

Organizational Resilience and Workplace Adversity during COVID-19: Evidence from Public Healthcare Hospitals in Bahawalpur

District, Pakistan

Syeda Amna Hussain

MS Public Administration

The Islamia University of Bahawalpur

Syedaaamnahussain4@gmail.com

Abstract

The article analyzes the correlation between organizational resilience and work place adversity in public hospitals of healthcare sector in Bahawalpur district, Pakistan in the context of COVID-19. The article is entirely based on the thesis 'Analyzing the Organizational Resilience of the Public Healthcare Hospitals in the Case of Workplace Adversity during COVID-19 in Bahawalpur District, Pakistan'. Data were gathered from a total of 272 administrative and clinical staff from selected public healthcare hospitals using a quantitative survey design. Five areas were studied related to organizational resilience: capital resilience, strategic resilience, cultural resilience, relationship resilience, and learning resilience. Adversity in the workplace was considered an outcome variable. The data were analyzed using descriptive statistics, correlation analysis, regression analysis and independent samples t-test in SPSS. The results showed moderate to high levels of resilience and adversity in the workplace. All the dimensions of resilience were found to be significantly positively correlated with workplace adversity at the 0.01 level. The results of regression showed capital resilience, strategic resilience, cultural resilience is significant predictor of workplace adversity, while relationship resilience and learning resilience is not significant in the regression model. The results indicate that organizational resilience is dependent on two key factors, namely resource capacity and strategic direction as well as cultural support, for healthcare workers under crisis circumstances.

Keywords: organizational resilience; workplace adversity; COVID-19; public healthcare; Bahawalpur; Pakistan

Introduction

For public healthcare organizations, the COVID-19 pandemic brought significant stress as hospitals were required to keep providing healthcare services amidst growing demand for services, altered work habits, limited resources, psychological strain and uncertainty related to activity. The thesis is about the public sector as a basis for governance and important services and public healthcare hospitals' obligations to maintain wellbeing of employees and to carry out necessary healthcare services. This clearly made organizational resilience a core requirement for organizational continuity instead of being an organizational attribute merely to be desired.

In the thesis, resilience is seen as a process where individuals, communities, and organizations can adapt and thrive in the face of challenges (Galy et al., 2023). Resilience in healthcare systems is particularly significant because of the impact of shocks on service delivery, staff wellbeing and institutional functioning (Barasa et al., 2018). COVID-19 has made hospitals face a situation where they must be resistant to disruption, adapt to rapid changes, and bounce back from physical and psychological difficulties. This context is used as a basis for the thesis to analyze public healthcare hospitals in the Bahawalpur District of Punjab in Pakistan.

During the COVID-19 pandemic, the public healthcare sector in Pakistan encountered multiple challenges in their workplaces. The thesis points to the disruption of a supply chain, shortage of manpower, psychological stress, logistical issues, and limitations in medical supplies, overcrowding, inadequate isolation facilities, and pressure on measures to control the spread of

infection. Healthcare workers also faced increased working hours, increased workload and disease exposure. Conditions provided an opportunity to explore the relationship between the organizational dimensions of resilience and the challenges at the workplace.

The benefit of organizational resilience is that it's about the resilience of the organization to anticipate, prepare, respond to, adapt to and recover from adverse conditions. The thesis proposes that organizational resilience is not just about surviving a crisis, it's about absorbing a challenge, adapting processes, learning from an event and being able to provide services. This article offers the full model for the thesis and the emphasis is placed on the relation of five dimensions of resilience to workplace adversity in public healthcare workers.

Problem Statement

The workplace issues and organizational resilience in dealing with workplace adversity during COVID-19 are the problem that will be addressed in this article. The thesis suggests that during the pandemic, COVID-19 put the healthcare system of Pakistan to the test through healthcare worker burnouts, limited medical staff, logistics issues, delayed medical supplies, psychological strain, and insufficient support services. The issues were not only among the staff but also on hospital capacity to continue with public services. This need was to determine which organizational dimensions of resilience were most highly correlated with adversity in the workplace.

The main research gap is contextual. While there are some studies in the field of organizational resilience and crisis management, this thesis is the first to combine the selected model and variables in the context of public healthcare hospitals of Pakistan. The significance of Bahawalpur District setting is apparent as during crises the public healthcare system is responsible for serving local communities. The study had hence provided contextual evidence from Pakistani Public Healthcare Hospitals.

Literature Review

Organizational Resilience

The thesis describes the shift from the 'bounce back' idea of resilience to a more holistic perspective that includes the ability to absorb, adapt, learn and transform in the face of stress. The thesis is used to support the importance of resilience in health systems using Barasa et al. (2018). Duchek (2020) also adopts the conceptualisation of organizational resilience as the capacity to identify potential threats, react to unexpected events and learn from them. Resilience of organizations is a capacity that comes into play in the face of significant disruptions.

In addition, the thesis literature review reveals that organizational resilience has been investigated in various ways such as process, capability, outcome and functional approaches. The capability perspective is especially relevant to healthcare hospitals as it links resilience to coping, learning, adapting, surviving and predicting in crisis situations. These abilities are crucial for healthcare institutions as crises can impact resources, staff morale, services, and institutional coordination simultaneously.

Workplace Adversity

Workplace adverse events, or adverse conditions that are likely to have a negative impact on the employee's ability to work, maintain employment, and be satisfied, safe and comfortable, are called workplace adverse events. Adversity is addressed through the lens of bullying, conflict, being 'insecure', poor working conditions, resource scarcity, role pressure, emotional strain and poor wellbeing and performance outcomes. The COVID-19 pandemic caused extra hardship to healthcare workers because of their elevated risk of exposure, extended shifts, stress related to shortages, anxiety and uncertainty.

The thesis will demonstrate that the stress of adversity in healthcare is not merely workplace stress through healthcare-specific discussion. There is exposure to suffering and death, low resources, restructuring, political decisions, insufficient funding, poor management, and social or structural

injustices that can affect healthcare delivery, as well. The issues raised in this article highlight the importance of the study of resilience particularly with respect to public healthcare hospitals.

Dimensions of Organizational Resilience

The thesis uses five dimensions to measure organizational resilience. Capital resilience is the capacity to function effectively and to control risk during a crisis. Strategic resilience is the ability to maintain strategic consistency, recognize negative elements, and select models for growth and/or continuity. The resilience of relationships is about relationships that are mutually resonant between the organization and its stakeholders. Resilience in learning is a capacity to respond to pressure and challenges in learning and adapting. Organizational culture contributes to employee spirits, cooperation, commitment and morale, and this is referred to as cultural resilience.

These five dimensions combine to form a multi-dimensional view of organizational resilience. These five dimensions are considered independent variables, while workplace adversity is the dependent variable in the conceptual framework that is the thesis. This framework enables the study to draw links between the factors of the Workplace Resilience and COVID related adversity.

Research Objectives and Hypotheses

The main objective of the study was to analyze the role of organizational resilience on workplace adversity among employees of public healthcare hospitals in Bahawalpur District, Pakistan during COVID-19. Specific objectives were to study the relationship among capital resilience, strategic resilience, relationship resilience, learning resilience, cultural resilience and workplace adversity of public healthcare hospital employees.

- H1: Capital resilience has a significant relationship with workplace adversity among employees of public healthcare hospitals during COVID-19.
- H2: Strategic resilience has a significant relationship with workplace adversity among employees of public healthcare hospitals during COVID-19.
- H3: Cultural resilience has a significant relationship with workplace adversity among employees of public healthcare hospitals during COVID-19.
- H4: Relationship resilience has a significant relationship with workplace adversity among employees of public healthcare hospitals during COVID-19.
- H5: Learning resilience has a significant relationship with workplace adversity among employees of public healthcare hospitals during COVID-19.

Methodology

Research Design

A quantitative research design was adopted for the study. The thesis provides reasons why the researcher chose quantitative research, stating that it enables the researcher to test the relationships between the variables, test the hypothesis, and generalise to the study population. The survey method was used due to the need for structured responses from employees working in public healthcare hospitals. The study was of a cross-sectional type and data was collected at a single occasion by a personally administered questionnaire.

Population, Sample and Setting

Administrative and non-admin staff in public healthcare hospitals in Bahawalpur District, Pakistan were the target population. 272 respondents were included in the sample. A total of 55.1% (150) of the respondents were clinical staff and 44.9% (122) were administrative staff. Convenience sampling or availability sampling was used for the thesis since the researcher was able to obtain data from the employees who were available in the selected hospitals.

Table 1. Hospitals included in the thesis 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 distributed to the administrative and non-administrative staff members of the public sector hospitals of Bahawalpur District to gather the data. The information gathered during the thesis was for the period of 1 June 2024 to 1 July 2024. The researcher personally administered as a method to ensure the necessary number of responses and minimize non response bias. Data analysis was done using IBM SPSS Statistics. Descriptive statistics, correlation and regression analysis and independent samples t-test (as appropriate) were used for analysis.

Measures

The thesis assessed the organizational resilience along five aspects: capital resilience, strategic resilience, cultural resilience, relationship resilience, and learning resilience. Adversity in the workplace was considered as the dependent variable. Items for the resilience constructs were rated on a seven-point Likert scale, and workplace adversity was assessed by items that capture employee responses and coping behaviors when faced with workplace difficulties. Items of measurement were drawn from literature, within the thesis.

Results

Respondent Profile

A total of 272 respondents were sampled from six public healthcare hospitals of Bahawalpur District. Bahawalpur Victoria Hospital got the highest percentage of respondents. Of the female respondents, 177 (65.1%), of the male respondents, 92 (33.8%) and 3 (1.1%) were of unspecified gender. The age group with the largest number of respondents (108) were those aged 26-35 (39.7%). There were 150 respondents (55.1%) from clinical staff and 122 respondents (44.9%) from administrative staff. The majority of respondents had low to moderate levels of work experience with 86 respondents (31.6%) stating they had 2-5 years.

Table 2. Demographic profile of respondents

Characteristic	Category	Frequency	Percentage
Gender	Male	92	33.8%
Gender	Female	177	65.1%
Gender	Non-specific	3	1.1%
Age	25 or below	81	29.8%
Age	26-35	108	39.7%
Age	36-50	51	18.8%
Age	51 and above	32	11.8%
Position	Administration	122	44.9%
Position	Clinical staff	150	55.1%
Experience	Less than 1 year	66	24.3%
Experience	2 to 5 years	86	31.6%
Experience	6 to 10 years	74	27.2%
Experience	11 to 20 years	42	15.4%
Experience	20 years and above	4	1.5%

Descriptive Statistics

The descriptive statistics revealed moderate to high levels of resilience among the employees in the dimensions measured. The mean score for organizational resilience was 172.00 and standard deviation was 31.09. The means and standard deviations of each learning resilience, relationship resilience, capital resilience, strategic resilience, and cultural resilience were 34.01, 33.76, 37.97, 33.17, and 33.08, respectively, with standard deviations of 5.93, 6.26, 7.84, 6.69, and 6.72, respectively. The mean score of workplace adversity was 83.09 with a standard deviation of 17.53, meaning that employees were facing a lot of adversity in their workplace.

Table 3. Descriptive statistics

Variable	N	Mean	SD
Organizational resilience	272	172.00	31.09
Learning resilience	272	34.01	5.93
Relationship resilience	272	33.76	6.26
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 Analysis

The Pearson correlation results indicated strong and significant relationships between all the resilience variables. In general, there was a significant correlation between capital resilience with strategic resilience ($r = .846$), cultural resilience ($r = .805$), relationship resilience ($r = .781$), learning resilience ($r = .792$) and workplace adversity ($r = .584$). Workplace adversity was highly associated with strategic resilience ($r = .533$). The cultural resilience score was strongly and significantly related to workplace adversity ($r = .548$). Workplace adversity was also significantly correlated with relationship resilience and learning resilience ($r = .520$ and $r = .539$ respectively). Correlations between all variables were significant at the 0.01 level.

Table 4. Correlation among study variables

Variable	CR	SR	CLR	RR	LR	WA
CR	1	.846**	.805**	.781**	.792**	.584**
SR		1	.867**	.852**	.826**	.533**
CLR			1	.860**	.797**	.548**
RR				1	.867**	.520**
LR					1	.539**
WA						1

Note. CR = Capital Resilience; SR = Strategic Resilience; CLR = Cultural Resilience; RR = Relationship Resilience; LR = Learning Resilience; WA = Workplace Adversity. ** Correlation significant at the 0.01 level (2-tailed).

Regression Analysis

The dimensions of resilience that were found to be independent predictors of workplace adversity were identified in the regression model. Capital resilience was a strong positive predictor, $\beta = .371$, $t = 3.768$, $p = .000$. Resilience (strategic) also had a significant positive effect, $\beta = .135$, $t = 1.800$, $p = .037$. Cultural resilience had a positive impact with a beta = .178, $t = 2.171$, and $p = .033$. Relationship resilience was not significant, with beta = -.028, $t = -.231$, and $p = .818$. Learning resilience was also not significant, with beta = .167, $t = 1.566$, and $p = .118$. The results show that the variables that were most significant in the thesis regression table were capital, strategic, and cultural resilience.

Table 5. 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 thesis regression results. * $p < .05$; ** $p < .01$ as indicated in the thesis.

Discussion

The results indicate that organizational resilience is significantly related to the adversity encountered in the workplace, in the case of public healthcare hospitals. The relationships between

all the dimensions of resilience were positive, suggesting a linked organizational capacity of resilience. There is a correlation between employees and organizations that report strength in one dimension and those that report strength in other dimensions. This reinforces the thesis and conclusion that resilience is multi-faceted as an organizational strength that encompasses resources, planning, relationships, learning and culture.

The most powerful significant predictor in the regression model was capital resilience. The finding implies that resource availability and resource management are key to an adversity in healthcare contexts. Hospitals required supplies, technology, staffing capacity and continuity during the COVID-19 period. If organizations are able to leverage capital and resources appropriately, employees can experience increased feeling supported and feeling able to deal with work pressure. The result does match thesis discussion about the support of capital resilience to sustain organizations, support staff and adapt to difficult conditions.

Strategic resilience also played a big role. This means that the hospitals must have strategic vision and have the capacity to detect undesirable trends early. The reason of the critical importance of strategic resilience is that the circumstances of the crisis are unstable. Hospital leadership needs to meet strategic goals with operations capacity, adjust to evolving needs, and remain continuous. The impact of strategic resilience indicates that strategic planning and adaptability can shape the experiences of employees in the face of adversity.

The regression model included cultural resilience as an important factor. The thesis helps to understand cultural resilience as being the ability of the organizational culture to promote collaboration, team spirit, feeling of belonging, concern and devotion. In a public health emergency there is a need for not only material resources, planning and preparedness but a supportive environment. Building a resilient culture can help strengthen employee engagement and make sense of challenging times. It suggests that culture can be considered as a practical tool for the resilience of public healthcare hospitals.

Some factors such as relationship resilience and learning resilience were significant for correlation analysis but not regression analysis. They are associated with workplace adversity at the bivariate level, but fail to predict workplace adversity when they were each included individually in a regression equation including all other dimensions of resilience. The discovery indicates that relationship and learning capacities might function via different aspects or that the separate impact of these capacities was lowered within this information set.

Theoretical and Practical Contributions

Theoretical and Practical Contributions

The article may theoretically be contributing to the literature of organizational resilience in the context of application of five dimensions' resilience model in the public healthcare hospitals of Pakistan. It demonstrates that the various types of resilience (capital, strategic, cultural, relationship and learning) are related to each other, though only five dimensions of these are independently associated to workplace adversity in the regression model. Contextually, the article provides evidence for the public healthcare context of Bahawalpur District, a context that is under-represented in the organizational resilience literature.

The results indicate from a practical point of view, that hospital management should focus on the management of resources, strategic planning and organizational culture. Building capital resilience is important for hospitals to sustain their operating capacity during a crisis. Timely decision making and coordination can be supported by strategic resilience. During difficult times, cultural resilience can support the sense of support and commitment among employees. Continuous monitoring of resilience, employee and team support and team, middle management, top management and HR co-operation are also recommended as part of the thesis.

Limitations and Future Research

The limitations are taken from the thesis. First, the study was cross sectional, and thus it cannot draw conclusions about causality over time. Second, the sample was restricted to public healthcare hospitals in the District of Bahawalpur, thus restricting the generalizability to other districts or health care systems. Thirdly, self-reported measures were used and there may be social desirability bias. Fourth, the study mainly examined internal organizational factors and external factors like policy changes, economic factors, and social supports were not discussed much.

This research can be replicated on larger samples from various regions and incorporating public and private sector health care providers. Longitudinal study can look at the changes in resilience over time during the ongoing crises. Qualitative interviews/focus groups can also help provide a more in-depth understanding of the role of various adversities and how they are experienced by healthcare workers.

Conclusion

This article concludes that organizational resilience is a very relevant factor in the context of adversity at the workplace in public healthcare hospitals during COVID-19. The findings of the thesis indicate that workers' workplace adversity ranged from moderate to high, and their resilience from moderate to high as well. The regression model identified three key factors—capital resilience, strategic resilience, and cultural resilience—that predict workplace adversity. The results suggest that hospitals need to build their resource capacity, strategic adaptability, and organizational culture as supportive systems to support employees' coping with challenges in the workplace during crisis.

References

- Barasa, E., Mbau, R., & Gilson, L. (2018). What is resilience and how can it be nurtured? A systematic review of empirical literature on organizational resilience. *International Journal of Health Policy and Management*, 7(6), 491.
- Bristow, G., & Healy, A. (2014). Building resilient regions: Complex adaptive systems and the role of policy intervention. *Raumforschung und Raumordnung*, 72(2), 93-102. doi:10.1007/s13147-014-0280-0
- Chen, R., Xie, Y., & Liu, Y. (2021). Defining, conceptualizing, and measuring organizational resilience: A multiple case study. *Sustainability*, 13(5), 2517.
- Douglas, S. (2020). Mitigating workplace adversity through employee resilience. *Strategic HR Review*, 19(6), 279-283.
- Duchek, S. (2020). Organizational resilience: a capability-based conceptualization. *Business Research*, 13(1), 215-246.
- Finstad, G. L., Giorgi, G., Lulli, L. G., Pandolfi, C., Foti, G., Leon-Perez, J. M., ... & Mucci, N. (2021). Resilience, coping strategies and posttraumatic growth in the workplace following COVID-19: A narrative review on the positive aspects of trauma. *International Journal of Environmental Research and Public Health*, 18(18), 9453.
- Galy, A., Chenevert, D., Fouquereau, E., & Groulx, P. (2023). Toward a new conceptualization of resilience at work as a meta-construct? *Frontiers in Psychology*, 14. <https://doi.org/10.3389/fpsyg.2023.1211538>
- Guo, S. J., & Anderson, L. B. (2018). Workplace adversity and resilience in public relations: Accounting for the lived experiences of public relations practitioners. *Public Relations Review*, 44(2), 236-246.
- Kantur, D., & Iseri-Say, A. (2012). Organizational resilience: A conceptual integrative framework. *Journal of Management & Organization*, 18(6), 762-773.
- Kim, Y. (2020). Organizational resilience and employee work-role performance after a crisis situation: Exploring the effects of organizational resilience on internal crisis communication. *Journal of Public Relations Research*, 32(1-2), 47-75.
- Liang, F., & Cao, L. (2021). Linking employee resilience with organizational resilience: The roles of coping mechanism and managerial resilience. *Psychology Research and Behavior Management*, 1063-1075.
- Margherita, A., & Heikkila, M. (2021). Business continuity in the COVID-19 emergency: A framework of actions undertaken by world-leading companies. *Business Horizons*, 64(5), 683-695.

- McDonald, G., Jackson, D., Vickers, M. H., & Wilkes, L. (2016). Surviving workplace adversity: A qualitative study of nurses and midwives and their strategies to increase personal resilience. *Journal of Nursing Management*, 24(1), 123-131.
- Noreen, N., Bashir, F., Afzal, S., Khan, N. U., & Ghafoor, T. (2024). Ethics challenges in implementing the International Health Regulations in Pakistan during the COVID-19 pandemic. *Eastern Mediterranean Health Journal*, 30(6), 404-413. <https://doi.org/10.26719/2024.30.6.404>
- Saleem, A., Dare, P. S., & Sang, G. (2022). Leadership styles and the process of organizational change during the pandemic. *Frontiers in Psychology*, 13. <https://doi.org/10.3389/fpsyg.2022.920495>
- Sawalha, I. H. S. (2015). Managing adversity: understanding some dimensions of organizational resilience. *Management Research Review*, 38(4), 346-366.
- Shaker Ardakani, E., Gilani Larimi, N., Oveysi Nejad, M., Madani Hosseini, M., & Zargoush, M. (2023). A resilient, robust transformation of healthcare systems to cope with COVID-19 through alternative resources. *Omega*, 114, 102750. <https://doi.org/10.1016/j.omega.2022.102750>
- Wut, T. M., Lee, S. W., & Xu, J. (2022). Role of organizational resilience and psychological resilience in the workplace-Internal stakeholder perspective. *International Journal of Environmental Research and Public Health*, 19(18), 11799.
- Zeb, A., Hayat, K., Wahid Raza, M. N., & Gul, S. (2021). Impact of COVID-19 on the performance of business operations of Pakistan. *Multicultural Education*, 7(9), 1-8.
- Zenani, N. E., Gause, G., & Sehularo, L. (2022). Strategies to enhance resilience to cope with workplace adversities post-COVID-19 among ICU nurses. *Curationis*, 45(1), 2345.