

Sustaining Innovative Organizational Changes: Post Pandemic Era

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Abstract

Background: The Covid-19 pandemic introduced changes in our various lives. Hospitals witnessed changes in their usual daily routines. The hospital procedures, finance, patient care, training, and staff performances were affected. In addition to the sad consequences, were the death of some hospital staff. This review examines the core organizational changes implemented in hospital system in response to the Covid-19 pandemic.

Methods: Using the search terms “organizational changes and Covid-19 pandemic,” “innovations in hospitals and Covid-19 pandemic,” “Creativity in hospitals during Covid-19 pandemic,” in PubMed, Google scholar, Bielefeld Academic Search Engine and CORE, we conducted a review on organizational and hospital changes during Covid-19 pandemic.

Results: Key findings were a sudden response to the complexity of the Covid-19 pandemic, a robust communication network, teamwork, and collaboration, plus resilience in the face of lethal challenges to achieve success in handling the pandemic.

Conclusion: Hospitals around the world must remain futuristic in sustaining these key innovations.

Keywords: changes; innovative; organizational; pandemic; sustaining

Introduction

Change is the instance of making or becoming different from the original stance [1]. When referring to an organization, it means the undertakings in which an organization changes the fundamental component of its structure, like its culture, the environment or its operational infrastructures. It is better defined as a process by which an organization adjusts its structure, strategies, procedures, or culture in response to internal or external changes [2]. It includes a variety of changes meant to improve performance, efficacy, and flexibility. These adjustments may be brought about by the need to

address issues, adapt to changes in the market, or seize fresh chances. The unfortunate reality of the past COVID-19 era was how it has impacted organizations. It introduced a strong plan of action for change in numerous unexpected aspects of organizations. Employees struggled to deal with the rate of change occurring in their organization. Companies had to carry out their daily routines differently. Most staff started to work from homes as the whole processes changed to keep pace with the new reality and stay afloat. Notably, there were changes to personnel, organizational goals, service offerings, and operations shortly following the pandemic. The changes did not follow the classical

types of organizational changes. Instead, there were elements of transformational and corrective changes. It was transformational by introducing advanced technology and training the employees to adjust to the emerging new realities. The introduction of technology gave rise to a consolidated transition, which was abrupt. It incorporated the remedial component, which was reactionary because the pandemic was sudden, and an immediate solution was paramount. The reactionary change might not have been ideal, but its benefits were undeniable. These strategic, people-centric, structural, and remedial changes were nascent innovations in face of pandemic crisis. Therefore, as an employee of an organization, whether in a leadership role or rank and file, we should be ready at all times to embrace organizational change [3].

Methods

This is a narrative review. We conducted the search of literature using the search terms “organizational changes and Covid-19 pandemic,” “innovations in hospitals and Covid-19 pandemic,” “creativity in hospitals during Covid-19 pandemic,” in PubMed, Google scholar, Bielefeld Academic Search Engine and CORE. The reference lists of articles were reviewed for organizational and hospital changes during Covid-19 pandemic.

Literature Review

There have been many publications about organizational changes in the course of the Covid-19 pandemic and the implementations of such changes. However, in a study entitled rethinking organizational change in the COVID-19 era [4], the researchers acknowledged that planned organizational change follows a well-thought-out arrangement. Such a model of planned organizational change though applicable during the COVID-19 crisis, was not adequate in the challenging moment of the Covid-19 pandemic. Therefore, the researchers offered a relatively new model from the complexity theory for organizations, called Complex Adaptive Systems (CAS). It showed promise for addressing the unique crisis facing hospitals in the COVID-19 era. The CAS framework comprises constant assessment, ongoing high levels of communication, iterative cycles of experimentation, reflection, and learning.

In the research paper entitled leading change in response to COVID-19, the researchers, stated that it is essential to put employees, customers, and members

of local and extended communities at the heart of change programs and change the manners we confront the pandemic, requiring cooperation [5]. They contended that organizations that flourished, maximized on their ability to use their social capital to create partnerships with government, communities, suppliers, customers, and competitors. To this end, they made a people-centered collaborative change requiring transparency of decision-making and information sharing. As a result, there was a willingness to share visionary thinking and extraordinary ways of doing things and adopting new ideas. Navigating changes in the era of COVID-19, the researcher studied the role of top leaders' charismatic rhetoric and employees' organizational identification [6]. The study evaluated how organizations can leverage leadership and employee resources to facilitate positive change outcomes. Based on the self-concept-based motivational theory of charismatic leadership and substitutes for leadership theory, the index study proposed a theoretical model connecting top leaders' charismatic rhetoric, employees' affective commitment to change, and turnover intention. The study also investigated contingencies that may modify the relationship between leadership communication and followers' outcomes. Results from an online panel of 417 U.S [6] employees showed that top leaders' use of charismatic rhetoric during changes led to followers' affective commitment to changes, which decreased their turnover intention.

De-Lucas-Ancillo and colleagues propounded a grounded theory approach in their study on workplace change within the Covid-19 context.⁷ They investigated the status at the Covid-19 era and future evolution of the workplace within the Covid-19 pandemic context. Analysis was done using documents, publications, and surveys from numerous sources, to learn more about the employees' and organizations' experience with remote working and the advantages and disadvantages of accessing the workplace during the pandemic. The study was able to identify patterns in the literature regarding what has happened and its influence on the workplace. The revolution initiated by the Covid-19 era has changed the way companies and employees work by a reinvention of how they operate and causing actions never seen before, generating profound changes in the workplace. Therefore, the idea of the workplace has changed from the pre-covid era to the Covid-19 period, where reinvention of work, technology, and safety are critical points in its transformation process.

It is clear from the literature above that the Covid-19 pandemic era caused changes in overall organizational businesses, from the repertoire of daily tasks to the futuristic plan.

Organizational Changes and Its Sustenance

The Covid-19 pandemic brought a crisis, killing thousands, and orphaning many children in the aftermath. All aspect of our lives were affected. Sadly, organizations share their challenges of the pandemic. The healthcare facilities serving many communities fall under these organizations. Unfortunately, hospitals were one of the worst-hit organizations by the pandemic. The statistics of fatal cases created enormous anxiety among the staff [8]. The death of some staff changed a lot about initial opinion of the disease. The real task was the necessity for a real-time revamp of care models for the deserving patients. Covid-19 is highly contagious; with the severity of the infection, physicians, nurses, and other clinicians discovered the appropriate care model and room redesign. Another challenge was protecting the physical and mental health of frontline staff, while there have been anecdotal reports of frontline staff dying by suicide [9]. Hospitals and clinics had to ensure an adequate supply of personal protective equipment (PPE) for their teams.

The hospital management around the world called for urgent management meetings. These meetings were turning points in the subsequent management changes in health organizations. Firstly, the meeting resulted in sustenance of emergency committee that have continued to serve almost all the hospitals around the world till this day. The committee comprises members of all the departments of the hospital tasked with the coordinated immediate response in times of emergency. Routine meetings of this team have been helpful in guiding the executives on areas of focus for optimal running of the hospital and emergency preparedness. The team continues to identify gaps in hospitals and strengthening of core surveillance capacities. Through their efforts there is extended support to resources and logistics, thereby mitigating emergency risks. The second task was creating a collaborative, open, and inclusive virtual work environment to manage the situation.¹⁰ Telehealth has continued to be in application post-Covid-19 era. Its application has widened to cover both audio and audio-visual encounters of patient follow up. Technologies and tools that support remote work environments, such as virtual private network infrastructure, access control mechanisms,

and data security, became a priority and have remained top on the priority list.¹¹ For instance, medical conferences are currently being held through virtual media. This practice gained prominence following the Covid-19 pandemic.

The adapted policies on controlling emergency disease outbreaks have remained in place post-Covid-19 pandemic era. These policies were adapted to suit local practices around the world. In addition, there continues to be regular advocacies for the hospitals to innovate their operating model by leveraging new and digital ways of working. Hence, most hospitals currently embraced a digitized operating model globally. Another rallying point is the identification of stakeholders. These include staff, suppliers, patients, donors, board of commissioners, government agencies, and the media. Partnering with stakeholders is vital for any organization, given that the top priority is to work in synergy during emergencies. It is a practice that has continued to optimize organization productivity.

Implementations

Preventions

The policy on prevention is still operational with less strictness. Any visitor arriving at healthcare facilities gets interviewed about symptoms, travel history and possible contact with any sick individual. A distance of six feet between people is still being encouraged but wearing mask is currently optional. The practice of employees washing their hands with soap and water for at least 20 seconds after touching places of public contact has remained a routine. If soap and water are not available, an alcohol-based hand sanitizer is used. The policy on vaccination continues to be implemented around the world.

Contingency capacity strategies to mitigate staffing shortages

The adjustments in staff schedules, adding to staff numerical strength, rotating staff to positions that support patient care activities, and removing non-essential services and procedures from the lists of operations are still in practice in some hospitals till this day [12]. Most hospitals took a bold step by shifting many employees to remote work, including clinicians working with telehealth technologies. Telehealth technologies are currently being utilized now more than ever before for virtual health consults around the world. These practices have become an integral part of the operational modalities of organizations around the world.

Leadership Changes

A response team birthed from the Covid-19 pandemic within the hospital community is still operational in many hospitals. It comprised division chiefs, nurses, anesthesiologists, and perioperative staff representatives. They are also responding to attending to emergencies. In addition, most of their meetings are through video conferencing.

Conclusion

Delivering healthcare services faced numerous serious obstacles as a result of the Covid-19 epidemic. Hospitals faced critical shortages in human resources, equipment, and spaces, necessitating rapid restructuring of care deliver models. Innovations in communication, teamwork, and creativity were key components of the healthcare facilities' immediate response leading to successful reactions to the devastating pandemic. Hospitals around the world have become futuristic in sustaining these approaches.

Recommendations

Organizations around the world must strive to sustain the current practices brought up by the Covid-19 pandemic. Hospitals aiming for sustained advancement must build on the gains of the Covid-19 pandemic management creativity. The current telehealth and telemedicine being practiced in most hospitals should be expanded to many hospitals around the world. These modalities of consultation should be freely offered as alternatives to patients.

Finally, effective communication, teamwork, good leadership, emergency preparedness, and knowledgeable staff brought about by the impact of the Covid-19 pandemic should be sustained across the board to drive organizations to futuristic realities.

Declarations

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Conflict of Interest

All authors declare that they have no financial relationships at present or within the previous three years with any organizations that might have an interest

in the submitted work. All authors declare that there are no other relationships or activities that could appear to have influenced the submitted work. Authors declare no conflict of interest. All authors consent to this manuscript's publication.

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