

Aldona Frączkiewicz-Wronka, Sabina Ostrowska, Joanna Woźniak-Holecka

The Evaluation of Actions Taken in the Healthcare Facility During the SARS-CoV-2 Pandemic, and Their Impact on Work Motivation: A Survey Report¹

Abstract

Objectives: The global crisis, which the outbreak of the SARS-Cov-2 pandemic undoubtedly is, has forced healthcare facilities to implement a variety of sanitary procedures. These have strongly affected the staff, contributing to decreased work motivation and occasional refraining from work caused by the threat of infection. The purpose of this study was to assess the human resource management practices implemented by the managers at the Rymanow Health Resort in the first two months after the SARS-CoV-2 outbreak had been declared.

Research Design & Methods: The study used the direct interview method (PAPI) and inference based on participatory observation. The respondents were medical workers employed in the health resort hospital and rehabilitation centre. 96% of the respondents participated in the PAPI survey, which is over 70% of the surveyed population. Participatory observation data was obtained from a member of the management of the healthcare facility.

Findings: The respondents pointed to their increased and changed workload. Despite concerns about their own health and life, only one-third of the employees used various forms of refraining from work during the pandemic. The vast majority of the respondents positively assessed the actions taken by the employer in the first two months after the Polish government had declared the state of emergency.

Implications / Recommendations: The main resource that is crucial for the success of the organisation delivering healthcare services is the employees, as it is them who design and utilise solutions, create organisations, and actively participate in their functioning. With regard to the employees of institutions providing healthcare services, ensuring security in work environment is paramount due to the units' responsibility for the achievement of public interest and the administration of public funding. This is why it is so important for the employers to take action to create a friendly work environment, which is absolutely necessary for the healthcare sector to accomplish its mission.

Contribution / Value Added: The results led to the formulation of the thesis that the procedures implemented by the employer yielded measurable effects, as employees decided to stay in their workplaces despite the risks posed as a result of the coronavirus pandemic.

Keywords: healthcare management, SARS-CoV-2, work motivation, health resort

Article classification: research paper

JEL classification: J38; J53; H12

Prof. dr hab. Aldona Frączkiewicz-Wronka – Katedra Zarządzania Publicznego i Nauk Społecznych, Uniwersytet Ekonomiczny w Katowicach, Katowice; e-mail: afw@ue.katowice.pl; ORCID 0000-0002-7500-4925. **Dr Sabina Ostrowska** – Uzdrowisko Rymanów Zdrój, Poland; e-mail: sabinaostrowska@gmail.com; ORCID 0000-0001-7434-3549. **Dr hab. Joanna Woźniak-Holecka** – Zakład Promocji Zdrowia, Wydział Nauk o Zdrowiu w Bytomiu, Śląski Uniwersytet Medyczny w Katowicach, Bytom, Poland; e-mail: jwozniak@sum.edu.pl; ORCID 0000-0002-7500-4925.

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Introduction

The SARS-CoV-2 virus appeared in one of China's provinces in late 2019 and after a few weeks it began to endanger the health and lives of millions of people, reaching the status of a pandemic. The disease caused by the new virus turned out to be highly contagious and likely to cause acute respiratory failure, which translated into the necessity to use specialised life support equipment in the treatment process on a mass scale. This had an immediate impact not only on the decisions taken by state governments, but also on the capacity of public health systems (European Observatory of Health Systems and Policies, 2020). In response to the crisis, they declared national and international public health emergencies and introduced emergency measures to prevent the contagion and limit the spread of the epidemic in particular countries, allocating substantial public funds. The behaviour of millions of people changed significantly and a global, multi-level adaptive process – one requiring a change towards new living and working conditions – began when the World Health Organization issued guidelines for biomedical and psychological risk management (Social Europe, 2020). In an attempt to protect employees, many organisations changed their management procedures, trying to keep professional motivation for work at the regular level by introducing additional safety standards. Managers in organisations providing medical services needed to confront particularly difficult challenges, because the level of exposure of their employees to negative factors preventing adequate job performance was the highest of all (Bashirian et al., 2020).

In Poland, the COVID-19 pandemic and the scale of the ensuing challenges turned out to be one of the most difficult periods for the healthcare system. The analysis of actions taken in connection with the spread of the SARS-CoV-2 virus and the health-related consequences in the population reveals that the pandemic has only exacerbated the problems that had afflicted the Polish healthcare

system for a long time. These include organisational confusion at all levels, shortages of medical and auxiliary staff, the consequences of permanent underfunding of the entire healthcare system, and the lack of a long-term strategy for the healthcare system during an epidemic. The pandemic has exposed deficits in human, material, and equipment resources as well as in efficient organisation and technological support. The actions taken, especially in the initial phase of the pandemic, were characterised by the absence of a clearly-defined strategy, which resulted in an organisational, informational, and decision-making-related chaos. The most acute problems experienced by healthcare facilities during this phase were: (1) the absence of clear guidelines for the operation of healthcare facilities; (2) the lack of a sufficient number of medical staff to meet the dynamically growing needs; (3) the lack of personal protective equipment for employees of healthcare facilities; (4) excessive workload of medical staff; (5) an unclear description of the tasks for individual healthcare facilities; (6) financial and equipment shortages; and (7) the lack of expert support in the area of public health. Faced with these deficits, managers in healthcare facilities had to tackle the difficult task of adapting the existing human resource management practices to the new situation and, in particular, use such incentive instruments that would encourage the employees to remain at work.

Employees' motivation

Contemporary medical entities are forced to be constantly improving the quality of provided services. In the situation of a crisis such as the COVID-19 pandemic, activities in the field of motivating employees undertaken by employers might be an important factor supporting the effective functioning of organisations providing health services. As research indicates, employees with high levels of motivation are more likely to be willing to make greater sacrifices for the organisation and are less likely to resist change even if it is

unfavourable to them (Wright et al., 2013; Teo et al., 2016). Creating an environment conducive to safe work raises an individual employee's level of motivation, which means that they are generally more likely to achieve the organisation's mission (Christensen et al., 2017). In a turbulent environment, the level of employees' motivation and work incentives is an important element conducive to the achievement of an organisation's goals. Sekuła (2008) defines motivation as an internal condition of a person fostering willingness to undertake certain activities, while Koziół (2002) indicates that it involves the psychological experiences of a person, which determine the possibility and direction of his/her activity. Armstrong (2011) stresses the relationship between motivation and behaviour aimed at achieving the goal, while Kopertyńska (2009) highlights individualism as a characteristic feature of the construct, because – in psychological terms – motivation has a decidedly subjective and internal dimension, which is typical of every human being.

The mechanisms of motivation manifest in a variety of ways. They relate to both simple and complex behaviours, triggered by external and internal stimuli, resulting from the desire to meet basic and higher-order needs (Lipka et al., 2010). Armstrong (2011) identifies the sources of internal motivation to be impulses rooted in a person's values and convictions, while the sources of external motivation to be the effects of certain stimuli occurring in an individual's environment, affecting him/her (e.g. a special allowance, a performance-related bonus, public recognition, criticism, referral to a training funded by the employer, etc.) The author argues that when motivation is seen as a source of an organisation's increased effectiveness, one needs to account for the opposing characteristics of internal motivation, which is particularly important in the long term (Armstrong, 2011). Moreover, it is also a stronger and deeper source of action due to the inherent links with specific individuals and their perception, contrary to external motivation, which is marked by the speed of reaction, because it brings immediate

and relatively strong effects, albeit short-term. In teleological terms, and when linking these considerations to management practice, many authors (Kopertyńska 2007, 2009; Oleksyn, 2011; Gross, 2001; Koziół, 2002; Kawka & Listwan, 2010) emphasise the need to distinguish between the concept of motivation, which is a term referring to the internal human process, and the concept of motivating, i.e. influencing human behaviour using specific incentives.

Further, one can also refer to motivating as one of the classic management functions, alongside planning, organising, and controlling, although it should be stressed that the latest management concepts consider motivation to be a subfunction of management or leadership (Oleksyn, 2011). Although many definitions of motivation exist, they all share one idea, namely teleology, i.e. emphasis on the causal relationship which involves motivating someone for a particular purpose. Borkowska (1985) defines motivation as the process of deliberate and conscious influencing people's motives by creating the means and opportunities to pursue their value systems and expectations for achieving goals. Gross (2001) emphasises the functional character of motivation, consisting in the intentional encouragement of human behaviour through various incentives. This means that motivating in an organisation involves influencing employees and as such is oriented towards creating higher work efficiency (Oleksyn, 2001). Motivating can be considered as the most difficult management function, as it requires managers to have knowledge about individual competencies and incentives to which particular employees can respond, as well as the ability to use this knowledge to form such behaviours of employees that are desirable from the point of view of the organisation's goals and needs. Motivating requires that managers should, on the one hand, recognise and use employees' expectations, and, on the other hand, be able to quench or evoke new desires and needs (Kawka & Listwan, 2010). Poczowski (2007) emphasises that the ability to motivate subordinates is one of the most important factors determining

the effectiveness of managers. When they use incentives adequate to a particular situation, effective managers use motivation as a tool for improving work performance. Employees, or basically their attitudes, actions, and creativity, are critical to the success of individual projects and entire organisations. The process of motivating regulates attitudes and stimulates work performance, while at the same time it fulfils employees' needs, using appropriate financial and non-financial factors. The inherent characteristic of effective motivating is the proper understanding and application of incentive tools. Sekuła (2008) identifies "incentive tools" to be a set of methods, procedures, rules, and organisational solutions that should address motivation-related problems in an effective way. Managers use a variety of motivators in the process of forming desirable employees' attitudes and behaviours. The most frequent classification of motivators in Polish literature identifies instruments of coercion, incentives, and persuasion (Gableta, 1998); instruments of financial and non-financial motivation (Oleksyn, 2011; Kawka & Listwan, 2010; Koziół, 2002; Jacukowicz, 2004); and instruments that add value to important HR functions (Borkowska, 2001). Identifying the latter, Borkowska enumerates elements such as: attracting human resources to the workplace, retaining human resources in an organisation, and stimulating employees to strong performance and continuous learning.

This study was designed and conducted drawing on Sekuła (2008) and Szklarczyk (2004). The latter author researched the importance of non-financial motivators, classified as long-term incentives and the so-called emotional reward. Their aim is to develop a certain bond between the employee and the organisation, created with good working atmosphere and a friendly environment fostering cooperation, opportunities for self-actualisation, recognition, meaningful work, or opportunities for professional and personal growth. Szklarczyk (2004) ranks pay relatively low among the values motivating employees. Sekuła (2008) proposed a 25-item catalogue of non-financial incentives,

grouped under: participation in management, personal and professional growth, work atmosphere, and culture. This study makes a special use of the last category of motivators, i.e. tools building work atmosphere. Atmosphere in the workplace is an important motivating factor, fostering loyalty and integrity towards the employer. A good atmosphere within an organisation is conducive to effective cooperation and the willingness to help and support each other. In times of the pandemic, organisations are forced to make frequent strategic changes and the restructuring concerning staff; under such circumstances of the resultant sense of uncertainty, work atmosphere can be the most important motivator for an organisation's human resources. Mutual respect between employees at different levels also plays an important role. Despite the fear of and concerns about the surrounding reality, working in a group of respectful and supportive people fosters a sense of commitment, job satisfaction, and creativity (Kopertyńska, 2009). Jacukowicz (2004) argues that trust and the motivational aspect of the culture of trust greatly contribute to good atmosphere in the organisation. The tendency to flatten organisational structures results in responsibility being more and more frequently delegated to lower-ranking employees, giving them more freedom and discretion to act. Specialists and experienced employees tend to request the opportunity to carry out tasks on their own and they take advantage of the conditions for self-fulfilment and independence. Accordingly, both parties must show absolute trust, while efficient communication between managers and employees – one imposing no restrictions on self-expression – must be ensured. In the Eurofound Raport (2020), one can read that:

The COVID-19 pandemic turned working lives upside down. Given the highly contagious nature of the virus, a major transformation occurred in where and how work is performed. Office work was abruptly banned in an effort to prevent direct contact between workers, and many individuals started working from home, leading to the growth of teleworking. Those working in establishments

that remained open to the public saw their health and safety situation change significantly due to the increased risk of contracting the virus because of their work. At the same time, workers in the essential services and occupations – health-care units – were required to deal with a nearly continuous situation of emergency. (p. 35)

In the current situation of constant threat to the life and health of employees, the most important challenge for employers was to prepare such working conditions that make employees feel safe and thus motivated to perform their tasks.

The identification of actions taken by the Management Board of the Rymanów Health Resort during the initial period of the pandemic

Health resort care is defined as an organised activity that involves the provision of healthcare services in the field of treatment or rehabilitation (Journal of Laws 2005 No. 167, item 1399). Such services are characterised by relatively wide availability, good patient tolerance, low risk of side effects, and long-lasting therapeutic effects, obtained with relatively low financial outlays (Drobnik et al., 2011). Health resort activity is conducted based on the properties of natural therapeutic substances such as gases and medicinal minerals (including water and peloids) as well as the therapeutic properties of the climate. Health resort treatment services are provided mainly by health resorts as well as health resort hospitals and clinics operating in the area of health resorts.

The Uzdrowisko Rymanów Company (Rymanów Health Resort) was established following the transformation of the State Enterprise ‘Uzdrowisko Rymanów’². As a single-shareholder State-Treasury company, the Uzdrowisko Rymanów S.A. started its activity in 1999. In 2013, under an agreement on a free-of-charge divestment of shares, the State Treasury transferred 100%

of the company’s shares to the Podkarpackie Voivodeship. The core activity is hospital activity, while the ancillary activity involves “other health-care activities”, production of mineral waters, carbonated and non-carbonated soft drinks, and production of mineral-water-based natural cosmetics. The company also owns hotels and other commercial accommodation facilities.

Currently, the company owns a total of 13 facilities with 1032 beds that can be used for treatment and therapy. The treatment and therapy activity in the Rymanów S.A. Health Resort is carried out in the Health Resort Hospital “Eskulap”, which has 178 beds; the Health Resort Hospital “Zimowit”, which has 383 beds; the Podkarpackie Centre of Cardiological Rehabilitation “Polonia” with 125 beds; the “Maria” Health Resort Centre with 70 beds; the “Teresa” Health Resort Centre with 55 beds; the “Gołąbek” and “Opatrzność” Health Resort Centres (a total of 71 beds); the “Anna” and “Staś” Health Resort Centres with a total of 94 beds; and the “Świtezianka” hotel with 56 beds. The company employs a total of 294 employees. Out of these, 137 are medical staff – doctors, nurses, physiotherapists, medical secretaries, medical assistants – employed under work contracts, while 56 persons cooperate on a permanent or periodical basis, as they are hired under contracts for the provision of medical services (contractual agreements).

As part of health resort treatment, services are provided in outpatient or inpatient facilities, meaning that the patients can either stay in a health resort hospital, in a health resort centre, in a health resort hospital for spa rehabilitation, in a health resort centre for spa rehabilitation, or take advantage of health resort outpatient treatment facilities and health resort clinics.

The operations of the Rymanów Health Resort have changed significantly due to the coronavirus pandemic. Detailed sanitary procedures were introduced for the duration of the epidemic, affecting both patients and the staff. During the COVID-19 epidemic, staff working in health resorts centres are exposed to the risk of the disease

² Pursuant to the act of the commercialisation of a state-owned enterprise, 30.12.1998, Rep. A No. 26242/98.

to no lesser extent than those employed in hospitals, specialist clinics, or basic healthcare. With regard to internal stakeholders (staff and patients), in this particular situation it was decided that admissions to the health resorts centres providing medical services in the form of spa treatment should be suspended, pursuant to the Regulation of the Minister of Health of 20 March, 2020 (Journal of Laws 2020, item 491), on declaring the epidemic state on the territory of the Republic of Poland, which suspended healthcare service provision within the scope of health resort treatment, referred to in art. 2 point 1 of the Act of 28 July, 2005, on health resort treatment, health resorts as well as areas of health resort protection and health resort communes (Journal of Laws of 2017, item 1056, of 2019, item 1815 and of 2020, item 284). The situation in health resort hospitals – which worked under an increased sanitary regime, but in an unchanged formula – was different.

In order to reduce costs, keep jobs, and minimise losses, the Health Resort Management Board – in cooperation with trade unions – decided to introduce downtime for economic reasons until the white medical personnel – i.e. nurses, doctors, and physiotherapists employed in health resort centres – could resume work. They also shortened the working time for employees in other operations. Additionally, the decision was to set default contact by phone and e-mail with the employees of the administration, reception desk, and patient service office, limiting the obligation to provide services on the company's premises and in other facilities, whose employees took up remote working. Although the legal constraints were lifted on June 15, 2020, and the company was able to admit patients without limitations again, both the restrictions and the work organisation solutions adopted under the lockdown have been kept in place.

The performance of ensuring secure circumstances in work environment in the areas of the SARS-CoV-2 threat has made employers and employees alike apply new solutions – be it medical, administrative, or technical – as well as develop new, virtual skills and undertake actions and initiate

projects addressed to external stakeholders (Ward, 2020). The epidemic crisis became a source of new ideas and solutions in the treatment of patients as well as in the protection of the health resort's employees from potential infection. The situation required the application of new forms of management, and their efficacy was determined by the adoption of appropriate actions and procedures. The basis for changes in management during the initial period of the pandemic involved the proper communication process, implemented with a strong participation of the social partner, i.e. five trade unions that were active in the company and understood the necessity of reducing salaries temporarily and transiting towards remote working or using various forms of refraining from work, which had been proposed by the state authorities (this particularly applied to workers with children under 8 years of age).

In order to reduce the risk of infection, especially among patients staying in health resort hospitals, further epidemic restrictions were introduced. In addition to the standard equipment of personal protection – such as visors, disposable masks, disposable or reusable gloves, and disinfectants – it was also recommended that the temperature be measured on arrival at work; in the case of increased temperature (above 37°C) and/or disease symptoms, a worker has to be sent home. Other recommendations involved additional disinfection of employees' common spaces, offices, checkrooms, social rooms, and warehouses (decontamination); keeping safe distance in employees's common spaces; the installation of hand disinfectant dispensers and acrylic glass in all facilities, at all reception desks, in doctor and nurse surgeries, in pump rooms, and in selected treatment facilities. All reception areas, nurse surgeries, and treatment rooms were also equipped with non-contact thermometers. Patients were encouraged to consult doctors and physiotherapists via phone. The equipment, bed surfaces, bathtubs, furniture surfaces, and the like were disinfected on a regular basis.

In order to counteract the risk of possible infection among the patients, incoming patients were

recommended to perform a COVID-19 test 48 hours prior to their arrival at the health resort centre, as well as their body temperature was measured on the arrival day and during the stay. When patients manifested increased temperature and disease symptoms, they were refused accommodation. The preferred form of payment for all services was cashless payment and the obligation to wear masks in the centre's facilities was imposed.

SARS-CoV-2 – employees' assessment of the actions taken by the Management Board of the Rymanów Zdrój Health Resort

Medical staff constitute an occupational group with a particularly high level of exposure to life-threatening phenomena – such as that during the epidemic – and so managers in healthcare facilities should focus on management changes to ensure staff and patient safety, including communication with regard to risks and psychological assistance (Schiavo et al., 2014; Wu et al., 2009). They should also comply with the detailed guidelines for strict infection control and personal protective equipment (Imran et al., 2016).

This article presents the results of a survey research which was carried out in May 2020. Direct interviews using a paper-based questionnaire were conducted with the medical staff of the health resort hospital and centre in Rymanów Zdrój. The survey questionnaire was divided into two parts – the personal information and the main part. The former part contained questions about age, gender, education, occupation, form of employment, and chronic diseases. The latter part concerned work organisation rules adopted during the pandemic, relationships with work colleagues and superiors, and the use of various forms of refraining from work. The survey results were analysed in the IBM SPSS Statistics 26 software. Simple tables present the distributions of replies to individual questions. The analysis of the dependencies between the questions concerning personal information and the questions in the main part

was performed. Cross-tables were used to show the relationships that are significant or close to statistical significance. The Pearson's Chi-squared test was used to assess statistical significance. The analyses set the statistical significance at $\alpha = 0.05$. Additionally, the Cramer's V correlation coefficient was calculated to determine the strength of the correlation between nominal variables or between nominal and ordinal variables.

The survey was completed by 96 respondents aged between 21 and 77, with the average age being 43. The sample consisted of slightly more than 70% of medical staff employed in the Rymanów Zdrój Health Resort. More than half of the respondents (59.4%) work in a health resort hospital, while the remaining 40.6% are employed at the health resort centre. The majority of the respondents (60.4%) have higher education, while 35.4% have secondary education and the remaining 4.2% have post-secondary vocational education. The majority of the respondents were women (67.7%), which could be stereotypically expected for organisations providing healthcare services in Poland, while men constituted the remaining 32.3%. Every third person who answered the questionnaire was a nurse (34.4%) or a physiotherapist (31.3%). Other respondents were doctors (9.4%), massage therapists (8.3%), medical secretaries (8.3%), rehabilitation therapists (7.3%), and medical assistants (1%)³. The health resort hospital or the centre is the only or main workplace for the vast majority of the respondents (85.4%). Most of them (88.5%) work based on an employment contract; the rest have a contract for a healthcare service provision. The health condition of the respondents is good; only 21.9% of the respondents declared suffering from coexisting diseases.

³ In order to analyse the relationship between the occupation and the responses to individual questions, it was necessary to perform grouping. Doctors and medical secretaries were analysed separately. The medical assistants joined the group of nurses, and the massage and rehabilitation therapists joined the group of physiotherapists. It was necessary due to the small size of some groups.

The vast majority of the respondents (86.5%) believe that in the current situation the way they perform their work tasks (based on a weekly and monthly schedule) is convenient. 11.5% of the respondents do not share this opinion and 2.1% have no opinion on this issue. We observed no significant relationship or a relationship close to statistical significance between gender, occupation, and the coexisting diseases and the issue discussed above. Slightly more than half of the respondents (55.2%) perform their work duties within the same hours as before the pandemic, while 43.8% perform them at different times. The Pearson's Chi-squared test showed a statistically significant correlation between the occupation and working at the same hours as before the pandemic. Far fewer physiotherapists (37.8%) perform their working duties in this form than nurses (64.7%), doctors (77.8%), and medical secretaries (87.5%). The correlation between these variables is moderately strong. Gender and the coexisting diseases did not affect the answers significantly (see Table 1).

A statistically significant relationship was confirmed between the occupation and the increased number of duties than before the pandemic. The percentage of physiotherapists performing more work is smaller (33.3%) than that of nurses (70.6%), but also that of doctors (50%) and medical secretaries (50%). The relationship between these variables is moderately strong. Moreover, less than half of the respondents (40.6%) feel more time pressure (deadlines, less time for

breaks) than before the pandemic. The Pearson's Chi-2 test showed a statistically significant correlation between the occupation and time pressure experienced during the pandemic. As many as 67.6% of the nurses, almost half of the doctors (44.4%), and 26.7% of the physiotherapists declared heavier workload. However, this phenomenon was not experienced by any of the medical secretaries. The correlation between these variables is moderately strong (see Table 2).

Four out of five respondents (80.2%) have declared good relationships with their superior and 70.5% feel supported by the superior. Almost all the respondents (93.6%) have good relationships with their colleagues and 87.5% feel they are supportive. We observed no significant relationship or a relationship close to statistical significance between gender, occupation, and the issue discussed above (see Table 3).

Almost half of the respondents are of the opinion that the procedures adopted in the workplace to counteract the pandemic are sufficient and adequate to the threat. It turned out that more medical secretaries agreed with the above statement than doctors (55.6%), nurses (41.2%), and physiotherapists (33.3%). The majority of the respondents (61.1%) believe that the employer took sufficient measures to protect the workers' health during the pandemic. Slightly more than half of the respondents (55.85%) also think that the employer provided sufficient support to employees during this period (see Table 4).

Table 1. Occupation and the hourly work schedule

Does the employee work the same hours as before the pandemic?	Performed profession								Total	
	Nurse		Physiotherapist		Medical secretary		Physician		N	%
	N	%	N	%	N	%	N	%		
Yes	22	64.7	17	37.8	7	87.5	7	77.8	53	55.2
No	12	35.3	28	62.2	1	12.5	2	22.2	43	44.8
Total	34	100.0	45	100.0	8	100.0	9	100.0	96	100.0

Test Chi²: Chi² = 11.996, p = 0.007**, V Cramer = 0.353

Source: own elaborations based on the collected surveys.

Table 2. Performed profession and more duties than before the pandemic

Increase in responsibilities due to the epidemic	Performed profession								Total	
	Nurse		Physiotherapist		Medical secretary		Physician		N	%
	N	%	N	%	N	%	N	%		
Yes	24	70.6	15	33.3	4	50.0	4	50.0	47	49.5
No	10	29.4	30	66.7	4	50.0	4	50.0	48	50.5
Total	34	100.0	45	100.0	8	100.0	8	100.0	95	100.0

Test Chi²: Chi² = 10.755, p = 0.013*, V Cramer = 0.336

Source: own elaborations based on the collected surveys.

Table 3. Subjective feeling of support from the supervisor and colleagues

	Declared support currently derived from			
	the supervisor		the co-workers	
	N	%	N	%
Yes	67	70.5	84	87.5
No	21	22.1	8	8.3
I don't know	7	7.4	4	4.2
Total	95	100.0	96	100.0

Source: own elaborations based on the collected surveys.

Table 4. The occupation performed and the opinion on whether the procedures for fighting the pandemic in the workplace are sufficient and adequate to the risk

Are the procedures for fighting against the pandemic in the workplace sufficient and adequate to the threat?	Performed profession								Total	
	Nurse		Physiotherapist		Nurse		Physiotherapist		N	%
	N	%	N	%	N	%	N	%		
Yes	14	41.2	15	33.3	7	87.5	5	55.6	41	42.7
No	20	58.8	30	66.7	1	12.5	4	44.4	55	57.3
Total	34	100.0	45	100.0	8	100.0	9	100.0	96	100.0

Test Chi²: Chi² = 8.816, p = 0.032*, V Cramer = 0.303

Source: own elaborations based on the collected surveys.

While working in the period of the pandemic, only one-third of the employees (29.2%) took advantage of various forms of refraining from work (sick leave, vacation, parental allowance for

a child under 8 years of age). Most of them gave the following reasons: fear (32.1%), the need to take care of a child (32.1%), and poor health (32.1%). 25% of them needed to look after a family member

other than children, while 21.4% were motivated to do so in the absence of procedures. 10.7% quoted the lack of protective equipment and access to coronavirus tests as the reasons for refraining from work. Out of the twenty-eight respondents who decided to refrain from working, 10.7% believe that their decision affected the relationships with superiors and 14.3% believe that it also affected their relationships with colleagues. Only one in five respondents (20.8%) considers using various forms of refraining from work in the future if the pandemic continues (see Table 5).

The survey results reveal a statistically significant correlation between the respondents' opinion that the procedures used in the workplace to prevent the spreading of the pandemic are adequate and sufficient on the one hand, and their opinion that the employer provided sufficient support on the other, namely $\chi^2(4) = 18.48$; $p = 0.001$. Among those respondents who think that such procedures are adequate, 75.6% feel that they receive support from the employer. Among those who are of the contrary opinion, only 45.7% admit that they receive this type of support. Another statistically significant correlation was observed with regard to the respondents' opinion that the employer provides sufficient support to the employees and the opinion that the procedures used in the workplace to fight against the pandemic are adequate, namely

Table 5. The pandemic and various forms of refraining from work (sick leave, day off, allowance for the mother/father of a child under 8)

Has the respondent used (during the announced pandemic) various forms of abstaining from work (sick leave, day off, maternity/father benefit for a child under 8)?	N	%
Yes	28	29.2
No	68	70.8
Total	96	100.0

Source: own elaborations based on the collected surveys.

$\chi^2(4)=18.48$; $p = 0.001$. Among those respondents who claim that the employer provides them with support, most think that the procedures are adequate. The opposite is true for those who feel that the employer does not support them.

Another (strong) statistically significant relationship concerns the questions about support for employees and measures taken by the employers to protect the employees' health, namely $\chi^2(4) = 4.73$; $p < 0.001$. Among those respondents who gave a positive answer to the first question, the majority responded positively also to the second question. The last statistically significant correlation concerns sufficient actions taken by the employer and aiming to protect the employees' health, and the opinions of the respondents about the adequacy of the procedures implemented in the workplace to fight against the pandemic – here the correlation is $\chi^2(4)=34.99$; $p < 0.001$. Among the respondents who expressed a positive opinion about the former issue, the majority reacted positively also to the latter one.

Conclusion

Healthcare units operate in a network of social relations, which is why building proper relationships with employees ensures their positive attitude towards the organisation's goals (Buchelt, 2017a). This is particularly relevant to all organisations working under the difficult conditions of the SARS-CoV-2 pandemic (Upadhyaya et al., 2020). Therefore, healthcare units need to take actions aimed at identifying the expectations of internal stakeholders during the crisis and then take these expectations into account when deciding on the course of action (Duszyński et al., 2020; Golinowska & Zabdyr-Jamróz, 2020). The results of the presented survey identify the most important management functions in the healthcare units to be: the humanisation of working conditions, fair remuneration, adequate social benefits, and job satisfaction (Buchelt, 2015). These priorities remain unchanged in critical situations and the fact that the employer respects them can guarantee that

people who co-create the organisation, enriching it with their knowledge and competences, will not leave their jobs, despite the risks they encounter in the environment. Therefore, treating employees as partners, taking into account their needs and expectations, as well as optimally synchronising their knowledge and experience with the goals and mission of the healthcare facility should all become a strategic concept for the development of HR policy during the pandemic. Preventive and medical actions are particularly important during such times, but the psychological support given to the employees of healthcare facilities should also be recognised as important, as the effective operations of organisations involved in the fight against the coronavirus depend on the employees' ability to perform their professional, family, and social roles. Therefore, one of the leading problems now is the development of such practices in the area of human resources management in healthcare units that could provide maximum support to the employees so that they can effectively perform their duties in the epidemiologically difficult situation (Walton et al., 2020). Ensuring personal safety and a supportive work environment can be a decisive factor in the staff's decision to continue working during the pandemic (Klein et al., 2011).

The analysis of the survey results showed that – as a consequence of adequate actions initiated by the employer – the medical personnel of the Rymanów Health Resort were reluctant to use different forms of refraining from performing their duties, which proves that the procedures implemented by the employer on time as well as the ability to motivate staff can both yield measurable outcomes.

Healthcare units – with a special emphasis on the aspects linked to the human resources necessary to achieve optimal provision of due services – are more and more frequently becoming an area of growing interest both on the theoretical level and when searching for practical solutions as to increasing the given unit's effectiveness. Regardless of the improvements resulting from the establishment of modern technologies – in view of the aim

and character of the activity – the main resource that is crucial to the success of the organisation delivering healthcare services is the employees, as it is them who design and utilise solutions, create organisations, and actively participate in their functioning (Battaglio, 2015). The literature on the subject (Buchelt, 2017b; Buchelt et al., 2017c; Marzec et al., 2020; Buchelt et al., 2020) further emphasises that it is the employees who establish the value of each type of organisation. It is acknowledged that in order to succeed and regardless of the sector in which it operates, an institution has to employ people who can demonstrate relevant – to the institution's objectives – competence, knowledge, and qualifications. With regard to the employees of institutions providing healthcare services, ensuring security in work environment is paramount due to the units' responsibility for the achievement of public interest and administration of public funding. This is why it is so important for those employers to take action to create a friendly work environment, which is absolutely necessary for the healthcare sector to accomplish its mission.

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