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Crisis Management and Performance Policy

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Abstract

This study examined the impact of crisis management on the performance policy of Jordanian public hospitals in Amman during the coronavirus pandemic. In this descriptive research, the targeted population was doctors at those hospitals, and the researcher collected data using a questionnaire that a representative random sample of 100 doctors completed. The results of the study revealed the positive impact of crisis management on hospital performance policy during the pandemic, indicating that crisis management represented a 40% change or variance in performance policy. Also, group work strategy positively impacted the performance policy, expressing 37% of that change or variance. There is a positive impact of group work strategy on the performance policy of Jordanian hospitals during the Corona pandemic at a public hospital in Amman. Moreover, crisis containment strategy at hospitals we studied positively impacted performance policy, and the result indicates that the crisis containment strategy produced a 10% change or variance. Finally, the reserve mobilization strategy positively impacted the hospitals' performance policy, accounting for a 72% change or variance.

Keywords: Crisis management, performance policy, coronavirus pandemic, public hospital.

Introduction

No doubt, we live in a large world that rapid changes characterize, facing many challenges and developments that constitute real crises at the level of individuals, groups, organizations, and states. To overcome these crises, we must have methodical and clear strategies that help us to overcome and deal with them in a systematic manner, on the basis of obtainable knowledge, experience, and capabilities, with a successful management style. That success depends on tactics and strategies to manage crises reasonably and objectively to ensure positive results, for the separate organizations for which we work as well. Through its distinguished geographic location in the heart of the Arab World, the Hashemite Kingdom of Jordan is vulnerable, as other countries are, to external or internal crises, whether political or economic. Its public and private organizations are not far from crises, risks, and challenges, in the age of exploding data and keeping pace with fast global developments. Therefore, we must search for modern and sophisticated strategies to overcome these crises and the problems resulting from them, in a technically correct and comprehensive way that includes understanding, insight, timing, and plans arising from crisis-management strategies (Boiral et al., 2021; ElKusheh, H. & Abu-Rokbeh, L. 2022).

Moreover, an organization working today would, at one time or another, observe instability in which the influences of events threaten its processes, survival, or reputation.

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The capability of such organizations to effectively craft strategies to survive such crises distinguishes one organization that can achieve a stable state of business from another organization that lets such a horrible state reduce its strategic objectives. As a result, crisis management is the provision of an organization's pre-planned, rapid response capability that its leadership maintains, ensuring information management and communications dimensions in an integrated fashion, to allow fast decision-making at a strategic level within a structured environment, enabling actual recovery and protecting an organization's survival or reputation. Likewise, authoritative management ensures that disasters do not happen or that the influence of critical situations is minimal. Thus, a crisis is a dangerous situation that can have severe negative consequences for the organization (Saka, 2014).

Crisis management is the procedure by which an organization manages any major unpredictable event that threatens to harm it, its stakeholders, or the overall public. Three components are common to most definitions of crisis: it poses a threat to the organization; the organization's decision to act includes the element of disclosure; and there is a short time to decide. Crisis management is the procedure companies or organizations follow in response to short-term and instant shocks, such as accidents, disasters, catastrophes, and injuries. Its procedure involves classifying crisis planning as a response to and confronting and resolving the crisis. Generally, the theory of crisis management must entail how to respond to an emergency—for example, determining its importance, ranking the actions to take, and ensuring the return to normal processes (Oparanma & Wechie, 2014).

The COVID-19 pandemic created an unparalleled crisis, in terms of scale and social, economic, and environmental implications. The significance of this crisis in the countries it affected most was varied and of unprecedented severity for most organizations. Also, its impacts on humans, mainly in the form of victims with severe symptoms, overburdened health services, restrictive policies, and the halting of economic activity in most industrialized countries—led to an economic crisis whose severity resembles that of 1929. Also, the pandemic has created an endemic situation of uncertainty and confusion about risks to workers, measures and best practices that organizations should adopt, stakeholder pressures, government shutdown and recovery plans (counting assistance to the most affected companies), the potential for new waves of contamination, and lasting changes in consumer habits. For organizations, these doubts are more problematic because there are few in-depth studies on the subject, and the obtainable information is scarce, partial, and contradictory (Boiral et al., 2021; AlAwwad, A. 2023). Thus, the present research aimed to investigate the impact of crisis management on the performance policy of Jordanian public hospitals in Amman during the coronavirus pandemic.

When an entity or a society is in a modern crisis, discretionary or enthusiastic methods alone are not sufficient to deal with it, due to its typical complexity and intertwining nature. Crises have become part of the fabric of human life and a feature of contemporary life—not a day passes without the word "crisis" being repeated, perhaps many times, the practical reality that reflects the lack of interest on the part of upper management. Hospitals are among the organizations most vulnerable to crises and disasters, especially after the pandemic, one of the most severe health crises that hospitals and the health sector have faced throughout history (Porter et al., 2021).

Additionally, large and small organizations face multiple rapid and unexpected environmental changes, for various reasons. These may trigger multiple types of crises whose causes differ, along with their levels, frequency of occurrence, and severity of impact. Reflecting the global situation, the Jordanian health system has faced an administrative life in which the crisis is its dominant feature, especially during the pandemic. The continuous closures and quarantines, the speed of transmission, and the absorptive capacity of hospitals made administration of the health care system a life of

crisis day by day (Zaher et al., 2021). Thus, this study tries to answer the following research question:

What was the impact of crisis management on the performance policy of Jordanian public hospitals in Amman during the coronavirus pandemic?

Importance of Research

The importance of this study stems from several contexts.

Theoretical Significance:

- This research will affect the range of studies in this field that can occur, leading to some limitations and complications of the contents, as a challenge from one perspective.
- This research contributes definitively by establishing the actual value of the academic research on crisis management. This case, involving performance policy and the coronavirus pandemic at public hospitals in Amman, could encourage other researchers to build up and improve studies that support this field, to achieve desired goals.

Practical Significance:

- One result of the current research will be providing convincing evidence of the direct impact of crisis management on the performance policy of Jordanian public hospitals in Amman during the pandemic.
- The study results will provide decision-makers interested in analytical and management studies with important information on the impact of crisis management on the performance policy of Jordanian hospitals during the pandemic. In addition, it will assist officials and decision-makers in the health care sector in Jordan to identify the impact of crisis management on the performance policy of Jordanian hospitals during the pandemic, helping them respond appropriately by implementing these concepts.

Research Hypotheses and Model

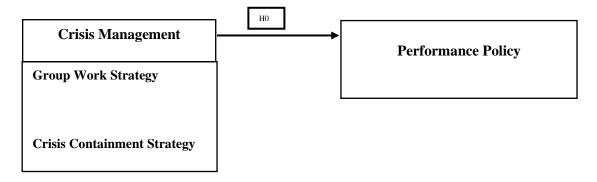


Figure 1.1: The study conceptual model.

Literature Review

Crisis Management

Crisis management has been a facet of preplanning organizational performance and fast response by leadership. Information management has been at the forefront of market crises, due to the consequences of bad information science, a critical aspect of protecting an organization's reputation. Also, managing crises enhances performance by managing early threat exposure, mitigation, and product life cycle control. Fundamentally, managing crises is an expression of the rational and methodical way of establishing the

context; determining, evaluating, treating, examining, and relaying the threat, linking it to any process that allows companies to reduce losses and enhance performance. Crisis management not only improves company value but may also diminish financial distress. The purpose of crisis management is to understand the sympathies of all stakeholders, arrange what the threats really are, and determine how to control the crisis (Al-Ariki & Al-Abed, 2021; Al-Sagga/Besaiso, S. 2022).

Moreover, crisis management is a process the organization activates when it must justify a crisis, with the aim of reducing its potential negative influence on the company and stakeholders alike. Since crisis management is a procedure, it can comprise pre-crisis, response mechanism, and post-crisis stages. Also, crisis management is developing and executing a business strategy that will be easily acceptable in the face of a crisis. Occurrences that qualify as crises include natural calamities, terror attacks, power outages, violence, and cybercrimes. Crisis management is the use of methods that aim to help the organization deal with unanticipated events that can affect its smooth operation (Mizrahi et al., 2021; Alomoush, M. A. 2021).

The concept of crisis management refers to preparing for what may not happen and dealing with what did happen. It may not be hidden from observers of the course of events, especially in political contexts, that crises of all kinds have a role in the history of peoples and societies, whether in terms of demolition or construction. A careful reading of the role of the crisis generally reveals a thread that leads to societies in which the leadership hierarchy that relied on special and efficient teams in dealing with crises was more resilient and compliant than their peers who adopted a different approach. The improvised response and dealing in previously unstudied ways with hotbeds of conflict and tension have consequently led to weakness and disintegration (Duchek, 2020; Nour, A. & Tanbour, K. 2022; AlJanaydeh, K. & Dheif, I. 2023).

Moreover, crises are a phenomenon that accompanies all nations and peoples in all stages of emergence, advancement, and decline. The growth and expansion of societies, the depletion of diverse resources, and the intensity of political and economic competition have had the final word in the lifespan of crises, to the extent that the history of the previous century, for example, constituted a series of crises punctuated by short stages of temporary solutions. From there, serious ideas arose for studying and analyzing the crisis and trying to get out of it with minimal losses, delaying the subsequent crisis if it is not possible to disrupt it. A crisis is a turning point or a sudden situation that leads to unstable situations. Undesirable results occur in a short time and require a specific decision to confront them, at a time when the concerned parties are unwilling or unable to do so (Capano, 2020).

On the other hand, crisis management is a critical organizational function. Let-down can result in serious harm to stakeholders, cause the organization losses, or end its very existence. Public relations practitioners are an integral part of crisis management teams. Accordingly, a set of best practices and lessons gleaned from our knowledge of crisis management would be a very useful resource for those in public relations (Jankelová et al., 2021; Nour, A. & Tanbour, K. 2022). Crisis management is a variety of strategies that help an organization deal with an unexpected negative event that may cause severe damage and may occur for many reasons (e.g., natural disasters, information leakage, security breaches, political crises) (Kimhi, Marciano, Eshe, & Adini, 2020).

In addition, crisis management is the procedure by which an organization distributes information on a major event that threatens its operation (i.e., harming the organization, its stakeholders, or the public). The theoretical purposes of such management are prevention, mitigation, survival, business continuity, recovery, and resiliency. Also, some benefits (e.g., lessons) accrue to these situations.

Management of a crisis consists of four interconnected steps: prevention, preparedness, response, and recovery, and assessment and evaluation can represent another step. Leadership and coordination are both essential in crisis management.

First, prevention addresses what can get rid of or reduce the risk to life, property, and efficacy. Primary prevention classifies risks and hazards in the environment, to eradicate them and prevent tragedies (prevention of crisis, in a narrow sense) while comprehensive preparedness comprises plans to mitigate the effects of disasters/ crises. This stage is sometimes considered a core activity of risk/ issue management.

Second is preparatory discussion about planning for the worst-case scenario (SATO, 2020). The core of the action plan (contingency plan) is an active and complete plan for dealing with potential threats, containing the following steps: hazard assessment, formulation of policies and procedures (including planning for resources, assignment of responsibility, and communication plans), training and education, and record-keeping. An important module of preparation is the business continuity plan (BCP), the internal effort within an organization to make sure that mission-critical business and service functions (essential functions) are resistant to disruption by crises. Third, talk about the activation of the operational plan (i.e., the activities invoked during a crisis) includes in response notification, an imperative component involving communication to relevant personnel of important information regarding the impact of an actual or potential hazard, and the response status of the organization. Fourth, recovery refers to steps taken to return to normal (or "new normal") operational levels (via a demobilization plan). This includes the restoration of resources, functions, and processes, and clean-up, safety surveys, and public assurance, as rebuilding public trust is also crucial (Mizrahi, 20201).

Furthermore, an additional step involves assessment and evaluation. Measuring conditions and evaluating the response should gather accumulated experience to assist and guide prevention and planning processes for the future. In this step, the organization reanalyzes risks and hazards and reexamines the organization's capacity to perform critical tasks. To be actual and efficient, a policy for crisis management should have characteristics formulated as a cohesive set of policy components: good command and control, as a structure; sufficient commitment, appropriate knowledge/ intelligence, and physical supplies, as well as human staff as a resource base; advance plans and exercises, in terms of process; implementation of the ongoing analysis of capacity, response, and outcomes as evaluation efforts; good communication and media planning. Specifically important and characteristic of crisis management is the Incident Command System (ICS) or Incident Management System (IMS). This system acquires a clear and common organizational structure and operating procedures that define roles/ responsibilities (chain of command) throughout the organization and maintain clear reporting stations to allow quick and effective performance (Boiral et al., 2021).

Major crises, such as pandemics, may be inevitable. Despite this, social resilience and the response of the government should agree on the scope, magnitude, and impact of such crises on our lives. The COVID-19 pandemic clearly drew attention to the importance of effective emergency management, in addition to its connection with the readiness of citizens to cooperate with governments in such turbulent times. Once again, it clarified that trust between governments and the people is vital to the functioning of our modern society. The legality of government making and implementing effective policies that minimize the damage to the democratic system, its economy, and public health strongly relates to the attitudes of citizens toward these policies (Mizrahi et al., 2021).

The crisis precipitated by the new coronavirus pandemic had several specifics. It is not only a local topic but a widespread global crisis that affects the most important human value, health, and so people perceive it very sympathetically. It touches them directly, introducing not only health care impacts, including deaths, but also economic, social, and mental consequences. Its onset was fast and it quickly spread, irrespective of borders,

countries, areas, communities, age, or gender. Rapidity and untowardness were the two strongest components of the crisis. The synergic effect of all these aspects drew on the respect of all absorbed groups as well as the need for professional crisis management at all levels, from the supranational, through the national and the organizational, to the individual level. Crisis management theory resides on the basic model of crisis management, comprising prevention, crisis planning, the start of a crisis event, subsequent reaction, and recovery. In the case of the current crisis, given its specifics and mainly its unpredictable conditions, the instruments of prevention and crisis planning did not work, or in many administrations existed only at a formal stage. The crisis began with a fast and shocking onset of the perceptive stage of the crisis. This environment placed higher demands on the competencies of management and its responsibility for the consequences that may arise, due to unprofessional management, and incapacitate an organization and its management employees. The sudden acute stage causes many undesirable emotions, including fear, anxiety, anger, and the need for security, trust, and abilities to manage the crisis. The personality side of crisis managers and the ability to react sufficiently fast and deliberately are imperative aspects of crisis management at this stage (Jankelová et al., 2021; Ibrahim, M. 2023).

Add to that the fact that a crisis represents a substantial turning point that involves a degree of ambiguity, uncertainty, and risk. It requires fateful decisions to confront or resolve it. It also causes a high state of nervous tension and mental dispersion because it contains the element of surprise. And it may threaten the supreme values or the main goals of the organization when speed, dynamics, complexity, and overlap characterize events, and one or some of the parties to the crisis may lose control over its course. The crisis also requires special treatment and huge potential. Accordingly, the most important characteristics of the crisis are (Kimhi et al., 2020):

- The element of surprise; the crisis comes suddenly.
- Insufficient information, i.e., not knowing the cause and not recognizing the correct behavior.
- Escalation of the flow of events, i.e., events continue.
- The perceived or real loss of control, as all crisis events can fall outside individual capabilities and expectations and deviate from normal routine.
- State of stress and anxiety.
- Lack of clear, immediate solutions; the crisis does not wait for an accurate solution.

Performance Policy

Performance is organizational behavior in the light of the values of management, to accomplish management functions (decision-making, planning, organizing, supervising, directing, leading, and controlling) rationally (i.e., with the least effort, time, and costs). Job performance is also significant because of its relevance to the effectiveness and efficiency of organizations in attaining their objectives and achieving their vision, goals, and core values. This causes organizations to focus and concentrate on human resources management in achieving their objectives and managing factors affecting performance. These factors can be summarized as:

- Technical factors: Represented in technological progress, raw materials, the organizational structure of work, approaches to and methods of work, technical features have a clear and direct influence on the efficiency of the organization and its individuals, the quality and quantity of machines, and the practical approaches and techniques used in the work, all affecting the level of productivity and general performance.
- Human factors: The ability to perform the work, including knowledge, education, experience, training, skill, personal ability, and the desire to work, which physical and social working conditions and individuals' wants and desires determine (Majli & Tamimi, 2018).

Furthermore, performance management is a serious talent management function in organizations of all kinds and sizes and all businesses. More exactly, performance management is "a continuous process of identifying, measuring, and developing the performance of individuals and workgroups and aligning performance with the strategic goals of the organization." But, the COVID-19 crisis severely disrupted performance management. Pushed into existence mode, many organizations are downgrading and even completely discontinuing their usual way of measuring performance (Alariki & Al-Abed, 2021; Shqairat T. & AlJundi, N. 2023).

Before the pandemic, 85% of organizations related performance to pay. In contrast, during COVID-19, many organizations are deliberately separating performance from pay choices. Facebook announced that all its 45,000 full-time employees will receive the same "exceeds expectations" in their first-quarter performance review in 2020. Other companies stopped performance-based pay increases altogether.

Given this situation, organizations and leaders are asking the following questions about crisis management (Majli & Tamimi, 2018):

- Is performance management still relevant and useful during a crisis?
- Because employees cannot do their work the way they used to, performance is more problematic to measure, and there is no performance-based pay increase. Thus, what is the point of continuing to manage performance?

These are unsafe questions because talent management is a key determining factor of organizational performance. Performance management does not just serve an administrative function in personnel decisions, such as pay and promotions. Performance management serves additional purposes, including communicating and reinforcing strategic priorities (i.e., strategic and communication purposes), supporting employee development (i.e., developmental purposes), planning and maintaining a high-quality workforce (i.e., organizational maintenance purposes), and gathering information to support talent management decision-making (i.e., documentation purposes). It is so critical for organizations to continue to measure performance, and they must be able to measure performance during a crisis such as the COVID-19 pandemic. Why? First, through a time of chaos and change, employees look up to their leaders for guidance, and performance management serves as a key channel for communicating the company's strategic direction. The hidden message of a silenced performance management system is that the top management team—as well as managers at other levels—do not know what to do or what they want employees to do, and whether employees perform well does not matter (Zaumane, 2016).

Second, without performance information, managers cannot deliver sound and expressive feedback to employees to improve their performance. Frequent and ongoing feedback not only provides continuity to employees' professional development; it also helps employees feel a sense of connection and psychological, especially amid extensive remote work. Third, missing performance data for an important period puts companies in a vulnerable legal position. At a time of crisis, many organizations must let some employees go, and performance is one of the major factors they use to decide which employees to lay off. Without documentation on performance, decisions may be unfair, and companies might face lawsuits when former employees question termination decisions. Finally, organizations need performance data to accurately identify and successfully retain top performers who make substantially more important contributions than average employees. This is critical for winning the talent war, surviving during challenging times, and thriving after the crisis is over. In short, the COVID-19 crisis caused many companies to seriously curtail and even abandon performance management. Nonetheless, this does more harm than good, in light of performance management's multiple purposes and advantages for individuals and organizations. The answer is not to discontinue measuring performance but, instead, to adapt measurement to the new actuality (Jankelová et al., 2021).

On other hand, the pandemic is an unprecedented crisis in modern history. The Jordanian government announced a complete curfew on March 16, 2020, aiming to stop the outbreak of the disease after the first 26 confirmed cases. At the time, there were very few, if any, global practices on which the government could rely, to strengthen its response plan. After many attempts, the government succeeded in limiting direct human interactions (also known as "social distancing") by adopting distance education, encouraging remote work, employing digital financial services, and setting specific times for citizens to purchase their needs from grocery stores.

In the context of these measures, Jordan ranked first among 13 countries in the world whose response was the most severe and strict in applying preventive measures during the pandemic. Jordan was the first country in the world to obtain a full score (100/100) on the strictness index and maintain it for 34 days, the sixth-longest ban in the world. These efforts led to a significant decrease in the number of cases in Jordan, proving the efficacy of government measures. Notably, Jordan has worked to separate the numbers of cases coming from abroad and subject to quarantine from the number of local cases, so the government can reflect the true epidemiological situation of the virus inside Jordan and confirm the safety of continuing various economic activities. This indicates effective management of health institutions and their role in controlling the pandemic and maintaining the quality and safety of health care (Ala'a et al., 2021).

The main role of a successful health system is to maintain the health of the population, protect it from infectious and chronic diseases, and provide primary and secondary health care in an effective, safe, and fair manner, with high quality and at the lowest possible cost. Health organizations are one of the most complex social systems on the face of the earth; therefore, they cannot be managed by trial-and-error but, rather, need specialized departments with high-level experience (Shadmi et al., 2020).

Despite the success the health system in Jordan has achieved in combating infectious and chronic diseases, with low death rates, high life expectancy, occupying advanced positions in specialized medicine and medical tourism, and the existence of a national system for the accreditation of health institutions, this sector before and during the pandemic still suffers (Al-Tammemi, 2020). There are many problems and challenges, the most important of which are weak governance and management, the multiplicity and fragmentation of government agencies that manage and provide health services, and dependence on the traditional medical model. That model focuses on disease and does not take up the concept of proactive holistic medicine that focuses on the preventive aspect and health preservation. Thus, many aspects of inequity in health coverage taint it. Also among the remaining problems and challenges is the comprehensive ineffective use of available resources, the difficulty of retaining trained human cadres and their migration, the dissatisfaction of service recipients with the quality of health services and their high cost at the national and individual levels, in addition to the weakness of control over the private health care sector and the absence of governance mechanisms and levers motivating it (Pereira et al., 2021; Alkhazali, Z., 2020; Alkhazali, Z., 2021; Yousef, D., 2023; Al-Tammemi, 2020; Mahmoud Ahmad, R. 2023).

All the literature related to world health systems confirms the specialized administrative competencies of people with high-level experience, regardless of professional background (e.g., medicine, administration, nursing, pharmacy) who know how to use scientific administrative tools, such as planning, organizing, staffing, leadership, decision-making, control, and evaluation, in providing the financial, human, material, technological, and information resources (inputs) that the system needs and transferring them to community health services (outputs and results) with high quality and at the lowest possible cost. In short, effective specialized management is the guarantee of

progress and development of the health system at the national and institutional levels and solving the problems and issues facing this system now and in the future (King et al., 2019; Chuang et al., 2021).

The pandemic has refocused the importance of the health sector, which has emerged as a real line of defense for society in the face of the epidemic. Those responsible for the health system exploited the pandemic to try to develop and enhance their capabilities. The pandemic also imposed on public policymakers the introduction of health in all policies and reminded them of the priority of achieving universal health care coverage for all populations.

Data Collection Procedures

Gathering data for this study occurred by relying on two main types of sources:

- Secondary sources: Accredited books on the impact of crisis management on the performance policy of Jordanian hospitals during the pandemic, previous studies, research published, and journals.
- Primary sources: In this research, the questionnaire used a Likert scale to determine the impact of crisis management on the performance policy of Jordanian hospitals during the pandemic. Questionnaires were used to collect data on the public hospitals in Amman. This study used a Likert scale for measuring all variables: (1) Strongly disagree, (2) Disagree, (3) Undecided, (4) Agree, and (5) Strongly Agree. The main benefit of a five-point scale is its ability to reveal smaller dissimilarities among users. In addition, there is no single ideal technique for choosing the answering and measuring format, as it depends on the type of study, and the scale format for one study may not suit another. In general, the questionnaires were based on the literature.

The population of the study consisted of all doctors working in public hospitals in Amman. To represent the society, and due to the difficulty of applying the study to the whole society, the researcher chose a random sample of the study population.

The sample for the research was came from doctors working in public hospitals in Amman. The sampling margin is based on the quantitative size of the sample. The margin of error allowed in this study is 0.05, according to the sample size table (Denzin & Lincoln, 2008). The sample size valid for analysis was 100 doctors working in public hospitals in Amman. The researcher analyzed the information collected through the questionnaire, using the SPSS program to achieve the required mathematical testing components, such as frequency, description, and regression analysis.

Results

This part presents an analysis of the data gathered from participant questionnaires, using the SPSS software, and an explanation and discussion of the results follow.

Crisis Management

This section explored the level of crisis management of Jordanian hospitals during the pandemic. This dimension has subdimensions.

Group Work Strategy

This part mentions the participants' level of agreement with declarations about group work strategy. Table (2) shows the sample attitude.

Table 1: Group Work Strategy Statements

Statement	Mean	S. deviation
All hospital employees participate in developing crisis management solutions, each according to the nature of his work	4.01	.703
The hospital administration provides continuous training for employees on how to behave during a crisis	3.27	.993
The hospital administration sets clear administrative instructions that specify how to deal with crises	4.34	1.007
Harmony between superiors and subordinates and the distribution of roles contributes to facing any crisis	3.37	.849
The hospital administration encourages workers to provide an opinion or a new idea to face crises	1.94	.565
Total agreement related to group work strategy statements	3.38	.424

The table shows that the total mean of all statements connected to group work strategy statements is 3.38, reflecting good agreement. Furthermore, the standard deviation value is .424, which is standard and inverse coming together on the response of the sample. The highest mean is 4.34 for statement number (3), "The hospital administration sets clear administrative instructions that specify how to deal with crises." The score reflects high-level agreement. The lowest mean was 1.94 for statement number (5), "The hospital administration encourages workers to provide an opinion or a new idea to face crises," which reflects weak agreement. In general, the sample's attitude toward the statement was positive; therefore, the sample approved participation in Jordanian public hospitals during the pandemic as having a good group work strategy, and the response showed positive confidence in that.

Crisis Containment Strategy

This part gathered data for the scale of crisis containment strategy, which refers to the response level of agreement with the following declarations about crisis containment strategy. Table (3) displays the response agreement concerning crisis containment strategy statements.

Table 2: Crisis Containment Strategy Statements

Statement	Mean	S. deviation
The hospital administration is negotiating with the cause of the crisis to contain it	4.05	.687
Hospital management is preparing special teams to contain the crisis	4.70	.461
Hospital staff are performing their duties highly in order to help contain the crisis	3.90	.689
The hospital administration is developing specific mechanisms to contain the crisis if it occurs	4.05	1.058

The hospital administration is exchanging ideas and opinions with workers to contain the crisis	2.26	.691
Total agreement related to crisis containment strategy statements	3.79	.300

In Table (2), it appears that the total mean of all statements connected to crisis containment strategy is 3.79, reflecting high-level agreement. Furthermore, the standard deviation value is .300, which is normal and reflects convergence on the response of the sample. The highest mean is 4.70 for statement number 2, "Hospital management is preparing special teams to contain the crisis." That reflects high-level agreement, and the lowest mean was 2.26 for statement number 5, "The hospital administration is exchanging ideas and opinions with workers to contain the crisis," reflects weak agreement. In general, the sample's attitude toward the statements was positive; thus, the participants agreed that crisis containment strategy functioned in Jordanian hospitals, and the sample had a positive opinion of it.

Reserve Mobilization Strategy

This dimension represents motivation that mentions the participants' level of agreement with the next statements about reserve mobilization strategy. Table (4) shows the participants' agreement.

Table 3: Targeted Reserve Mobilization Strategy Statements

Statement	Mean	S. deviation
The hospital administration provides the necessary support to its employees to prepare for any crisis	2.78	.824
The hospital administration forms specialized teams to monitor and analyze any crisis	3.91	.653
The hospital administration is keen to provide a team with high skills and knowledge in crisis management	4.26	.579
The hospital administration takes the necessary measures to prevent any crisis	3.16	.735
The hospital administration trains employees at all organizational levels to face and manage crises	2.42	.741
The hospital administration creates work teams for rapid intervention in the early stages of the onset of the crisis	3.77	.679
The hospital administration is developing plans and mechanisms capable of reducing the crisis in its infancy	3.46	1.141
Total agreement related to reserve mobilization strategy statements	3.39	.409

In Table (3), the total mean of all statements related to reserve mobilization strategy is 3.39, which reflects good agreement. Moreover, the standard deviation value is .409, which is normal and reflects convergence on the response of the sample. The highest mean is 4.26 for statement number 3, "The hospital administration is keen to provide a team with high skills and knowledge in crisis management," reflecting high-level agreement. The lowest mean was 2.42 for statement 5, "The hospital administration trains employees at all organizational levels to face and manage crises," reflecting good agreement. In general, the sample's attitude toward the reserve mobilization strategy was positive; thus, the participants agreed that there was a suitable level of reserve

mobilization strategy in Jordanian public hospitals, and the sample had a positive attitude toward that.

Performance Policy

This section explored the level of the performance policy in Jordanian public hospitals during the pandemic. Table (5) shows the participants' level of agreement on that.

Table 4: Performance Policy Statements

Statement Statement	Mean	S. deviation
The hospital administration is developing plans for continuous improvement in all areas to deal with various crises such as the Corona crisis	3.40	.492
The hospital administration provides the necessary staff and equipment in order to face various crises such as the Corona crisis	3.79	.880
The hospital has an effective communication system between management and workers to face various crises such as the Corona crisis	3.22	1.260
The hospital management is working on designing its organizational processes to cope with various crises such as the Corona crisis	3.15	.925
Hospital workers are keen to perform tasks with high quality during the face of various crises such as the Corona crisis	4.22	.980
Workers have the desire and enthusiasm to get work done in the event of emergency situations such as the Corona crisis	3.39	1.145
The hospital administration is working to provide the material supplies required in the face of various crises such as the Corona crisis	4.32	.469
The hospital administration is committed to providing the medical and treatment services required of it in various crises such as the Corona crisis.	4.29	.640
The hospital administration supports individual initiatives as a means to improve the quality of services provided during the Corona crisis	2.85	.592
The hospital administration is keen to tighten control over workers in times of crisis to face various crises such as the Corona crisis	4.25	.716
The hospital administration reviews report in order to diagnose deviations that occur during crises such as the Corona crisis.	4.06	.708
Total agreement related to performance policy statements	3.72	.259

The above table shows that the total mean of all statements connected to performance policy statements is 3.72, a high level of agreement. Furthermore, the standard deviation value is .259, which is standard and inverse coming together on the response of the sample. The highest mean is 4.32 for statement number 7, "The hospital administration is working to provide the material supplies required in the face of various crises, such as the Corona crisis." That reflects high-level agreement, and the lowest mean was 2.85 for statement number 9, "The hospital administration supports individual initiatives as a means to improve the quality of services provided during the Corona crisis," which reflects good agreement. In general, the sample's attitude toward performance policy was

positive; therefore, the sample agreed that participants in Jordanian public hospitals have a high-level performance policy, and the response shows positive confidence about that.

Testing Hypotheses

Testing the first main hypothesis

HO: There is no significant impact at α =0.05 of crisis management on the performance policy of Jordanian public hospitals in Amman during the pandemic.

To test the first main hypothesis, the multiple linear regression test was used to test the relationship between the independent variable (crisis management) on the dependent variable (performance policy). Table (6) shows the obtained results of the correlation between the independent variable (crisis management) and the dependent variable (performance policy).

The R-value (.631a) refers to the correlation between the independent variable (crisis management) and the dependent variable (performance policy). R square for performance policy indicates that crisis management expressed a 40% change or variance in the performance policy and other factors expressed the remaining 60%. The value of sigma (0.00) is less than the significance level (α =0.05), which indicates a significant effect between crisis management and performance policy at public hospitals in Amman. According to Beta values (.824), the type of this effect is positive, which means that any improvement and increase in crisis management will increase the performance policy.

Table 5: Correlation and Variance Between Crisis Management and Performance Policy of Jordanian Hospitals During the Pandemic at Public Hospitals in Amman.

Variables	B value	R	R Square	Adjusted R Square	Std. Error of the Estimate	Sigma	Beta
Constants	1.807	.631ª	.398	.392	.20270		
Crisis Management	.546						
						.000	.631

According to the above explanation, this hypothesis is not accepted, meaning that there is a positive impact of crisis management on the performance policy of Jordanian public hospitals in Amman during the pandemic.

From this main hypothesis, we raised the following subhypotheses:

The first sub hypothesis:

HO1: There is no significant impact at α =0.05 of group work strategy on the performance policy of Jordanian public hospitals in Amman during the pandemic.

To test the first subhypothesis, we used the multiple simple regression test to test the relationship between the independent variable (group work strategy) and the dependent variable (performance policy). Table (7) shows the obtained results of the correlation between the independent variable (group work strategy) and the dependent variable (performance policy).

The R-value (.603^a) refers to the correlation between the independent variable (group work strategy) and the dependent variable (performance policy). R square for performance policy indicates that the group work strategy expressed a 37% change or variance in the performance policy, and other factors express the remaining 63%.

The value of sigma (0.00) is less than the significance level $(\alpha=0.05)$, which indicates a significant effect between group work strategy and performance policy at public hospitals in Amman. According to Beta values (.603), the type of this effect is positive, so any improvement and increase in group work strategy will increase the performance policy.

Table 6: Correlation and Variance Between Group Work Strategy and Performance Policy of Jordanian Public Hospitals in Amman During the Pandemic.

Variables	B value	R	R Square	Adjusted R Square	Std. Error of the Estimate	Sigma	Beta
Constants	2.472	.603ª	.364	.357	.20844		
group work strategy	.369					.000	.603

According to the explanation above, this hypothesis is not accepted; there is a positive impact of group work strategy on the performance policy of Jordanian public hospitals in Amman during the pandemic.

The second subhypothesis:

HO2: There is no significant impact at α =0.05 of crisis containment strategy on the performance policy of Jordanian public hospitals in Amman during the pandemic.

To test the first subhypothesis, we used the multiple simple regression test to test the relationship between the independent variable (crisis containment strategy) and the dependent variable (performance policy). Table (8) shows the obtained results of the correlation between the independent and the dependent variable (performance policy).

The R-value (.322^a) refers to the correlation between the independent variable (crisis containment strategy) and the dependent variable (performance policy). R square for performance policy indicates that the crisis containment strategy expressed a 10% change or variance in the performance policy, and other factors expressed the remaining (90%).

The value of sigma (0.00) is less than the significance level $(\alpha=0.05)$, which indicates a significant effect between crisis containment strategy and performance policy at public hospitals in Amman. According to Beta values (.322), the type of this effect is positive, meaning that any improvement and increase in crisis containment strategy will increase the performance policy.

Table 7: Correlation and Variance Between Crisis Containment Strategy and Performance Policy of Jordanian Public Hospitals in Amman During the Pandemic.

Variables	B value	R	R Square	Adjusted R Square	Std. Error of the Estimate	Sigma	Beta
Constants	4.779	.322ª	.104	.095	.24735		
Crisis Containment Strategy	279						
						.000	.322

According to the above explanation, this hypothesis is not accepted, which means that there is a positive impact of crisis containment strategy on the performance policy of Jordanian public hospitals in Amman during the pandemic.

The third subhypothesis:

HO3: There is no significant impact at α =0.05 of reserve mobilization strategy on the performance policy of Jordanian public hospitals in Amman during the pandemic

To test the first subhypothesis, we used the multiple simple regression test to test the relationship between the independent variable (reserve mobilization strategy) and the dependent variable (performance policy). Table (9) shows the obtained results for the correlation between the independent variable (Reserve Mobilization Strategy) and the dependent variable (performance policy).

The R-value (.848^a) refers to the correlation between the independent and the dependent variable. R square for performance policy indicates that the reserve mobilization strategy can express 72% change or variance in the performance policy, and other factors can express the remaining (28%).

The value of sigma (0.00) is less than the significance level $(\alpha=0.05)$, indicating a significant effect between reserve mobilization strategy and performance policy at public hospitals in Amman. According to Beta values (.848), the type of this effect is positive; thus, any improvement and increase in reserve mobilization strategy will increase performance policy.

Table 8: Correlation and Variance Between Reserve Mobilization Strategy and Performance Policy of Jordanian Public Hospitals in Amman During the Pandemic.

Variables	B value	R	R Square	Adjusted R Square	Std. Error of the Estimate	Sigma	Beta
Constants	1.893	.848ª	.719	.716	.13855		
Reserve Mobilization Strategy	.539					.000	. 848

According to the above explanation, this hypothesis is not accepted; there is a positive impact of reserve mobilization strategy on the performance policy of Jordanian public hospitals in Amman during the pandemic.

Recommendation

In accordance with the study results and findings that detailed analysis has shown, the following recommendations were deduced as relevant to the process of the study and its direct application in use:

- There is a need to conduct a continuous assessment of the level of performance policy of public Jordanian hospitals and its role in overcoming the crisis, and to work to avoid deficiencies in policies to confront crises.
- There is a need for decision-makers in public Jordanian hospitals to change the attitude toward performance policy by changing the strategy of crisis management in the public Jordanian hospitals in the face of the pandemic—in general, the crises and disasters that the world may witness in the future.
- The researchers recommend using the same topic to study these variables globally, introduce new variables, and study their effect even after the effect of COVID-19 has ended.

There is a clear opportunity for further progress in investigating crisis management in Jordan, especially in interpreting how the Jordanian public hospitals' crisis management impacts performance policy. We recommend future studies on the current topic to explore the concept of crisis management with a larger sample of doctors working in Jordanian public and private hospitals. We advise drawing from various geographical areas in Jordan, to increase the applicability of the study results and better reflect outcome measures. Future research might also seek to address whether gender differences, similarities in assessing crisis management's impact on performance policy from managers, and employee perceptions incorporating a quantitative dimension will assist in providing a link to more descriptive information from algorithmic-based solutions of crisis management's impact on performance policy.

Finally, further studies should occur using several research instruments that may provide further insights into the impact of crisis management on the performance policy during different crises.

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