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The Evaluation of Actions Taken in the Healthcare Facility During the SARS-CoV-2 Pandemic, and Their Impact on Work Motivation: A Survey Report[1]

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

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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 Kozioł (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; Kozioł, 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). Pocztowski (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 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; Kozioł, 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 (Ryma-nów 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

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[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.

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[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 Chi^2: Chi^2 = 11.996, p = 0.007**, V Cramera = 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 Chi^2: Chi^2 = 10.755, p = 0.013*, V Cramera = 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	
	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 Chi^2: Chi^2 = 8.816, p = 0.032*, V Cramera = 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

$\chi^2(4)=18.48$; 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

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.

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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The University's Social Responsibility During the COVID-19 Pandemic: A Case Study

Abstract

Objectives: The Law on Higher Education and Science as well as the Universities' Declaration of Social Responsibility promotes the application of the principles of social responsibility in all areas of universities' activity. These rules are of particular importance during the pandemic, when the crucial fields of universities' functions are at risk. The article aims at evaluating the actions that the Humanitas University in Sosnowiec has taken during the SARS-CoV-2 pandemic. The adaptation of these activities to the COVID-19 crisis determines the ability to adjust to the challenges of the environment in which the University operates. In the longer term, it also contributes to how the stakeholders assess the extent to which the University implements the idea of social responsibility.

Research Design & Methods: This article applies a case-study method. It covers the analysis and synthesis of the activities undertaken by the Humanitas University in Sosnowiec within the researched period. Collecting information employed the analysis of the University's website, document analysis, survey, in-depth interviews, and participatory observation.

Findings: The conducted analyses revealed that the COVID-19 pandemic and the resultant limitations made it possible to develop new forms of crisis management at the University. Internal and external stakeholders have adapted to this new organisational situation. The inclusion of social responsibility rules into the functioning of the University enabled it to preserve its values in both internal and external relations.

Implications / Recommendations: The University has implemented the developed recommendations. This allowed the University to proceed with teaching and maintain actions directed to its socio-economic environment, all of which happened with the use of the University's social responsibility principles. Thus, these solutions can serve as a model for other universities facing disruptions deriving from crises such as the COVID-19 pandemic.

Contribution / Value Added: Our research outcomes contribute to the development of management-related knowledge on how to deal with a crisis in higher education. We identify a significant source of the added value in the considerations on how the implementation of social responsibility rules might protect a university against the unexpected and sudden distortions in its global environment.

Keywords: Universities' Declaration of Social Responsibility, social responsibility, stakeholders, COVID-19 pandemic

Article classification: research article

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Introduction

On March 11, 2020, the World Health Organization announced the COVID-19 coronavirus pandemic due to the extensive spread, pace, and the long contagious period of the virus. The pandemic has caused an unprecedented crisis around the world and affected all areas of social, economic, and natural life. Education is one of the areas that have been hit hard by the spread of the pandemic. The introduction of strict sanitary restrictions and social isolation orders have forced all entities operating in the education field to work in a different model, and to suddenly switch to digital education. The decision to physically close educational institutions and suspend full-time classes has generated the issue of securing the possibility of continuing the processes of learning and teaching. The main problems include ensuring equal opportunities for accessing good-quality distance education, supporting pupils/students and teachers in the acquisition or improvement of digital competences, as well as defining the principles of the fair assessment of educational progress, the implementation of educational mobility, and the enrolment of applicants. These problems have affected the education systems all over the world. Moreover, higher education institutions affected by the COVID-19 crisis have been impacted by the pandemic in all of their activities, i.e. in terms of financial stability, institution management processes, cooperation with the external environment, and student mobility (Bao, 2020; Klimowicz, 2020; Marinoni et al., 2020; Oboh et al., 2020; International Association of Universities, 2020; Smalley, 2020; Witze, 2020). These issues have also become the subject of analyses of the situation of individual higher education institutions, which is documented by the research into forty Coimbra Group universities (Coimbra Group Report, 2020). The scale of challenges related to counteracting the crisis in education was also discussed by education ministers from within the European Union (EU). The conclusions (European Union, 2020) developed by the Council of the EU indicate the need to take account of a wide spectrum of threats resulting from the new situation in the process of planning further education. The UE Council also stresses the need to introduce innovative solutions and share all the good practices developed during the pandemic. The focus on education and training has been considered crucial, as the quality of human capital will determine the effective implementation of the Recovery Plan for Europe.

In Poland, in response to the declaration of the pandemic, the Minister of Health issued a regulation (Rozporządzenie, March 13, 2020) introducing 'the state of the threat of an epidemic', and then 'the state of the epidemic' itself (Rozporządzenie, March 20, 2020). In the higher education field, the Minister of Science and Higher Education, with the aim of preventing, counteracting, and combating COVID-19, decided to temporarily limit the functioning of universities, initially suspending studies for two weeks (12–25 March), with the simultaneous implementation of classes using distance-learning methods and techniques (Rozporządzenie, March 11, 2020). In view of the increasing threat to health and life caused by the virus, the Minister of Science and Higher Education extended the period of suspension of classes at universities several times, recommending teaching with the use of distance-learning methods and techniques. A partial restoration of university activity after 26th May was supported by the preparation of a programme document entitled "Environmental guidelines in connection with the partial restoration of university activity" (Ministry of Science and Higher Education, 2020).

The physical closure of universities was a huge challenge for the decision-makers managing them. It became necessary to introduce new management practices, including: changing the work mode of employees, providing access to library collections, laboratories and studios, and intensifying the use of various tools by lecturers and students alike in order to facilitate distance learning. The sudden shift from teaching and learning based on personal contact to distance learning was in many

cases an emergency, and a number of universities were not fully prepared to implement common digital forms of education.

In this crisis situation, universities had to redefine their role in relation to educational activities as well as define the scope of activities in relation to the surrounding environment. The Humanitas University in Sosnowiec also faced these challenges.

The purpose of this article is to analyse the actions taken by the Humanitas University during the SARS-CoV-2 pandemic. As a signatory of the University's Social Responsibility Declaration, the university is obliged to comply with the principles contained therein. These principles are of particular importance during the pandemic, when the principal areas of the university's operation are at risk. The basic issue was to determine how in a crisis situation the university carries out its chief educational and scientific tasks, as well as how it creates mutual relations with the social and economic environment in accordance with the idea of the university's social responsibility.

The character of this study is explanatory. Quantitative and qualitative research methods were used. Owing to the use of multiple sources, the adopted triangulation approach enabled the analysis of the problem from different perspectives (Stańczyk, 2013).

The university's social responsibility

The university's social responsibility is derived from the concept of corporate social responsibility (CSR). In 1953, Howard R. Bowen, considered to be the father of corporate social responsibility, stated (2013) that it was desirable for businessmen to act and conduct politics, which is necessary in terms of the objectives and values of society. The CSR concept had evolved to adapt to different types of organisations and it increasingly highlighted the need to develop civic values and responsibility.

As emphasised by Anna Witek-Crabb (2016), nowadays the concept of CSR is part of the broader trend of sustainable development, which involves conducting business activity that combines economic, social, and environmental goals, and, at the same time, minimises the negative impact of the organisation on the environment. There is a growing conviction that social responsibility applies not only to companies, but also to all organisations that have begun to realise that they are responsible for sustainable development, too. The ISO 26000 Guidance on Social responsibility standard, developed by the International Organization for Standardization and published on November 1, 2010, defines social responsibility as:

[T]he responsibility of an organisation for the impact of its decisions and activities on society and the environment, through transparent and ethical behaviour that:
– contributes to sustainable development, including health and well-being in society;
– takes into account the expectations of stakeholders (persons and groups that are interested in the decisions and actions of the organisation);
– complies with applicable law and is consistent with international norms of behaviour; and
– is integrated throughout the organisation and practised in its relationships, which relate to the organisation's activities undertaken within its sphere of influence. (ISO 26000)

The guidance defines the key areas of social responsibility, including: organisational governance, human rights, work practices, environment, fair operating practices, consumer issues, social commitment, and community development.

By conducting teaching and research activities, universities increase social responsibility, which is more and more frequently perceived in both the academic environment and the general environment in broad terms (Ramos-Monge et al. 2017; Vasilescua et al., 2010). The definition of the university's social responsibility (USR), developed by Juan Reiser (2008), specifies it as:

a policy of ethical quality of the performance of the university community (students, faculty and administrative employees) via the responsible management of the educational, cognitive, labour and environmental impacts produced

by the university, in an interactive dialogue with society to promote a sustainable human development. (p. 4178)

Referring to the principles of CSR, in 2017 the academic community in Poland developed the Universities' Declaration of Social Responsibility (Ministry of Development Funds and Regional Policy, 2017). The document consists of 12 principles and is a voluntary commitment of universities to promoting the idea of sustainable development and social responsibility in their educational programmes and research, as well as in the universities' management and organisational solutions. The declaration defines a university's social responsibility as:

> a strategic and systemic approach to university management as well as building cooperation and dialogue with stakeholders, which contributes to:
> • sustainable development;
> • shaping the values and attitudes of civil society;
> • supporting academic values and creating new ideas;
> • maintaining and developing scientific and didactic competences influencing the efficiency of operations and innovation. (Kulczycka & Pędziwiatr, 2017, p. 9)

The declaration's principles oblige its signatories to take into account and apply the principles of social responsibility in all areas of activity, and to disseminate these principles among stakeholders. According to the Declaration, socially-responsible universities implement the educational and scientific mission, strengthen the university's organisational and managerial capabilities, and build relations with internal and external stakeholders of the university based on ethical values and standards.

The importance of universities' social responsibility is included in the Act on Higher Education and Science. Article 3(2) of the Act emphasises that "The system of higher education and science operates in accordance with international standards, ethical principles and good practices in the field of education and scientific activity, and taking into account the special importance of the social responsibility of science" (Prawo, 2018).

The Humanitas University signed the Universities' Declaration of Social Responsibility in 2017 and has been implementing the principles contained therein since then.

Material and methods

The research subject was the activities related to the implementation of the idea of social responsibility introduced by the Humanitas University in Sosnowiec after the Ministry of Science and Higher Education had announced the pandemic and limited the ways in which the education based on the student-lecturer personal contact could be carried out. The research was conducted in the period from March to July 2020, i.e. from the announcement of the epidemic state to the end of the summer semester that same year.

The applied research methodology was case study based on the analysis and synthesis of activities undertaken by the Humanitas University during that period. The initial stage of the research was literature review as well as a study of non-scientific sources (e.g. good-practice reports), which, due to the dynamically developing situation, had become an important source of knowledge as regards SARS-CoV threats.

This made it possible to identify the level of knowledge, develop the assumptions for the work, and prepare instructions for interviews as well as a research scenario. The availability of scientific publications related to the research subject was verified many times, including during the empirical research and the final work on the publication. That has significantly influenced the final form of this article. In the process of collecting information, we used the following: in-depth interviews with representatives of university authorities and management staff, the Website analysis, the analysis of documentation related to activities deemed to be good practices, online surveys among students and employees, and participant observation.

As we – the authors – have managerial functions, we had started conducting participant observation in the studied entity before we began working

on this article, and continued this in the period covered by the analysis, i.e. after the announcement of the epidemic.

The analysis of good practices (GP) was based on questionnaires. As indicated in the survey, each reported practice has to include a definition of the area in which it was implemented (education, scientific activities, psychological support, material assistance, information and communication activities, volunteering), a detailed description of the practice, as well as an indication of who it was addressed to, what results were obtained, and to what extent the good practice was in line with the goals of sustainable development.[1] The survey among academic teachers (87 people) and students (405 people) was conducted with the aim of obtaining information, assessments, and suggestions connected with distance learning, indicating the positive and negative aspects of such teaching method and assessing the possibility of continuing distance learning in the future.

Characteristics of the Humanitas University in Sosnowiec

The Humanitas University has been operating in the educational market for 23 years and is one of the best non-public universities in the Silesian Province. The Humanitas University (WSH) is a self-financing and operating on a non-profit basis university which educates in the following fields of study: administration (first- and second-cycle studies), occupational health and safety (first- and second-cycle studies), national security (first-cycle studies), radiation therapy (first- and second-cycle studies), English philology (first- and second-cycle studies), pedagogy (first- and second-cycle studies), law (long-cycle Master's programme), psychology (long-cycle Master's programme), and management (first- and second-cycle studies). In

addition, the university organises courses in nearly 30 fields within postgraduate studies. In 2020, the Humanitas University in Sosnowiec obtained the right to confer the academic degree of PhD in law. The staff of the Humanitas University in Sosnowiec includes more than 400 academic staff members. It already has over 25,000 graduates. In accordance with the idea of the university's social responsibility, the tasks carried out at the university go beyond the traditional sphere of providing educational services, conducting scientific research, and developing science. In its activities, the university creates mutual relations with the social and economic environment, striving to transfer knowledge and constituting the basis for the development of social[2] and economic[3] innovations, as well as it creates conditions conducive to the process of lifelong learning. An important aspect of the university's functioning is the introduction of effective management solutions and the creation of a proactive organisational culture focused on changes. The university follows the principles of ethics and implements the principles of sustainable development. Therefore, social responsibility has been included in the vision and mission of the Humanitas University.

The university constantly monitors the implementation of the obligations arising from the Universities' Declaration of Social Responsibility through the analysis of good practices which are reported by all administration departments and institutes operating at the university. Every year, higher education institutions submit their good practices to the Working Group, and the four most interesting practices of each of them are

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[1] The survey research on good practices was developed by the University's Social Responsibility Working Group, operating within the Sustainable Development and Corporate Social Responsibility Team, which is an auxiliary body of the Minister of Development Funds and Regional Policy.

[2] "Social innovations are new ideas (products, services, models) that meet social needs more effectively and at the same time create new cooperation relations. Thus, these innovations are beneficial for society and increase the ability to act" (Jędrych & Sczepańczyk, 2017).

[3] "In the field of the economy, innovation is the development and implementation of new concepts and technologies that improve the quality of goods and services or increase production efficiency" (European Central Bank, 2017).

included in the University's Social Responsibility Good Practices Catalogue, which is available on the Website of the Ministry of Development Funds and Regional Policy. The catalogue, developed in 2020, contains a description of initiatives undertaken by universities in connection with the pandemic, including good practices reported by the Humanitas University (see: Ministry of Development Funds and Regional Policy, 2019).

In the education field, the university has created a modern, socially useful education offer, adapting it to the new challenges of innovative economy, while the study programmes take into account the obligations arising from the declaration. Studies are the basic element of the educational offer of every university. Currently, the Humanitas University offers ten fields of study, including eight second-cycle courses and twenty-one specialities. Moreover, the university has the right to confer doctoral degrees in the discipline of law. For many years, it has been implementing EU projects supporting the development of higher education. For example, over 500 students have already benefited from projects increasing their competences, such as 'Innovative Education at the Humanitas University', 'English Philology, Specialisation in International Business Language', 'Human Resource Management on the International Market: Studies in English and Russian', and 'Pre-school and Early Childhood Education' (GP9). The university initiates extra-curricular forms of education, owing to which students expand their knowledge, skills, and competences with the use of practical aspects related to the field of study. One example can be the simulation of a courtroom, where law students, under the substantive supervision of lecturers of the Institute of Legal Sciences, learn to put into practice the theoretical knowledge previously gained during their studies (GP15).

Taking advantage of the presence and knowledge of academic teachers, the university has launched the Academic Law Clinic, which provides free legal assistance to students, academic teachers, and administrative staff in terms of problems related to

the implementation of solutions contained in the Act on Higher Education and Science (GP12).

The university is strongly committed to developing non-formal education, aimed at professional development, personal development, and the acquisition of non-professional knowledge in line with the idea of lifelong learning. The university offers sixty-eight postgraduate courses in business, administration, law, pedagogy, as well as courses, workshops, and trainings for external stakeholders. A special non-formal educational role is played by the Intergenerational University, which includes children's universities, a youth university, and a university of the Third Age. Interdisciplinary classes for students of the university of the Third Age expand knowledge and develop interests, providing opportunities to acquire personal, communication, technical, and computer competences, and preventing the social exclusion of the elderly.

The university conducts comprehensive research-and-development activities. It organises numerous scientific conferences and symposia, and publishes monographs, academic textbooks, and scientific journals, occupying a significant position in the national arena.

An important aspect of the work of the Humanitas University, one resulting from the assumptions behind the university's social responsibility, is the continuous cooperation with the socio-economic environment, supporting entrepreneurs, local communities, non-governmental organisations, as well as local and regional governments. Teachers and managers of educational institutions are particularly important cooperation partners. The need for teachers' constant improvement of qualifications and meeting a wide range of educational needs results in their numerous participation in: cyclical conferences and workshops under the common name of 'Headmaster the Leader' (GP2); the celebration of the Brain Day – an annual educational campaign as part of the World Brain Week, organised by the Institute of Psychology and the Scientific Circle of the Institute of Psychology of the Humanitas University – which has a practical value for

psychology students (GP8); 'Creative Teachers Forum' (GP6); Innovation Forum (GP14); and 'Programming Experts' (GP5). One of the university activities concentrated around creating an educational space allowing for the education of the teaching staff and the implementation of innovative teaching methods is the development and implementation of a creative teaching aid known as the 'Humanitas Educational Mat' (GP16). It consists of a training for teachers on using the mat and developing work scenarios with this teaching aid; 'The Guide for Teachers, Therapists and Parents' facilitates the use of this tool. Cultivating good relations with the university environment also involves initiating and joining a number of scientific, pro-social, and business projects.

These examples show that, in its activities, the university conducts formal, non-formal, and informal education, as well as it promotes social responsibility in its educational programmes and research, and is actively involved in shaping relations with the socio-economic environment.

Changes in the functioning of the Humanitas University in connection with the crisis caused by the COVID-19 pandemic

By signing the Universities' Declaration of Social Responsibility, the Humanitas University has fully supported the university's mission to not only educate students for the modern economy, but also become a centre for shaping social and civic values and attitudes, as well as taking actions contributing to sustainable development. These premises have become extremely important in the context of the threats posed by the COVID-19 pandemic. The pandemic has a serious negative impact on the implementation of most of the 17 sustainable development goals, as confirmed by the latest United Nations report, namely the 'Sustainable Development Report 2020: The Sustainable Development Goals and Covid-19' (Lafortune, G. et al., 2020).

With regard to internal stakeholders (employees and students), under these exceptional circumstances, the Humanitas University took measures to ensure the health and safety of all the employees in the first place. As early as 11th March, classes based on direct contact between academic teachers and students were suspended, contact with university employees via phone or email was introduced, and university employees were required to work remotely. The implementation of the principles of the university's social responsibility during the SARS-CoV-2 pandemic proved the need for innovative solutions for educating students, enabling teaching staff and administration employees to acquire new competences in virtual communication, and undertaking initiatives for external stakeholders.

The epidemiological crisis became a generator of new challenges in educating students and university staff. The crisis situation required the introduction of new forms of university management, and the effectiveness of these changes was conditioned by the application of appropriate measures.

In the initial phase of the pandemic, the changes at the Humanitas University primarily involved making internal stakeholders (employees and students) aware of the need to modify the university's organisation and to teach classes using distance-learning methods and techniques. This solution enabled students to continue their studies and obtain credits during the semester, and allowed teaching and research staff and administration employees to continue their work. In this crisis situation, reliable communication became the key issue. In anticipation of further developments related to the spread of the SARS-CoV-2 coronavirus, extensive information activities were undertaken. Namely, all the latest information regarding safety issues and all necessary information related to the organisation of education was posted on the university's Website, its official Facebook profile, and at the Virtual University. The prolonged period of suspension of traditional classes and their

replacement with e-learning[4] lectures and courses required the students to be provided with online access to information on the availability of classes and teaching materials prepared by lecturers. Students have been provided with access to these materials for a period of several weeks, which means that each student can download and play the course at any time. Classes at the Humanitas University are conducted in real time, in accordance with the class schedule, using three tools: the ClickMeeting platform, the Moodle e-learning platform, and the Virtual University.

The success of non-standard activities in the university's practice has so far required building a strong coalition of employees for engaging in developing new solutions, owing to which a sense of co-responsibility for the functioning of the university was built in this unprecedented situation.

In this new reality, the stakeholders found themselves in a coercive situation, in which, regardless of the possibilities, competences, and willingness, the newly introduced solutions must be used by everyone, not only those who want to and can do this. One of the main challenges of efficient online education comes down to supporting academic staff in preparing and implementing classes in the virtual space. Conducting classes via the Internet requires academic teachers to change a number of behaviours, including the form of contact, the working time, and the evaluation system. The process of constant communication between a lecturer and students – as well as greater involvement in building relationships when compared with the direct-contact system (Kwasek, 2017) – also requires a special commitment. Academic teachers involved in conducting e-classes should have appropriate didactic, organisational, evaluation, and technical competences. Taking

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[4] "E-learning is the teaching-learning process performed with the use of modern information and communication technologies, where there is a feedback between the participants of the educational situation. E-learning is often referred to as: distant learning, online education, remote education, online learning" (Sołtysiak, 2016).

into account the fact that part of them did not have the required experience, knowledge, skills, and digital competences, the IT department employees at the Humanitas University conducted a number of training courses for the university employees about using dedicated platforms (ClickMeeting and Moodle) and creating and conducting e-classes. The entire training was remote and lasted six weeks. During this time, each lecturer learned the tools for creating e-courses and elements of the methodology, including developing (creating a scenario and implementing it on the platform) and managing students' learning process. The examination session in the persisting pandemic-related regime required academic teachers to acquire new competences for conducting online examinations. During the training, the principles of conducting examinations as part of distance education were also discussed. At the university, final exams are conducted with the use of IT technologies that ensure control of the verification process and registration of the achieved learning outcomes. Assistance in implementing these tasks is supported on an ongoing basis by the IT department employees (GP7). An interesting educational novelty was that students, who are often more skilled in virtual communication, shared their knowledge with lecturers, primarily those who were just starting distance learning. Owing to online didactics in the lockdown period – and due to the suspension of traditional forms of education – students can continue their education at any time, at any pace, and in any place.

Despite the physical closure of the university, its students can use the rich online research resources to which the Humanitas University Library has purchased access, including the LEGALIS Legal Information System, the Lexoteka database, the LEX Journal Reading Room, the LEX Monographs database, the EBSCO database, the IBUK Libra online reading room, and the NASBI digital library. Upon request of students, the library staff have developed a thematic list of electronic sources for diploma theses. In this crisis situation, it has also been of great importance for students to have access

to the administrative services provided online by all the university departments. Convincing employees about the need to develop this type of service engages them in collaborative efforts in order to meet the challenges related to the functioning of the university during the pandemic.

Launching an *'information emergency'* through telephone calls and emails at the student and applicant service points increased the students' confidence at the university and created a platform for dealing positively with the specific situation in which it currently operates.

As part of the identification of problems arising from the extraordinary situation related to the pandemic, this particular socially-responsible university decided to provide financial support to students who have found themselves in temporarily difficult life situations.

A great help in understanding the changes taking place at the university in the work organisation system, the emergence of doubts related to the course of studies, and obtaining credits for subjects and defending diploma theses was provided owing to the 'Frequently asked questions' link being launched on the university's Website. Replies to students' questions were made available to anyone interested. The issues raised by students were analysed and, in many cases, they led to a modification of the applied solutions.

In line with the assumptions behind social responsibility, the university has also undertaken a number of initiatives and activities for the external environment, which were closely related to the multifaceted threats caused by the COVID-19 pandemic. The consequence of the ongoing dialogue between the university and the external environment was a quick response to the emerging challenges related to the suspension of teaching activities in educational institutions. It was a huge challenge for teachers to switch from face-to-face to virtual teaching. As remote classes require new digital and methodological competences, the university organised a webinar for teachers, entitled 'School during the pandemic:

How to effectively teach remotely'[5], during which the university employees shared their knowledge and experience regarding the methodology of remote classes (GP3).

A series of free webinars entitled 'Do not isolate yourself from knowledge'[6] made it possible to transfer knowledge to the external environment (as well as to internal stakeholders). The online lectures are publicly available on the university's Website and concern topics related to both the COVID-19 pandemic (including legal regulations and crisis coping mechanisms) and general development issues, thus facilitating access to knowledge, information, and efficient use of free time. Lectures are conducted by the university employees, who are specialists in fields such as law, psychology, management, pedagogy, and national security. Webinars are held on the ClickMeeting platform and are broadcast on Facebook in real time, with the possibility of asking questions. This formula gives the recipients specific knowledge in a given area, while the creators get feedback on the direction and topic of subsequent activities. It also provides space for the exchange of views between academic staff and practitioners and enthusiasts in a given field (GP4). Due to the great interest in this form of transfer of knowledge, it is planned that these lectures will be continued in their present form even after the pandemic ends.

One of the biggest challenges of the pandemic period is the activity of healthcare institutions. Overloaded healthcare workers, who are the occupational group most exposed to infection, have to permanently cope with stress. Therefore, issues concerning various aspects of the healthcare area related to COVID-19 are reflected in the initiatives undertaken by university employees. The Humanitas University has initiated specific forms of assistance

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[5] Over 1.8 thousand persons took part in the webinar; on Facebook, in turn, the video from this lecture was displayed 16 thousand times.

[6] Over 11 thousand persons attended the lectures until July 31, 2020, which was measured on the basis of visits to the ClickMeeting platform as well as the audience numbers on Facebook.

which can be implemented in crisis conditions and are aimed at external stakeholders, thus responding to specific needs and challenges. The employees of the Institute of Psychology, in cooperation with the Krzysztof Czuma Psychiatry Centre in Katowice, have introduced an initiative titled 'Free psychological support for medical personnel'. It is designed for medical staff, their family, and the employees of the State Sanitary Inspection (Pol. *Sanepid*). Online advice is provided by experienced psychologists, psychotherapists, and, importantly, by students of psychology under the professional supervision of academics. Psychological assistance has been extended to successive groups that need this kind of support the most – the elderly, children and adolescents who are victims of domestic violence, and people who have lost their jobs or are at risk of losing them. The amount of the provided advice indicates that it is a much-needed initiative and fully fits into the characteristics of an organisation serving its environment (GP11).

The uncertainty about the course of the COVID-19 pandemic and the related threats to health and life may be a source of existential fears and anxieties that contribute to the search for new ways to deal with this difficult problem. This issue has inspired an employee of the Institute of Psychology to participate in the international research project titled 'The Coronavirus Anxiety Project'[7], which involves the study of anxiety, the phenomenon of 'coronaphobia', and their impact on the mental health and well-being of people around the world (GP10).

The university also undertakes research related to various aspects of the pandemic. The problem of medical staff's safety in facilities where COVID-19 occurs is particularly important and is of huge interest. The research project titled 'Selected Aspects of SARS-CoV-2 Epidemic Management in the Perception of Healthcare

Employees'[8] was implemented by the Institute of Management Sciences of the Humanitas University. The aim of the study was to get to know the opinions of doctors, paramedics, nurses, electroradiologists, and healthcare managers on the management of the crisis related to the SARS-CoV-2 virus outbreak as well as on the procedures for dealing with patients suspected of being infected with the coronavirus. Another objective was to find out what the levels of protecting medical personnel against the risk of the SARS-CoV-2 infection are. The research is of practical character and should contribute to the process of increasing the effectiveness and efficiency of public administration activities in the field of crisis management (GP1).

Also, great competences of the employees of the Institute of Law made it possible to transfer knowledge. Namely, they were part of the first team in Poland that was developing a commentary to the law on the so-called Anti-Crisis Shield, prepared by the government in connection with the crisis caused by the coronavirus pandemic. In cooperation with the University of Economics in Katowice, the researchers prepared a special issue of *Zeszyty Naukowe* [*Scientific Journals*] of the Humanitas Management University, titled *Changes in Managerial Activities of Companies in the Coronavirus Pandemic Era*.[9]

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[7] The research project's preprints were read and recommended by over 1,100 users from around the world.

[8] As part of the study, 467 questionnaires were returned and 11 in-depth interviews were conducted. A report was prepared which indicated the need for significant changes in the functioning of healthcare institutions connected with the crisis management process, personal protective equipment supply level, the functioning of procedures related to contact with COVID-19 patients and patients suspected of having COVID-19, and the lack of tests among medical personnel. The research book was submitted for printing. For more information, see the University's Website: https://www.humanitas.edu.pl/Aktualnosci/?id=18132/_Panstwo_o_nich_zapomnialo___Wyniki_badan_naszego_Instytutu_cytuja_media_z_calej_Polski.

[9] Its electronic version is in preparation.

Concluding remarks

The pandemic situation has generated new circumstances and conditioning for the functioning of the Humanitas University in all areas of its activity. The university authorities were faced with the necessity to implement key tasks essential for the functioning of the university under completely new conditions. Despite the unstable situation and lockdown, the university responded to these new challenges immediately. All the activities undertaken during the pandemic and enabling the university to function in this absolutely unique time were a crisis intervention, particularly in the first period. The conducted research shows that in the basic areas – education, science, organisation management, and relations with the socio-economic environment – the university performed its tasks as much as it was allowed to do so by the objective conditions. All internal stakeholders (students, academics, and administrative staff) faced the need to improve and acquire new competences, knowledge, and skills to function in the new reality. The assessment of the usefulness and methods of implementing the distance-driven didactic process – expressed in surveys conducted among the teaching staff and students – is the basis for modifying the existing solutions and the continuous improvement of the online education process.

At the same time, however, the lack of direct contact was pointed out, particularly in the area of sharing views between the lecturers and students, as well as preventing the initiation of spontaneous interactions, which significantly restricts the process of teaching and learning. It is the basis for modifying the existing solutions and continuously improving the quality of the online education process.

Needing to carry out didactic classes in a virtual form, with diversified digital competences, made it necessary to support academic teachers with a wide range of training and individual consultations. At the same time, the University had to develop digital-learning management systems and collaboration platforms that support live video communication. The management team had to undertake new activities related to managing human and financial resources. This involved, among other things, reorganising working practices (introduction of remote work), developing additional channels of communication with employees and students, minimising the negative effects of the pandemic on the academic community, and financial management. The coronavirus pandemic forced the university to improve the digital tools necessary for both teaching and implementing administrative activities. It was particularly important for departments working for students and applicants, which have switched to full online services. The emergence of new, unprecedented research areas focusing on COVID-19 issues has allowed pioneering scientific research, the effects of which are of both theoretical and practical character. Specialist knowledge and the extensive experience of researchers has enabled a massive knowledge transfer to diverse groups of external stakeholders by means of multiple forms of non-formal education.

The assessment of the University's operation in compliance with the principles of social responsibility is documented by the analysis of good practices implemented at the University. The areas covered by these good practices constitute a broad range of impact and they are connected with educational activities, scientific activities, psychological support, voluntary services, and communication and information activities. The solutions adopted in the good practices are consistent with the objectives: no. 3 (Good health and well-being), no. 4 (Quality education), no. 8 (Decent work and economic growth), no. 9 (Industry, innovation, and infrastructure), no. 13 (Climate action), and no. 16 (Peace, justice, and strong institutions).

Incorporating the principles of social responsibility into the university's operation allowed the preservation of the organisation's values in its relations within the organisation as well as with the socio-economic environment, plus it created an atmosphere of acceptance of a non-standard situation resulting from the pandemic.

The functioning of the higher education sector in times of the pandemic has revealed several problems, the resolution of which is not fully predictable. One of the most important aspects is the implementation of virtual education. The abrupt withdrawal from face-to-face learning and the transition to online learning was an *ad hoc* measure and as such is referred to as "emergency remote teaching" (Hodges et al., 2020). In the light of the lack of ability to use remote learning programmes, a lack of experience in conducting this type of teaching activities, and *ad hoc* adaptation of pedagogical methods, the issue of education quality and the assessment of learning outcomes arises. Both employees and students had to face this problem (Mishra et al., 2020). This situation temporarily required academic teachers being supported with a variety of trainings. In the longer term, in view of the likely hybrid model, it will be necessary to develop new pedagogical methods of virtual education and verification of students' knowledge.

Remote teaching requires a high level of technological advancement as well as a greater digitisation of higher education institutions, since the overall digitisation level in institutions is insufficient (Yesner, 2020; Sherwood, 2021; UNESCO IESALC, 2020). The experiences from the first period of the pandemic show that higher education institutions must accelerate the digital transformation fundamentally, increasing flexibility in education and reacting to major crises in a rapid manner (Sa & Serpa, 2020; Gallagher & Palmer, 2020). The weight and directions of changes resulting from the COVID-19 crisis, during which digital technologies came to be used on an unprecedented scale in education and training, as well as the need to adapt education and training systems to the digital era, are both recorded in the European Commission's document entitled *Digital Education Action Plan 2021–2027* (European Commission, 2020).

The fundamental problem of the functioning of universities in times of the pandemic and after it ends concerns financial matters. Research conducted by the EUA Public Funding Observatory (PFO) prognosticates short- and long-term effects of the coronavirus pandemic, indicating that all sources of income of higher education institutions (tuition fees, public funding) will be somehow impacted by the crisis (Estermann et al., 2020; Smalley, 2020). The financial deficits that universities around the world are struggling with might mean that some of them, especially the smaller ones, will have to close permanently (Witze, 2020).

The challenge for the development of higher education in the context of internationalisation is the issue of student mobility. The question arises as to what form it should take during the physical closure of universities and campuses, and as to the whole university infrastructure and virtual education implementation. In a report published at the end of May 2020, the network of the Coimbra Group universities confirmed that 70% of its mobile students were able to continue their mobility virtually, although it is difficult to determine whether it took place from their host country or their country of origin (Coimbra Group Report, 2020; EUA Briefing, 2020).

Within the context of universities' social responsibility, ensuring the health and safety of internal stakeholders is of particular importance. Factors such as the physical distance between the stakeholders causing gaps in communication and cooperation, the decline of a sense of academic community, work overload, as well as psychological pressure can all have a negative effect on students and employees alike (Klimowicz, 2020; Sahu, 2020).

The underlying question remains as to the direction in which socially-responsible universities should go. Doubtlessly, they must be based on the fundamental values: democracy, human rights, and the rule of law, as well as social justice, integration, and equality for all. They should implement the principles of academic freedom, institutional autonomy, and the involvement of students, lecturers, and all employees, and be an important creator of activities for the common good (Harkavy et al., 2020).

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Stakeholder Analysis in the Context of Healthcare Entity Managers' Activities in a Crisis Situation: A Case Study

Abstract

Objectives: The aim of the article is to present the role of the public manager in crisis management based on the analysis of stakeholders of a selected hospital.

Research Design & Methods: Based on the adopted research methodology, an analysis of stakeholders in a selected health care unit was performed. The study used a hospital stakeholder analysis methodology in the context of managing an emergency resulting from the coronavirus pandemic.

Findings: The need for a flexible approach on the part of the public manager requires a proper identification of the interests of stakeholder groups as well as the establishment of good communication. In a crisis situation, this approach is particularly important.

Implications / Recommendations: On this basis, recommendations were formulated with regard to both theoretical and practical aspects of the research problem. The role of hospital stakeholders in managing a crisis situation is indicated.

Contribution / Value Added: Managing a crisis situation in the context of the coronavirus pandemic is a significant challenge for managers of health care units. In the future, the presented research area can be continued, among other retrospective studies.

Keywords: crisis situation, stakeholder analysis, hospital

Article classification: research article

JEL classification: I18; I19; L32

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Introduction

The management of a public entity, such as a public healthcare entity, in the context of dealing with the situation resulting from the coronavirus pandemic takes on a new dimension and becomes a significant challenge. In the context of management processes, the role of a professionally-competent manager (director) of a healthcare entity seems to be the most important aspect in a crisis situation. The main goal of the manager's activities is to ensure the continuity of the entity's operations in a sustainable manner, along with the implementation of tasks entrusted by authorities supervising and correcting the shape of the healthcare system at the local and regional levels on an ongoing basis. The implementation of these tasks requires building suitable relations with stakeholders and carrying out appropriate analyses to this effect.

The aim of this article is to present selected theoretical aspects of crisis management, including stakeholder analysis from the perspective of a public manager. The empirical objective of the article is to analyse the stakeholders in the context of crisis management in a selected healthcare unit. Based on the theoretical considerations, this paper presents a case study of a stakeholder analysis from the perspective of the director of a regional hospital, who is directly involved in the implementation of crisis management measures of the coronavirus pandemic. The presented analysis allowed the authors to look at management processes from the perspective of the multitude of goals of various groups of the hospital's stakeholders, making it possible to formulate recommendations that are of practical character above all.

Public manager – characteristics

Managers of public organisations are managers of various types of executive levels, whose primary task is effective and economic – i.e. efficient – management of organisations providing high-quality public services in a broad sense. Those managers follow the criteria of political rationality, taking into account economic rationality directly resulting from the market situation (Kożuch, 2004). In the academic literature, a public entrepreneur is defined as a legitimately-elected official, a manager of a non-profit organisation, or a citizen, who is perceived by aids as the one who plays a significant role in developing and implementing innovative changes in a public sector entity (Mack, Greek, & Vedlitz, 2008).

However, there is a doubt as to to what extent a manager of a public sector entity is independent as an 'entrepreneur,' and to what extent he/she is merely an official whose workflow results from strictly defined administrative norms. Among the desirable characteristics, attitudes, and skills of managerial staff promoting success in innovative activities and creating entrepreneurial behaviour among employees, the following are indicated: effective communication (Canel & Luoma-aho, 2018), a proactive attitude consisting in constant readiness to change (Olafsen, Nilsen, Smedsrud, & Kamaric, 2020), the ability to form coalitions and gain supporters (Béland & Cox, 2016), the ability to continuously learn new behaviours, technologies, and modes of action (Jasiński, 2006), perceiving one's organisation as a set of resources and skills that must be utilised to meet customer needs (Fernandez & Rainey, 2006), shaping and developing customer-oriented thinking abilities in oneself and in subordinates, proposing new products guided by intuition and not only the results of analyses (Fountain, 2001), as well as accepting interactive partnership management (Baruk, 2005).

At the same time, for the public sector manager to be able to undertake entrepreneurial activities, he/she should: have appropriate competences and be responsible for the implementation of specific projects, have a significant degree of autonomy in decision-making and be assessed on the basis of the results achieved in accordance with the established assessment criteria, be accountable to a specific social body, as well as be able to act freely with regard to utilising both human and material resources (Kraśnicka, 2002).

In a healthcare entity setting, the role of the manager is not straightforward, and the frequently adapted management style strongly depends on the current financial situation of the entity as well as the conditions dictated by the payer (NHF). It seems, however, that shaping the appropriate organisational culture is a key element of the change management process in a healthcare entity (Laukka, Huhtakangas, Heponiemi, & Kanste, 2020).

In this context, the public manager may appear as a public entrepreneur. Ramamurti (1986) was one of the first researchers to recognise the differences in characteristics and skills between public and private entrepreneurs based on the concept of 'public entrepreneur.' He stated that some elements of entrepreneurship in the private sector would be inappropriate for the public sector. In particular, entrepreneurs from the public sector do not have to realise profits and participate in high-risk investments or creating new enterprises. In his opinion, a 'public entrepreneur' is a person who undertakes or initiates intentional and active measures aimed at maintaining or developing a public organisation. He presented the leaders in the field of innovation in the public sector and diagnosed how they were able to overcome limitations, using their own personality and competence predispositions. The most important feature is the 'Getting Things Done' political skill in the public sector environment, which comes down to bringing matters to fruition.

Cornwall and Perlman (1990) took a similar perspective to that of Ramamurti's (1986). They observed that entrepreneurship in the public sector must incorporate special 'tactics' to overcome the existing barriers in the public sector. They identified the following barriers and their consequences: a multiplicity and ambiguity of goals that disrupt management; a limited managerial autonomy with a high potential for interference by the political environment, which might discourage innovation; an observation of management activities by the public, resulting in cautious management behaviours; incentives-free reward systems that discourage risk-taking; terms of office which discourage some power-holders from acting in a strategic perspective, especially when undertaking forbearance measures; and restrictive personnel policy that reduces the ability of leaders to motivate subordinates.

By contrast, Boyett (1996) focused on identifying the activities of managers in the public education and healthcare sector in the United Kingdom. She argued that public-sector entrepreneurs might differ from those in the private sector. The public sector entrepreneurs' main task is to build a system of incentives for teamwork in the public interest and to promote an organisational state in which the commitment of each employee matters. At the same time, the entrepreneurs themselves are to have self-esteem, internal motivation, and the awareness of shaping their professional careers.

Actions to stimulate entrepreneurship in the public sector were supported by the proposal to strengthen the competences of public managers. For example, Linden (2003) proposed an operational programme for public-sector managers to promote strategic thinking and action, both of which are to lead to the need for change, to introduce structural changes to strengthen and validate new methods, and to deal with risk, including the use of political skills. The development of interest in entrepreneurship in the public sector is related to the development of the concept of 'new public management' (Lane, 2000), according to which public sector organisations are to begin to show an entrepreneurial mindset. The fact that each facet related to the emergence of entrepreneurship in the private sector differs from that in the public sector is also accounted for. These factors cannot be transferred directly to public organisations. Entrepreneurship in the public sector differs from business activities *sensu stricto*. Entrepreneurship in the public sector is understood as a means of reducing ineffectiveness and a lack of freedom through better management and through creating favourable conditions for taking advantage of opportunities for success.

In addition to the formal requirements, there are actual skills and competences of managers

of medical facilities, both in the administrative and clinical spheres. These include: strategic skills that translate into the ability to set key objectives based on understanding the processes taking place inside and outside the organisation, task competences allowing the determination of the best approach to achieve the complex goals of a medical facility with the utilisation of available resources, the ability to cooperate with people, which is necessary for teamwork to achieve goals, and the ability to self-control that allows for taking on responsibility for one's own conduct at work and outside of it. One of the biggest challenges of the managerial staff running medical facilities – along with unstable funding conditions for medical services under unlimited demand for medical services – is clearly about the management of human resources, i.e. the professionals working in medical professions (Manuszak, 2019). Furthermore, experts highlight leadership skills among the skills particularly useful in managing medical facilities (Frączkiewicz-Wronka & Austen-Tynda, 2009).

Moreover, the public value concept is currently of utmost importance. This notion is based on the assumption that the role of administration is not only to provide citizens with the necessary services, but also to actively shape the public sphere by animating the processes of defining goals to be achieved as well as creatively seeking optimal ways to utilise available resources. It is not enough to adhere to the adopted business pragmatics and be sensitive to the needs of stakeholders; the new role of the public manager also implies a creative search for opportunities to multiply public value (Szczupaczyński, 2016).

Currently, it seems important for a public manager to have crisis management skills (Trachsler & Jong, 2020), as stakeholder analysis shows (Van der Wal, 2020).

Management in a crisis situation in a public healthcare entity

Public crisis management plays a fundamental role in resolving – under time pressure – crisis situations which involve risks and security threats. It consists in counteracting threats, preparing for what comes in the event of their occurrence, and maintaining or restoring the state of stabilisation. The purpose of public crisis management is to minimise potential threats and carry out efficient and effective actions in the event of their occurrence. To a large extent, this efficiency and effectiveness depends on the skills, competences, and knowledge of the people managing the activities. Public crisis management is also to ensure rationality in taking actions and managing resources, i.e. enabling their selection and allocation in such a way as to ensure the maximisation of effects. The essence of public crisis management is the formulation of action goals as well as planning, acquiring, and organising resources (human and material), and command and control, all of which are the basic management functions (Kisilowski, 2019). The awareness of the existence of risk in various crisis situations is a condition for the effectiveness of the decisions made. Risk means the possibility of a phenomenon or a project, whose outcome is unknown. It is impossible to eliminate the risk completely. However, risk management gives the opportunity to overcome difficulties in a rational way, to draw conclusions, and to improve performance (Kisilowski, 2019).

Despite the diversity, ambiguity, and equivocality of the interpretation of crisis phenomena in an organisation, their common characteristics can be indicated, namely: a permanently disturbed activity of the organisation; the actual or apparent loss of control over its activities; an internal imbalance of the organisation; a threat to the existence of the organisation or its part (functions); a deterioration of the financial condition over the organisation; a limitation of its development possibilities; a threat to the achievement of the company's strategic goals; an ambivalence of development and remedy opportunities; the possibility of violating or losing public confidence and internal faith in the organisation, which worsens its image; short decision-making time; high degree of uncertainty, causing concerns and fear among employees;

low predictability, i.e. an element of surprise (Zakrzewska-Bielawska, 2008).

The public manager's reaction under a crisis situation is to take appropriate management actions. Anti-crisis management is a process in which the threat of a crisis is predicted, its symptoms are analysed, and measures limiting the negative consequences of a crisis are implemented. In consequence, crisis factors are used to continue the development process. The anti-crisis

management system should make it possible to prevent and effectively overcome the crisis. However, its essence is not only to anticipate and eliminate a crisis. It is also triggering, accelerating, eliminating, anticipating, limiting, directing, analysing, implementing, and assessing a crisis situation. On this basis, it is possible to characterise a number of activities that should be included in anti-crisis management. The first one is prevention, i.e. all measures that allow one

Table 1. Areas of medical facility management in a crisis situation

Area	Scope
Organisation and management	– defining the conditions and how to activate the crisis management plan; – establishing the coordination rules and appointing persons responsible for individual activities; – indicating who, when, and how carries out the movement of patients; – establishing rules for the movement of personnel within the facility; – streamlining contact with medical services providing assistance at the pre-hospital stage; – locating patients in need of emergency medical assistance;
Human Resources	– ensuring the availability of personnel, especially those most familiar with the functioning of the hospital in a crisis situation; – designing the so-called task forces divided into management, logistics, and medical assistance; – replenishing human resources – medical students, volunteers or retired specialists joining the hospital team; – providing facility employees with the fullest possible protection against the pandemic virus infection;
The process of providing healthcare services	– medically segregating patients according to the priority of providing assistance; – determining diagnosis and treatment algorithms, optimising the utilisation of available resources; – relieving facilities by providing medical assistance at the patient's place of stay; – keeping accurate patient records; – communicating with patients' families; – maintaining quality standards and the availability of provided medical assistance; – increasing the capacity of facilities to receive a growing number of patients; – providing psychological support, both for patients and staff; – minimising the risk of hospital-acquired infections;
Available resource utilisation	– securing financial reserves necessary to cover unexpected expenditure; – planning flexible use of hospital facilities; – planning and day-to-day alignment of the supply of medical and non-medical resources (e.g. water, food, communication equipment, etc.) in order to satisfy the growing needs of patients; – maintaining the continuity in the hospital operation; – protecting the hospital staff and environment against various consequences of widespread panic; – establishing procedures for dealing with the deceased; – proper cleaning, disinfection and waste management in order to reduce hospital-acquired infections.

Source: Religioni, Czerw, Walewska-Zielecka, & Augustynowicz, 2014, pp. 187–188.

to avoid the crisis. The organisation's managers analyse all warning signals before a crisis situation occurs. The next step is to prepare for the crisis by creating an action plan, assessing the threat, and appointing a team responsible for anti-crisis management. The next stage is the implementation of anti-crisis measures, where individual parts of the implemented plan should be monitored on an ongoing basis to eliminate any procedural errors. The final step is to assess the response to the crisis, which allows the organisation to gather knowledge, and this information can be used in the future to combat subsequent crises. All these stages contribute to a certain cycle, owing to which it is possible to analyse a crisis situation effectively and select appropriate tools to deal with it (Strzemecki, 2015).

An important goal of proper organisation of medical care in a pandemic situation is to ensure control over expenditure and prevent the misuse of financial, technical, and human resources. To achieve this goal, a key role is played by the principle of grading the utilisation of available forces and resources, which means the use of previously prepared resources only after exhausting the possibilities of the healthcare sector as well as the medical and sanitary-epidemiological services that operate on a day-to-day basis (Religioni, Czerw, & Walewska-Zielecka, 2014). The management literature and practice often refers to influenza pandemic situations, which might, to some extent, be utilised for the coronavirus situation. Table 1 presents four basic areas of operation of each medical facility: organisation and management, human resources, the process of providing health services, and the utilisation of available resources in the context of crisis management.

The above-mentioned activities refer to various groups of stakeholders, the involvement of which – in the form of appropriate relations built with them by the manager of the medical entity – is of strategic importance for the effectiveness of anti-crisis management.

Analysis of stakeholders in a crisis situation

The usefulness of stakeholder analysis in a crisis situation has been acknowledged for many years (van der Meer, Verhoeven, Beentjes, & Vliegenthart, 2017; Kapucu & Ustun, 2018; Wood, Mitchell, Agle, & Bryan, 2021). In the context of COVID-19, this analysis has taken on particular importance (Schomaker & Bauer, 2020).

When considering the stakeholders, it should be borne in mind that an organisation strives for an appropriate level of legitimacy towards them, also while accounting for crisis situations. Furthermore, the influence of stakeholders might be synergistic for the functioning of the organisation, but also dyssynergic, i.e. caused, e.g., by an obvious conflict of interest. The emergence of sudden impulses in the organisation's environment might prompt an incidental/entrepreneurial approach to stakeholders (Chodyński, 2016).

In view of possible threats, it is worth referring to the literature related to the analysis of stakeholders. The organisation should prepare for a crisis by assuming variable and overlapping stakeholder roles. When creating a map of relations with stakeholders, it should be indicated which of them operate simultaneously, e.g., employees and activists of the local community, or employees and members of non-governmental organisations of some significance to security. A stakeholder analysis procedure can be useful. It consists of identifying the stakeholders (selecting stakeholders, determining the hierarchy of their importance), clarifying the stakeholder–organisation relationship (based on stakeholder expectations), and preparing conclusions (Chodyński, 2016).

Research methods

Stakeholder analysis is the systematic collection and analysis of quantitative and qualitative data for the purpose of determining whose benefits should be a decisive criterion when designing or implementing activities. This method is based on

the identification and assessment of people, social groups, or institutions that are key to the project and that bear an influence on the success. The characteristics of the stakeholders subject to analysis are, above all: their knowledge about the project, benefits for particular stakeholder groups, support or lack of support for the project, alliances between stakeholder groups, as well as the ability to influence the project implementation process. In the classic approach to stakeholder analysis, the following stages can be distinguished:

- identifying stakeholders and creating the list;
- analysing the benefits and interests of the project for the stakeholders;
- assessing the influence and importance of stakeholders;
- combining influence and importance in a matrix system;
- identifying stakeholder risk;
- identifying proper stakeholder involvement (Frączkiewicz-Wronka & Austen-Tynda, 2009).

Notably, the possibilities of the purposeful shaping of relations with stakeholders are very limited, posing new challenges for those responsible for this area of public organisation management (Ćwiklicki, 2011). The presented method of stakeholder analysis was used in the analysis of the selected hospital case. One of the authors of the article is the director of the unit and as much carried out a retrospective analysis on the basis of his own observations[1].

The characteristics of the entity

The Province Specialist Hospital is a highly specialised healthcare facility. It has a well-equipped diagnostic and therapeutic base, available both in hospital wards and in specialist clinics, such as the Medical Imaging Department and other diagnostic laboratories (the hospital structure includes Magnetic Resonance, Computed Tomography, and Vascular Examination laboratories). Currently, the structure includes 18 hospital wards, a number of specialist clinics, and activities in the field of primary health care as well as night-and-bank-holiday health care.

The functioning of the Province Specialist Hospital during the SARS-CoV-2 pandemic

In mid-March 2020, the Ministry of Health compiled a list of hospitals dedicated to treating patients with COVID-19. The Province Specialist Hospital was not classified as a COVID-19-dedicated centre, but due to the dynamic epidemiological situation in the region and a large percentage of sick residents, it still struggles with many problems during the pandemic. Providing appropriate medical care in the current epidemiological situation is becoming a big challenge for medical personnel, management, founding bodies, and state bodies alike. In the face of the SARS-CoV-2 threat, meeting all the statutory goals of the hospital is difficult to achieve, and adequate preventive healthcare and employee protection are both necessary to ensure the continuity of the services provided. The balance between maintaining financial liquidity, the fulfilment of obligations related to the National Health Fund, the compliance with all the contracts with contractors, and the guarantee of full infection control – which, in turn, translates into ensuring the safety of staff and the continuation of the entity's operations – are all becoming the priority of the Head of the Hospital.

The new task that the management is facing is the acquisition of funds for the purchase of personal protective measures and equipment. An additional difficulty is the fact that materials are not available on the Polish and foreign markets. A novelty is training staff on the current epidemiological situation of COVID-19 in the country and in the world, known risk factors for infection, clinical symptoms, and recommended preventive measures. Creating new procedures – including the proper performance

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[1] Stakeholder analysis was created as a project within the 'Management in Health Care' postgraduate studies conducted at the University of Economics in Katowice.

of triage, limiting contact with people with symptoms of SARS-CoV-2 infection, the possibility of isolating them, conducting a medical interview, examining the patient and applying a medical procedure adequate to the clinical condition, and collecting virus genetic material with the use of appropriate personal protective equipment – have all become the norm in everyday hospital work. It should be emphasised that these procedures are changeable and are being constantly improved to ensure the highest level of security. Due to technical reasons and housing possibilities, one of the most difficult challenges is the designation of isolation places for patients with suspected SARS-CoV-2 infection, as well as for people presenting for elective procedures. There is also the matter of transport and transfer of patients with confirmed infection to one of the COVID-19-dedicated hospitals.

One cannot forget about the enormous influence of the external environment – from legislative bodies led by the government and local authorities, including the founding body, through local politicians who influence the shape of the healthcare policy in the region, to the local community which is the direct recipient of the provided medical services.

Stakeholders analysis of the Province Specialist Hospital

The main goal of the project is to ensure appropriate conditions and implement procedures related to counteracting the coronavirus pandemic. As part of the project, one can indicate a number of tasks necessary for its implementation:

1. Obtaining funds for the purchase of personal protective equipment;
2. Purchasing personal protective equipment;
3. Personnel training in the prevention of infections, use of personal protective equipment, compliance with procedures for dealing with a patient suspected of being infected with or suffering from COVID-19;
4. Developing segregation, isolation, and examination procedures, and further management of a patient suspected of being infected with SARS-CoV-2;
5. Developing procedures for isolating patients in wards, and in the event of a positive result – the procedure for transferring patients to a COVID-19-dedicated centre;
6. Developing procedures for taking swabs in order to conduct diagnostics as well as selecting and defining the principles of cooperation with the laboratory carrying out the tests;
7. Ensuring that employees are tested for contact with the patient, designating alternative places of residence to isolate them from the immediate family;
8. Designating separate areas for hospital staff to minimise contact with potentially infected people;
9. Proper disinfection of facilities and equipment to break the virus transmission chain, as well as sterilisation of personal protective equipment for reuse;
10. A social campaign aimed at raising awareness and promoting knowledge about the SARS-CoV-2 virus among the local community to ensure that patients coming to the hospital apply all safety standards, which will protect both the patients and the staff of the entity;
11. Compliance with legal acts issued by the Ministry of Health as well as the founding body;
12. Compliance with the current standards of treatment announced by scientific societies as well as province and national consultants.

In line with the methodology introduced in the theoretical chapter, a list of stakeholders involved in the project implementation is presented at a later stage. In addition, a list of the main tasks and interests of individual stakeholder groups is provided.

The influence and importance of stakeholders as well as their risks were assessed in the next stage of the stakeholder analysis. The summary of the analysis is presented in the table below.

Table 2. Summary of tasks and interests of stakeholder groups

1. Physicians

Tasks	Provision of health services; active participation in promoting the prevention of SARS-CoV-2 infections; participation in training courses aimed at the proper use of personal protective equipment; compliance with the procedures for dealing with a patient suspected of being infected with or suffering from COVID-19, segregation, isolation and examination procedures, and further treatment of a patient suspected of being infected with SARS-CoV-2; taking swabs for genetic testing for SARS-CoV-2 infection; complying with all procedures aimed at reducing the SARS-CoV-2 virus transmission.
Interest	Safety in the workplace

2. Physicians Managing Wards

Tasks	Provision of health services; close cooperation with the hospital administration, including the Quality Department and the Infection Department, in order to jointly develop procedures for dealing with a patient suspected of being infected with or suffering from COVID-19, procedures for segregation, isolation and testing, and further management of a patient suspected of having SARS-CoV-2 infection; enforcing compliance with procedures for dealing with a patient suspected of being infected with or suffering from COVID-19, segregation, isolation and examination procedures, and further treatment of a patient suspected of having the SARS-CoV-2 infection.
Interest	Maintaining the continuity of the ward's operation and fulfilment of the contract with the payer and care for the financial result of the unit run by the physician while ensuring the highest standards of medical care.

3. Nurses

Tasks	Care for patients with suspected SARS-CoV-2; active participation in promoting the prevention of SARS-CoV-2 infections; participation in training courses aimed at the proper use of personal protective equipment.
Interest	Safety in the workplace. This group shows great interest in the project, the implementation of which translates directly into their work.

4. Administration

Tasks	Participation in all tasks necessary for the implementation of the project.
Interest	Fulfilling the hospital's mission and obligations; maintaining the financial liquidity of the entity; safety in the workplace.

5. Hospital-acquired Infection Control Team

Tasks	The monitoring and recording of hospital-acquired infections; fighting epidemic outbreaks of hospital-acquired infections; implementation of the hospital-acquired infection control programme and reporting to the members of the committee and hospital administrators.
Interest	Development of appropriate procedures while adhering to guidelines in order to prevent viral transmission and reduce the possibility of hospital-acquired infections.

6. Hospital pharmacy

Tasks	Collecting orders from individual hospital units for personal protective equipment; ordering directly from warehouses and wholesalers; receipt of equipment, its record, and deployment to individual units.
Interest	Prior collection of orders for personal protective equipment from individual hospital units to ensure an adequate quantity of materials for wards in a continuous way.

7. Laboratory

Tasks	Performing genetic tests for the SARS-CoV-2 infection.
Interest	It is in the interest of the laboratory to properly train employees, have quality certificates, as well as have good quality equipment and reagents.

8. Transport Department

Tasks	Qualified patient transport.
Interest	Safety in the workplace.

Table 2 – continued

9. Cleaning company	

Tasks   Cleaning of individual hospital units; observing the procedures for segregating used materials, cleaning and disinfecting usable surfaces and patient rooms.

Interest   Financial benefits of additional disinfection services while maintaining safety in the workplace.

10. Central Sterile Supply Department

Tasks   Proper disinfection of facilities and equipment to break the virus transmission chain; sterilisation of personal protective equipment for reuse.

Interest   An adequate financing and acquisition of new sterilisation devices as well as additional training for employees to ensure proper disinfection of both the equipment and hospital facilities in accordance with the canons of knowledge and with the use of technical innovations.

11. Minister of Health

Tasks   Setting standards of treatment during the pandemic – REGULATION OF THE MINISTER OF HEALTH of 20 March, 2020, on the declaration of an epidemic in the territory of the Republic of Poland; determining how public sector entities are financed to combat and prevent COVID-19.

Interest   Conducting a health protection policy; ensuring the health security of citizens.

12. Marshal of the Silesian Province

Tasks   Maintaining the continuity of the hospital's operation in order to provide medical care in the region; purchasing medical equipment and personal protective equipment.

Interest   Maintaining the continuity of medical services in the region.

13. Silesian Province Office

Tasks   Organising healthcare in the Silesian Province; obtaining funds to fight the COVID-19 pandemic.

Interest   Good organisation of healthcare in the Silesian Province.

14. Local government units

Tasks   Health safety of the inhabitants; obtaining funds to fight the COVID-19 pandemic.

Interest   Health safety of the inhabitants.

15. Local Politicians

Tasks   Health safety of the inhabitants; obtaining funds to fight the COVID-19 pandemic; organising social campaigns.

Interest   Activities for the local community.

16. Local community

Tasks   Complying with all the procedures aimed at reducing the SARS-CoV-2 virus transmission.

Interest   Maintaining the continuity of hospital operations.

17. Silesian Branch of the National Health Fund

Tasks   Providing health services; taking proper care of the implementation of the NHF financial plan.

Interest   Providing health services for the region's inhabitants.

18. Material Reserves Agency

Tasks   Maintaining strategic reserves, including their storage, replacement or substitution, as well as the maintenance of stored strategic reserves.

Interest   Maintaining a proper quantity of strategic reserves.

19. Manufacturers of protective equipment

Tasks   Production and sales of personal protective equipment.

Interest   Economic benefit related to the production and sales of personal protective equipment.

Table 2 – continued

20. Chief Sanitary Inspectorate	
Tasks	Developing segregation, isolation, and examination procedures, and further treating a patient suspected of being infected with SARS-CoV-2; creating procedures for isolating patients in wards and – in the event of a positive result – the procedure for transferring patients to a COVID-19-dedicated centre.
Interest	Limiting the effects of the pandemic by creating appropriate procedures.
21. Scientific Societies, National and Province Consultants	
Tasks	Developing treatment procedures and recommendations as well as participating in their implementation during the SARS-CoV-2 pandemic; creating – and participating in – information campaigns.
Interest	Developing procedures and guidelines for dealing with the pandemic.
22. Donors	
Tasks	Donating funds or purchasing personal protective equipment.
Interest	They are characterised by selflessness and a generally humanitarian attitude, i.e. one full of understanding and kindness towards other people.
23. Local media	
Tasks	Participating in a social campaign to raise the awareness and spread the knowledge about the SARS-CoV-2 virus.
Interest	Reaching the recipient by increasing the coverage.

Source: own elaboration.

Table 3. Stakeholder influence, importance and risk

Stakeholders	Influence	Importance	Risk level
	1= negligible / no influence 2= low influence 3= moderate influence 4= profound influence 5= very influential player	1= little / unimportant 2= not very important 3= moderately important 4= very important 5= influential player	– 0 + '-' small risk; '–' big risk; 0 – no data
1. Physicians	4	5	++
2. Physicians Managing Wards	4	5	++
3. Nurses	3	5	++
4. Administration	5	5	-
5. Hospital-acquired Infection Control Team	5	5	++
6. Hospital pharmacy	3	2	+
7. Laboratory	3	3	+
8. Transport Department	3	5	-
9. Cleaning company	4	5	-
10. Central Sterile Supply Department	4	5	-
11. Minister of Health	2	3	-
12. Marshal of the Silesian Province	2	3	-
13. Silesian Province Office	5	5	++

Table 3 – continued

Stakeholders	Influence	Importance	Risk level
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14. Local government units	3	4	-
15. Local Politicians	3	4	-
16. Local community	3	4	+
17. Silesian branch of the NHF	2	3	-
18. Material Reserves Agency	4	4	++
19. Manufacturers of protective equipment	3	3	++
20. Chief Sanitary Inspectorate	4	4	+
21. Scientific Societies, National and Province Consultants	4	2	-
22. Donors	4	4	++
23. Local media	4	1	-

Source: own elaboration.

Based on the matrix system that takes into account the influence and importance, these groups of stakeholders should be divided into:

1. **A strategically important group with great influence and a high level of importance for success** – good communication and close cooperation with these stakeholders is key, and maintaining good relations becomes a priority task. This group includes: Physicians, Ward Managing Physicians, Nurses, Administration, Hospital-acquired Infection Control Team, Transport Department, Cleaning company, Central Sterile Supply Department, Silesian Province Office, Local government units, Local politicians, Local community, Material Reserves Agency, Manufacturers of protective equipment, Chief Sanitary Inspectorate, Donors.

2. **A group of great importance but little influence** – they will require the implementation of a cooperation strategy and separate communication channels. These include: Laboratory, Minister of Health, and Marshal of the Silesian Province.

3. **A group with a profound influence but little importance for the implementation of the project** – they can have a negative influence on the implementation of the project. Therefore, the strategy of cooperation with these stakeholders must be well-thought-out and the relations should be well-balanced. The members of this group include: Hospital Pharmacy, Scientific Societies and Consultants, Local Media.

The last stage of the stakeholder analysis comprises the assessment of the communication strategy and identifies the appropriate stakeholder involvement. However, due to the limitations related to the size of the study, only conclusions resulting from these stages will be presented below.

The listed stakeholders have the greatest influence on the project performance. Their reactions to actions taken by organisations can directly translate into cooperation. The balance between

Table 4. Assessment of the communication strategies of stakeholder groups

Stakeholders	Communication strategy assessment
1. Physicians	The main form of communication will be the use of official information channels, mainly via electronic correspondence as well as updated messages on the hospital's Website.
2. Physicians Managing Wards	Information will be provided during formal meetings – which in times of the pandemic have become a teleconference – and informal meetings with individual Managing Physicians.
3. Nurses	The main form of communication will be the use of official information channels, mainly via electronic correspondence as well as updated messages on the hospital's Website.
4. Administration	Both formal and informal meetings should be reduced in favour of teleconferences, telephone, and email contacts.
5. Hospital-acquired Infection Control Team	The predominant form will be formal meetings – although there are also informal ones – using all available information channels, teleconferences, telephone calls, and e-mails.
6. Hospital pharmacy	Formal communication via telephone calls and e-mail predominates.
7. Laboratory	Formal communication via telephone calls and e-mail predominates.
8. Transport Department	Formal communication via telephone calls and e-mail predominates.
9. Cleaning company	Formal communication via e-mail predominates.
10. Central Sterile Supply Department	Formal communication via e-mail predominates.
11. Minister of Health	Formal communication via e-mail predominates.
12. Marshal of the Silesian Province	Formal communication via e-mail predominates.
13. Silesian Province Office	The predominant form will be formal meetings via all the available information channels, mainly teleconferences, telephone calls, and e-mails, with a limited possibility of direct contact.
14. Local government units	As in the previous stakeholder groups, the predominant form will be formal meetings in the form of teleconferences, telephone calls, and e-mails, with a limited possibility of direct contact.
15. Local Politicians	The predominant form will be informal meetings, which might be difficult in the current pandemic situation.
16. Local community	News is disseminated through the local press and social media.
17. Silesian branch of the NHF	Formal communication via e-mail predominates.
18. Material Reserves Agency	Formal communication via e-mail predominates.
19. Manufacturers of protective equipment	Formal communication via e-mail predominates.
20. Chief Sanitary Inspectorate	Formal communication via e-mail and telephone calls predominates.
21. Scientific Societies, National and Province Consultants	Formal communication via the media and the Internet predominates.
22. Donors	Informal communication through meetings predominates.
23. Local media	Information is provided during official meetings, press briefings as well as through publications and press releases posted on the entity's Website.

Source: own elaboration.

the efforts of these groups to achieve their personal goals and their involvement in the implementation of the project can be difficult. One should strive to build a 'support coalition' by entrusting stakeholders with tasks aimed at planning and implementing the plan. Appropriate communication and individual approach will contribute to the creation of groups supporting stakeholders and aimed at success. This will allow for building a team focused on the implementation of the assumed project.

Concluding remarks

Owing to the use of stakeholder analysis, one can get familiarised with the closest environment in which the surveyed organisation operates. By means of appropriately identifying persons and groups of entities cooperating with a given unit, defining their mutual influences and dependencies, creating appropriate communication channels, as well as identifying key partners and determining their involvement, a crisis response strategy can be built. New tasks related to the pandemic are difficult and constitute a profound challenge for all the participants of the healthcare system. In the era of global threats, it is necessary to fight the effects of the SARS-CoV-2 infection, and the efficiency of medical institutions, the creation of appropriate procedures, and having a proper quantity of equipment, medicines, and personal protective equipment as well as qualified personnel will all significantly affect its result.

The development of a plan securing hospital employees is key to maintaining the continuity of the services provided by a given entity. Unfortunately, numerous inconveniences related to the planning, implementation, and enforcement of project assumptions can raise objections from various stakeholder groups, which will considerably translate into its final result. The appropriate level of funding and obtaining alternative sources can contribute substantially to the completion of the project while maintaining a stable financial situation of the entity. The implementation of all points of the programme is difficult and burdened with high risk. Furthermore, the need for a flexible approach on the part of the public manager requires proper recognition of the interests of the concerned groups as well as the creation of good communication, which, in consequence, will directly affect the end financial and non-financial result.

The presented case study is an example of the use of stakeholder analysis during the management of the coronavirus pandemic crisis. Obviously, the choice of one specific case is a limitation of the undertaken research, but at the same time it can provide inspiration for further studies in this area. These could include comparative analyses, evaluations obtained from individual stakeholders, and multi-annual analyses.

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Michał Głuszak, Stanisław Belniak

The COVID-19 Pandemic and Housing Markets in Selected European Countries: Lessons Learnt and Policy Implications

Abstract

Objectives: The impact of the COVID-19 pandemic has serious economic and social consequences – global, regional, and local. The overall goal of the paper is to investigate the dynamics of housing markets in selected European countries during the first phase of the COVID-19 pandemic.

Research Design & Methods: We evaluate housing indicators in three European countries: Spain, Italy, and the UK. We explore house prices and other housing market indicators, such as transaction volume or rents. The paper also discusses major policy concerns regarding the effects of COVID-19 on housing welfare and urban transformations.

Findings: We found out that the COVID-19 pandemic had a strong impact on housing transaction volume and housing preferences. We observed a transitionary house price decrease in the UK, but no significant effect was detected in Italy and Spain.

Implications / Recommendations: Due to concerns related to housing affordability and overwhelming housing costs, housing policy should target vulnerable group of tenants and property owners.

Contribution / Value Added: Despite some obvious transmission mechanisms, the effects of the pandemic on the real estate sector have not been investigated comprehensively in the real-estate, housing, or urban literature to date. This paper aims to fill this gap by discussing the consequences of the pandemic on the housing sector in Europe.

Keywords: housing market, housing policy, COVID-19, Europe, Spain, Italy, the UK

Article classification: report, discussion paper

JEL classification: I15; R21; R31; R38

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Introduction

The COVID-19 pandemic has had a profound and still understudied effect on public health, economics, and society. For better or worse, it has facilitated several technological advancements. In the short term, not to mention the long run, consequences are still to be fully understood and evaluated.

One of the issues rising publicity and political concern is the housing market. The most relevant questions are housing affordability during the pandemic, the evolution of housing preferences, and the increased risk of a housing crisis that could affect the economy adversely. Some of the questions have already been addressed in the literature, but due to data limitations, a rather scarce body of evidence is currently available. In this light, the aim of this paper is to discuss the evolution of housing markets in selected European countries during the first phase of the COVID-19 pandemic. We trace house price dynamics in three European countries: Spain, Italy, and the UK, along with other housing market indicators (transaction volume, rents). We also discuss available information on residential demand and the preferences of house-buyers.

The paper is divided into several parts. In the following section, we discuss the body of scientific evidence on housing markets and urban economics during the COVID-19 pandemic. In the third section, we explore the housing market situation in Italy, Spain, and the UK, respectively, based on aggregated statistical data. We also comment on available market reports. In the fourth section, we evaluate some policy instruments that have been used in several countries to decrease the negative consequences of the COVID-19 pandemic on housing market outcomes. In the final section, we summarise the findings and identify a direction for future research.

Literature review

The economic impact of the COVID-19 pandemic has been widely discussed in popular and social media. The effect of the pandemic on the real estate industry has also been examined in various market reports published by major global and regional consultancy companies (JLL, Cushman & Wakefield, Knight Frank, RICS, DTZ, CBRE, to name but a few). The same observation can be made in the case of the housing market. There is a stark and still rising disparity between popular and scientific knowledge. Due to longer publication time and relatively scarce empirical evidence, the impact of the pandemic has not been comprehensively investigated in the real-estate, housing or urban literature to date. Reviewing the relevant literature reveals major themes discussed in COVID-19 papers related to housing issues, namely: housing preferences; real estate professions; mortgage lending; housing (un)affordability; urban poverty; and homelessness; and, last but not least, dynamics of house prices and rents.

Marona and Tomal (2020) investigated various consequences of COVID-19 for housing demand and preferences. The results of their pioneering study show several demand-side adjustments, both on the rental and investment market. Due to the pandemic-related uncertainty, tenants started negotiating shorter tenancy agreements. Rent also decreased significantly (Marona & Tomal, 2020). On the other hand, house-buyers began looking for apartments and houses in the suburbs. Also, increase in demand for larger recreation space was observed.

As in other similar services, the pandemic has had a profound effect on real-estate professions (mainly brokerage). A recent study has shown an increased usage of online services and a rapid growth of digitalisation. It remains uncertain whether these effects will be long-lasting, but there is a reason to believe that some of these pandemic routine will be adopted on a long-term basis (Marona & Tomal, 2020).

The linkages between COVID-19, credit risk and policies, and mortgage lending have been discussed with reference to the Chinese market (Su, Cai, Qin, Tao, & Umar, 2021). However, empirical

evidence is still to be gathered. Nonetheless, several interesting conclusions can be made based on some previous pandemics. The outbreak of H1N1 had an adverse effect on mortgage lending. A Chinese study shows that the number of H1N1 infections was positively related to loan spread and negatively related to loan amount. On the other hand, these effects were mitigated by the introduction of the vaccine (Gong, Jiang, & Lu, 2020).

The existing empirical evidence suggests that social distancing might be a crucial factor in the COVID-19 diffusion and infection dynamics. Information gathered in various countries – such as Ghana (Durizzo, Asiedu, Van der Merwe, Van Niekerk, & Günther, 2021) or the UK (Ghosh, Nundy, Ghosh, & Mallick, 2020) – shows that the urban poor might be especially affected by the pandemic, both physically and psychologically. One of the major factors affecting the spread of pandemics includes living conditions and related social-interaction factors. Urban congestion, housing deprivation, and overcrowding might foster the outbreak of the pandemic, as some Indian evidence suggests (Sethi & Mittal, 2020). The local government has an important role in combating homelessness (Benavides & Nukpezah, 2020) as well as providing affordable rental housing (Sethi & Mittal, 2020). Another important housing-related aspect of the anti-COVID-19 policy is about the recovery housing and similar residential services (Mericle et al., 2020). Lastly, there are important conclusions to draw from the current pandemic concerning the role of architecture. Several scholars suggest that the lessons learnt might facilitate the design of a more healthy and sustainable environment (Megahed & Ghoneim, 2020).

Few papers have investigated the impact of the COVID-19 pandemic on house price dynamics (Francke & Korevaar, 2020). The early effect of the pandemic has been evaluated based on the Italian experience (Del Giudice, De Paola, & Del Giudice, 2020). Following the prey–predator economic model, the referenced authors' study predicts a 4%–6% short-run price decrease from 2020 to 2021. Recent empirical evidence from China (Qian, Qiu, & Zhang, 2021) and Australia (Hu, Lee, & Zou, 2021) also suggests an adverse effect of COVID-19 on house prices. Results from a historic investigation into the impact of epidemics on the housing market (based on the 17th-century plague in Amsterdam and the 19th-century cholera in Paris) suggest that, in general, house prices decline in the short-run, but then revert to fundamentals. The plausible hypothesis based on scarce but relevant economic evidence indicates that housing demand, rents, and prices are affected by pandemics due to fundamental factors (an increase in unemployment, a decrease in income) and psychological factors (uncertainty and sentiments postponing the decision to invest in housing) alike. The effect depends on the severity of the pandemic and public-policy response measures.

The COVID-19 impact on housing markets in Europe

The housing market in Italy

The first case of COVID-19 in Italy was recorded on January 31, 2020 (four tourists coming from China). By 17th June, 237,500 infections were detected and 34,405 people died. The epidemic resulted in severe policy responses, including the closing of schools and universities, labour restrictions, and, eventually, lockdown. The course of the epidemic and the most important socio-economic restrictions introduced in Italy are shown in Figure 1.

The epidemic had a violent course at its peak (in the second half of March), followed by a fairly rapid decline in the number of new cases. Regions in the north of Italy were particularly affected by the COVID-19 epidemic – especially Lombardy and Veneto (where it was decided that movement from and to 11 municipalities must be restricted temporarily).
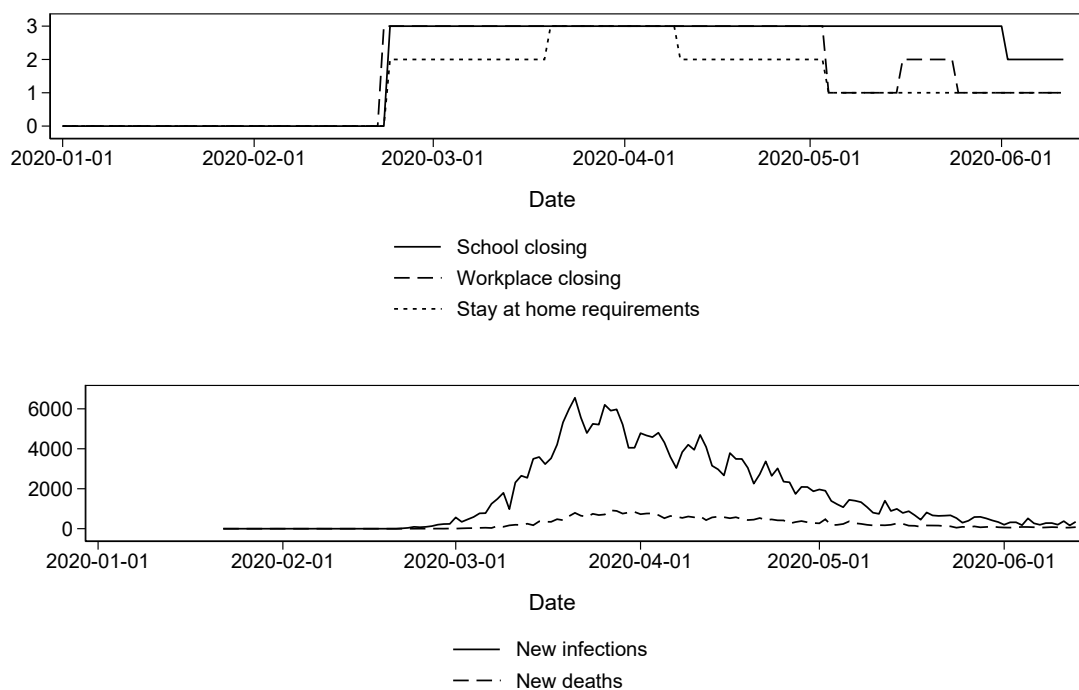
Note: **School closing**: 0 – No measures; 1 – Recommend closing, or all schools open with alterations resulting in significant differences compared to usual, non-COVID-19 operations; 2 – Require closing (only some levels or categories, e.g. only high school or only public schools); 3 – Require closing (all levels). **Workplace closing**: 0 – No measures; 1 – Recommend closing (or work from home); 2 – Require closing (or work from home) for some sectors or categories of workers; 3 – Require closing (or work from home) in all-but-essential workplaces. **Stay-at-Home requirements**: 0 – No measures; 1 – Recommend not leaving house; 2 – Require not leaving house with exceptions for daily exercise, grocery shopping, and 'essential' trips; 3 – Require not leaving house, with minimal exceptions.

Figure 1. The COVID-19 epidemic and policy measures in Italy

Source: own elaboration based on Hale, Webster, Petherick, Phillips, & Kira, 2020.

The situation on the housing market in Italy before the outbreak of the COVID-19 epidemic had been specific in comparison with other analysed countries due to the general downward trend in recent years (Figure 2 shows the dynamics of housing prices between 2015 and 2020). The data on the dynamics of the residential market in Italy, coming with some delay, does not indicate a significant drop in prices during the COVID-19 epidemic. In April, a slight drop in apartment prices was recorded (by 0.1%). Residential prices increased slightly in May (by 0.3%), although the price dynamics varied from city to city. Although most of them recorded

increases in residential property prices, there were slight decreases in several dozen cities. In the short term, most sources forecast a 1%–4% drop in residential prices in 2020 and 2021. It would mean a continuation of the downward trend observed in recent years. Experts are expecting a recovery and increase in apartment prices in 2022 (Speak, 2020).

A significant effect of the restrictions associated with the pandemic comes in the form of a considerable drop in turnover (estimates indicate a drop in turnover of 9 billion euros compared to the first quarter of 2019). While 603,000 housing transactions were recorded in 2019, this number is
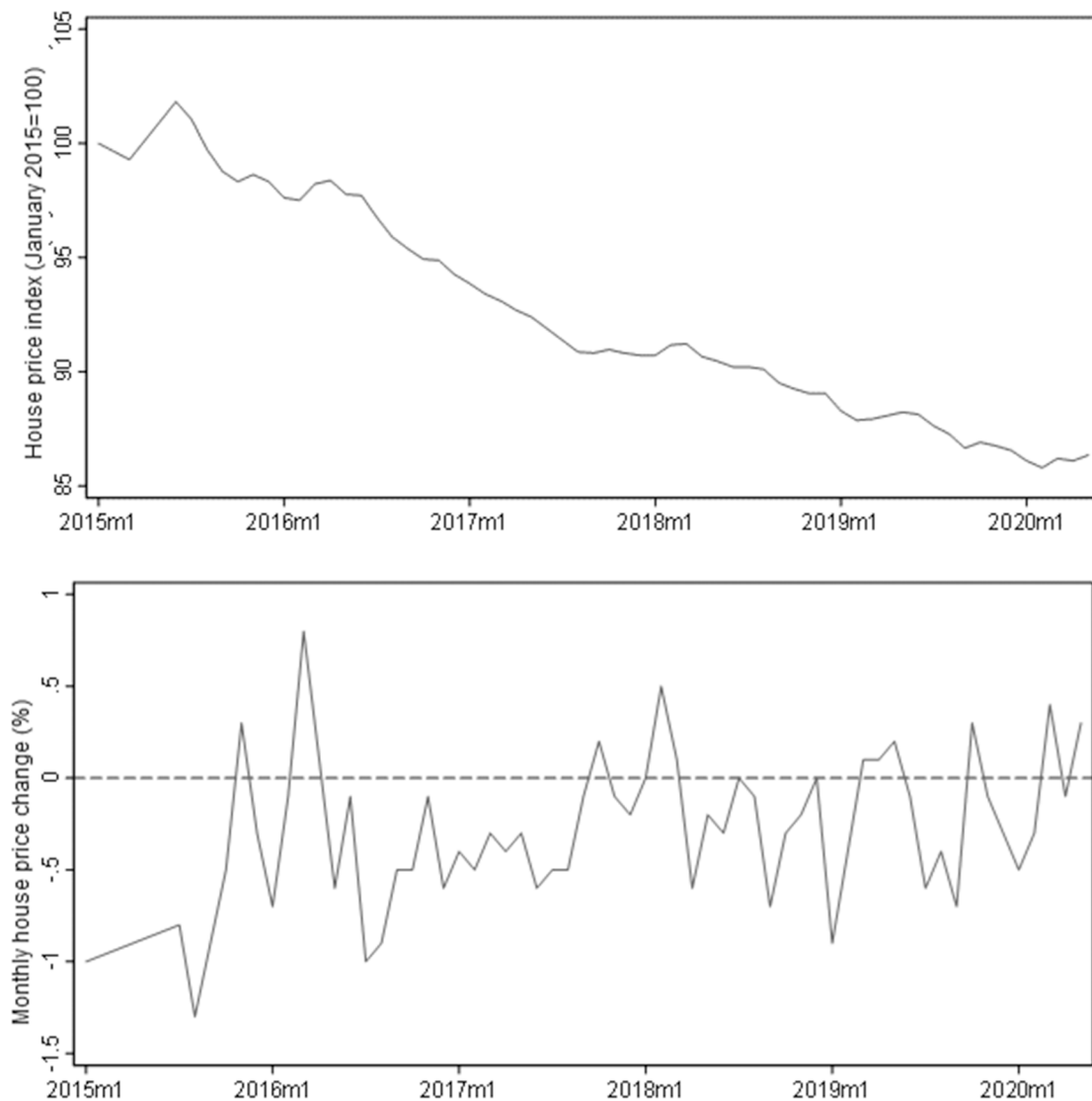
Figure 2. House price dynamics in Italy from January 2015 to April 2020

Source: own elaboration based on the CEIC data.

projected to be lower in 2020 and will be between 500,000 and 570,000 transactions (Zama, 2020). Among the reasons for the decrease in the volume of transactions, one can mention restrictions in the mobility of real-estate-market actors, although there are more causes, e.g. increased economic and social uncertainty, which caused important investment decisions to be postponed until after the pandemic. Some improvement in the activity of market participants is to be expected (e.g. the finalisation of started negotiations), but some investors might delay making decisions until

the pandemic situation stabilises. The scenario of the second wave of the disease in autumn 2020 is still possible.

Research conducted by a real estate consultancy agency (*Idealista.it*) shows that one of the effects of the pandemic is a change of preferences of those looking for an apartment. The data suggests an increased interest in single-family houses in the suburbs and rural areas (*Idealista.it*, 2021). It seems that there are two explanations for this change. First of all, the spread of online work and the predicted increase in its importance in the future results in a decrease in the importance of proximity to the workplace as a decision-making criterion in the housing market. Secondly, buyers appreciate the possibility of separation and the independence offered by single-family houses compared to multi-family housing. A larger residential area as well as the possibility of recreation in one's garden,

is also important. Currently, over 52% of Italians live in multi-family buildings (including about 25% in buildings with more than 10 residential units) (Speak, 2020). Besides, the average area of a residential unit in Italy (81m2) is lower than in other Western European countries, and about 30% of households live in overcrowded premises (according to the EUROSTAT's estimates, including the ratio of people to rooms). It seems that the tendency to "flee to the suburbs" and the reduction of demand for housing in crowded city centres might also continue in the short term after the epidemic (Speak, 2020).

The housing market in Spain

Spain was another European country severely affected by the COVID-19 pandemic. The epidemic started outside the Spanish mainland; the first
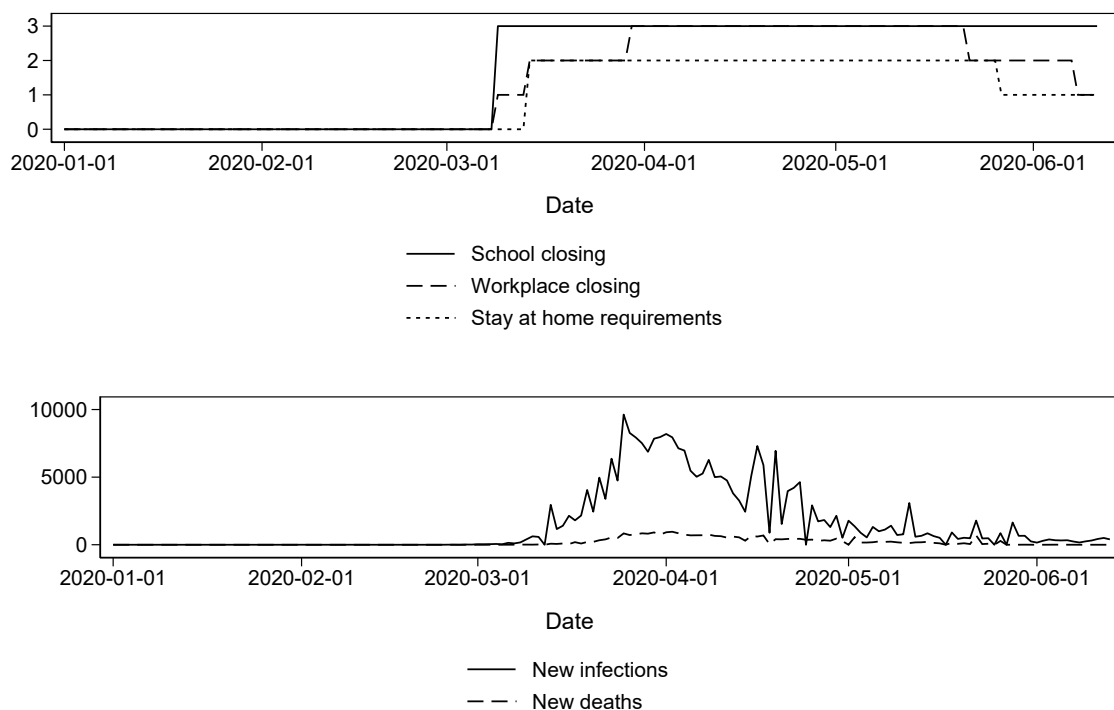

Figure 3. The COVID-19 epidemic and policy measures in Spain

Note: same as Figure 1.

Source: own elaboration based on Hale, Webster, Petherick, Phillips, & Kira, 2020.

case of the SARS-CoV-2 infection was confirmed on January 31, 2020, in the Canary Islands (La Gomera), a peripheral but attractive tourist area. The next detected cases also concerned tourists in the Canary Islands. The epidemic moved to the Continental Spain rapidly, where it had a similar course to Italy, namely one characterised by a sharp increase in the incidence of disease and numerous deaths. Partly, this happened due to the failure of the health service to accommodate large numbers of patients in the short term. At the end of March 2020, the epidemic began to decrease, although not without waves of relapse.

In the first half of March, the Spanish government began to introduce restrictions, among other

things on the activities of schools (suspension of traditional classes at all levels), as well as successive restrictions on economic activity. Guidelines for social isolation were also introduced. From mid-May, the restrictions began to be lifted. A visualisation of the course of the COVID-19 epidemic and the resulting restrictions introduced in Spain are shown in Figure 3.

As was the case with other countries where restrictions on the economic activity have been introduced, Spain has seen changes in the dynamics of selected indicators of residential market activity (see Figure 4).

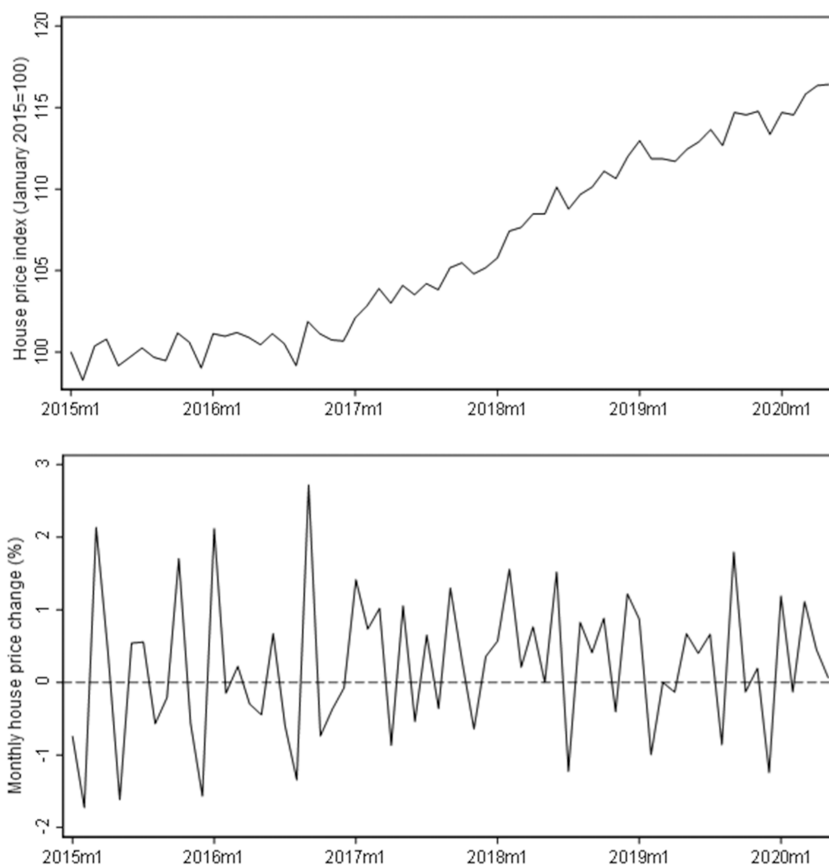The last five years were characterised by a gradual increase in apartment prices in Spain,

Figure 4. House price dynamics in Spain from January 2015 to April 2020

Source: own elaboration based on the CEIC data.

although at the end of 2019 and at the beginning of 2020, a certain weakening of price dynamics could be observed. The COVID-19 epidemic has not significantly affected the situation in the real-estate market, at least in terms of price changes. There was a drop in sales (e.g. their number in March was 31% lower than in previous years). An interesting question in the context of the Spanish residential market concerns the investment segment and the market of second homes located in attractive tourist destinations off the coast of the country as well as the Balearics and the Canary Islands. It seems that the dynamics of investment apartment prices and yields might differ from the segment of apartments designed to meet housing needs. However, it should be remembered that in practice, these segments interact, thus certain adjustments are still possible in the short-run. The May data shows that – unlike in major cities and towns where prices fell compared to April (by 1.3 and 2.6%, respectively) – suburban areas recorded a slight increase (by 2.7%), as did the Balearic and Canary Islands (a minimal increase of 0.7%), and especially the continental coast (7.2%).

The housing market in the UK

Another European country seriously affected by the COVID-19 pandemic – counting the total number of the infected as well as the number of cases per 1000 inhabitants – is United Kingdom. The first case of COVID-19 in the UK was reported on January 31, 2020. Since then, 299,600 cases of the infection have been registered in the UK. By mid-June, 42,054 people had died from COVID-19. The course of the epidemic and the reaction of public authorities is shown in Figure 5.
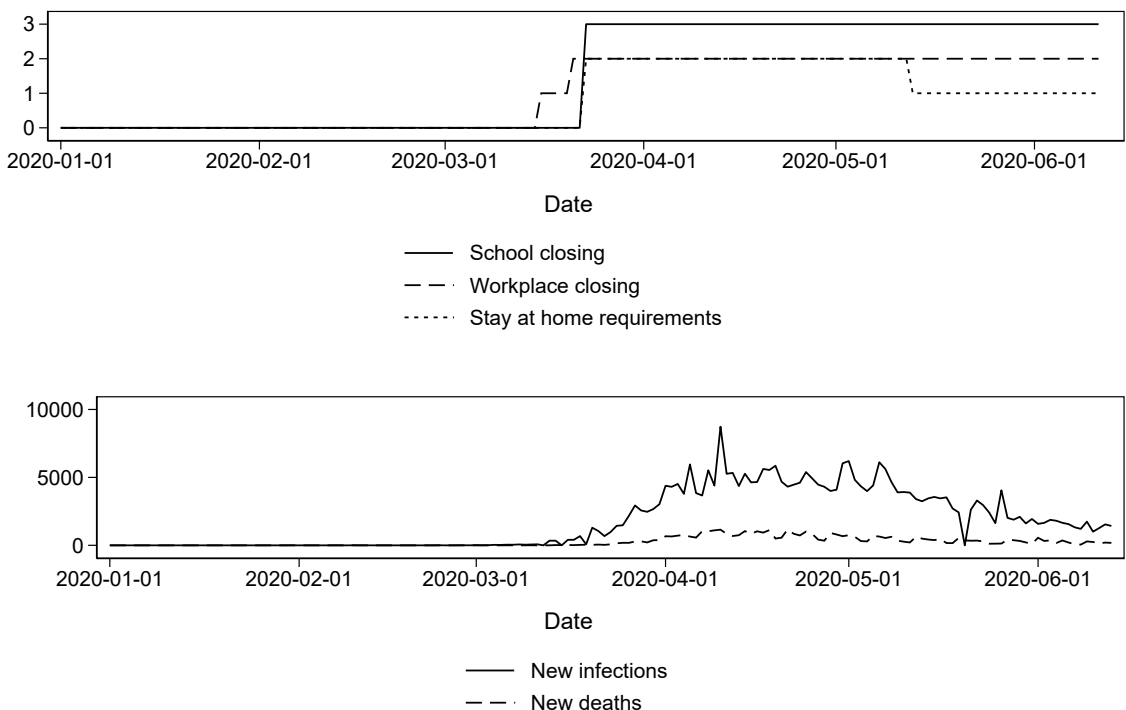

Figure 5. The COVID-19 epidemic and policy measures in the UK

Note: same as Figure 1.

Source: own elaboration based on Hale, Webster, Petherick, Phillips, & Kira, 2020.

The course of the epidemic in the UK was slightly different from that of Italy and Spain. The curve of new infections was significantly postponed (the daily peak was reached in the first half of April). The epidemic curve in United Kingdom is flattened and the number of new infections is decreasing much more slowly than in Italy and Spain. Perhaps this is due to the slightly delayed reaction of the authorities in London, who – despite the experience of other European countries (including the previously discussed cases of Italy and Spain) – did not introduce restrictions in the initial phase of the epidemic.

One of the first effects of the epidemic was the worsening of the material situation of English people – loss of work, limited possibilities of paid work, and reduced salaries, all of which translated into the budgets of many households. Due to the share of costs associated with housing in the budget, statistically, the worst situation is that of market tenants. Research conducted by The National Residential Landlords' Association (NRLA) shows that 54% of property owners have experienced problems with payment from tenants, unexpected vacancies, or a combination of both (NRLA, 2020). It seems that the situation in the rental market will be strongly correlated with the overall economic situation, especially the situation in the labour market. In the coming months, rent is expected to fall and vacancy rates will increase.
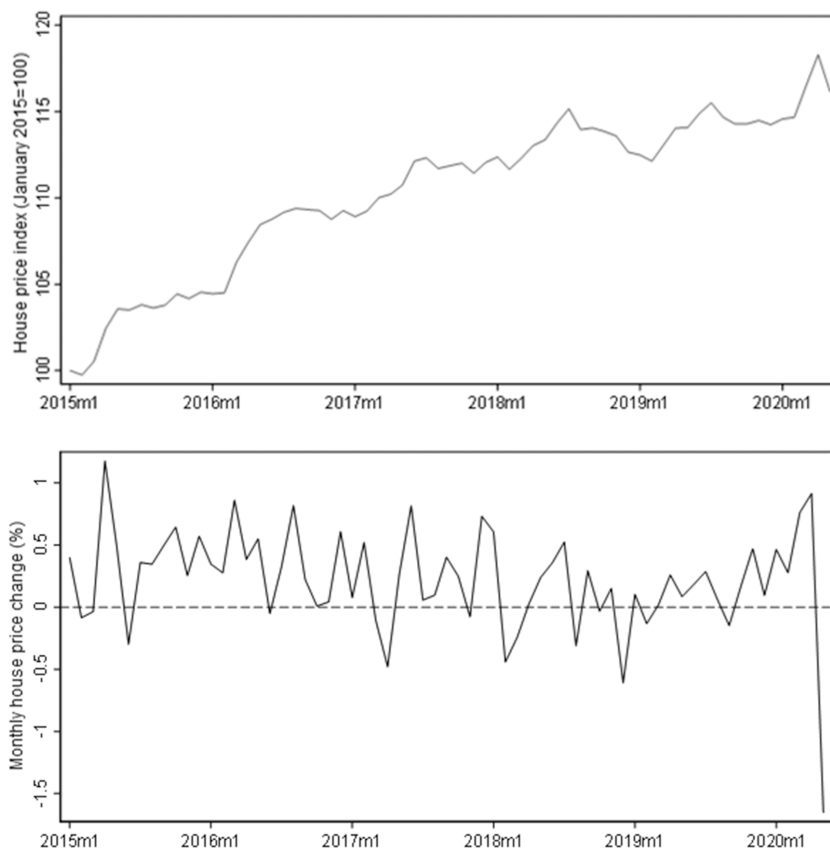

Figure 6. House price dynamics in the UK from January 2015 to April 2020

Source: own elaboration based on the Nationwide index data.

In recent years, there has been an increase in housing prices in major urban centres in the UK. House price increases have also been observed in the first three months of 2020. The nationwide main housing price index indicates a reduction in housing prices in April. This trend is confirmed by the latest Halifax (2020) residential price index quotations, according to which the downward price trend continued in May, but it is difficult to predict whether the falls will continue in the coming months. During the period of restrictions caused by the COVID-19 epidemic, real estate trading was frozen for six weeks. Market reports published at the end of May as well as incomplete data from advisory firms suggest an increase in interest in real estate (increased inquiries and Internet research) (Sidders, 2020). It is possible to make a cautious forecast as to a decrease in turnover volume in 2020 when compared to 2019. There seem to be two main reasons for that.

First, the largest mortgage lending institution in the United Kingdom (Nationwide Building Society) has raised its LtV requirements, reducing housing availability, especially for young households that did not have time to accumulate savings. This is certainly an important factor in weakening housing demand in the short term.

Secondly, one should recognise the increase in investor pessimism and increased investment uncertainty due to a difficult to predict epidemic and socio-economic situation. Research conducted by the Royal Institute of Chartered Surveyors (RICS) during the COVID-19 epidemic indicates a change in the expectations of real-estate market actors regarding market activity and apartment prices. In the opinion of the surveyed prices, the most probable scenario is a drop in apartment prices. This conviction was reinforced by the May edition of the study (RICS, 2020b) compared to the April edition (RICS, 2020a). It was slightly different in the case of the predictions concerning the turnover of apartments. Experts' moods improved in May when compared to April, when the vast majority of respondents predicted a decrease in the number of transactions.

The report published by the RICS indicates significant changes in the preferences of apartment-buyers in the short term after the COVID-19 pandemic. According to the experts, there was an increased demand for residential properties with gardens or balconies (81% of indications), located near green areas (74%), as well as properties with a favourable relationship between private and public spaces. At the same time, according to the assessment of the respondents, interest in living in areas with high population density as well as multi-family buildings with a large number of floors (RICS, 2020b) will be on decrease.

Conclusion and policy implications

In the paper, we reviewed empirical evidence with regard to the effects of the COVID-19 epidemics on housing market dynamics (mostly house prices, rents, and turnover). We compared the data coming from three European countries – Spain, Italy, and the UK. The results suggest a profound decrease in transaction volume, but are far from conclusive in the case of house prices. We observed a house price decrease in the UK, but no significant effect was detected in Italy and Spain. Evidence suggests that COVID-19 has had a significant impact on the rental market and as such affected housing preferences. It remains to be seen whether these effects will be transitory or permanent.

The current pandemic situation poses serious threats to economic stability. Public policy should generally consider both economic objectives and health implications. To limit the diffusion of the COVID-19 decease, most countries have imposed restrictions on selected sectors of the economy. The restrictions varied in range, but they mostly affected the younger, less experienced workers (who are relatively less threatened by the virus), while elderly citizens – who are more vulnerable – were less affected by the imposed restrictions (Glover, Heathcote, Krueger, & Rios-Rull, 2020). Some interesting counterfactual experiments show a trade-off between the extent of restrictions and economic outcomes on both

a short- and a long-term basis. Easing restriction would generally boost employment and production in the short run, but at a higher risk of decreasing the social welfare in the long run due to increased mortality (Zhao, 2020). Decisions are often made under incomplete information and public scrutiny.

An important challenge within housing policy in times of the pandemic is to identify instruments of public intervention on the real estate market. A review of solutions implemented in other European countries shows that in most cases the intervention was related to the ongoing assistance for a selected group of tenants and property owners who got overburden with housing costs due to all the restrictions and economic turmoil caused by the COVID-19 pandemic.

A report published on April 6, 2020 (Kholodilin, 2020), describes the tools of public intervention used to reduce the negative effects of the pandemic in the area of housing – with regard to both the lease and the sale of real estate by countries such as Canada, Italy, Spain, Germany, New Zealand, and the USA (the situation varies between states and cities). The instruments of intervention on the residential rental market include: Preventing evictions, Suspending payment of rents, Rent control, and Housing vouchers. The instruments of intervention on the investment market refer mostly to the suspension of mortgage payments, mortgage loan repayment assistance, and tax reliefs. Several scholars have advocated for more affordable rental housing, especially for the most vulnerable social groups, i.e. the elderly, the urban poor, or migrants (Sethi & Mittal, 2020).

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Danuta Kabat-Rudnicka

A Multi-Level Approach to Tackling the SARS-CoV-2 Pandemic and Its Aftermath

Abstract

Objectives: The SARS-CoV-2 pandemic brought about a new, difficult situation. The world, the international organisations-cum-regional integration arrangements, as well as, above all, individual states all had to cope with the difficult global situation. As for the European Union, neither the Union nor the Member States were prepared for such a challenge, which is why the responses were *ad hoc* and uncoordinated. The aim of this study is to identify the actors involved, the measures they employed, and the extent to which their reactions converged. Another objective is to answer the question about whether their actions fit into the concept of multi-level coordination-cum-multi-level governance.

Research Design & Methods: The methods used in this article are descriptive and interpretative as well as comparative. The descriptive method is applied in all these instances where actions taken by individual actors are discussed, while the interpretative method is employed when the reasons for taking particular measures are explained. In turn, the comparative approach is applied whenever measures taken by individual actors are juxtaposed. This analytical study also provides an overview of official documents along with the relevant literature.

Findings: In the face of the SARS-CoV-2 pandemic – when imminent and consistent response is essential, and when there are many decision-making centres – it is measures taken at different levels and by various actors (but jointly coordinated) that can only bring the desirable results. The measures taken in the struggle against the pandemic and its consequences also prove that the EU's competences, albeit limited, do matter.

Implications / Recommendations: When the primary competence in the field of public health lies with the Member States and the EU can only support and complement state actions, then a permanent, institutionalised cooperation, one based on a multilateral agreement, is worth considering.

Contribution / Value Added: In the case of international and regional organisations, and those with a global reach, a major drawback is the lack of appropriate competences and instruments. In the EU, the lack of a systemic security mechanism anchored in the EU's law makes it act with delay. On the one hand, this study points to the shortcomings in legal solutions, but on the other, it demonstrates the importance of joint and coordinated actions. It also shows that competences of non-state actors do matter, too.

Keywords: SARS-CoV-2, European Union, multi-level governance, coordination, crisis

Article classification: research article

JEL classification: K20, K32

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Basic facts and general observations

The SARS-CoV-2 pandemic (also known as COVID-19 or coronavirus) is not a new phenomenon. In the 21st century alone, the world has already been hit by plagues such as: SARS (2002–2004), swine flu (2009), and Ebola (2014–2016). As for the current pandemic, there had been warnings of an impending threat, followed by reports on a new type of virus (A world, 2019; Protecting, 2016). Thus, states did have timely information in possession, including warnings from the World Health Organization (WHO); however, they did not take any measures, or at least nothing is known about them. The reasons for such a passive attitude can be traced to a narrow understanding of national security, which is due to a thinking line shaped by the neoliberal paradigm[1] (or, rather, the neoliberal economic model)[2] and the contemporary capitalism reducing almost everything to economic categories. Such thinking, driven by economic calculations, was also conducive to the wishful thinking of those decision-makers who wanted to avoid too high costs. The desire to avoid social and political costs was one of the reasons for delaying the adoption of measures to reduce morbidity and death, such as restricting or even suspending activities in certain sectors. There was a fear that these measures would entail enormous costs, i.e. so high that impossible to make up for. There could also be ideological reasons, especially when it comes to liberal democracies, which are particularly sensitive to the limitation of citizens' rights and liberties.

The epidemic caused by SARS-CoV-2, which broke out in Wuhan (China), quickly spread to other countries and continents, becoming a pandemic with far-reaching consequences. To combat it, measures were implemented, including isolating disease outbreaks and maintaining social distancing, closing borders and suspending international flights, as well as restrictions on transport of certain goods. The measures were taken, for there was no other alternative, *inter alia* due to the limited capacity of healthcare systems[3]. The pandemic – and then the accompanying crisis caused, among other things, by the limitation or even suspension of economic activities – made it very clear that in an increasingly interdependent world not only benefits but also costs and difficulties are shared.

The theoretical framework and research design

The theoretical foundation for this study is the concept of multi-level governance, which can be applied for instance when many decision-making centres come into play, i.e. national (states along with sub-state units), supranational (the EU), and global (e.g. the World Trade Organization (WTO)). In turn, the aim of this study is to identify the actors involved, the measures they applied, and the degree of convergence in their responses. Another objective is to answer the question about

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[1] This paradigm had broken down long before the COVID-19 pandemic started, forcing states to take control and intervene in order to prevent economies from collapsing. Even more importantly, the COVID-19 pandemic revealed the failure of the free-market mechanisms. For more information on the neoliberal paradigm, see Welsh, 2020. For more on public health, see Antentas, 2020, p. 432. Antentas also speaks of the return of a special kind of Keynesianism (a transitory-instrumental-emergency Keynesianism and an inverted-upwards Keynesianism) (2020, p. 434).

[2] The neoliberal economic model has dictated the world economy since the time of economic growth after the Second World War. It stands, *inter alia*, for the abolition of welfare programmes, minimum wages, price controls, import and export tariffs, high corporate taxes, and government participation in the economy. For more information on the neoliberal economic model, see: Dine & Koutsias, 2013, pp. 5–22.

[3] In recent decades, many countries implemented policies to curb public spending. Despite the UN stressing the need to strengthen health resilience, investments in public health systems declined, thereby increasing vulnerability and aggravating negative effects of the current pandemic. See also Zanin et al. (2020), or Renda and Castro (2020), where one can read: "In a world dominated by the quest for economic efficiency, with financial markets ready to award a premium to governments reducing public spending and thereby taxes, there is little place for resilience-oriented policy" (pp. 278–279). See also: Sendai, 2015.

whether they fit into the concept of multi-level governance.

As is widely known, competence is a prerequisite for any activity. In the case of the EU, the Member States are primarily responsible for public health issues. Given the side effects of the pandemic in terms of the functioning of the common market, the measures taken by the EU would be the best solution. However, in a situation where, on the one hand, the EU's competences are limited, and, on the other, the nature of the pandemic is global, the optimal mode of conduct seems to be about the coordination of activities (in terms of purpose, time, degree, and type)[4] at various levels: national (states along with sub-state units), the EU (institutions), and universal international organisations (the WHO operating within the system of the United Nations). Thus, it is only concerted actions that can bring the desirable results; it is about measures taken at different levels and coordinated jointly. This is the research thesis of this study.

The used methods are descriptive and interpretative as well as comparative. The main field of exemplification is the EU, its Member States, and the WHO. As the pandemic is still developing, there are many materials providing an insight into the situation, namely information from media reports, press releases, and studies in the form of papers published in scientific journals, such as the *European Journal of Risk Regulation*, special issue *Taming COVID-19 By Regulation*. Additionally, this study refers to official documents and reports from the Member States and EU institutions as well as international organisations, such as the WHO.

The discussion will proceed as follows: first, the concept of multi-level governance will be discussed, followed by measures taken by the WHO, the EU, and the Member States. These considerations will culminate in a discussion of the results and some concluding remarks.

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[4] See also: Dobbs, 2020, p. 240.

Multi-level governance as a concept and theoretical approach

Especially in the 1990s, a number of works promoting the concept of multi-level (multi-tiered) governance emerged on the publishing market. Their authors emphasised the importance of the concept of multi-level governance in research on the EU. Generally speaking, multi-level governance refers to the idea of complex arrangements for making authoritative decisions in dense networks of public and private as well as individual and collective actors. It also refers to the change that is taking place in the states in the light of the processes of European integration (Piattoni, 2010, p. 1).

The origins of the concept can be traced back to the neofunctional theory of the European integration. It was first used by Gary Marks in the context of the EU's structural policy (Bache, Bartle, & Flinders, 2016, p. 486). The concept itself has been developed for use in the EU's decision-making. It points to vertical and horizontal relationships, whereby the former relates to interactions between governments acting at different territorial levels, whereas the latter concerns interactions between governmental and nongovernmental actors. In other words, the first one corresponds to multi-level, whereas the latter is linked to governance (rather than government) (Bache, Bartle, & Flinders, 2016, p. 486). While levels relate to territorially defined jurisdictions where decisions are taken by parliaments, executives, and public administrations in processes involving both public and private actors, governance relates to structures and processes of policy-making across the boundaries of jurisdictions and institutions (Benz, 2019, p. 388). Hence, multi-level governance concerns not only structural features, but also political processes and coordination mechanisms between levels (Benz, 2007, p. 298).

In the literature of the subject, a distinction is made between type-I and type-II governance. The former one relates to the governing setting where authority is dispersed and narrowed down to

a limited number of non-overlapping jurisdictions on a limited number of territorial levels, each responsible for specific functions. On the other hand, the latter one relates to the governing setting where the authority is task-specific, and jurisdictions operate at numerous levels and might be overlapping (Bache, Bartle, & Flinders, 2016, pp. 487–488). As can be seen, the first type refers to levels, whereas the second type involves horizontal linkages. What is more, the type-I jurisdictions can be international, national, regional, meso or local, with multiple functions and responsibilities, whereas the type-II jurisdictions are specialised and abundant, and governance is fragmented into functional units (Hooghe & Marks, 2003, p. 236). According to Liesbet Hooghe and Gary Marks, each type of governance has its distinctive positive traits and brings some benefits. The type-I governance is oriented towards intrinsic communities and their demands for self-rule, whereas the type-II jurisdictions are well suited to achieving pareto optimality when redistribution is not salient. Moreover, both deliver flexibility: the former by creating general-purpose jurisdictions with non-intersecting membership, whereas the latter – with special-purpose jurisdictions that tailor the membership, the rules of operation, and the functions to specific policy issues (Hooghe & Marks, 2010, p. 28).

International organisations' response to the pandemic

The International Health Regulations (IHR), which were adopted by the World Health Assembly on May 23, 2005, strengthened the coordination of the preparedness to respond to public health emergencies between states (Revision, 2005). Since all the Member States of the EU are simultaneously members of the WHO, the EU's legal acts should take account of the WHO's integrated approach, which covers all categories of threats, regardless of their origin.

On January 30, 2020, the WHO's emergency committee issued a statement that the coronavirus, which had broken out in China and spread to 18 countries, met the criteria for a public health emergency of international concern (Statement, 2020). On March 11, 2020, the agency officially declared the COVID-19 pandemic (WHO, 2020). In turn, on March 24, 2020, the then Director-General of the WTO Roberto Azevêdo asked the states-members of the organisation to submit information on trade and trade-related measures as well as the policies they had introduced in response to the coronavirus outbreak. He also set up a task force of experts to monitor the impact of COVID-19 on trade flows and the global economy (DG Azevêdo, 2020). On April 3, 2020, the WTO published a report on trade in medical supplies, which comprised an overview of the tariffs imposed on medical goods, which were thought proper in the context of tackling COVID-19 (World, 2020). Earlier, i.e. on the 26th of March, at an extraordinary summit, the G20 countries unanimously stated in a joint statement that they remained committed to international cooperation and working together in order to facilitate the international trade and coordinate responses to threats (G20, 2020). Then, on April 6, 2020, the World Customs Organization (WCO) and the WTO issued a joint statement in which they pledged to establish a coordinated approach in support of initiatives that facilitate cross-border trade in goods, especially those to combat COVID-19 (WCO–WTO, 2020). And then, a joint statement by the Directors-General of the FAO, the WHO, and the WTO said that since millions of people depended on the international trade for food, security, and livelihoods, states should ensure that trade-related measures do not disrupt the food supply chain (Food, 2020). On the other hand, the UN Security Council unanimously passed a resolution stating that the unprecedented extent of the COVID-19 pandemic was likely to endanger the international peace and security, and called upon all parties to armed conflicts to engage in a durable humanitarian pause in order to enable the delivery of humanitarian assistance (Resolution, 2020b, pp. 1–2). Also, the UN General Assembly passed a resolution on international

cooperation to ensure global access to medicines, vaccines, and medical equipment to make tackling COVID-19 easier (Resolution, 2020a, pp. 1–2).

As can be seen, many organisations responded to the challenges caused by the pandemic, and many initiatives were launched. One of them is the Access to COVID-19 Tools (ACT) Accelerator – global cooperation to speed up the development, production, and equitable access to tests, treatments, and vaccines; the WHO has been an important party here. Attention should also be paid to the landmark resolution to fight against the pandemic, adopted on May 19, 2020, by the World Health Assembly, which calls for the intensification of efforts to control the pandemic as well as for fair access to – and distribution of – all essential health technologies and products (COVID, 2020). Indeed, when it comes to health issues, a great role and responsibility falls upon the WHO to make the tests and tools to combat COVID-19 available to everyone, but above all to those in need, i.e. people from low- and middle-income countries.

The European Union's response to the pandemic – the question of competences

The pandemic, which affected all the EU's Member States, albeit to varying extents, translated into yet another crisis in the history of the European integration. However, the current COVID-19 crisis differs from the previous financial crisis in that it is wider in scope, as it affected states, nations, societies, and individuals, and put a strain on health systems, revealing their numerous flaws. In the light of a rapidly deteriorating situation, there was a need for an urgent and coordinated action, which is why it was natural for the states to turn to the EU.

The competences that the EU has at its disposal remain limited, although they permeate each and every sphere of the Member States. Unlike the individual Member States, the EU acts according to the principle of conferral, hence it does not

have a competence-competence[5]. The EU enjoys only such competences that the Member States had agreed on, and these essentially relate to the common market. As a result, the EU has neither institutions that would make effective crises management possible, nor the appropriate means to combat COVID-19 (Micklitz, 2020, p. 249). However, given cross-border effects, which no country could cope with, this task fell to the EU despite the fact that it lacks appropriate competences and a strong democratically-legitimised political power. Since decentralised and uncoordinated crisis management entailed *spillovers* that were detrimental to the public health, the economy, and the fundamental values, there was an urgent need for coordination, mutual learning, and solidarity (Pacces, 2020, p. 284).

Decentralised solutions driven by local priorities can create tensions in cross-border relations, and it is not just about decentralised containment policies, but also risk management and, thus, a possible disruption of supply chains. The free movement of goods, and especially of medical supplies and equipment, became such an issue. Given the divergent interests, side effects, and potential conflicts, a coordinated policy was needed in order to mitigate the said effects and increase the effectiveness of responses to COVID-19.

It should be said that institutions of the EU and of any Member State could have already engaged in joint procurement procedures to advance the purchase of medical countermeasures for the purposes of serious cross-border threats to health (Decision, 2013a, art. 5), for it is extremely important to eliminate harmful competition with regard to vaccines and medical equipment. Even

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[5] In the German language, one speaks of *Kompetenz-Kompetenz*, while in the French language it is *compétence de la compétence*. 'Competence-competence' is the central feature of a state and it comes down to the ability to 'give' oneself new competences; in other words, it is the right to assign and change one's own competences. According to the German Constitutional Court, *Kompetenz-Kompetenz* is the competence to decide on its own competence (BVerfG, para 233).

though the EU launched appropriate procedures, national governments' participation on voluntary basis reduced the EU's ability to react quickly in the common interest. Furthermore, under the 2004 regulation, the European Centre for Disease Prevention and Control (ECDC) was established (Regulation, 2004) – an independent agency that provides scientific advice, assistance, and expertise. Its mission is to identify, asses, and inform about the current and emerging threats to human health from communicable diseases (Regulation, 2004, art. 3). However, despite the ECDC's warnings against the high potential impact of the outbreaks of 2019-nCoV (the novel 2019 coronavirus) and its likely global spread (Communicable, 2020), the states did not act together. Also, under the 1998 decision, the Early Warning and Response System (EWRS) for the prevention and control of diseases was set up (Decision, 1998). Article 10 of the decision states the need to foster cooperation with third countries and international organisations competent in public health issues. It is the ECDC that supports and assists the Commission by operating the EWRS (Regulation, 2004, art. 8).

References to public health could already be found in the Treaty establishing the European Economic Community (1957) (Treaties, 1987), whose Article 36 speaks of prohibitions or restrictions on import, export or transit, justified, *inter alia*, on the grounds of health protection, while Article 56 speaks of legislative and administrative provisions that provide for special treatment of foreigners and are justified, *inter alia*, with reasons of public health. Further references to public health could be found in the Single European Act (Single, 1987): Article 18 (art. 100a TEEC) refers to the harmonisation of legal provisions, Article 21 (art. 118 TEEC) is on social policy, and Article 25 (art. 130r TEEC) concerns the environment. In turn, the Treaty of Maastricht (Treaty, 1992) introduced title X (public health) to the Treaty establishing the European Community (TEC) – Article 129 para. 1 subpara. 1 speaks of the Community contributing to ensuring a high level of human health protection,

while subpara. 2 reads that the Community's action is directed towards the prevention of diseases, in particular major health scourges. *Ipso facto*, public health became a Community policy.

As already mentioned, the Member States were the first to take measures, even if this resulted in violations of fundamental freedoms. Then, what could explain this passive attitude of the EU? What competence does the EU have at its disposal regarding public health? Under the Treaty of Lisbon (Treaty, 2016), the EU enjoys three types of competences: one that is exclusive (art. 3 TFEU), one that is shared with the Member States (art. 4 TFEU), and the competence to support, coordinate, or supplement actions of the Member States (art. 6 TFEU). Article 6 letter a speaks of the protection and improvement of human health; Article 168 para. 1 says that a high level of human health protection should be ensured in the definition and implementation of all EU's policies and activities; subpara. 2 says that the EU's action, which should complement national policies, also includes monitoring, early warning, and combating serious cross-border threats to health. In para. 5, in turn, one can read that the European Parliament (EP) and the Council may adopt incentive measures to protect and improve human health, excluding, however, any harmonisation of the laws and regulations of the Member States. There are also other provisions, such as title XXIII on civil protection, which mentions the EU's action to support and complement the Member States' action in risk prevention and in preparing their civil-protection personnel (art. 196 para. 1 letter a TFEU). Here, the EP and the Council also can adopt measures necessary to help achieve the set objectives, excluding, again, any harmonisation of the laws and regulations of the Member States (art. 196 para. 2 TFEU).

In the absence of a vaccine, states resorted to traditional measures, i.e. social distancing and shutting down certain sectors of their economies – responses which were justified, but which with time generated high economic and social costs. Since the measures taken by individual states affected

the single market due to cross-border effects, especially when the restrictions were lifted, the EU stepped in. Although states' responses followed a similar path, an uncoordinated approach to easing (lifting) restrictions could have had a negative impact (Alemanno, 2020, p. 314; Roloff, 2020, p. 30). This might be the answer to the question about why the EU stepped in when the Member States moved to the next phase and started lifting restrictions.

In March 2020, the European Council called for an exit strategy coordinated with the Member States. The joint European Roadmap towards lifting the COVID-19 containment measures was presented by the President of the European Commission and the President of the European Council. The Roadmap set out recommendations to the Member States to preserve public health while gradually lifting containment measures; it also provided a frame for ensuring EU-level and cross-border coordination while recognising the specificities of each Member State (Joint, 2020, p. 2). Further, it set criteria for assessing when to start rolling back confinement measures (epidemiological, health system capacity, and monitoring capacity) and what the principles are which the EU and the Member States should be guided by when lifting restrictive measures (action based on science, coordination, respect, and solidarity) (Joint, 2020, pp. 4–5). According to Alberto Alemanno, the Roadmap struck a fine balance between, on the one hand, the need for the EU-wide coordination, and on the other, the Member States' country-specific needs; it was an attempt at internalising cross-border effects and operationalising competences in a situation of emergency (Alemanno, 2020, p. 315).

The crisis accompanying the pandemic accelerated the adoption of other measures, such as the implementing of regulation establishing an export authorisation, required for the export of personal protective equipment (PPE) outside the EU, whether or not it originated in the EU (Commission, 2020a). It was France and Germany that had already imposed restrictions on exports

of protective medical equipment (Carreño, 2020, pp. 403–404), thus causing distortions on the internal market. Furthermore, the Commission decided to grant a relief from import duties as well as VAT exemption on import of goods, which were needed to combat the effects of the COVID-19 outbreak (Commission, 2020b). Other measures included joint procurement procedure (Communication, 2020a, art. 5), common criteria for legitimate border restrictions (Guidelines, 2020; Communication, 2020b; Communication, 2020c), green lines to protect health and to ensure the availability of goods and essential services (Communication, 2020d), as well as measures focusing on exit strategies, mainly with regard to social distancing. The Commission also came out with a proposal for a regulation regarding specific measures to mobilise investments in the Member States' health care systems and in other sectors in response to the COVID-19 outbreak, by mobilising cash reserves in the European Structural and Investments Funds (Proposal, 2020; Regulation, 2020). It increased the amount of *de minimis* aid granted by states to enterprises to 800,000 EUR (Communication, 2020e, point 22 letter a), allowed for the use of domestic funds to ensure access to liquidity and finance, facilitated COVID-19 research and development, supported the construction and upgrading of testing facilities of COVID-19 relevant products, and enabled the setting up of additional capacities for the manufacturing of products needed to respond to the outbreak (Communication, 2020f).

In earlier crises (SARS and Ebola), an important coordinating role was played by an informal group composed of representatives of the Member States, namely the Health Security Committee (HSC) (Decision, 2013a, art. 17), originally set up in 2001. The 2013 decision obliged the Member States to consult each other within the HSC and to coordinate, in liaison with the Commission, national responses to a serious cross-border threat to health, as well as risk and crisis communication (Decision, 2013a, art. 11 para. 1). This risk assessment and risk management coordination should, in turn, contribute to a high level of public health protection

(Pacces, 2020, p. 291). As for the current crises, an expert group was set up – composed of experts in, among other things, public health – to advise the Commission on measures to be taken at the EU level or to be recommended to the Member States for consistent, science-based, and coordinated risk management and risk communication (European, 2020a, art. 4), with the president of the Commission as a chair and the Commissioner for health as a vice-chair (European, 2020a, art. 6). Thus, there is a coordination at the EU level by means of a dialogue between technical (ECDC and expert panel) and political (HSC) bodies (Morvillo, 2020, p. 374).

Currently, the EU and the Member States are working together towards developing a common approach to safe COVID-19 vaccines, coordinating testing strategies, and facilitating the supply of protective and medical equipment.

The Member States' response to the pandemic

The main protagonists in the fight against the COVID-19 pandemic were states, i.e. governments and political leaders. Due to its scale and consequences, the pandemic became a strong political impulse. According to Hans-Wolfgang Micklitz (2020), one can even speak of the revival of the political through states that were saving lives of citizens and protecting population in border regions by establishing safety nets for economies, employees, and companies (pp. 249–250). It should be added that an effective crisis management at a state level depends on the proper functioning of key sectors of the economy, such as production, food supply, banking, healthcare, transport, IT services, and energy supplies – goods and services provided by international and domestic entities. As for the common market, it did not disintegrate, at least as regards cross-border trade, whereas personal freedoms, including free movement of persons and economic activity in sectors not considered essential, were suspended (Micklitz, 2020, pp. 249–250).

When an epidemic crosses national borders and becomes a pandemic, it should be treated as a matter of a common concern. However, contrary to what one might think, it was still treated as a national problem. In response to the pandemic, the Member States adopted their own, often differing countermeasures. However, despite an initial hesitation, states converged in their approaches and followed a similar path. The exceptions were Sweden and the United Kingdom (UK). Sweden decided not to implement lockdown, arguing that the best remedy to overcome the pandemic is to wait for the main wave of cases to pass and the population to become immune[6]. This does not, however, mean that no measures were taken, but much was left to the discretion of the people. A large part of the population decided to voluntarily distance themselves, work from home, and refrain from travelling. On the other hand, the government banned gatherings of over 50 people, visits to nursing homes for the elderly, and closed high schools and universities. In short, the country was dealing with a voluntary application of preventive measures and a responsible behaviour of individuals. In turn, in the UK, the so-called 'herd immunity strategy' was adopted. However, due to questionable results, lockdown was ordered eventually – the decision heavily criticised as being at least two weeks overdue. The UK should be treated as a special case in the context of Brexit and the withdrawal from the EU on January 31, 2020. No longer a Member State[7], its economic entities operate on the common market until an agreement on future relationships with the EU is signed or the transition period ends.

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[6] In the statement by Sweden's ambassador to the USA, one can read: "We believe the combination of voluntary and mandated measures is not only more sustainable for Sweden than a lockdown strategy but will strengthen the resilience of Swedish society to fight this virus in the long run" (Olofsdotter, 2020).

[7] In the EC's communication, one can find: "United Kingdom, being treated as a member of the EU until the end of the transition period" (Communication, 2020d, p. 3).

The EU States' responses to the COVID-19 pandemic pose the question about what caused the initial attitude. Was it the scale of the threat, limited resources, a fear of social resistance (civil disobedience), which manifested especially in the Netherlands (Janssen et al., 2020)? Or was it more about the style of governing resulting from the political culture, or perhaps merely a negative attitude of society to any kind of restrictions? As states' responses began to converge, social distancing became their main focus. Virtually all Member States required some social distancing, along with specific individual measures such as: bans on mass gatherings; closures of workplaces, schools, and universities; and restrictions on the movement of people, both domestically and internationally. Most states mandated the wearing of face masks, with the ECDC recommending the use of face masks as complementary to – and not a substitute for – the core preventive measures to reduce community transmission (Using, 2020). What is more, some states declared a state of emergency, while others (e.g. Poland) an epidemic. As mentioned, although initially there had been significant differences in countries' responses, they did converge with time. First of all, states began to imitate those countries which were hit first and most. This happened spontaneously, without the involvement of the EU and its mechanisms for cross-border crisis coordination (Alemanno, 2020, p. 311). While this emulation led to a relatively quick convergence of national responses, it translated into different combinations of regulatory interventions, which could explain some raised concerns under the EU's law due to cross-border spillovers (Alemanno, 2020, p. 311).

Currently, we are experiencing another wave of the pandemic and, therefore, each Member State is imposing some kind of restrictive measures.

Handling the COVID-19 crisis – assessment and recommendations

Faced with the pandemic, states were the first to take measures, which, however, affected the functioning of the common market, as restrictions can infringe fundamental market freedoms, even if they are justified by higher values, such as public health. It is even believed that this situation will advance their transformation into steering states[8], as it is states that will have to assure that healthcare sectors never again suffer from shortages and that key industries necessary to fight the pandemic are located in the EU (Micklitz, 2020, p. 253). What is even more important, human health became a priority; it can even be said that it regained its due place[9]; however, it will take time to see how long the trend will continue and whether it will be lasting.

How important timely reactions are could be seen in the case of Italy. The number of deaths would have been significantly lower had the quarantine been ordered at least two weeks in advance and had the population complied with the recommendations[10]. The lack of an immediate response from decision-makers led to the very large number of cases in a very short time. Was it because decision-makers treated the economy as a priority, while the danger of pandemic as exaggerated? Or did they think that since the epicentre was in the distant China, there was no reason to panic? Regardless of what states were driven by, the fact is that they delayed actions and responded only when health systems were at their limits.

Regarding the EU, more coordinated action sought by the Commission would have been desirable – attempts were made too late and were hindered by fragmented governance and the lack of a EU-wide framework for risk and crisis

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[8] See also Micklitz (2020, p. 253), where the author writes: "The COVID-19 threat is supposed to strengthen the transformation of the nation state into a steering state – «l'État Providence» in the format of the precautionary state."

[9] See also Micklitz (2020, p. 250), where he states: "The COVID-19 threat dictates the order of assistance – health first, then money; society first, the economy second."

[10] See also Rudan (2020, p. 6), where he says: "At least 100 times fewer people would be dying in Italy these days had they declared a quarantine for Lombardy two weeks earlier than they did."

management (Renda & Castro, 2020, p. 274). Although the EU has legal instruments and a dedicated agency, when it comes to public health it cannot harmonise the laws of the Member States – an important issue when dealing with cross-border health threats that require coordinated action (Renda & Castro, 2020, p. 277). The ECDC issued recommendations on criteria for registering patients with COVID-19, maintaining social distancing, and tracing contacts; the Commission published recommendations on testing strategies; and, recently, the Council has adopted a recommendation on restrictions to free movement (Council, 2020). However, these measures are not binding and it is up to the Member States who to test, whether to trace contacts, and what social distancing measures to apply (Renda & Castro, 2020, pp. 277–278). While some measures – such as quarantine, school closure, or even the suspension of economic activities – can be applied at national and regional levels, there is still a need for a coordinated approach to stop the spread of communicable diseases (Renda & Castro, 2020, pp. 278–279). Hence, a greater degree of centralisation would be desirable. Though there is some, albeit limited, centralisation, the WHO's and ECDC's activities essentially focus on collecting and sharing research results and providing guidance. Even if the EU adopted a decision that allows for the joint procurement of medical equipment, and if the Commission worked out a coordinated exit strategy, the core competences still remain with the Member States.

With limited competence in public health, however, the EU can act in other areas, e.g. it can finance joint research, including research into vaccines, treatments, and medical equipment (art. 180 TFEU), as well as it has a solidarity clause at its disposal (art. 222 TFEU), which may be invoked by the Member States (Council, 2014) to pool resources under the Civil Protection Mechanism (Decision, 2013b). In March 2019, this mechanism was reinforced by the rescEU capabilities (Decision, 2019), which allowed the Commission to establish a strategic rescEU medical stockpile and a distribution mechanism (Purnhagen et al., 2020, p. 299). The EU can also adopt measures that improve health as long as they remove obstacles to trade or significant distortions of competition, amend packaging laws to stop COVID-19 from spreading on hard surfaces, protect environment, and promote mutual recognition of fast-track qualifications (Purnhagen et al., 2020, pp. 300–301). What is more, the COVID-19 outbreak made it possible to apply Article 107 para. 3 letter b TFEU, which enabled the Commission to approve national supporting measures to remedy serious economic disturbances.

The EU has also a residual competence at its disposal in order to achieve one of the objectives in case the treaty does not provide for a specific competence. Social progress is such an objective (art. 3 para. 3 TEU). Measures adopted under Article 352 TFUE might not entail the harmonisation of the Member States' laws and regulations where the treaty rules out such a harmonisation (art. 352 para. 3 TFEU). States can also make use of the Integrated Political Crisis Response (IPCR) mechanism (Council, 2018), which allows for a timely coordination and response at the EU level in case of crisis, regardless of whether it originates inside or outside the EU. The said mechanism was activated on February 28, 2020, by Croatia. Equally important is the EU's budget and additional funds dedicated to the post-crisis reconstruction of Europe – such as the EU's Next Generation instrument – to support the recovery in the aftermath of the COVID-19 crisis, which was established under a recently adopted regulation.

The COVID-19 situation also advanced the debate on enhanced cooperation, a Union of variable geometry, and solidarity (European, 2020b). On the other hand, however, voices in favour of establishing the European Health Union were raised. Such a union, along with a biomedical research agency, would strengthen the EU's health security framework and enhance the preparedness and ability to respond to crisis situations.

Concluding remarks

The COVID-19 crisis left its stigma on social, economic, and political life of citizens, societies, national communities, and states. It led to an unprecedented restriction of freedom due to limitations on movement and the need for social distancing. In sectors where mainly small and medium-sized enterprises are present, the economy, production, and services were limited or even suspended. Politically, since it was necessary to make quick decisions, the executive branch was strengthened. As for society, social distancing affected social ties and mental health as well as people's beliefs, priorities, plans, and expectations.

The actors involved, measures applied, and the degree to which their responses converged were all analysed at three levels: global, regional, and national. Vertical relations, which were discussed, fit into the concept of multi-level governance of type I. It needs to be said that the linkages are the most pronounced between the EU and the Member States, and the least between the WHO and other actors. The reasons for this can be sought in competences, instruments, and means of influence that these organisations have at their disposal. Thus, the concept of multi-level governance, originally applied in the EU context, turns out to be a useful research tool, for it can also be applied to constellations other than the EU itself. It works particularly well where there is a need to manage public policies – one of which is public health – in a decentralised environment.

The COVID-19 crisis also highlighted the importance of an imminent and consistent response. Due to the global reach of health problems, the world is dealing with many decision-making levels and centres, i.e. actors with different competences, priorities, and interests. However, only a concerted response could bring the desired results, i.e. measures taken at different levels (national, regional, global), by various actors (states and international organisations), and jointly coordinated. When it comes to the EU, it needs to be said that its competences to monitor health threats and to assess risks are insufficient, especially when an immediate response is needed, but they are not without significance.

The current pandemic is not only a painful experience, but also an opportunity to rethink policies and draw conclusions for further development. It can already be said that COVID-19, which tests the limits of the EU's competences in the field of public health, will become a catalyst for progress in crisis situations. It also proves that the EU's competences, albeit limited, do matter. And, as in any crisis situation, it became possible to take measures that would otherwise be impossible.

When the primary competence in the field of public health lies with the Member States and the EU can only support and complement state actions, then a permanent, institutionalised cooperation, one based on a multilateral agreement, is worth considering. This also applies to the wider international context.

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Possible Sustainable Measures to Recover the Tourism Sector after the COVID-19 Crisis

Abstract

Objectives: The objective of the present contribution is to identify and propose measures that could constitute a starting point for the governance of many tourist destinations, making it possible to revive the tourism sector, which is in a deep crisis due to the spread of COVID-19.

Research Design & Methods: The paper includes both local and global analysis, and pays special attention to important Italian tourist destinations. The destinations chosen for case studies are: Lake Como, Langhe Roero Monferrato, and Amalfi Coast. The study starts with the history of the Italian tourism and then focuses on the recent trends, the best practices around the globe, and the opinions of different stakeholders of three selected territories. The analysis and evaluation of the best practices aims at identifying and proposing some replicable models and strategies that would further improve the tourism sector.

Findings: Tourism is an already well-consolidated sector and consists of the exchanges and consumption of goods and services. For this reason, it is also susceptible to various changes. In some countries, the organisation of the tourism supply chain had always been fraught with many difficulties. Since the arrival of the pandemic, it has been challenged even more. It is estimated that the real damages will be quantifiable in a few years, when, hopefully, COVID-19 will no longer be a threat.

Implications / Recommendations: The research shows that the academic sector and public governance should act quickly in order to seek appropriate and useful solutions and concrete proposals for safe travel, as well as help recover the tourism industry after the crisis. In this regard, a collaboration between different stakeholders in the tourism sector could be particularly helpful.

Contribution / Value Added: In order to mitigate the disastrous effects of COVID-19 in the tourism sector, some measures have been proposed. The research is based on a multidisciplinary approach focusing on planning, business management, tourism governance, and the sociological impact.

Article classification: research article

Keywords: Tourism governance, tourism post-COVID-19, sustainable tourism development models, recovery of tourism, best practices in the tourism sector

JEL classification: R580, Z320, Z330, Z380

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Introduction

It is well-known and inevitable that the crisis connected with the spread of COVID-19 has impacted and continues to impact every single area of life. The present contribution focuses predominantly on the tourism industry and on the visible acceleration of change processes aimed at the development of sustainable tourism.

Tourism is an already well-consolidated sector and consists of the exchanges and consumption of goods and services. For this reason, it is also susceptible to various changes. The tourism industry has an intense potential to grow and generate revenues. Before COVID-19, travel and tourism had become one of the most important sectors in the world economy, accounting for 10% of global GDP and more than 320 million jobs worldwide. Tourism-dependent countries such as Italy will likely feel the negative impacts of the crisis for much longer than other economies will. Services which are key to tourism and travel have been disproportionately affected by the pandemic and will continue to struggle until people feel safe to travel *en-masse* again.

The present paper focuses on the effects that the (COVID-19) crisis produced in the tourism sector, leading to the immediate shock with a sensitive decline (United Nations, 2020) of international tourism and the economy related to tourism. According to the OECD Report (2020), the decline in question in 2020 is estimated at 60–80%. This paper elaborates on both the solutions which could mitigate the disastrous effects of the pandemic and the proposition of strategies for improving the efficiency of the tourism sector as a whole by means of responding to the needs of the 'new tourist'.

The presented strategies constitute a starting point for structuring a revival of the tourism sector. Therefore, some possible solutions would involve adopting certain characteristics of particular territories. To expand on this topic, a case study was conducted with regard to 'virtuous' Italian destinations, which could represent current models

of balanced development, based on analysing different visions, strategies, and actions both before and after the pandemic. The investigated locations include: *Lake Como, Langhe Roero e Monferrato*, and *The Amalfi Coast*.

The analysis was conducted primarily with the use of numerous interviews with different stakeholders, including public and private stakeholders of the selected destinations. The three destinations considered as a model are among the 'strongest' Italian tourism brands on the international market. They are realities with a well-defined and recognised vision and strategies. Later in the process, surveys were analysed and evaluated with the aim of identifying and proposing some replicable models and strategies to improve the tourism sector.

The current trends in Tourism

After six decades of consistent development, tourism has become an important driver of economic growth. On average, the sector directly contributes 4.4% of GDP, 6.9% of employment, and 21.5% of service exports in OECD countries. It is of vital economic, social, and cultural importance, and offers real prospects for sustainable and inclusive development. Globally, in 2019 it represented an increase of 3.8% year-on-year for the first time (UNWTO). Tourism continues to make an important contribution to the Italian economy. Including indirect effects, in 2017 it accounted for 13.0% of GDP and employed 14.7% of the workforce. Tourism industries employed 2 million people in 2018, accounting for 8.3% of employment. It is estimated that 216.100 businesses were operating in the accommodation sector in 2018, while travel exports represented 39.9% of total service exports in 2018.

In Italy, data for 2018 shows a steady and positive growth. According to accommodation statistics, the number of inbound visitors increased to 63.2 million (increase by 4.4%). The top inbound markets included Germany (19.3% of tourists), United States (9.0%), France (7.5%), the United

Kingdom (6.0%), and China, with the United States exhibiting strong growth, up to 15.7% over the year 2017. On the other hand, the number of German visitors was flat over the same period. Almost 60% of international arrivals seemed to head for just four regions: Veneto, Lombardy, Lazio, and Tuscany.

Unfortunately, such a situation has unexpectedly and rapidly changed with the arrival of the pandemic in 2020. Countries around the world started with imposing bans or 14-day self-isolation periods for travellers from certain countries with high COVID-19 infection rates, such as China and other Asian countries. Later, these bans were extended to other countries, such as Italy and Spain. By April 28, 100% of global destinations had introduced travel restrictions. This had a devastating impact on the tourism industry.

According to the latest issue of the UNWTO World Tourism Barometer, International tourist arrivals (overnight visitors) fell by 72% in January–October 2020 over the same period last year. The decline in the first ten months of the year represents 900 million fewer international tourist arrivals compared to the same period in 2019, and as such translates into a loss of US$ 935 billion in export revenues from international tourism, which is a loss of more than 10 times in 2009 under the impact of the global economic crisis. International arrivals in both Europe and the Americas declined by 68%. While the demand for international travel remains subdued, domestic tourism continues to grow in several large markets such as China and Russia, where the domestic air travel demand has mostly returned to pre-COVID-19 levels[1].

Nowadays, the tourism industry is very complex and involves both private and public stakeholders, with different goals in many instances. Moreover, this sector is made up of an articulated and unstructured context where a collaboration is considered as an added value by the different players involved. The interests of online marketing platforms, airline companies, and others are the result of their business models, without ignoring the needs of local operators.

The dynamic imbalances in the continuous evolution, driven by an unlimited growth, are creating the conditions and the outcome of an unsuitable model of tourism (Franch & Perretta, 2020). This situation is inevitably detrimental not only to the private stakeholders and to their purely economic purposes, but also to the inhabitants of the cities. In some areas, the damages have led to a paradoxical situation in which it is residents who are forced to use services designed for visitors rather than the other way round (D'Eramo, 2017).

A return of the tourism flow is estimated for 2023/2024[2]. However, it is most likely that there will be a different market by then, and the differentiation of the offer will play an even more important role. The territories, today more than ever, should appropriately structure themselves in order to manage tourism rather than become its victim.

In this particular period, the most successful destinations are the ones with a clear and medium- to long-term vision in terms of environmental, social, and economic sustainability. This means the destinations that have constantly directed their offer towards the 'conscious' tourist and undertaken actions for visitor management would be shared among different stakeholders in a particular area. Sustainability and reliability are currently two factors which appear to be of vital relevance to the tourism sector. They can constitute a key element of attracting tourists, who will increasingly turn to well-known tourist brands as well as reliable service providers and destinations.

The economic, social, and environmental balance of the territory should be restored as soon as possible. This could be achieved through the appropriate balance of power that goes beyond the economic forces put in place. Only a system which applies a sustainable strategical approach

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[1] The data reflects the end of the year 2020, i.e. the moment of the conclusion of the present contribution.

[2] See: https://www.unwto.org/covid-19-and-tourism-2020.

in all areas – and which enhances its resilience capacity – can succeed.

The propositions

The academia often has a theoretical formula and visions that are very different from theories of the stakeholders following tourist destinations on a daily basis; the latter act based on their practical experiences and sentiments. In some countries, the academic sector tends to imagine certain solutions in an idyllic context, underestimating (or ignoring) the political implications and the 'dispersive resistances' created by bureaucratic processes. Specific relevant courses at universities were only introduced in the 1980s. A visible acceleration occurred in the 1990s, especially in the United States and in Europe; in some European countries, however, the changes were only applied at the end of the 1990s (Gilli & Scamuzzi, 2020). As mentioned before, the tourism sector very often suffers from an excessive fragmentation and a lack of coordination and integration among its stakeholders (Gilli & Scamuzzi, 2020). Therefore, it would be advisable to develop more structured and widespread solutions that would involve universities and other institutions, with the aim of making them collaborate. For this reason, we propose a different structure of Universities, i.e. one which would be able to build solid and permanent support to public stakeholders involved in promotional activities and the policy of both big and small territories.

Quality and a sense of responsibility are among the key components. In order to have an active tourism sector, a territory should provide and guarantee appropriate public services, and 'build an infrastructure' on which the entrepreneur might create their own product for the final consumers. Moreover, the public management too often relies on staff who are not adequately and specifically trained in the tourism sector.

In order to identify the interconnection between tourism, consumption, and places, it is necessary to build a collaboration among territorial policies that try in various ways to stimulate tourism and the social imagination of places. Practices, policies, and representations are the result of interactive processes that interest both the suppliers and the consumers of tourist products. In fact, tourism is made up of different networks and circuits that are connected to each other and that operate in a continuous dialectic between production and consumption, where these two aspects are in mutual hybridisation (Ateljevic, 2000).

The following ideas have been developed by means of assuming the perspectives of tourists, residents, entrepreneurs, and politicians. Some of them are inspirations which come from industries different than tourism, but which use techniques or tools that are available but not employed (at least not on a large scale) in the tourism sector. Other ideas would prove particularly important in terms of resource deployment, because the current situation requires extraordinary interventions. As Daniel Burnham, an architect from Chicago, said: "Make no little plans; they have no magic to stir men's blood and probably themselves will not be realized. Make big plans; aim high in hope and work" (cited in Moore, 1921, p. 147).

Possible sustainable measures for a tourism recovery plan after the pandemic:

It should be noted that each destination should possess the following information and 'field knowledge':
- which markets are the most prepared for their own reality in order to prevent the dispersion of energy and marking resources;
- what the most relevant and peculiar expenses of tourists in a particular place are[3];
- the percentage of expenditure *per capita*, considering the tourist's country of origin in a given sector;

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[3] Accommodation, entertainment, restaurants, purchases of goods/services, etc.

- whether there are some accommodation preferences among tourists (both national and international), i.e. hotel category, tourist villages, camping, independent apartments, etc.[4];
- tourists' preferences and choice trends in particular locations and cultural sectors as well as within business travel, etc.;
- the importance of a correct adaptation of infrastructure, which can also make it possible to direct many strategies and marketing activities by using updated statistical data;
- the constant monitoring of social trends, because the consumers, their lifestyles and the tourist demand are all in continuous development[5];
- a sufficient Destination Management Organisation (DMO) in a given destination, which would oversee the promotion of territories, including the smallest one. The reason is that every destination has its own history and particularities to appreciate and valorise. Even a small number of staff members could be enough to carry out a commercial promotion in some small territories which, in turn, might collaborate and support the tasks of larger DMOs. Their work should be effective, efficient, and able to deliver measurable results. Below is a breakdown of the proposed measures.

1. Improving Network

Sharing and networking appear to be the antidote that allows the system to improve capacity and solve problems more efficiently. Trans-regional synergies can be the forerunner towards a shared management of tourism. Each territory has its own peculiarities to be exploited, but at the same time they all have a common basic and regulatory language to facilitate the exchange and applicability of the best practices. The intention is to create a relational context that is suitable for defining, promoting, and facilitating the implementation of the identified actions in order to address issues in the COVID-19 era. The following behaviours are considered appropriate:

- Permanent synergies between territories:
  It is about the encouragement of the creation of partnerships between territories with similar peculiarities as well as enhancing and promoting them in order to reduce promotion costs, increase the sharing of know-how, and boost attractiveness. Territories would then be able to have an even greater power of attraction, leveraging on established 'musts' and well-recognised characteristics[6].
- Temporary synergies between territories:
  Encouraging the creation of collaborations between territories united by a *fil rouge*, and reconstructing itineraries between lands – even of different regions or nations – that are united by the same common denominator. The author is referring to celebrations or historical traditions, sports, and famous individuals[7] who can be attractive to certain target groups of associations, enthusiasts, or those who are curious.

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[4] Knowing in advance what kind of accommodation will be in the highest demand in the next few years could be highly relevant not only for the accommodation facilities, but also for public governance.

[5] This information could help to create a more contextualised offer. Knowing that nowadays there is an ever-increasing number of 'megacities', single-parent families, and elderly people (at least in some countries) inevitably directs the practice of spending which is more focused on services such as health assistance, education, and travel (ENIT, 2020).

[6] Such a tourism reality can overall be successful as a sum of offered values. This success can also depend on secondary factors such as family holidays or groups interested in different components, e.g. culture, mountains, etc. A case in point is the agreement to create a network for the Langhe Roero, Monferrato, Val d'Orcia, and Valdichiana wine-and-food routes. More information is available at: https://marketingdelterritorio.info/index.php/it/notizie/3652-patto-tra-toscana-e-piemonte-per-promuovere-tartufi-e-vini-nobili. Therefore, the attractiveness results from the combination of different territories united by their high-quality food and wine; they also offer complementary added values, e.g. urban art or a mountain component.

[7] E.g. the centenaries of the birth or death of historical figures: Christopher Columbus, Dante Alighieri, Leonardo da Vinci, Federico Fellini, etc. The niches of motor lovers: Ferrari, Ducati, etc.

- Support between territories:
  Sharing managerial, promotional, and production know-how between 'territories' through a bonding-networking function that helps some territories with a lower-vocation-and-less-history-for-tourism to be supported and helped by other territories;
  – bordering territories, which – although they are close to each other – have a different history and tourist know-how, or a different target group. However, an improvement in this case of the 'less-developed' reality would bring an advantage to the area's business. It would most likely contribute to the improvement of local services (transport and supplies), making the area more attractive to an international audience[8];
  – distant territories, e.g. when some territories support others, i.e. those located in different regions[9].

2. Improvement in educational methods

Academia:

In addition, the tourism sector needs a wide range of professionals so that it can operate at its best, with the resultant complexity (and need) to develop new and interdisciplinary educational offers. It would therefore be desirable to have:

- a stronger interdisciplinary cooperation and increased educational offers, with different specialisations useful for each specific segment (i.e. tourism engineering, management, languages).

The aim is to reduce the training gap in tourism and bureaucracy in general;

- a more effective and incentive-based (also economically) orientation of students towards new hybrids in line with the (future) needs of the job market, owing to collaboration with organisations able to forecast the evolution of tourism in the next few years as well as markets in which a greater appeal is expected. This requires a cooperation between the government, universities, and institutions such as the national employment agency and the national tourism agency[10].

Professional courses:

Support in mitigating the historical educational gap caused by prejudices, delays in developing a training offer, and the lack of dynamism in the current offer.

Chambers of commerce:

They can help with the IT transformation through one of the few certainties already 'standardised' at the national level in almost all countries. Their support could be essential in education and training, especially in the digital transformation, while their ability to play a leading role in the creation of networks for achieving shared goals that are useful to all local stakeholders could also be enhanced (these stakeholders include citizens who are not being heard, with repercussions in terms of conflict, which impoverish society and the tourist offer)[11].

3. Upgrading the Web service for tourism promotion

It is desirable to improve the efficiency and shared management of tourism promotion aimed at the conscious target tourist.

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[8] In Italy, it is about the cases of the Como region with the Lecco area, or, again, the Langhe-Roero area with Monferrato.

[9] E.g. in the case of winning a prestigious international recognition, such as the UNESCO Creative Cities Network (UCCN). A city supports and advises another city in the same country, and has the potential to join the network, but first needs to fill a gap and improve in order to deserve the recognition. The constructive approach makes the two cities 'allies' rather than competitors, e.g. in a national event such as a gastronomic tour of the country.

[10] E.g. by incentivising the study of languages which, according to current estimates, will be needed in the tourism industry in 5–10 years. In other words, it is about training tomorrow's professionals by providing support now.

[11] For an example of a tourism promotion video in which the Chamber of Commerce involved stakeholders from the area, see https://www.youtube.com/watch?v=AeISZ2YTiTo.

A country's official website for tourism is often underpowered and little used by tourists themselves. An innovative user experience and user interface design would improve its appeal. In addition, organising the website around the structure of a geographical map which can be filtered through specific searches would encourage interest in using the site and, as a result, would ensure a more efficient promotion of the territories (with greater advantage for less famous tourist brands). A further advantage of such a graphic design would be a feature to display on the map all the official sites of those destinations which are not easily identifiable by a foreigner.

A service like this should make life easier for those who have to advise tourists on a daily basis (e.g. hoteliers). Destination Management Organisations should encourage shared participation in drawing up a calendar of events, to which all stakeholders in the area should contribute; it should be drafted by the DMO and redistributed back to the stakeholders so that they can become the main promoters.

4. Enhancing the efficiency of the national statistical service

It is of crucial importance to enable as many stakeholders as possible to use these services. To do this, statistical data should be collected, processed, and distributed as quickly as possible[12]. Advanced approaches and systems are also needed in all three phases of the process. A comparison of data between statistical systems in other EU countries would help to refine the data and reduce errors[13]. Data should also be easily accessible and explorable, with user-friendly interfaces for an easier use by all types of stakeholders in the tourism chain[14]. The aim is to rapidly raise and spread the awareness of trends among all stakeholders, thus improving the competitiveness of the entire national system.

5. Planning the medium- and long-term development and management

To be implemented, these strategies require some greater involvement of public and private stakeholders, as well as the integration of data on movements with information on preferences and behaviours, with the networking and sharing of big data. To this end, it is proposed that medium- to long-term tourism development and management plans should be created and shared with all the stakeholders (including the residents). This should involve:

- developing urban plans that take into account the needs of tourists and the residents, as well as consider the flora and fauna;
- an adequate regulation of new critical issues, giving a break to 'easy' entrepreneurship that devours the authenticity of the places by removing 'the soul' of the local place, making it unsustainable[15];
- new investments to improve basic resources, e.g. the community, human resources, the environment, the landscape, and local particularities. It is desirable that this happens in a more proactive manner so that these

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[12] See: https://www.econopoly.ilsole24ore.com/2020/09/23/turisti-big-data/.

[13] E.g. the numbers of Polish tourists in Italy should be the same in both Italian and Polish surveys, which will help to explore the cause of the discrepancies.

[14] E.g. hoteliers who do not have a statistical *formamentis*.

[15] For instance, some limitations could be placed (where necessary) on the use of short-term rental apartments, such as those on the Airbnb platform. When adopting suitable measures for specific cases, some possible solutions are reported: (i) to establish a maximum percentage of accommodation activities (including Airbnb) on the number of the resident population; (ii) to implement an obligation of minimum services related to the overnight offer (check-in in person, living together in the apartment); (iii) to introduce a maximum number of days in a year for which the apartment can be rented (e.g. in Vienna). In any case, it would be desirable for the taxation derived from these activities to be used in the urban tourism sector or in general for investments aimed at balancing any imbalances deriving from the activities themselves, also assuming discounts on municipal taxes (refunds) to residents for inconveniences and less efficient services.

measures can generate new economic opportunities, either complementary or alternative to the current industrial model (which, in its current transition of global competition into industrial-manufacturing, is facing a decline);

• developing targeted systems capable of grouping data and tools which advise and encourage residents and tourists to behave responsibly, preventing the 'system' from going into a logistical crisis. City cards or/and mobile apps (transport, museums, main attractions) aim also at:

(1) improving services and public transport by means of conveying the use of more sustainable solutions with tourist profiles and passes;

(2) providing data and tools for the territories in order to manage critical situations in a better way. These integrated systems can also be useful for assessing the impact of events on the territory, allowing administrative organs to optimise their investments;

• encouraging behaviour (of both residents and visitors) that meets the requirements of sustainable development (including tourism):

– encouraging the involvement of the residents themselves as primary promoters of their territory;

– encouraging the organisation of workshops for school and university students as well as courses for the elderly in order to train and inform them about the changing territory[16];

– encouraging the involvement of residents as tourists (e.g. with reduced rates for tourist attractions), thus encouraging their spirit of belonging, as they are the first promoters both within social networks and among their relatives and friends in the territory in which they live. It is an attitude that might seem obvious, but it is not always the case. In this, the public stakeholders apparently do not play a role, as they have repeatedly highlighted. Take the case of a reality where residents have come to the point of being intolerant of tourists; what if they were rewarded, as some would have it? Instead, let us imagine a tourist voucher for making the resident associate the word 'tourist' with a prize, as it really should be.

6. Stemming depopulation in inland areas

For the recovery and reinterpretation of territories in the phase of the abandonment of activities, and in order to avoid the resultant decay of territories and the respective cultural loss of unique and different peculiarities (even between neighbouring places), some useful tools can be implemented in the form of local projects, with the collaboration of institutions and with their management. For this purpose, experts in different sectors are required (Task-Force) who can collaborate on different projects distributed across a region, sharing training, experiences, and solutions to be adapted by local bodies. Among the possible initiatives to be taught and encouraged, there could be:

• initiatives aimed at making the territory attractive for Workstation[17];

• participation in calls for funding;

• the promotion of entrepreneurial initiatives by residents while meeting the requirements of sustainable development; this can be done through the creation of platforms on which

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[16] E.g. the training that was provided by the Olympic Games organisation for Turin 2006 Volunteers. In the years prior to the event, young people had been trained and owing to that they were able to make their contribution as volunteers during the Olympic Games. They also acquired knowledge of the practicable sports disciplines and generally developed a proactive and welcoming approach towards tourists.

[17] See, e.g., the proposal made in the Italian municipality of Santa Fiora: https://www.comune.santafiora.gr.it/index.php/2-non-categorizzato/1087-santa-fiora-lancia-lo-smart-working-village-incentivi-sull-affitto-per-i-lavoratori-che-desiderano-trasferirsi-nel-borgo-amiatino.

local commercial activities (e-commerce, e-business) can be enhanced[18];

- incentives to enhance local traditions through hotels, food and wine, etc., as well as teaching about these;
- support for the enhancement and dissemination of the narrative of places as a tool for the recovery of the cultural repertoire, the creation of a network of literary and artistic itineraries, as well as the reinterpretations of places[19].

7. Valuing the reality with partially unexpressed potential

It is necessary to announce national and European projects[20] aimed at exchanging good practices and promoting international tourism marketing, with the aim of focusing attention on the diversity of European destinations and enhancing the emerging ones, where new sustainable tourism and various initiatives are being developed. It is also needed to encourage different categories banned every year through the 'prize system'. Examples of possible incentives include:

- the exchange systems of hospitality projects between administrative organs belonging to the project or network;
- tutoring territories (seen as start-ups to be incubated), where the officials are joined by expert technicians who provide support in various thematic areas relating to tourism (tutors who move between the territories and play a role in sharing know-how and stimulating collaboration between territories)[21];

- awards, prizes, media visibility, partnerships with 'promoters' such as direct influencers, documentary programmes, or television programmes on national networks[22].

It would also be advisable to make more use of the attractive power of food and wine, with cooking schools for tourists organised by institutions and consortiums in order to provide the typical experience. It is important to merge the experience of trying to prepare foods typical of the host country (with local ingredients) with the full wrap-around experience in order to leave a memory that encourages the purchase of local products (even if the tourist has returned home). This can be done through:

- taking advantage of the 'mergers' of multiple offers and different activities in order to attract more groups with multiple targets[23];
- the promotion of – and continuous investment in – positioning through storytelling that helps to keep the 'fables' and legends belonging to the territory (the *genius loci*) alive.

8. Sustainability – over-tourism and gatherings in the era of COVID-19

It is already well-known that globalisation has contributed to some critical issues and breaking points, most of which have been highlighted and accelerated by the global pandemic. The effects of over-tourism and the COVID-19 contagion in the tourism sector can be read as two sides of the same coin, which are represented by the intrinsic fragility of many territories and tourist destinations (Franch & Perretta, 2020).

It is expected that in the coming months tourists will pay greater attention to safety and hygiene. To facilitate and improve this, some preventive

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[18] E.g. eBay project that raises the awareness regarding Italian excellence in the world. See: https://pages.ebay.it/borghi-italiani-imprese/.

[19] See, e.g., the urban regeneration process in the municipality of Favara, which started from the Farm Cultural Park: https://www.farmculturalpark.com.

[20] For a useful starting point, see the EDEN project: https://ec.europa.eu/growth/sectors/tourism/eden_en.

[21] Thus complying with previously elaborated point 1.

[22] E.g. "Il Borgo dei Borghi", broadcast on Italian public television and available at: https://www.rai.it/borgodeiborghi/.

[23] E.g. cycling and landscape tours (also accessible to non-sportsmen) that provide a different point of view and combine experience and physical activity with the possibility to discover the landscape, culture, and gastronomy.

measures should be taken in both public and private sectors. Consequently, it is necessary to prepare security measures in holiday resorts, although they should also apply to staff behaviour and various services provided (Destinations & Tourism Rivista di Destination Management e Marketing, 2020).

Here are some of the measures that can be adopted in the case of problems regarding gatherings:

- 'educational trainings' for tourists, which could take place through information and warnings provided before and after their arrival at the destination via the Internet, apps, and reminders posted at strategic points;
- various trainings and coordination courses organised for stakeholders, through which the issues of tourism and hospitality in times of COVID-19 are presented and explained, supporting the coordination and the exchange of feedback in the territory;
- a low-budget solution (created through the combination of the two previous measures) consisting of information activities (e.g. the creation and subsequent distribution of short videos), which would involve many tourist-services providers. This way, the dual purpose of involvement from stakeholders and the creation of a unique image of a territory could be achieved[24];
- expanding the services of public transport in order to take tourists to major (or secondary) attractions via alternative or newly established routes (which could be even more comfortable because of a lower rate);
- information on gatherings provided in real time by webcams, sensors, or apps. This way, arrival of other visitors to some places could be prevented by means of suggesting alternative places in the most crucial moment;
- reducing the waiting time for visiting a place (indoor attraction):

  - reducing queues through a special booking system that is efficient and incentivising (which psychologically leverages pricing policies and allows the accumulation of prizes, games, etc.);
  - introducing fast tickets or quick visits (with a shortened route or with a limited time so that only some of the available attractions can be seen);
  - implementing specific tools that take the following into account: prices, peak hours, the combination of visits to different attractions (especially those less known);
  - providing a virtual visit before the real one.

Conclusion

As could be seen, sudden changes of pace are the result of globalisation, trends, and technological and cultural advances, all of which inevitably create repercussions on slow systems. It is easy to imagine that a system with delayed reorganisation creates significant imbalances that lead to failures and losses of traditions. Cultural heritage is rich in content and is highly appreciated by tourists, even if some elements are underestimated through inadequate offer preparation (e.g. omitting the cuisine or the authenticity and excellence of the territory).

Authenticity should be preserved, because it is becoming increasingly rare to belong to only some resilient realities. These realities constitute small systems and live within larger systems which are partly protected by them. Authenticity survives in these '*matryoshka*' systems, and in some unexpected and potentially dangerous cases it is up to us to increase their number.

For this reason, the authors have attempted to evidence that the right solutions already exist in other industries; they just need to be extrapolated and adapted to the tourism sector. One has to keep in mind that tourism has a strategic importance for the economy of various countries[25]; therefore, it

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[24] As an example, see a suggestive video of Lake Como available at: https://www.youtube.com/watch?v=AelSZ2YTiTo.

[25] See https://www.europarl.europa.eu/factsheets/en/sheet/126/tourism.

should be taken into account similarly to how other 'trades' are considered. In this regard, the recent trends need to be analysed and stakeholders consulted in order to study these particular changes and to create some models of corrective measures for improvement. The difficulties are intrinsic in any system and grow according to the pace of its changes, but it should not be discouraging.

The post-COVID-19 time could represent a long-awaited political maturation. This serious crisis has highlighted structural gaps even more. Many States can receive extra funds in order to recover their economies and, consequently, also the tourism sector. These funds should be used in a right manner with the aim of creating a plan for development in the medium- and long-term perspective through a greater training, collaboration among various stakeholders, more sustainable exploitation of cultural and natural resources, and a better use of the available tools.

In conclusion, it should be stressed that the more the proposed solutions will be integrated and connected to each other and to the system, the more effective they will become.

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