful for managers and decision makers of various other organizations at times of crisis. The various pandemic related problems and challenges were equipment shortages, technical limitations, adaptability issues, knowledge inadequacy, violence from affected families, fear of transmittal, lack of corrective actions, lack of lenient work patterns, inflexibility in mechanistic and structural organization at times of unprecedented crisis, tool kits and technical resources scarcity and lack of clear information sharing mechanisms along with lack of sense of participation and voice suppression while decision making by authorities.

The healthcare workers also pointed out numerous concerns that affected their aptitude and inclination to treat COVID-19 patients. The findings of study reflect that there was communication gap among management and employees particularly at initial dominant phase of pandemic on the basis of which future concerns of employees were raised including concerns for clear SOPs, preparedness for crisis, difference of strategies in private and public hospitals due to variation in management patterns. Consistent with findings of several other studies regarding pandemic it has been reported by the current study that there existed depression, feelings of left alone, oabhorrence, feelings of exclusion from decision making, unheard and left out, overburdened, fatigue as well as insomnia followed with intensive pressures and mental problems (Eftekhar Ardebili et al., 2021). These all factors have a long-lasting influence on healthcare workers particularly and employees in general in physical and psychological health perspective even after the COVID-19crisisisover (Gavin et al., 2020).

The study has revealed some enabling factors that support and better help healthcare workers particularly and easily practicable and worth consideration for employees of all sectors in general at times of unprecedented crisis included training, communication clear channelization, clarity in information dissemination mechanisms, flexibility and escalated participation of all levels in emergency decision making practices along with encouraging and flexible work environment. The study also supported that healthcare workers were motivated and demanding for technical training regarding usage of masks, application and operationalization of testing kits and effective drills to prevent spread of infections and virus through video conferences and telecommunicating practices. The conducted research also reported some recommendations to respond future crisis challenges and improvement areas to be worked on further including strategies to lessen physical discomfort, fatigue, induce flexibility in work and work related arrangements, and preparedness of backup at times of quarantined staff fixture arrangements similar to findings in Western context (de Lucas Ancillo et al., 2021). This study was conducted in a leading private

and public hospitals of Islamabad, Lahore and Karachi, Pakistan. The results are attained for highly dominant pandemic phase pertaining to post pandemic context to develop and suggest certain factors and expectations of healthcare workers as case of extreme crisis and challenged sample for study. The findings are at limited scale thus not applicable to large and massive contexts. This study provides a limited and preliminary evidence for of healthcare workers experiences in managing COVID-19patients and related challenges at early and highly dominate stage of pandemic. The study is worth considerable to understand and identify salient contributing factors for retention of discretionary workplace behaviors and reducing occupational stress to inform health and safety protocols in the reopening efforts and to develop and devise permanent coping strategies as these virus attacks will continue to linger on in varied shapes and forms (Koirala & Acharya, 2020).

Future Recommandations

The results of the study can be unswervingly used for refining readiness and response for conceivable forth coming COVID-19 waves or supplementary outbreaks. Future research could be conducted to perform an in-depth analysis on pre and post pandemic experiences of healthcare workers or empirical evidence attainment from healthcare workers and their leaders or top management to study the point of views from dyadic perspective.

Methodological Limitations

The study is based on small sample size particularly considering available and willing doctors and nurses for an interview subjected to time and availability from hospitals with personal reference of researcher yet dugout the depth of interview as supported by researches in past (Bengtsson, 2016). Bengtsson et al., (2016) advocate that the qualitative researcher has every so frequently to choose profund it rather extensiveness to advance richness of understanding of phenomenon. Another limitation of this study included that respondent were approached through online medium via zoom, telephonically or via facilitator due to pattern of availability and pandemic protocols so the authors did not have the prospect of rapport building with respondents and finally it was a short-term study due to which long term experiences are not subject of this study in pandemic context.

Research Contribution

The study has contributed in following way that as an outcome few themes were emerged counting the lenient work patterns, discretionary behaviors of voice for constructive ideas and accurate information dissemination and selfless discretionary work patterns, flexible workload and arrangements, engagement challenges and organizational citizenship behavior emerged while working under increased occupational stress-based work environments and led to uncertainty and future crisis management requirements by employees of stated sector. Hardships accompanying the pandemic were lessened by the sustenance and connections raised by the supervisors and peers within the hospitals.

The thematic investigation involving participant's lived experiences while working throughout COVID-19 directed to the creation of three key themes, counting 'crisis challenges, stress; support factors for employees at times of unprecedented crisis and future recommendations for effective work conditions and employee performance in healthcare sector. On the basis of these themes, a roadmap was projected for managers and strategy makers for future course of action to develop opportunities and support at workplaces in post pandemic context. Furthermore, outcomes led to several influential factors for consideration in order to address the societal and financial contributors to work-related stress at the operational and populace levels which can be used in the existing and post-pandemic workplace.

Conclusion

The research repercussions provides an detailed understanding of the healthcare workers practices and experiences during all stages of COVID-19 epidemic and emphasizes that suitable training, appropriate PPE, a safe and tenable hospital atmosphere, healthcare workers motivation, helpful hospital administration and leadership, robust hospital arrangement of information sharing and emotional support to discourse mental health requirements of stated employees are essential to advance the overall efforts of fight force against COVID-19 and based on these findings for future crisis in such intensively pressure work environments for other industries and work settings in general.

References

Al-Taweel, D., Al-Haqan, A., Bajis, D., Al-Bader, J., Al-Taweel, A. R. M., Al-Awadhi, A., & Al-Awadhi, F. (2020). Multidisciplinary academic perspectives during the COVID-19 pandemic. International Journal of Health Planning and Management, 35(6), 1295–1301. https://doi.org/10.1002/hpm.3032

Bengtsson, M. (2016). How to plan and perform a qualitative study using content analysis. NursingPlus Open, 2(April), 8–14. https://doi.org/10.1016/j.npls.2016.01.001

Chen, J. K. C., & Sriphon, T. (2021). Perspective on COVID-19 pandemic factors impacting organizational leadership. Sustainability (Switzerland), 13(6). https://doi.org/10.3390/su13063230

Chen, L., Luo, F., Zhu, X., Huang, X., & Liu, Y. (2020). Inclusive Leadership Promotes Challenge-Oriented Organizational Citizenship Behavior Through the Mediation of Work Engagement and Moderation of Organizational Innovative Atmosphere. Frontiers in Psychology, 11(November), 1–16. https://doi.org/10.3389/fpsyg.2020.560594

De Klerk, J. J. (2021). Combining ethics and compliance: A systems psychodynamic inquiry into praxis and outcomes. Business Ethics, March, 432–446. https://doi.org/10.1111/beer.12336

De Lucas Ancillo, A., del Val Núñez, M. T., & Gavrila, S. G. (2021). Workplace change within the COVID-19 context: a grounded theory approach. Economic Research-Ekonomska Istrazivanja , 34(1), 2297–2316. https://doi.org/10.1080/1331677X.2020.1862689

Dirani, K. M., Abadi, M., Alizadeh, A., Barhate, B., Garza, R. C., Gunasekara, N., Ibrahim, G., & Majzun, Z. (2020). Leadership competencies and the essential role of human resource development in times of crisis: a response to Covid-19 pandemic. Human Resource Development International, 00(00), 380–394. https://doi.org/10.1080/13678868.2020.1780078

Eftekhar A. M., Naserbakht, M., Bernstein, C., Alazmani-Noodeh, F., Hakimi, H., & Ranjbar, H. (2021). Healthcare providers experience of working during the COVID-19 pandemic: A qualitative study. American Journal of Infection Control, 49(5), 547–554. https://doi.org/10.1016/j.ajic.2020.10.001

Fisher, E., Cárdenas, L., Kieffer, E., & Larson, E. (2021). Reflections from the "Forgotten Front Line": A qualitative study of factors affecting wellbeing among long-term care workers in New York City during the COVID-19 pandemic. Geriatric Nursing, 42(6), 1408–1414. https://doi.org/10.1016/j.gerinurse.2021.09.002

Gavin, B., Hayden, J., Adamis, D., & McNicholas, F. (2020). Caring for the psychological well-being of healthcare professionals in the COVID-19 pandemic crisis. Irish Medical Journal, 113(4), 5–7.

Hafeez, A., Khan, Z., Bile, K. M., Jooma, R., & Sheikh, M. (2010). Pakistan human resources for health assessment, 2009. Eastern Mediterranean Health Journal, 16(SUPPL.). https://doi.org/10.26719/2010.16.supp.145

Hejase, H., & Dirani, A. El. (2021). Leadership and its styles preferred in multiple industries concerning Covid-19 Pandemic. https://doi.org/10.9790/487X-2302045357

Hsieh, H. F., & Shannon, S. E. (2005). Three approaches to qualitative content analysis. Qualitative Health Research, 15(9), 1277–1288. https://doi.org/10.1177/1049732305276687

Jankelová, N., Joniaková, Z., Blštáková, J., Skorková, Z., & Procházková, K. (2021). Leading employees through the crises: Key competences of crises management in healthcare facilities in coronavirus pandemic. Risk Management and Healthcare Policy, 14, 561–573. https://doi.org/10.2147/RMHP.S288171

Koirala, J., & Acharya, S. (2020). Impact of Novel Corona Virus (COVID-19 or 2019-nCoV) on Nepalese Economy. SSRN Electronic Journal, April. https://doi.org/10.2139/ssrn.3560638

Lai, J., Ma, S., Wang, Y., Cai, Z., Hu, J., Wei, N., Wu, J., Du, H., Chen, T., Li, R., Tan, H., Kang, L., Yao, L., Huang, M., Wang, H., Wang, G., Liu, Z., & Hu, S. (2020). Factors associated with mental health outcomes among health care workers exposed to coronavirus disease 2019. JAMA Network Open, 3(3), 1–12. https://doi.org/10.1001/jamanetworkopen.2020.3976

Lippert, J. F., Furnari, M. B., & Kriebel, C. W. (2021). The impact of the covid-19 pandemic on occupational stress in restaurant work: A qualitative study. International Journal of Environmental Research and Public Health, 18(19). https://doi.org/10.3390/ijerph181910378

Loeb, S., Dynarski, S., McFarland, D., Morris, P., Reardon, S., & Reber, S. (2017). Descriptive analysis in education: A guide for researchers. U.S. Department of Education, Institute of Education Sciences. National Center for Education Evaluation and Regional Assistance, March, 1–40. https://eric.ed.gov/?id=ED573325

Lu, Y., & Roto, V. (2016). Design for Pride in the Workplace. Psychology of Well-Being. https://doi.org/10.1186/s13612-016-0041-7

Manucci, M. (2021). How People Come Back to Workplaces During the Pandemic: three dimensions of intervention for new emotional performance conditions. Human Resource Development International, 24(4), 446–453. https://doi.org/10.1080/13678868.2021.1883937

Meinhardt, R., & Staehr, H. (2020). Remote work for healthcare professionals: From a stop-gap measure to a lasting transformation. Siemens Healthineers Insights Series | The New Normal, 10. https://www.siemens-healthineers.com/insights/news/five-steps-towards-more-remote-care-delivery.html

Ngoc Su, D., Luc Tra, D., Thi Huynh, H. M., Nguyen, H. H. T., & O'Mahony, B. (2021). Enhancing resilience in the Covid-19 crisis: lessons from human resource management practices in Vietnam. Current Issues in Tourism, 24(22), 3189–3205. https://doi.org/10.1080/13683500.2020.1863930

Pyle, W. G., & Roesch, F. C. (2022). Recalibrating healthcare to create a more equitable post-pandemic work environment. Healthcare Management Forum, 35(1), 39–42. https://doi.org/10.1177/08404704211054142

Quek, S. J., Thomson, L., Houghton, R., Bramley, L., Davis, S., & Cooper, J. (2021). Distributed leadership as a predictor of employee engagement, job satisfaction and turnover intention in UK nursing staff*. Journal of Nursing Management, 29(6), 1544–1553. https://doi.org/10.1111/jonm.13321

Rozlan, N. Z. A., & Subramaniam, G. (2020). The Impact of Flexible Working Arrangements on Millennials: A Conceptual Analysis. International Journal of Academic Research in Business and Social Sciences, 10(11). https://doi.org/10.6007/ijarbss/v10-i11/8152

Šimunjak, M. (2022). Pride and Anxiety: British Journalists' Emotional Labour in the Covid-19 Pandemic. Journalism Studies, 23(3), 320–337. https://doi.org/10.1080/1461670X.2021.2021106

Stoichitoiu, L. E., & Baicus, C. (2021). COVID-19 pandemic preparedness period through healthcare workers' eyes: A qualitative study from a Romanian healthcare facility. PLoS ONE, 16(10 October), 1–13. https://doi.org/10.1371/journal.pone.0257381

Stokes, C. D. (2022). Engagement Is Essential for Sustainable Healthcare. Journal of Healthcare Management, 67(1), 8–12. https://doi.org/10.1097/JHM-D-21-00321

Veetkazhi, R., Kamalanabhan, T. J., Malhotra, P., Arora, R., & Mueller, A. (2020). Unethical employee behaviour: a review and typology. International Journal of Human Resource Management, 0(0), 1–43. https://doi.org/10.1080/09585192.2020.1810738

Vu, T.-V., Vo-Thanh, T., Phong Nguyen, N., Van Nguyen, D., & Chi, H. (2021). The COVID-19 pandemic: Workplace safety management practices, job insecurity, and employees' organizational citizenship behavior. Safety Science, 145(March 2021), 105527. https://doi.org/10.1016/j.ssci.2021.105527

Yan, A., & Xiao, Y. (2016). Servant leadership and employee voice behavior: a cross-level investigation in China. SpringerPlus, 5(1). https://doi.org/10.1186/s40064-016-3264-4

Yeo, Y. Y., & Ganem, B. (2020). The importance of initial response during outbreaks: A perspective from observations on COVID-19. Infection Control and Hospital Epidemiology, 41(9), 1119–1120. https://doi.org/10.1017/ice.2020.150

Interview Topic Guide

1. What were your feelings when you heard about COVID initially?
2. How did you feel when you found that cases were gradually emerging and escalating in Pakistan?
3. What were your feelings when you came to know that your hospital where you are working is going to open COVID response center or Corona Wards?
4. What were your main concerns?
5. How was your overall experience?
6. What were challenges initially you faced?
7. How would you compare initial and middle phase of pandemic?
8. How was your work experience in later stages?
9. What would you suggest in future for such crisis?