

Readiness Towards New Pandemics: The Role of HRM in Jordanian Private Hospitals

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Abstract

This study aimed to identify the impact of Human Resources Management (HRM) functions on preparedness towards the COVID-19 pandemic in Jordanian private hospitals. The study used a descriptive-analytical approach through a questionnaire for a sample of (343) employees working in private hospitals in Jordan, the data was analyzed using the (SPSS) software, as well as descriptive and inferential statistics to test the hypotheses. The study came to show that the HRM functions have a statistically significant effect ($\alpha \leq 0.05$) on preparedness towards new pandemics with its dimensions (Preparedness of administrative; medical; nursing and technical staff) in Jordanian private hospitals. While training, and compensation as HRM functions have shown a statistically significant effect ($\alpha \leq 0.05$) on preparedness, the other three dimensions: planning, recruiting, and motivation have shown no statistically significant effect. Finally, the study presented a set of recommendations, in which the most important is that HRM should encourage their staff to participate in local and international conferences and workshops, to be prepared to deal with the pressures that may come along with new pandemics. It also recommended, redesigning the incentive system to increase employees' motivation according to the new circumstances. As well as developing hospital cadres' planning skills to cope with social, technological, and administrative challenges in private hospitals.

Keywords: Human Recourses Management, Readiness, New Pandemics, Private Hospitals, Jordan.

Introduction

The COVID-19 outbreak began in early December 2019 in the Chinese city of Wuhan. On January 2020, the World Health Organization designated the virus outbreak a public health emergency of international concern, and on March 11, the outbreak was verified to have turned into a pandemic (WHO, 2020). The COVID-19 pandemic will definitely be a milestone moment in human history, with far-reaching implications for economic, societal, and health concerns. COVID-19 cast a pall over all work sectors, putting countries' and healthcare institutions' experiences to the test in how to respond and continue to provide services while maintaining employee and patient health and safety (Alser et al., 2021). There is no reason to think that this pandemic will be the last one, something constitutes a significant challenge for human resources management in terms of effectively performing its job and developing innovative strategies in response to the increasing demand (Kaushik & Guleria, 2020). The equation appears tough and daunting, yet human resources departments have played a role in addressing the problem up to this

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point (Przytuła et al., 2020). Thus, focusing on the work with the three most critical issues that human resources departments during the pandemic crisis: employee health and safety, as well as job continuity. In this study, the impact of human resources management functions on preparedness towards new pandemics will be examined to reach scientific results and recommendations for the development of Jordanian private hospitals, so they can achieve their desired goals.

Study Problem and Questions

The COVID-19 pandemic has quickly spread over the world, posing a serious threat to the medical sector. Italy, for example, was hit severely by the first wave, and the national healthcare system was found to have various flaws as well as a general lack of preparedness (Deana et al., 2021). Despite having the highest ranking on the Global Health Security Index, the United States also has been severely impacted, over 100 million COVID-19 cases and over 1.1 million deaths were recorded as of the first of April 2023 (COVID Data Tracker, 2023). Locally, the pandemic exposed severe structural defects in the preparedness required to maintain access to services throughout the pandemic (UNHCR, 2020). The study by (Suleiman et al. 2020) has revealed multiple challenges and insufficiencies that can affect frontline doctors' preparedness for COVID-19; such as the psychological impacts on healthcare workers, lack of trustful information, and shortage in equipment supplies. The problem of the study revolves around the preparedness of human resources management to face new waves of COVID-19 or other pandemics, and the possibility of hospitals' inability to provide quality service because of the increase in patients admissions, and the limited capacity of hospitals, especially in private hospitals. As the performance of human resource management and teamwork is a key factor of success for hospitals; where it should be prepared to respond effectively and have its strategic plan ready (Vnoučková, 2020). According to a (Vahdat, 2021) study, the HRM regarding COVID-19 has a variety of issues, including not enough people working, also, health risks in the workplace, lack of motivation, high tension, and tiredness. With the reopening of institutions and services, there is a significant risk of additional waves of altered viruses as a result of COVID-19 and other pandemics so, there is a need to investigate the preparedness of HRM at Jordanian private hospitals to deal with the factors that can be utilized to better shape their preparedness and overcome these challenges, that may demonstrate the study's problem via triggering the questions below: What is the impact of HRM functions with its dimensions (Planning, Recruiting, Training, Motivation, and Compensation) on preparedness towards new variants of COVID-19 and other pandemics: (Preparedness of administrative; medical; nursing and technical staff) in Jordanian private hospitals, considering that healthcare members still require both managerial and psychological support to minimize anxiety, promote well-being and resilience; to be prepared to deal with the pressures that come along with the pandemic. (Digby et al., 2021). Since few international studies have examined the preparedness of hospital staff to face emergencies (Balut et al., 2021). However, to the researchers' knowledge, there is little research about the preparedness for new waves of COVID-19 in Jordan with the increased number of patients infected with it.

Theoretical Framework

There have been many major impacts of the emerging COVID-19 pandemic on the contemporary business environment, the most important of which are: production disruptions, supply chain disruptions, staff shortages, declining sales and profits, a decline in inventory levels for finished products and production requirements, the postponement of many business organizations implementing expansion plans (Kaushik & Guleria, 2020). Private hospitals witnessed revenue declines, which resulted in some layoffs and furloughs of healthcare workers who weren't COVID-focused. HRM in the era of

COVID-19 necessarily requires a new plan to deal with probable employee shortages caused by infection or absenteeism must be developed especially with increased demand for healthcare services. HRM professionals should update their training needs, especially in light of changes in business management methods as a result of the introduction of telework in many enterprises, which requires many new methods of monitoring and evaluating the performance of employees (Davoudi & Kaur, 2012). Since there are a few studies that have examined the preparedness of hospital staff working to face emergencies (Balut et al., 2021). It is argued that the COVID-19 pandemic posed challenges in setting priorities for human resources, such as being flexible in managing them, promoting the principles of flexible human resources, thinking, culture, and practice, and drawing up multiple scenarios for the future and designing of human resources, to enhance job security, in the face of crises and disasters, and to create flexible and sophisticated working systems (Chen et al., 2022; Carnevale & Hatak, 2020). However, to the researcher's knowledge, there is little research about the preparedness of new waves of COVID-19 in Jordan with the increased number of patients infected with it. Furthermore, as part of the hospital's overall response to an emergency, the quality of important hospital support services given by managerial and technical staff is one factor that affects the care the hospital provides, so this point needs to be investigated. The current study helps in planning and setting up strategies for similar pandemics in the future and to be prepared to close possible gaps in any of the HRM functions that will be investigated in this research.

Population and Sample

The study population consisted of administrative, medical, nursing, and technical staff working in private hospitals. According to the annual statistical report of the Ministry of Health, the number of private hospitals in the capital reached (46) hospitals, and for the large size of the study population, the largest (10) hospitals were selected, which include (200) beds or more in table (1), where the researchers prepared (Online Questionnaire) and published it via (Google Form). The study sample should not be less than (300) out of (2036) employees relying on Sekaran and Bogue (2016) to identify the sample size, for accuracy and to avoid errors, (400) questionnaires were distributed to the study population in private hospitals. The questionnaire was developed according to previous literature and academics in the area of business administration (Liang et al., 2022; Kerketta & Raghavendra, 2022; Carnevale & Hatak, 2020; Cooke et al., 2020). A purposive sample was used to obtain information from a specific segment capable of providing information, either because of their location or because some of the criteria set by the study are available to them, so (343) questionnaires were received, all of which were valid. For statistical analysis. Table (1) shows the number of respondents from each hospital.

Table (1) Number of respondents from each hospital

Number	Name of Hospital	Frequencies	Percentage
1	Ibn Al Havtham	33	9.6%
2	Jordan Hospital	47	13.7%
3	Isteshary	35	10.2%
4	Istiqlal	27	7.9%
5	Israa	33	9.6%
6	Islamv	47	13.7%
7	Specialty	31	9.0%
8	Khaldy	33	9.6%
9	Kendy	29	8.5%

10	Arabic Medical Center	28	8.2%
	Total	343	100.0%

Validity

The validity can be measured by different tools, face validity, internal validity, and construct validity. In this study, two types of validity measures that were mentioned above were used. Face validity is one of the validity tests, it indicates the ability of the questionnaire paragraphs to measure if the reason that they were designed for is clearly stated; if the general appearance of the questionnaire is formulated using clear paragraphs that include non-vague vocabulary (Cohen, 1988). Also, face validity is measured by presenting it to (10) arbitrators who are specialized in various fields related to the subject of the study and have solid experience to evaluate and provide their notes on the content of the questionnaire. All comments and notes were taken into consideration. For internal validity, the construct measures the correlation coefficient between the field and all the fields of the questionnaire that have the same level of the Likert scale (Cohen, 1988). The researcher relied on the Pearson correlation to test the construct validity. "The Pearson matrix will indicate the direction, strength, and significance of the bivariate relationships among all the variables that were measured at an interval or ratio level" (Bryman, 2016). Table (2) shows the correlation coefficient between the variables and the total degree of the questionnaire. The p-values (Sig.) are less than 0.01, so the correlation coefficients of all the fields are significant at $\alpha = 0.01$, accordingly, it can be said that the fields are valid to be measured as it was set to achieve the main aim of the research.

Table (2) correlation coefficient between the variables and total degree of the questionnaire.

Variables	Correlation Coefficient	Sig.
HRM Functions	0.759**	0.000
Planning	0.725**	0.000
Recruiting	0.772**	0.000
Training	0.720**	0.000
Motivation	0.651**	0.000
Compensation	0.775**	0.000
Preparedness Towards COVID-19 pandemic	0.425**	0.000
preparedness of human resources staffs	0.586**	0.000
preparedness of medical staffs	0.387**	0.000
preparedness of nursing staffs	0.155**	0.004
preparedness of technical staffs	0.192**	0.000

**Correlation is significant at the 0.01 level

Reliability

The reliability shows how stable and consistent the instrument taps the variable (Sekaran & Bougie, 2016). The instrument was adapted after a careful review of related literature followed by examining it by an expert panel; however, the researcher tries to reaffirm the reliability to a satisfactory degree through the internal consistency reliability analysis. The Cronbach's alpha coefficient method was selected among several statistical methods to measure the reliability. According to (Hair et al., 2013) Cronbach's Alpha value is considered acceptable if is positive and greater than 0.70. Table (3) shows all the variables' reliability Cronbach's alpha values are more than (0.7).

Table (3) Reliability of the Questionnaire (Cronbach's Alpha).

Variables	Cronbach's Alpha	Statements
Planning	0.857	5
Recruiting	0.798	5
Training	0.796	5
Motivation	0.842	4
Compensation	0.803	5
preparedness of human resources staffs	0.775	5
preparedness of medical staffs	0.786	5
preparedness of nursing staffs	0.763	6
preparedness of technical staffs	0.762	5
All Statements	0.891	45

Test of Data Goodness of fit. The researcher depended on the linear regression analysis to test the study hypothesis. While before starting to apply the analysis, the data validity must be tested. The tests include the normal distribution of data, multicollinearity test, and Variance Inflation Factors (VIF). The normality tests are used to examine if the data has a normal distribution. For the assessment of the normality, we used the Kolmogorov-Smirnov (K-S) test (Oztuna et al., 2006). The test shows if the p-value ≥ 0.05 , revealing the data are within the normal distribution as shown in Table (4).

Table (4) The Normality of the study variables

Variables	Value test	P-value
HRM Functions	0.267	0.914
Planning	0.213	0.845
Recruiting	0.206	0.858
Training	0.160	0.936
Motivation	0.145	0.940
Compensation	0.128	0.929
Preparedness Towards COVID-19 pandemic	0.161	0.903
preparedness of human resources staffs	0.163	0.916
preparedness of medical staffs	0.153	0.794
preparedness of nursing staffs	0.149	0.769
preparedness of technical staffs	0.167	0.948

Table (4) showed the P- value of the variables, which is greater than (0.05) and this proves that the variables do belong to the normal distribution.

Multicollinearity

It indicates that, if there are high effects or relations between independent variables, and should check before running the model. According to (Pallant, 2010) and (Tabachnick & Fidell, 2013), among the few methods that are used for distinguishing the existence of multicollinearity, these methods can be used: assessing the bivariate and multivariate relationship matrix and computing the variance inflation factors (VIF) and tolerance

impact. As stated by (Pallant, 2010), lower tolerance (say, below 0.1) and larger variance inflation factors (say, above 10) specify the attendance of multicollinearity. The variance inflation factors and tolerance effect were calculated by multiple regression procedures with collinearity diagnostic options. See table (5).

Table (5) Variance Inflation Factor

Variables	VIF	Tolerance effect
Planning	1.939	0.516
Recruiting	2.479	0.403
Training	2.359	0.424
Motivation	2.108	0.474
Compensation	2.101	0.476

Table (5) indicates all independent variables' tolerance effect is more than (0.1), on the other hand, all the VIF are less than (10), indicating a lack of multicollinearity within exogenous constructs. Pearson correlation has been also utilized to calculate the bivariate correlation matrix. Table (6) demonstrates that none of the bivariate relationships was above (0.8) for the independent variable.

Table (6) Correlations of Independent Variables

Independent Variables	Planning	Recruiting	Training	Motivation	Compensation
Planning	1	0.677**	0.513**	0.406**	0.508**
Recruiting		1	0.604**	0.421**	0.610**
Training			1	0.666**	0.577**
Motivation				1	0.603**
Compensation					1

** Correlation is significant at the 0.01 level (2-tailed).

Table (6) shows that all the coefficient relations are less than (0.8), so there is no existence of the Multicollinearity between the independent variables.

Data analysis:

The demographic characteristics of respondents are reviewed in the following sections in terms of gender, age, educational level, job position, years of experience, and hospital name, as in Table (7).

Table (7) Demographic Characteristics of the Sample

Items	Characteristics	Frequencies	Percentage
Gender	Male	190	55.4%
	Female	153	44.6%
	Total	343	100%
Age	Less than 30 years	147	42.9%
	From 30 to 39 years	152	44.3%
	From 40 to less than 50 years	39	11.4%
	More than 50 years	5	1.5%
	Total	343	100%
Years of experiences	Less than 5 years	89	36.4%
	From 5 to less than 10years	125	36.4%

	From 10 to less than 15years	103	30%
	Greater than 15 years	26	7.6%
	Total	343	100%
Education level	Diploma	102	29.7%
	Bachelor	224	65.3%
	Master	17	5%
	PHD	0	0.0%
	Total	343	100%
Job position	Medical staff	62	18.1%
	Nursing staff	177	51.6%
	Administrative	62	18.1%
	Technical staff	42	12.2%
	Total	343	100%

From Table (7) gender was distributed between male and female. The result indicates that the most respondents were males, about (55.4%), while females were (44.6%). The age of respondents was divided into four age categories. The percentage of respondents whose ages range between (30-39 years) had the highest participant percentage (44.3%). While the lowest percentage (1.5%) belonged to participants whose age group is (more than 50 years). About respondents whose years of experience were within the “5-10 years” proved to be the highest percentage of participants (36.4%) among other ranges of years of experience. While the lowest percentage (7.6%) belonged to the years of experience group (more than 15 years). The hospitals prefer to hire those who have good experience, because of willing to do their tasks with efficiency. Regarding the “Education level”, (65.3%) of participants have a bachelor’s degree, while the lowest percentage (0%) of participants have a PhD. Finally, job position was divided into four categories, The higher one is Nursing staff which represents the total sample of (51.6%). On the other hand, (12.2%) of the participants are technical staff. It is obvious that private hospitals are interested to introduce medical services for the patients; therefore, they need a considerable number of nurses. The primary descriptive results show that private hospitals in Jordan demonstrated good preparedness during and after the COVID-19 pandemic. All staff (administrative; medical; nursing and technical) showed a good level of preparedness.

Hypotheses Testing

Based on the study problem, six hypotheses were tested in this study, one is the main hypothesis and five sub hypotheses, The researcher used the Statistical Package for Social Sciences (SPSS. Version 23) to test the hypotheses by multiple and simple regression tests.

Test of Main Hypothesis

H0: The HRM functions have no statistically significant effect ($\alpha \leq 0.05$) on preparedness towards the COVID-19 pandemic in private hospitals in Jordan.

Multiple linear regression was used to test the first main hypothesis at the significance level ($\alpha \leq 0.05$).

Table (8) Results of Multiple Regressions of the Main Hypothesis

Dependent Variable	R	R ²	F	DF	Sig.	Independent Variable	B	T	Sig.
Preparedness of human resources cadres	0.275	0.076	5.535	5	0.000	Planning	0.031	0.936	0.350
				337		Recruiting	0.048	1.190	0.235
				342		Training	0.072	2.023	0.044
						Motivation	0.045	1.425	0.155
						Compensation	0.137	3.509	0.001

Table (8) shows the study's independent variables (Planning, Recruiting, Training, Motivation, and Compensation), have a significant impact on the dependent variable (Preparedness of human resources cadres), the significance of the F test is (0.000) less than (0.05). The calculated F value (5.535) is more than the F tabulated value (2.46), therefore, the basic null hypothesis is rejected, and accept the alternate which states that: The HRM functions have a statistically significant effect ($\alpha \leq 0.05$) on preparedness towards COVID-19 pandemic in private hospitals in Jordan, but the coefficient of determination is weak, $R^2 = 0.076$, which means that the independent variables contribution to explaining just 7.6% the fluctuation of the dependent variable. Furthermore, since the values of the calculated t values of the variables (Training 2.023, and Compensation 3.509), are more than the t tabulated value (1.986), the t significance of both variables is less than (0.05), it means that there is a statistically significant impact for training and compensation on the dependent variables (Preparedness of human resources cadres). On the other hand, Planning, recruiting, and motivation have no significant effect on the dependent.

Stepwise Regression

The Stepwise Regression classifies the independent variables depending on which has the most contribution to the dependent variable, as well as excluding the variables that do not have a high contribution. Table (9) shows the results of Stepwise Regression.

Table (9) Results of Stepwise Regression main hypothesis

Number	Variables	F	R	R ²	Sig.
1	• Compensation	14.453	0.202	0.041	0.000
2	• Compensation • Training	10.700	0.243	0.059	0.000

The stepwise classified the independent variables into 2 groups; the first one includes compensation, which has the highest contribution to the dependent variable (Preparedness of human resources cadres) estimated at (4.1%). The second group also contains compensation and training which have contributed to the dependent variable estimated by (5.9%).

Test the First sub hypothesis

H01: The human resources planning functions have no statistically significant effect ($\alpha \leq 0.05$) on preparedness towards the COVID-19 pandemic with its dimensions (Preparedness of administrative, medical, nursing & technical staff) in private hospitals in Jordan. Simple regression is used to test this hypothesis. The results of these effects are in Table (10)

Table (10) Result of the First sub hypothesis

Dependent Variable	R	R ²	B	B Constant	Independent Variable	t-table value	t - Calculated value	Sig.
preparedness of human resources cadres	0.103	0.0106	0.064	3.407	Planning	1.986	1.660	0.080

Table (10) indicates that there is no statistically significant impact of the independent variable (Planning) on the dependent variable (preparedness of administrative, medical, nursing, and technical staff) in private hospitals in Jordan. Table (10) also shows that there is a weak positive correlation between the independent and the dependent variables, which is demonstrated by $R= 0.103$, which is less than (0.3) (Cohen, 1988). In addition, the planning variable contribution to the preparedness of human resources cadres is estimated at 1%, the remaining percentage is due to other factors.

Test the Second sub hypothesis

H02: The human resources recruiting functions have no statistically significant effect ($\alpha \leq 0.05$) on preparedness towards the COVID-19 pandemic with its dimensions (Preparedness of administrative, medical, nursing & technical staff) in private hospitals in Jordan. Simple regression is used to test this hypothesis. The results of these effects are in Table (11).

Table (11) Result of the Second sub hypothesis

Dependent Variable	R	R ²	B	B Constant	Independent Variable	t-table value	t - Calculated value	Sig.
preparedness of human resources cadres	0.163	0.027	0.080	3.351	Recruiting	1.986	3.049	0.002

Table (11) indicates that there is a statistically significant impact of the independent variable (Recruiting) on the dependent variable (preparedness of human resources cadres). Table (11) also shows that there is a positive (weak) correlation between the independent and the dependent variables, which is demonstrated by $R= 0.163$, which is less than (0.3) (Cohen, 1988). In addition, the recruiting variable contribution to the preparedness of human resources cadres is estimated at 2.7%, the remaining percentage is due to other factors.

Test the Third sub hypothesis

H03: The human resources training functions have no statistically significant effect ($\alpha \leq 0.05$) on preparedness towards the COVID-19 pandemic with its dimensions (Preparedness of administrative, medical, nursing & technical staff) in private hospitals in Jordan. Simple regression is used to test this hypothesis. The results of these effects are in Table (12).

Table (12) Result of the Third sub hypothesis

Dependent Variable	R	R ²	B	B Constant	Independent Variable	t-table value	t - Calculated value	Sig.
preparedness of	0.151	0.0225	0.06	3.621	Training	1.986	2.241	0.001

human resources cadres								
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Table (12) indicates that there is a statistically significant impact of the independent variable (Training) on the dependent variable (preparedness of human resources cadres). Table (12) also shows that there is a positive (weak) correlation between the independent and the dependent variables, which is demonstrated by $R = 0.151$, which is less than (0.3) (Cohen, 1988). In addition, the training variable contribution to the preparedness of human resources cadres is estimated at 2.25%, the remaining is due to other factors.

Test the Fourth sub hypothesis

H04: The human resources motivation functions have no statistically significant effect ($\alpha \leq 0.05$) on preparedness towards the COVID-19 pandemic with its dimensions (Preparedness of administrative, medical, nursing & technical staff) in private hospitals in Jordan. Simple regression is used to test this hypothesis. The results of these effects are in Table (13).

Table (13) Result of the Fourth sub hypothesis

Dependent Variable	R	R ²	B	B Constant	Independent Variable	t-table value	t -Calculated value	Sig.
preparedness of human resources cadres	0.012	0.000	0.005	3.622	Motivation	1.986	0.242	0.809

Table (13) indicates that there is no statistically significant impact of the independent variable (Motivation) on the dependent variable (preparedness of human resources cadres) and accepting the null hypothesis.

Test the Fifth sub hypothesis

H05: The human resources compensation functions have no statistically significant effect ($\alpha \leq 0.05$) on preparedness towards the COVID-19 pandemic with its dimensions (Preparedness of administrative, medical, nursing & technical staff) in private hospitals in Jordan. Simple regression is used to test this hypothesis. The results of these effects are in Table (14).

Table (14) Result of the Fifth sub hypothesis

Dependent Variable	R	R ²	B	B Constant	Independent Variable	t-table value	t -Calculated value	Sig.
preparedness of human resources cadres	0.202	0.041	0.104	3.273	Compensation	1.986	3.802	0.000

Table (14) indicates that there is a statistically significant impact of the independent variable (compensation) on the dependent variable (preparedness of human resources cadres). Table (14) also shows that there is a positive (weak) correlation between the independent and the dependent variables, which is demonstrated by $R = 0.202$. Moreover, compensation contribution to the preparedness of human resources cadres is estimated at 4.1%, the remaining percentage is due to other factors.

Discussion and Conclusion

There are indicators that new pandemic threats will emerge with the potential to exact a cost even greater than that due to COVID-19. The present study was designed to determine the effect of HRM functions with its dimensions (planning, recruiting, training, motivation, and compensation) on the preparedness of the healthcare staff in private Jordanian hospitals (administrative; medical; nursing, and technical) towards new variants of COVID-19 and other pandemics pandemic will significantly reduce the cost of response and the wider economic and social effects of a pandemic or large-scale outbreak. For our analysis, an online 343 questionnaire for a cross-sectional data collection method was conducted in the largest (10) hospitals in Jordan with (200) beds or more. The most interesting finding was that HRM functions have a statistically significant effect ($\alpha \leq 0.05$) on preparedness towards the COVID-19 pandemic in private hospitals. Staff training and compensation proved to be the most important variables that will affect staff preparedness toward new variants of COVID-19 and other pandemics as training on proper protective equipment, procedures, and protocols should target health staff and professionals. This finding is consistent with that of (Dahmash et al., 2023) and (Talisuna et al., 2020). A possible explanation for this result might be that HRM specialists should update training requirements, especially in light of modifications to corporate management practices brought about by the widespread adoption of WHO protocols and procedures. For compensation, the healthcare compensation system in private hospitals depends on a fixed yearly contract not on a Fee for Service basis, so it cannot be violated unless the employee commits a violation that threatens the lives of patients, so most staff salaries didn't affect by COVID-19 pandemic. The guaranteed compensation coverage system gave employees incentives to stay home if they are sick, thus reducing the potential for continuing spread of the pandemic. This system in private hospitals in Jordan offers them the protection they deserve and proved to be successful in enhancing those employees to be well-prepared for new pandemics, for that purpose, HRM should encourage their staff to participate in local and international conferences and workshops, to be prepared for accredited organization's standards and to deal with the pressures that come along with the pandemic and to facilitate access to the best practices in technology used in global hospitals.

Contrary to expectations, this study did not find a significant effect of planning and motivation on preparedness, given the fact that other researchers like (COVID-19 National Preparedness, 2022; Christopher et al., 2020) showed a significant effect of the need for flexible planning for the human resources department to meet unexpected circumstances and to be ready for any future epidemic or new variant of COVID-19. One explanation of this result is that the Jordanian healthcare system passed through three different waves of COVID-19, during these waves HRM couldn't have the flexibility to put strategic new plans. Accordingly, we think that there is a need to increase the staff interest in holding specialized courses in planning and managerial skills and also to redesign the motivation and incentive system in private hospitals to increase employees' motivation according to the new circumstances, considering that some private hospitals experienced revenue drops, which led to layoffs and furloughs of non-COVID focused healthcare workers which placed a severe burden resulted in low employee motivation and morale considering their fear and their families of being infected with COVID-19.

Another important finding was of HRM recruiting. The study proposed that in crisis there is a need for recruiting qualified, talented staff and building high-performance teams to guide HRM departments in private hospitals to face new waves of the COVID-19 pandemic, surprisingly results were not very encouraging and did not support this proposal. A possible explanation for this result is that the private Jordanian healthcare sector didn't face a worker shortage and some hospitals successfully redeployed their workers as needed during the COVID-19 pandemic compared with high-income countries (Gupta et al., 2022).

This study has some limitations. The survey was conducted only in Jordanian private hospitals, so the results may not be generalizable to the healthcare sector. Additionally, new studies should discuss the preparedness for new variants of COVID-19 and other pandemics from different aspects other than healthcare like economic, social, and political. Furthermore, some variables are not directly associated with COVID-19 that could have a negative impact on different types of hospital employees like balancing work with family or fear of losing the job besides the psycho-social support, all should be studied in future research.

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