

The HR Challenges: Building Workplace Resilience in the Healthcare Industry During the COVID-19 Pandemic- A Systematic Review

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Abstract

The COVID-19 outbreak has wreaked havoc worldwide, disrupting industries and life, posing hitches for stakeholders, organizations, and common people. The viable workplace and smooth living have been challenged and forced the organizations to introduce an innovative, imaginative, and comprehensive approach to respond to the challenges. The companies have been striving hard to adjust to the new normal. At the same time, the government, on the other hand, is trying to normalize the situation for the general public. Industries have maintained their services by implementing a work-from-home strategy. However, for the healthcare industry, it was not an option. Though telemedicine/consultation was hailed as a solution, but in low-income countries, it was met with skepticism, forcing health personnel to contact patients personally. However, this has jeopardized health workers' lives and resulted in a human resource shortage. Nevertheless, the study aimed to identify HR challenges and interventions to create a resilient workplace.

Nonetheless, following a systematic review from 17 databases, the HR challenges and strategic responses for a workable workplace have been highlighted. The results identified are

shown in the table enlisting as challenges, manifestation, strategy, and different levels of the interventions. Furthermore, HR professionals devised a plan for the employees to rejuvenate and refresh themselves from stress and weariness by doing meditation yoga sessions that gave physical and mental support. All of these techniques contributed significantly to a stable working environment.

Keywords: workplace resilience, COVID-19 pandemic, WHO, healthcare workers (HCWs), PICO.

Introduction

The COVID-19 pandemic has resulted in a significant loss of human life worldwide and has posed unexpected challenges to public health, the food system, and the workplace. (1) The pandemic has posed irregularities in trade and livelihood for nearly two years. The Organizations, Stakeholders, Administrators, and Executives associated with industries have been trying to adjust to the new normal. However, the question is, how to establish a new normal at the workplace, national, and sub-national levels? In fact, governments, individuals, communities, businesses, and healthcare providers have all contributed to a community-wide mitigation approach aimed at reducing disease and mortality rates, as well as the social and economic effects of the COVID-19 pandemic. (2) While human resource (HR) leaders have been at the forefront of the global response in the organization. (3) Perhaps one of the most salient HRM challenges stemming from the COVID-19 pandemic involves adjusting new and current health workers to drastically altered work conditions, such as implementing resilient workplace policies and procedures to curb the spread of the virus. (4) Resilience is an innate trait considered individuals' physical and psychological characteristics. (5) During such a pandemic, no doubt, clinicians in healthcare organizations across the globe are true heroes

who have risked their lives to safeguard others during the SARS-2. The world is saluting these doctors, nurses, and other clinicians who played a direct role under very challenging situations during pandemics. Several cases have been written showcasing their contributions, and they deserve to be acknowledged.(6)

On the other hand, the article provides a deep sense of recognition to non-clinical professionals who work in a healthcare organization, not as direct patient care providers but as indirect healthcare providers. Thus, the study narrows the field from non-clinicians to HR professionals, highlighting the challenges of building a resilient workplace in the healthcare industry, which is now undergoing severe disruption because of the COVID-19 outbreak. The healthcare organizations were inundated with patients, and the shortage of infrastructure, human capital, and other resources hampered the provision of healthcare services. The restructuring of the healthcare system to the requisite standard was a struggle, and this is where HR managers played a crucial role, albeit they aren't given as much credit as clinical doctors. In the present context, resiliency has become a new approach.(7), and healthcare sectors are strongly obliged to adjust to this new normal. As a result, HR managers are laden with the responsibility of engaging healthcare employees, embracing digitization, reducing costs while withstanding efficiency, and gaining access to new technologies that stress and lead them to an apprehensive normal. The epidemic undoubtedly has troubled healthcare activities for nearly two years, and the existing strategies are ineffective for ensuring the safety and protection of healthcare workers. However, HR personnel has a huge load on their shoulder rebuilding a resilient workplace. Several studies have been done on clinicians' psychological impact(7) physical and mental effects(8) of the COVID-19 pandemic. Not many studies have been found on HR personnel who were equally exposed to the risk during a pandemic. Therefore, the study intends to recognize and give credit to HR personnel for their unwavering contributions to the healthcare industry. They have shown great courage and

commitment in successfully establishing sustainable and resilient workplaces. The project took six months to complete; since then, there has been a lot of progress and growth and the possibility of more research.

Literature review

The whole cosmos is confronted by unprecedented healthcare delivery challenges and a public health emergency. The COVID-19 pandemic has disturbed the healthcare system, putting pressure on healthcare providers to deliver high-quality, comprehensive care. HR strategy and the healthcare system have failed to meet demand, putting HR managers and healthcare professionals under a lot of stress. (8) It was challenging for HR managers to maintain existing strategies despite everyday problems, and remote healthcare delivery was not an option. It was challenging to motivate and engage healthcare professionals whose mental health and well-being had been affected and at an increased risk of stress, burnout, moral harm, depression, trauma, and other mental health issues. (9) The composite database incorporated numerous national and sub-national reports to provide the most up-to-date information for a country like India. Discrepancies such as date range overlap or disputes between the federal and sub-national levels resulted in inconsistent and unstable recommendations, posing another problem for administrations. (10) According to WHO guidelines on "Workplace Risk Assessment," the COVID-19 pandemic is mostly spread through respiratory droplets and contact with contaminated surfaces, according to WHO guidelines on "workplace risk assessment." As a result, occupational exposure can occur at any workplace. During work-related travel to and from a location with local community transmission.

Contaminated objects or surfaces constantly expose a risk. COVID-19 could be transmitted to anyone who came into close contact with someone infected. Therefore, the probability of

COVID-19 transmission in human contact is higher. (11) Accepting the danger of COVID-19 infection among medical professionals required administrative and HR strategies to address and thoroughly investigate the challenges. Another WHO recommendation combines human resources for health managers and policymakers at the national, sub-national, and facility levels to develop, manage, and sustain the health workforce required to combat the covid-19 pandemic, maintain vital health services, and safeguard the public. HR practitioners confront substantial difficulties in putting existing ideas into practice in this area. During the covid-19 epidemic, high turnover rates, staff shortages, record compliances, healthcare worker safety, training, and development were all issues in the healthcare industry. (12) Above all, HR staff had to deal with workplace stress, a problem at work, and a threat to physicians' lives, all while alleviating the COVID-19's dread at work. (13) The assurance of support and security instilled confidence in the medical personnel. Frontline healthcare workers who were victims of violence, mental stress, and verbal and nonverbal threats faced similar issues. People were frightened when they came into close contact with non-infected workers, and the general public labeled them as "newer untouchables." (14) To combat the pandemic, the government-imposed restrictions on an array of different activities. Travelers-non-travellers and infected-non-infected individuals were quarantined and isolated, two measures that prevented or at least slowed the spread of the COVID-19 infection. (15) The most difficult duties undertaken by healthcare staff during this chaotic situation. When the world was under limits, lockdown, quarantine, and isolation, healthcare personnel were in the forefront, risking and endangering their own lives and the lives of their families to ensure the lives of others. The pandemic affected staff, infrastructure, finances, shortages of personal protective equipment, hospital upkeep and growth, supplies and logistic support, types of equipment, and many other healthcare devices. (16) Of course, healthcare professionals' psychological, physical, mental,

and emotional problems presented extra challenges for administrative and HR managers, who needed to address the issue right away.

Research Questions

- What hurdles were HR managers in the healthcare organization experienced during the COVID-19 pandemic?
- How did HR managers in the healthcare sector sustain organizational resilience?

Research Objectives

- To determine the issues that hospital HR managers experienced during the COVID-19 epidemic.
- To examine how healthcare workers established workplace resilience in the face of the COVID-19 pandemic.

Method

The research was carried out as a systematic review, with data extracted from 17 distinct databases and name these databases are: Google Scholar, BMC, WHO's BMJ Open, Springer, Elsevier, Emerald Insight, Wiley, MDPI, and ResearchGate is the most commonly utilized databases for mining. Reading the titles, which posed the COVID-19 epidemic as a challenge for HR managers, yielded the information. “HR challenges during the COVID-19 pandemic in healthcare industries,” “workplace resilience in healthcare industries,” “COVID-19 Pandemic: HR challenges and resilience in the healthcare sectors,” and “what are the HR challenges during the COVID-19 pandemic and workplace resilience” were among the titles used in the data search. A PICO framework was employed for a quantitative study's design (P- Population, I-Intervention, C-Comparison, and O-Outcome). However, the study is an intervention study; qualitative research was the best option, with ‘P’ denoting population, ‘I’

denoting interest, and 'CO' denoting context. In evidence-based healthcare, systematic qualitative reviews are becoming more prevalent. The PICO research tool was used to conduct qualitative literature searches; despite particular challenges, it showed higher sensitivity and equal or lower specificity than SPIDER searches. (17)The personal investigator affirmed this investigation to identify the challenges human resource managers experienced in hospitals. The survey results would improve the researcher's knowledge and be a valuable resource for future research. The reviewer began a literature review study in the first week of July 2021; however, it required two to three weeks to confirm the theme based on the reviewer's interests. The final topic, "Building Workplace Resilience in the Healthcare Industry During the COVID-19 Pandemic: The HR Challenges, " was proven by the end of July. The chosen title has a lot of room for further future research, and there have been few studies on the issue in India, and even more, contributions are expected globally. A fledgling HR manager conducted the current review study out of curiosity regarding the conclusion and a passion for HR services.

Inclusion

The researcher omitted non-healthcare-related literature $n = (81 - 60 = 21)$ from being screened for eligibility in inclusion because the study's goal was to review the literature on HR difficulties and workplace resilience in the healthcare field. After a full-text study, $n = (60 - 28 = 32)$ were curtailed, and $n = 32$ was removed from the eligibility for the final literature analysis. With $n = 17$ pieces of literature, the final analysis has been completed. Following the norm, data was extracted from peer-reviewed, globally recognized grey literature, such as WHO, Ministry of Health, and IMA, and relevant and credible data from blogs that supported outcomes. The reviewer kept in mind the literature published between March 2020 and July 2021 when extracting the material.

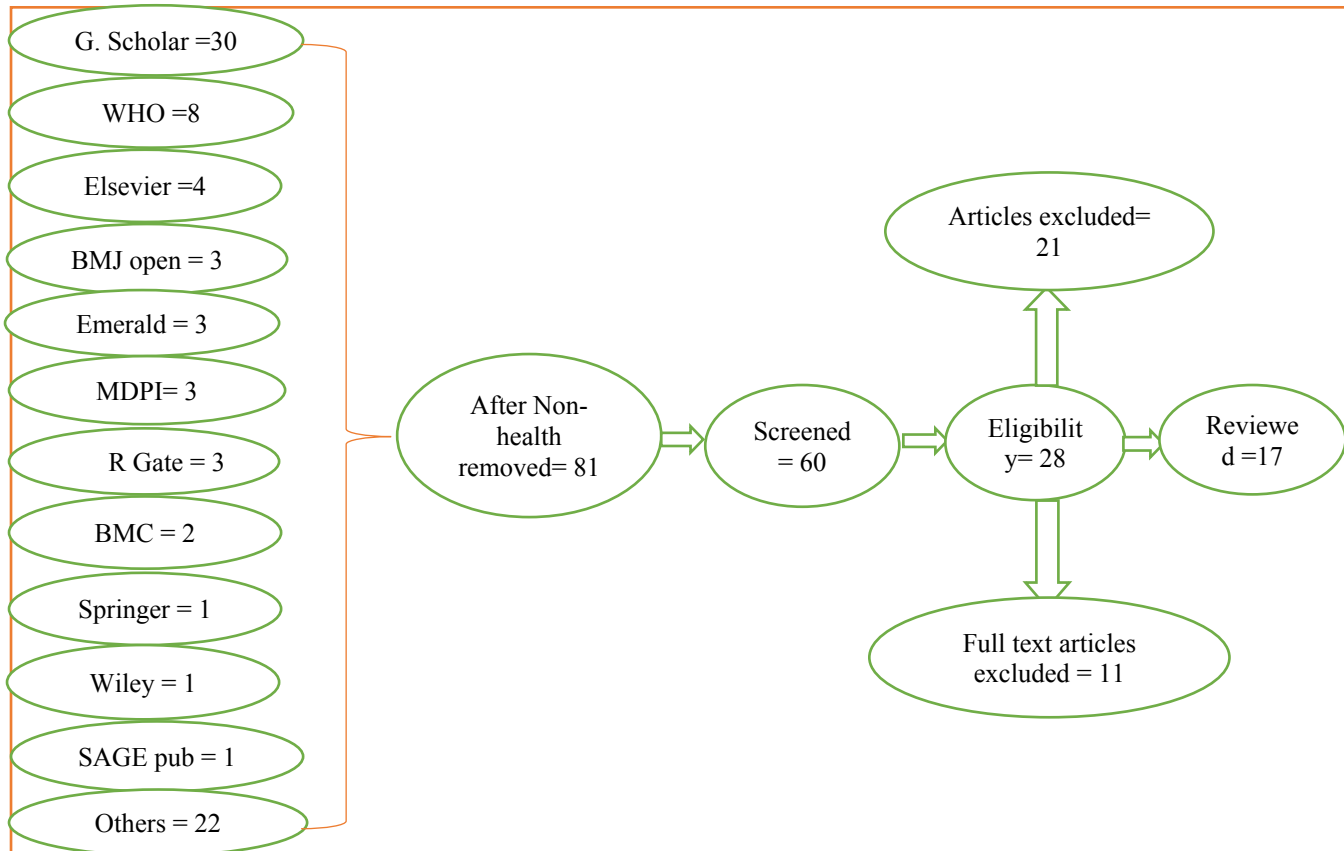
Exclusion

However, the analysis eliminated studies published before the COVID-19 pandemic that dealt with HR difficulties, organizational resilience, and records available outside of the healthcare industry. Nonetheless, the analysis excluded non-healthcare-based publications published during the COVID-19 epidemic. As a result, the data was sparse and in small numbers.

Plan of action for search

The reviewer painstakingly imported material from each database into a single file using a sophisticated search method. Following that, two different files were created, one for healthcare and the other for non-healthcare. After that, all records were manually analyzed and filtered to remove non-healthcare-related and duplicated material. Finally, literature was imported that could be used in subsequent research.

Figure 1. Flow diagram of the selection process



Choice of data

A single investigator carried out all searches, browsed through titles and abstracts, and hand-picked the data before entering them into the extensive database. The entire text was read comprehensively, and facts considered appropriate for usage were selected for further analysis.

Analysis

The PICO model was employed to assess qualitative data in systematic review literature, where ‘P’ represents for ‘Population’/’Problem’ or ‘Patient’, ‘I’ stands for ‘Interest’, and ‘CO’ refers for ‘Context’. In quantitative research, P-Population/Problem/Patient, I-Intervention, C-Comparison, and O-Outcome are interpreted, while clinical or healthcare-related questions, the PICO tool is translated as evidence-based practice, especially for medicine. The PICO framework also helped in the literature search for a systematic review to ensure thorough and bias-free investigations.

Workplace Resilience: HR Challenges

Disease System of Early Alert

An early warning system is a tool for informing healthcare professionals about impending hazards before they occur that helps reduce the likelihood of harm and allows enough time to protect oneself and others. The early warning system works like an alarm clock, awakening people or groups of individuals at predetermined times, demonstrating readiness.(18)However, ensuring the safety and security of healthcare workers is critical for an organization's efficiency in controlling expenses and improving revenue without

jeopardizing service quality. Therefore, health professionals should be given job security to attain this goal.(19)

Finances

Healthcare organizations are striving for quality, accessibility, and a scalable business model under the COVID-19 scenario. Trying to figure out the challenges and strategies for dealing with this complex, highly sensitive, and high-uncertainty situation, especially during a pandemic. However, a recent study by Iranian start-up enterprises looked into the impact of the financial crisis on new businesses and found it to be a significant barrier. (20) Allocation of funds for development and expansion from the healthcare sector's overall budget and financing for COVID-19 pandemic response have impacted building an adequate system to maintain and build a viable and resilient workplace for healthcare employees.

Employee Handbooks

Like many other countries, India lacks formal and comprehensive policies for healthcare workers that can encourage, mobilize, and assist them during prolonged periods of physical, mental, and emotional weariness, such as the current COVID-19 pandemic crisis. Until now, national and subnational policy recommendations for preventing transmission and protecting workers from the COVID-19 pandemic have been inconsistent. By maintaining an open and safe workplace, policies focused on protecting workers prevent the virus's spread, and protect the health workforce.(21)

Healthcare services management

Fear, stigma, misinformation, and mobility restrictions have disrupted the resilient workplace and delivery of healthcare services in all situations, posing serious difficulties to the global

health system. As a result, healthcare companies must keep the public's faith in the system's ability to offer a safe and necessary employment environment while also reducing infection risk in health facilities. World Health Organization's vibrant advice is to ensure appropriate care-seeking behaviour and adherence to public and healthcare worker safety.(22)

Management and the healthcare workforce

The global health sector faces a severe dilemma as the COVID-19 epidemic spreads rapidly among healthcare personnel. Managers ensure that the health workers are safeguarded and extended appropriate working conditions. WHO advised to pay remuneration and incentives promptly on time. (22)

Technology availability

To inform policy and make timely, evidence-based choices, the healthcare organization must implement surveillance systems and health information technology to track certain health workforce metrics. (22)

Administration and direction

Most organizations are operating on a digital platform during the COVID-19 pandemic; as a result, there is a lack of continuous business activities, employee safety, and consumer preferences, which HR managers are working hard to normalize.(23) The most complicated and crucial resilience-building component for maintaining a resilient workplace in any health system is administration and leadership, often known as stewardship. According to the World Health Organization, management and leadership are linked to the government's role in health and its relationships with other players involved in healthcare delivery. (24)

Health-related human resources and fundings

One of the most critical factors affecting the healthcare system's performance is human resource management. HR's function in health and health funding is to ensure that local health organizations' human resources are adequate to satisfy the demands of healthcare reform. (25)

Personnel scarcity

Maintaining an adequate healthcare workforce is critical to ensuring a safe working environment for healthcare professionals (HCPs) and safe patient treatment. Due to HCP exposures, illness, or the necessity to care for a family member at home as the COVID-19 pandemic proceeded, staff shortages (Centres for Disease Control and Prevention, 2021). Staff recruitment, turnover, retention, training, and development were all negatively impacted during the pandemic. Other issues that wreaked havoc on health care employees were safety concerns, violence, stigma, and digitization. (26)

The components for a health workforce resilience in low-resource management

Table no. 2:*In low-resource management, the elements for a resilient health workforce*

Challenges	Manifestation	Strategy	Level
*. Disease early warning system.	* Severity of diseases can cause death.	Emergency Preparedness.	System Factor
*. Finance * Human resource for health and funding for health.	* Shortage of necessary resources, disruption in operation.	Incentivization	
*. Stockholder engagement. *. Health information	* Incorrect and insufficient information will		

	misguide and mislead the health outcome.	Knowledge and Resource sharing	
*. Access to technology	Deficiency and ineffective operation		
*Task-sharing	* Disorder, Chaotic and untidy.	Mobilizing other cadres	Organization Factor
*. Basic staff availability *. Redeployment *. Training	* Withdrawal *Stagnation *Decline in quality	Bench strength	
*. Psychological stress on team behaviour	* Loss of * Discouragement	Psycho-social support and protection	
*.Protectingfamilymembers *. Stigma, violence, and exclusion	* Disruption * Demotivation * Demoralization		
*. Priority testing and care	* Spread of Covid-19 on a larger scale		
*. Hygiene *. Disease exposure and prevention *. Availability and correct use of PPE. * . Psychological stress	*. Higher rate of transmission of the COVID-19	HRM-self care	Individual Level

Table 2. highlights the components of challenges, manifestation, strategy, and resilient factors.

Table 2 shows the relationship between system, organizational, and individual factors in determining the health workforce's ability to function appropriately during the COVID-19 pandemic.

At an individual level-workplace resilience

Self-Care in Human Resource Management

Obtaining the key components of infection prevention and control (IPC) measures, such as personal protective equipment (PPE), as well as suitable equipment and personnel. To

prevent COVID-19 transmission at work, health staff must be well-trained in IPC procedures, have personal protective care equipment (PPE), and adhere to mandatory safety measures.

HR managers had to determine if there was a threat, discrimination, violence, attacks, harassment, stigmatization, weariness, or insecurity in the workplace. COVID-19 claimed to address healthcare workers' occupational health and safety while delivering health services. High patient flow, stress, a lack of communication, and inadequate care coordination among healthcare professionals may put them at risk of infection and accidental damage during the COVID-19 pandemic.(22)

Due to high-intensity care, the COVID-19 epidemic became a mental hazard to first responders.(27) The professional relationship between public health priorities and patients' wishes has been intensified due to an increased number of patients suffering and dying every day, limited resources, a lack of staffing resulting in overburdening with work, and a communication gap between patients and physicians. The increase in positive cases and the uncertainty surrounding the conclusion of the COVID-19 pandemic are causing a lot of worries. The desire to save more lives but failing to do so has resulted in remorse about the services provided. In all situations with and without adequate availability of PPE, all health and social care personnel were taught in IPC and COVID-19 measures, including appropriate usage, putting on and taking off, and disposal of PPE. For each activity and situation, use practice and simulation scenarios. All health personnel should receive refresher training regularly. For each task and service delivery area, provide IPC-specific job aids in many languages(22).

The organizational aspect- workplace resilience

Support and safety on a psycho-social level

The data acquired on the frontline working in COVID-19 wards management revealed more depression symptoms. Responding to the COVID-19 epidemic was a team effort, and losing a co-worker or family member demoralized the team. Creating an enabling work environment, monitoring and reinforcing acceptable behaviour, and optimizing process organization and burden are all things that may be done.(28)

Enhancing the availability of health workers

Policymakers, executives, administrators, HR managers, and trainers should plan for surges in caseloads and determine how to mobilize additional health workforce capacity. Determine crucial COVID-19 workforce requirements by quantifying task and time expenditures and combining them with epidemiological context and demographic data. Identify where to obtain more health workers redeploy existing ones, and establish infrastructure and health personnel. However, providing training to assist health workers in developing skills or retooling for new normal, including exploring realistic options that help build a workable workplace. (29)

Organizing the healthcare workforce

The health industries must identify the most important processes within their organizations geography and functional structure, for their further re-evaluation involving both management and employees. (30) Because COVID-19 has varying degrees of impact on the global health system that may change over time and temporary staffing may be beneficial, most medical, nursing, and healthcare organizations trained workers and interns to replace the employment deficit, ensuring that vital health services were available not disrupted. Also, to respond to the COVID-19 pandemic, redeploying employees from non-affected or low-intensity areas and from inside the health facility field or other clinical fields.

At the system level- workplace resilience

Preparedness for a disaster

Imagine something unpleasant and unexpected, and the healthcare organization must prepare and plan for it.

Mechanism for Incentivizing

By providing financial incentives, medical professionals and health workers should be recognized for putting their health in danger, being exposed to the COVID-19 pandemic, and caring for transmitted and suspected patients(31).

Governance and cross-cutting cooperation

The COVID-19 mandated that the policy-making process be streamlined, that hospital partners be identified, and healthcare professionals be promoted, and therefore that duties be distributed among them to decrease workloads.

Discussion

One of the biggest challenges for HR managers was engaging health workers effectively in the current situation. (32) However, embracing comprehensive technology solutions and use of personal protective equipment (PPE) during the global pandemic outbreak provided security and protection to the health workers in their workplaces. (33) Nevertheless, based on reviews and first-hand information from frontline healthcare professionals exposed to the COVID-19 and other psychological, emotional, physical, and mental challenges, this study offers practical recommendations on building workplace resilience among frontline employees. Within three basic levels, (1). Individual Level, (2). Organizational Level, and (3). System Level, the recommendation comprises a wide range of minor and large interventions. The HR challenge and their efforts to create resilient working circumstances,

the COVID-19 manifestation, and strategy to control the COVID-19, and the building and maintenance of a workable working environment revolve around these three variables. To the best of the reviewer's knowledge, this is the first study of its sort, focusing on HR-related problems during COVID-19, identifying threats, and assessing the measures employed by HR managers to create workplace resilience. No study protocol has been violated even though the COVID-19 outbreak and the pressing need for scientific research had a rapid demand. On the other hand, the author has not broken the protocol in any way, both published or unpublished protocol. The broader search method, which took into account preprint and grey literature, did, however, provide a comprehensive review of the present corpus of knowledge.

The review procedure followed the internationally agreed-upon protocol PICO model framework to ensure an evidence-based healthcare-related study. However, because this study did not critically evaluate the articles included, conclusions on the quality of evidence cannot be drawn. All phases of the scoping review, which was outsourced for a second review, included extensive data mining.

Most of the studies in this review took place during or shortly after the COVID-19 epidemic broke out. After a thorough search, articles were selected precisely from published sources, periodicals, and grey literature. The rapid spread of COVID-19, on the other hand, has sped up the literature on the impact and problems of the outbreak on healthcare personnel, both clinical and non-clinical, with a focus on patient care. Even while the situation is returning to normal, the healthcare industry remains concerned about the threat of a third wave. During the pandemic, many studies were done on the impact of coronavirus outbreaks on healthcare personnel, specifically doctors, nurses, lab technicians, and those directly involved in healthcare delivery. However, HR managers' psychological, emotional, physical, and mental health concerns as they seek to establish and maintain workplace resilience have not been thoroughly examined. During COVID-19, a study was conducted on building and maintaining

the strength of healthcare professionals. It is a more extensive study in which all healthcare workers are involved in creating a viable work environment, and it does not just focus on HR managers' contributions. (8)World Health Organization has published guidelines, including “Getting your workplace ready for COVID-19” pandemic.(34) “COVID-19: Occupational health and safety for health workers” (12), and “Health workforce policy and management in the context of COVID-19 pandemic response,” (35)“Pandemic resilience and health system preparedness: lessons from COVID-19 for the twenty-first century” (36).Most studies have focused on workplace resilience in general rather than specifically on HR difficulties and initiatives to improve physician working conditions.

Implications and scope for future research

The current study brings to the attention of scholars and the general public the challenges HR managers encountered throughout the pick phase of the COVID-19 pandemic and how difficult it was to maintain a consistent healthcare workforce and resource management. However, credit was given to medical professionals who worked directly with patients, while allied healthcare administrators were kept out of the picture. The current study focused on HR managers who worked hard to ensure human capital and healthcare resources to protect health workers and establish a resilient workplace for medical professionals. They deserved more credit for their contributions, but it was neglected since HR managers, administrators, and CEOs operated behind the scenes.They had a lower risk of developing the diseases but were mentally and physically exhausted, stressed, anxious, and tired. They were under a lot of pressure to prepare and coordinate with patients' and relatives' doctors and stay on top of national, subnational, and regional recommendations. On the other hand, the study aims to make us take a closer look at allied health workers and give them credit where it is due.A similar study can be conducted on other non-clinical health workers such as administrators,

quality managers, ambulance drivers, cleaning staff, and many others to investigate the challenges, mental, physical, and psychological impact went through during this pandemic.

Conclusion

The Covid-19 pandemic, raging for a long time, has shaken the healthcare system. The world had already been confronted by Ebola, SARS, and MERS, as well as COVID-19. Despite this, the healthcare system has been unable to contain the COVID-19 pandemic. The HR initiatives, management policies, and resource availability have failed at every level. As an ordinary citizen and a health provider, the health workforce was subjected to outcries. The COVID-19's outburst was so brutal that healthcare workers had to choose between saving themselves, their families, close relatives, or other patients. During the harsh COVID-19 working conditions, the healthcare workers should be supported in a different method to prevent and mitigate any harmful repercussions. To rejuvenate and refresh from stress and exhaustion, the HR manager had to plan out meditation yoga sessions and provide; physical and mental backup that would continue for more extended periods on the job.

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