

Capital, Strategic, and Cultural Resilience as Predictors of Workplace Adversity in Public Healthcare Hospitals during COVID-19

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Abstract

This article offers a detailed analysis of the three organizational dimensions which were predictive of workplace difficulties within the limit of the article regression model: capital resilience, strategic resilience and cultural resilience. The same 272 administrative and clinical staff (public healthcare hospitals in Bahawalpur) is used as the article data set, which has been elected in the article. The research design applied was a quantitative survey design and SPSS analysis. The data for capital, strategic, cultural and workplace adversity were found to be respectively: mean = 37.97 (SD = 7.84); mean = 33.17 (SD = 6.69); mean = 33.08 (SD = 6.72); and mean = 83.09 (SD = 17.53), with descriptive statistics used. All three predictors were significantly correlated with workplace adversity at the 0.01 level. The regression results showed that the capital resilience with beta = .371 ($p = .000$) is the strongest criteria to predict resilience, followed by cultural resilience, beta = .178 ($p = .033$) and strategic resilience, beta = .135 ($p = .037$). Based on the argument above, the author asserts that in crisis situations, the capacity of resources, strategic adaptability, and culture of the public healthcare hospitals can be strengthened through their emphasis on resilient aspects, putting these factors into focus. Based on the above argument, the author proposes that the following aspects of public healthcare hospitals should be strengthened to be resilient to adversity in workplace: Putting resource capacity on the spotlight, strategic adaptability, and supporting culture. **Keywords:** capital resilience; strategic resilience; cultural resilience; workplace adversity; COVID-19; public healthcare hospitals

Introduction

With the onset of the Covid-19 pandemic, public healthcare hospitals have been put to the test. Hospitals were burdened not only with a growing volume of services, but also with opposite and stressful conditions for staff, a shortage of resources, uncertainty, and, naturally, disruption of services. The article demonstrates the adversity faced by healthcare workers during this pandemic, and the capacity of the public healthcare organizations to cope. The focus on organizational resilience was born of the need to keep providing hospitals' critical care services to patients while ensuring employee safety and maintaining performance.

The full form of the organizational resilience model includes these five dimensions: capital resilience, strategic resilience, relationship resilience, learning resilience and cultural resilience. Focusing on workplace adversity, however, the regression results revealed that only capital resilience, strategic resilience, and cultural resilience were statistically significant predictors of workplace adversity. The analysis in this article thus focuses on these three aspects. The aim was to provide a more elaborate discussion regarding the important predictors and the implications for public healthcare hospitals located in Bahawalpur District.

The emphasis on capital and strategic and cultural resilience are significant as they are three practical areas where organizations could act as they try to reach a goal of being resilient to capital, strategic and cultural change. Capital resilience is designed to indicate resources and capacity to operate. Strategic resilience is about planning, ability to adapt and risk identification. Cultural Resilience is a reflection of the morale, cooperation, values and commitment of its employees. All three of these domains had an impact on the capacity of hospitals to operate effectively in an era of COVID-19.

Literature Review

Organizational Resilience during COVID-19

The article defines organizational resilience as the capacity of an organization to predict threats, act appropriately, grow and change from events, and engage in organizational change. In a conceptualization of organizational resilience, Duchek (2020) classifies it as a capacity and Barasa et al. (2018) correlate resilience with the capacity of health systems to maintain the delivery of vital services in the face of shocks. This context of resilience manifested through the behavior of organizations that could adapt, continue service provision, provide support to their staff and bounce back from disruption in the wake of COVID-19.

The article also builds the concept that a resilient organization is not survival alone. It relates to adaptation, learning, transformation, reorganization of resources and continuity. To support the idea of strong transformation of the healthcare system through alternative resources, the following references have been used in the thesis: Margherita and Heikkila (2021) to explain Business continuity during Covid-19, and Shaker Ardakani et al. (2023) to support the role of strong transformation of the healthcare system through alternative resources. These thoughts have a direct application to the hospital environment that is challenged with workplace issues.

Capital Resilience

Capital Resilience - Being able to sustain the organization in crisis situation and respond to risk. The capital resilience in the measurement items of article is good cash flow, cash reserve related with strategy, capital's strong position, low capital leverage, profit maximization and focus on core business. A public health setting, the concept of capital resilience is defined as the ability to access available resources, sustain critical service activities and employee engagement under a state of limited resources.

The article literature review states that people who have greater capital resilience in their organizations have a better ability to reach out to the staff to help them in difficult times, sustain operations and are better able to handle difficult situations. COVID-19 related resource restrictions comprised a lack of resources such as medical supplies, PPE, ventilators, drugs and isolation spaces. Resource availability consequently represents a concrete dimension of resilience, as there are direct consequences for working conditions of health care employees.

Strategic Resilience

Strategic resilience means the ability to maintain strategic consistency, understand negative developments, choose an appropriate model for continuity and match strategic aims against operating capability. Strategic resilience is linked to planning for the crisis, adaptability, early identification of issues, and the ability to change the way organizations are run through a crisis. The article applies to introduce strategic resilience importance after COVID-19 by using reference to Gorjian Khanzad, Gooyabadi (2021).

For public healthcare hospitals, strategic resilience is a situation when leadership is not responding to ONLY the immediate pressure. It also has to fit the deployment of staff, medicals, safety protocols, communications and service continuity. Strategic resilience during COVID-19 is crucial, given the swift alteration of the operating context, and the necessity that hospitals needed to make decisions in order to adapt to growing risks and employee demands.

Cultural Resilience

Cultural resilience is defined as how cultural attitudes and values can support employees' morale and collaboration, sense of community, commitment, and caring. The article defines cultural resilience as the phenomenon in which common values and beliefs have a moderating effect on employee behaviours when dealing with a challenge at work. The topic of emotional culture is linked to team resilience with the help of Hartmann et al. (2021). Culture can affect interactions among healthcare workers, support among workers, and worker commitment during crises within the healthcare system.

During COVID-19, healthcare workers had been under psychological pressure and uncertainty, thus cultural resilience becomes of great importance. Participation in a supportive culture can decrease isolation, increase shared responsibility and promote healthy coping. Culture is more about the social environment and the way employees feel at work, while capital and strategy are about resources and planning.

Research Objective and Hypotheses

This article aims to explore the associations among capital resilience, strategic resilience, cultural resilience with workplace adversity in public healthcare hospital workers during COVID-19. The article is based on the regression model of the article with the emphasis on the statistically significant dimensions.

- H1: Capital resilience significantly predicts workplace adversity among employees of public healthcare hospitals during COVID-19.
- H2: Strategic resilience significantly predicts workplace adversity among employees of public healthcare hospitals during COVID-19.
- H3: Cultural resilience significantly predicts workplace adversity among employees of public healthcare hospitals during COVID-19.

Methodology

Research Design

This study adopted quantitative research method. The article provides the rationale for the choice of quantitative research in that it enables the researcher to test relationships between variables, to test hypotheses and make valid generalizations for the study population. The study employed the survey method, since it involved structured responses from the employees of public healthcare hospitals. Here, the study was cross sectional and the data was collected cross sectionally at a single period in time using a personally administered questionnaire.

Population, Sample and Setting

Bahawalpur District, which is located in Southern Punjab, Pakistan, had public healthcare hospitals, from where administrative and non-administrative staff, as the target population, were recruited. Completed questionnaires were returned by 272 people. One hundred and fifty (150) out of the 275 participants were clinical staff (55.1%) and 122 were administrative staff (44.9%). Convenience sampling, otherwise recognized as availability sampling was employed for the thesis, as data were collected from the employees who were easily reachable in the selected hospitals.

Table 1. Hospitals included in the article sample

Hospital	Respondents	Percentage
Bahawalpur Victoria Hospital	146	53.7%
Civil Hospital Bahawalpur	30	11.0%
THQ Ahmadpur East, Bahawalpur	25	9.2%
THQ Khairpur Tamewali, Bahawalpur	26	9.6%
THQ Yazman, Bahawalpur	13	4.8%
THQ Hasilpur, Bahawalpur	32	11.8%

Data Collection and Analysis

Questionnaires were used to collect the information through the administrative and non-administrative staff of the government hospitals in Bahawalpur District. The data collection period mentioned in the article is June 1, 2024 – July 1, 2024. To insure responses and minimise the effects of non-response bias on the results, the researcher employed a method personally administered. Data analysis used was IBM SPSS Statistics. Descriptive statistics, correlation analysis, regression analysis and independent samples t-test were used for analysis (if applicable).

Measures

The article was assessed in terms of five dimensions of organizational resilience; capital resilience, strategic resilience, cultural resilience, relationship resilience and learning resilience. No adversity in workplace was considered a dependent variable. The instruments employed adopted a Likert scale of 7 points in the resilient constructs and items related to counter behavioral responses and coping in the challenging workplace condition were used to assess workplace adversity. The measurement items have been adapted from those which were reported within the thesis.

Results

The results of descriptive statistics reveal that each of the three capacities; capital, strategic, and cultural resilience were observed among respondents in appreciable quantities. Adversity and challenging situations at work were also moderate to high, providing evidence that they were functioning under significant stress. Below are the statistical evidence for the three significant predictors.

Table 1. Descriptive statistics for selected predictors and workplace adversity

Variable	N	Mean	SD
Capital resilience	272	37.97	7.84
Strategic resilience	272	33.17	6.69
Cultural resilience	272	33.08	6.72
Workplace adversity	272	83.09	17.53

Correlation Results

All three of the predictors were significantly related to workplace adversity as indicated by a correlation analysis. The highest correlation was found with capital resilience ($r = .584$), with cultural resilience ($r = .548$) following, followed in turn by strategic resilience ($r = .533$) than with workplace adversity. These findings indicate that in the article data set, all of the measures of resource capacity, culture, and strategy correlated with workplace adversity.

Table 2. Correlation of selected resilience dimensions with workplace adversity

Relationship	Correlation with Workplace Adversity	Significance
Capital resilience and workplace adversity	.584**	0.01 level
Strategic resilience and workplace adversity	.533**	0.01 level
Cultural resilience and workplace adversity	.548**	0.01 level

Regression Results

The regression analysis results indicated that when the five dimensions of organizational resilience were included in the regression model, using all five dimensions, capital resilience, strategic resilience, and cultural resilience continued to be significant. It was found that capital resilience had the highest standardized beta value, meaning that this was the best predictor within the article model. Strategic resilience was the second best of significant predictors followed by cultural resilience.

Table 3. Regression model predicting workplace adversity

Predictor	B	Std. Error	Beta	t	Sig.
Constant	26.179	5.042		5.192	.000
Capital resilience	0.828	0.220	0.371	3.768	.000**
Strategic resilience	0.342	0.190	0.135	1.800	.037*
Cultural resilience	0.456	0.210	0.178	2.171	.033*
Relationship resilience	0.078	0.339	-0.028	-0.231	.818
Learning resilience	0.495	0.316	0.167	1.566	.118

Note. The table is reproduced from the article regression results. * $p < .05$; ** $p < .01$ as indicated in the thesis.

Discussion

Capital Resilience as the Strongest Predictor

The regression model had Capital resilience as the most important significant variable. With a beta of .371, it proved to have the highest independent influence among the dimensions of resilience. This is important in the context of healthcare in the era of COVID-19 because workplace stress was strongly correlated with supply chain issues, disruption of operations, workload pressure, and safety. Having the capital resilience of a hospital that can allow them to use their resources more efficiently, to keep core functions going and minimise the uncertainty for staff.

According to the article discussion, hospital with better capital resilience can be able to obtain the necessary resources, bear crisis more easily and support front line workers. It is no wonder that capital resilience came up as one of the main predictors. During crises situations, unmanaged adverse situations become less when the organization can be there to help provide resources, protect work processes, and continue to run. The results also corroborate the article emphasis on resource management as being integral to healthcare resiliency.

Strategic Resilience and Crisis Direction

Abmade a strong point of strategic resilience as well. Its standardised beta was lower than capital and cultural resilience, but its impact is highlighted, indicating that planning and adaptability are important. During the COVID-19 pandemic, hospitals needed to be alert for negative changes, make adjustments to their processes, manage personnel, and plan for accommodation with service needs. Strategic resilience thus aids in maintaining a more controlled environment at the workplace during crisis.

Public health hospitals ought to not have reactive management, in accordance with importation of strategic resilience. Rather they need to build crisis leadership, environmental scanning and flexible planning abilities. The practical leadership experience during the article focuses on quick adaptation, efficient use of resources, efficient processes, clear communication, and good leadership. Strategic resilience establishes this collection of actions as a unified strategy to respond to adversity in the workplace.

Cultural Resilience and Employee Support

Cultural Resilience is significant in the regression model. It suggests that values of shared culture, cooperation, care and commitment were not only symbolic concerns, but concrete indicators of adverse experience-related outcomes. Needs in the healthcare workers under COVID-19 were emotional, social, and organizational support. A work environment where lots of people value community-building and cooperation can help foster staff member morale and minimize isolation within challenging job scenarios.

The article outlines cultural resilience as cooperative, sense of community, employee morale, striving for excellence, caring and loving employees and organizational commitment. In a hospital, working as a team, discipline, and trust is important, and these are these elements. Adopting cultural resiliency can make the workplace one where employees are more likely to voice difficulties and stay in the job when under pressure.

Why Relationship and Learning Resilience Were Not Significant in the Regression Model?

Lines of belief in relationship resilience and learning resilience were not predictive although there was a correlation with workplace adversity. The value of beta and the level of significance for relationship resilience was -.028 with $p = .818$, and for learning resilience the value of beta was .167 with $p = .118$. Relationships and learning do not cease to exist, in order to exist anywhere else. Instead, it indicates that, when all the dimensions were taken into consideration (all dimensions together), their independent contribution in the article regression model was not statistically significant.

The article discussion offers interpretation that might lead to supportive structures becoming more effective through being more relationship and learning resilient. Healthcare systems have a bureaucratic structure, meaning that social support and learning programs could happen in these systems without reducing adversity directly, unless there is a connection to resources, strategy and culture. So, hospital leaders need to first set the conditions for relationship and learning resilience to become more influential with the right capital, strategy and culture.

Implications for Public Healthcare Hospitals

The results are easily applied in practice. Hospitals should build their capital resilience by improving the planning of their resources, continuity mechanisms and operating readiness. Second, it is essential for hospitals to enhance strategic resilience with the help of crisis leadership, risk detection, flexible plans, and timely adjustments. Third, hospitals should enhance cultural resilience by establishing collaboration, sharing responsibility, communication and cohesion among staff members. These places can alleviate employees' problems for the next crisis.

The article suggestions emphasize the expansion of the scope of resilience planning, as well as research employing longitudinal approaches in the future; the use of qualitative data, the extension of the examination of organizational factors and studying specific employee groups for future research. The recommendations indicate that resilience is a continuum that is not a single event but an organizational process rather.

Conclusion

The authors in this article conclude that capital-resilience, strategic-resilience, and cultural-resilience were significant predictive factors for workplace challenges during COVID-19 in respect of public healthcare hospitals. Resource capacity was the most significant predictor, being capital resilience. Strategic resilience emphasises the need for planning and flexibility. Employee cooperation, cultural value and shared common interests are demonstrated by cultural resilience. These dimensions offer an operational basis for how adversity can be minimized or controlled within the work context of public health.

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