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HUMAN RESOURCES FOR HEALTH DURING THE COVID-19 PANDEMIC

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Abstract:

IN THIS PAPER WE WILL PRESENT SOME OF THE RESULTS OF A DIDACTIC-SCIENTIFIC PROJECT CARRIED OUT WITH OUR STUDENTS FROM THE MASTER'S PROGRAMMES BETWEEN NOVEMBER 2020 AND JANUARY 2021. IN THE FIRST SECTION OF THE PAPER, WE WILL MAKE A BRIEF INCURSION INTO THE LITERATURE DEVOTED TO HUMAN RESOURCES IN THE COVID-19 PANDEMIC, WITH A FOCUS ON HUMAN RESOURCES IN HEALTH, INCLUDING HERE THE MEDICAL AND PHARMACEUTICAL FIELDS. THE SECOND SECTION, ALSO VERY CONDENSED, IS DEVOTED TO A REVIEW OF SOME OF THE CONCEPTS INVOLVED IN GROUNDING OUR QUALITATIVE RESEARCH: SELF-ESTEEM AND SELF-IMAGE, INTERPERSONAL RELATIONS, JOB SATISFACTION, CO-SOCIAL BEHAVIOURS, SOCIAL CAPITAL, GROUP DECISION AND HUMAN RESOURCE DEVELOPMENT. THE METHODOLOGY SECTION LISTS THE MAIN RESEARCH THEMES AND, CORRESPONDINGLY, THE MAIN RESEARCH QUESTIONS. THE RESULTS PRESENTED REVEAL THAT ALTHOUGH THERE HAVE BEEN NO CASES OF STAFF REDUNDANCIES IN THE HEALTH SECTOR, EMPLOYEES HAVE BEEN PLACED IN ENTIRELY NEW REGULATORY CONTEXTS, WHICH HAVE AFFECTED, TO A GREATER OR LESSER EXTENT, THE WORK CLIMATE, SELF-IMAGE, JOB SATISFACTION, PATIENT/CLIENT RELATIONSHIPS AND PROFESSIONAL DEVELOPMENT ACTIVITIES.

Keywords:

SELF-ESTEEM AND SELF-IMAGE, INTERPERSONAL RELATIONS, JOB SATISFACTION, CO-SOCIAL BEHAVIOURS, SOCIAL CAPITAL

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INTRODUCTION

The pandemic was seen from the beginning as a particular opportunity for research in human resource development and management (Li, Ghosh & Nachmias, 2020, p. 332). Based on considerations such as the above, our paper will present part of the results of a didactic-scientific project carried out with our students from the master's programmes between November 2020 and January 2021, based on a series of socio-psychological foundations of human resource development on the one hand, and the semi-structured interview method, on the other. Over eighty employees were interviewed across the whole research, from different fields of activity, with priority given to social work, health, education and commerce, areas heavily affected by the pandemic. The qualitative research in the above-mentioned didactic-scientific project was carried out in parallel with an extensive survey, the results of which have been published by us in the last two years (see also Pascaru, 2021; Pascaru, 2022).

In the first section of this paper, we will first note some aspects of the literature on human resources in the Covid-19 pandemic, in particular human resources in health (medical and pharmaceutical). We will then present as briefly as possible the concepts involved in the theoretical foundation of our qualitative research: self-esteem and self-image, interpersonal relationships, job satisfaction, co-social behaviours, social capital, group decision and human resource development.

The methodology section lists the main themes of our qualitative research and, correspondingly, the main research questions.

In this paper we present only the results of the research for the health field, grouping these results in relation to the themes set by the methodology: aspects of organisational change; new standards and job satisfaction; impact of the pandemic on the work climate; self-image and self-confidence; cooperation, competition and conflict; work collectives and relations with management; employee trust and tolerance; decision making; human resource development; organisational and personal future in representations related to the evolution of the pandemic at the time of the interviews.

The most important conclusion we have reached is that, although there have been no cases of staff redundancies in the health sector, employees have been placed in entirely new regulatory contexts, which has greatly affected the work climate, self-image, job satisfaction, relations with patients or clients and, last but not least, the development of human resources.

ISSUES OF HUMAN RESOURCES FOR HEALTH DURING THE COVID-19 PANDEMIC

The issue of human resources during the COVID-19 pandemic was approached from a comparative-zonal perspective, which highlighted the vulnerabilities of rural versus urban (Peters, 2020, p. 446) and from an organisational perspective. From the second perspective, most studies initially focused on the complex issue of human resources in health, addressing aspects of resilience and burnout among others (Restauri & Sheridan, 2020).

In the early months of the pandemic, analysts noted that most of the research was biomedical and focused on the physical health of individuals, including in relation to the work environment. In this context, mental health issues seemed overlooked. It was time for a paradigm shift, for a multidisciplinary approach that did not lack the psychological and human resource management perspectives (Hamouche, 2020). Then the need for regular *screening* of medical staff involved in the treatment, diagnosis of patients with COVID-19, which should be done to evaluate stress, depression, and anxiety by mobilising multidisciplinary teams of psychiatry (Spoorthya, Pratapab & Supriya, 2020) will be brought up. It was generally appreciated in 2020 that the COVID-19 pandemic was likely to put health professionals around the world in an unprecedented situation, having to make impossible



decisions and work under extreme pressures, which could cause some professionals to experience morale problems or mental health conditions. The moral problem was defined as “the psychological distress that results from actions, or the lack of them, which violate someone's moral or ethical code”, a serious problem however, without being a mental illness, but with the potential to trigger or potentiate such an illness (Greenberg et al., 2020, p. 1).

Cuccia and Peterson (2022) noted that American health care workers were experiencing unprecedented stress and trauma in the workplace during COVID-19, and disruptive positive strategies were needed to systemically change organizational culture and policy to prioritize and support the well-being of nurses under the researchers' attention (Cuccia & Peterson, 2022). Recall in strategic context that AbuAlRub, in research conducted among nurses several years ago, identified that perceived social support from colleagues improved performance levels and decreased reported job stress (AbuAlRub, 2004).

Returning to the pandemic context, we also note that Smith et al., who studied job satisfaction among nurses noted how emotional exhaustion, management skills, leadership style, and support for nurses were the most significant predictors of job satisfaction, which is important for informing strategies to retain nurses in rural areas and to ensure that people in these areas have access to quality health care (Smith et al., 2022).

In general, Italian doctors have issued a warning since the outbreak of the pandemic in relation to the issue of human health resources.: “...Recruitment of human resources must be planned and financed with a long-term vision” (Armocida et al., 2020). Subsequently, a number of health research studies have also highlighted the need for a link between *strategic human resource management* and *crisis management* (AL-khrabsheh et al., 2022, p. 1).

SOCIO-PSYCHOLOGICAL FOUNDATIONS OF RESEARCH

For the qualitative research that underlies our present work, a series of socio-psychological foundations were highlighted that refer to the core themes of the investigation: self-esteem and self-confidence, interpersonal relationships, co-social behaviours (cooperation, competition, conflict), job satisfaction, group decision, social capital, and human resource development.

Thus, we first noted that *the level of self-esteem* strongly affects performance in all activities (Iluț, 2009, p. 326). Some experts speak of an *organization-based self-esteem*, i.e., the level at which a person believes about himself or herself that he or she is capable, significant, and valuable as a member of the organisation (Pierce & Gardner, 2003, p. 593).

In relation to interpersonal relationships, we note that they “*refer to those non-mechanistic and reciprocal interactions between people in which there is a conscious and direct psychological involvement*” (Cristea, 2015, p. 265), the formation of the relational system being based on two main psychosocial mechanisms: attachment and socialisation (Cristea, 2015, p. 267).

An important theme in the psychosocial perspective on organisations is *job satisfaction*. In general, it has been found that some *characteristics of the job and the work environment* as well as some variables related to the *personal dispositions* of the employee are important for job satisfaction (Couts & Gruman, 2005, p. 240).

With regard to *co-social behaviours* (Cristea, 2015, p. 895), researchers have highlighted the negative and positive valences of cooperation and competition as well as the role of intergroup biases in the genesis of conflict (Deutsch, 2015, pp. 51-56). With regard to conflict, we will turn our attention to both tensions between employees and tensions between employees and management, disregarding now the role of biases.



Social capital is the resource available to actors according to their location in the structure of their social relations, Adler and Kwon (2002, p. 18) write. Among the dimensions of social capital, we will consider trust (generalised and in institutions), tolerance and relationships outside work.

According to Iluț (2009, p. 506), three major phenomena have been reported in group decision-making processes also considered as possible risks: 1) *polarisation*, 2) *groupthink effect* and 3) *common knowledge effect*. Part of these effects could be mitigated by online decision-making, as happened during the pandemic period, resulting in better decisions. It remains to be seen whether this was the case in the representations of our interlocutors.

For the purposes of this paper, we accept the idea that the essential elements of human resource development are learning, education, development, training, coaching, mentoring, on-the-job training, training based on the employee's experience, workshop, courses within or outside the organisation, job rotation, etc. (Bădescu, Mirci & Bögge, 2008, p. 75). With regard to concrete ways of achieving human resources development years before the pandemic, there was talk of *virtual human resources development* (Bennett & McWhorter, 2014, pp. 568). Virtual development is, of course, only possible for some of the activities listed above.

METHODOLOGY

The method used in our research was the individual interview, based on a semi-structured interview guide.

The main themes in the content of the interview guide were: 1) staff and work schedule restructuring in health care organisations during the pandemic; 2) new standards and norms of the organisations; 3) impact of the pandemic on relationships in health care work groups/work teams; 4) cooperation, competition and conflict among employees; 5) tensions between work groups and management; 6) self-image and self-confidence of health care employees; 7) some aspects of employees' social capital (trust, tolerance, personal relationships outside of work); 8) online decision making and its impact on the quality of decision making; 9) human resource development activities (learning, development and training opportunities) and their form of organisation; 10) representations of the evolution of the pandemic and its impact at organisational and personal level.

In relation to the listed themes, the following research questions were outlined: 1) *What were the restructuring caused by the pandemic?;* 2) *What were the new norms and standards by which health organisations worked in the pandemic context?;* 3) *What was the impact of the new norms and the pandemic context on labour relations?;* 4) *How were cooperation, competition and conflict behaviours affected by the new norms and standards?;* 5) *How did the relations between employees and management evolve in the pandemic context?;* 6) *What was the impact of the pandemic on the self-image and self-confidence of health employees?;* 7) *How did the pandemic context affect the main components of employees' social capital?;* 8) *What was the quality of the decisions after they went online?;* 9) *How were human resource development activities pursued in the pandemic context?;* 10) *What were health employees' representations of the evolution of the pandemic and its impact at organisational and personal level?*

In the dynamics of our didactic-scientific project mentioned above, in which the students had the possibility to choose their own interlocutors for the interviews, a group of thirteen people from the health field was formed, consisting of doctors, nurses, laboratory assistants, pharmacy assistants and non-medical staff, but involved in human resources management in hospitals. Most of the interviewees were born in Alba County, in families declared as “normal”, “modest” or “traditional”. The most common educational pathway is Post-secondary school, followed by university studies.



Several health professionals involved in research have abandoned a number of other career paths to retrain through postgraduate school in medicine or pharmacy. At the time of the interview, interviewees were working in Public Health laboratory, dental and family medicine practices, hospitals, and pharmacies.

RESEARCH RESULTS

Organisational restructuring and job satisfaction

With regard to changes in the staff structure, increases in the number of employees in pharmacies, but also in hospitals, were reported, although this was not happening everywhere. In hospitals, the changes were more numerous and complex at the same time, including changes in the organisation of wards: *In the medical unit where I work, no staff restructuring was made, on the contrary, staff were hired for a fixed period in wards where there was a shortage of staff. Working hours have not been changed, although we would have been happy if they had been reduced to 6 hours. Because of the pandemic we had to reorganise wards (fewer patients), we had to organise special circuits, special wards for suspect or positive patients* (M[ale], 64 years old, PhD, doctor, 34 years seniority, Cristina B. [interview operator]).

One of the objectives was that at some point a smaller number of employees would meet each other for prevention reasons. For the same reasons, doctors in private practices left longer breaks between patients, shortening the time allocated to each of them.

The new standards and norms, according to the interviewees' answers, have had a dual impact on job satisfaction, increasing it by strengthening the sense of importance of work, through salary increases, or decreasing job satisfaction due mainly to increased bureaucracy: *During this period, the workload has increased especially in terms of bureaucracy, there are many documents to fill in and send electronically... In addition to the very high workload there was also job satisfaction, we were at peace with ourselves because we were able to successfully manage all the situations that arose during this period, there was also a considerable increase in monthly income which motivated us to move forward.* (F[emale], 32 years old, post-secondary, nurse, 13 years seniority, Maria P.)

Work relations and co-social behaviour

A small proportion of those interviewed claimed that the pandemic had not led to changes in labour relations. Another part highlighted positive changes in the sense of increased team solidarity or confirmation of it where it already existed: *Relations in the medical staff team were not affected, on the contrary they strengthened team solidarity by strictly observing protection rules and helping each other in all cases admitted to our ward. The tasks and duties are much more, the work is much harder, but to my surprise the staff is much more united, more willing to help each other* (M, 64 years old, PhD, university, doctor, 34 years seniority, Cristina B.)

The negative impact of the pandemic on relationships in work groups was supported by the stress specific to the period, including that caused by fears of infection, and the stress caused by the increased workload: *Fear of infection makes you more and more isolated* (F, 49 years old, university, nurse, 30 years seniority, Ramona C.); *Yes, because colleagues are more stressed due to the constant contact with all hospital staff. There were imposed rules of protection - social distancing, wearing a mask, which is not respected by all the people with whom I come into contact, and this affects the relations between colleagues. The workload is increased, and this leads to higher stress levels in the institution and irritability* (F, 54 years old, university, hospital human resources manager, 1 year seniority, Georgeta M.).



Where stress was not seen as a problem, this was due to the protective measures and the safety they conferred on the one hand, and to staff's familiarity with over stressful work, on the other. The main cause of stress was the fear of infection, and this was followed by the high workload: *Lots of work and fear of getting sick*. (F, 37 years old, post-secondary school, pharmacy assistant, 10 years seniority, Darius N.)

One of the important ideas emerging from the interviewees' responses is the increase in cooperation in response to the impact of the pandemic: *I think that in this pandemic, cooperation between colleagues at work has increased* (F, 23 years old, post-secondary, nurse, 1 year seniority, Georgiana S.). At worst, it is reported, cooperation has remained at the same level, unaffected by the pandemic. In this context, the idea of competition between colleagues was ruled out and the presence of conflicts was very rarely reported by answers such as *Sometimes, yes* (F, 37 years old, post-secondary, pharmacy assistant, 10 years seniority) or *Sometimes* (F, 49 years old, university, nurse, 30 years seniority, Ramona C.). In resolving these rare conflicts, the management was *not very involved* (F, 49 years old, university, nurse, 30 years seniority, Ramona C.).

The majority of responses suggested that the pandemic has stimulated cooperation and close relationships rather than conflict, despite the distancing measures: *Yes, it has stimulated them to be more sociable, but they are no longer hugging*. (F, 26 years old, post-secondary, pharmacy assistant/owner, 3 years seniority, Sergiu O.)

Hierarchical relationships and decision-making

Although, as we have seen above, relations between employees have not been strongly affected by the pandemic, a number of tensions are reported at the level of relations between workforces and management due to the high workload, the avoidance of some employees from carrying out their duties and the novelty of the pandemic situation in all its aspects. In general, according to the interviewees, management found appropriate solutions from positions within the work team.

But there were also situations where the source of tension did not depend so much on the management as on the coordinating institutions: *we had some problems and discussions because of the leave for children under 12 years old, because we did not know the necessary documents for the file, and nobody did anything. And we also had some discussions with the director about the money that was said to be given to staff working with people infected with Sars-CoV-2. I made several addresses that all my colleagues signed, submitted them to the management but nothing has happened so far. We are still waiting*. (F, 40 years old, post-secondary, nurse, 4 years seniority, Bianca B.)

An important first aspect of decision making was to inform and communicate decisions online: *In the hospital... the work was carried out normally with the difference that the transmission of certain documents was replaced by online transmission, which, in a way, was more inconvenient for me*. (F, 57 years old, high school, hospital referent, 38 years seniority, Georgeta M.)

Informed decisions or decisions made online were the same as or sometimes better than those in face-to-face meetings, despite the multitude of unforeseen circumstances. Under pandemic conditions, even in the old face-to-face format, decisions were harder to make because of their novelty: *Making these decisions went quite hard because different decisions were implemented than before the current pandemic* (F, 26 years old, post-secondary, pharmacy assistant/patron, 3 years seniority, Sergiu O.).

Social capital, trust and self-image

The first of the components of social capital we considered was generalised trust. Asked whether their colleagues trusted each other during the pandemic or were rather suspicious, our interlocutors highlighted the existence of trust but also a state of irritation due to restrictions imposed or increased workloads. Trust seemed to be a specific and necessary bond in health work collectives. A second



component of social capital considered was tolerance. In general, a high tolerance of other ethnicities was reported. Friendly relations and especially outings with friends and colleagues were deeply marked by the pandemic because of the danger of infection: *Since health care staff work as a team and help each other whenever needed, a relationship of trust was created between them. They are tolerant of each other, and there is no distinction between gender, nation or religion, all patients are treated equally. Because the staff knows very well the risk of illness, they have given up meetings with family and friends and respect social distance* (M, 64 years old, PhD, doctor, 34 years seniority, Cristina B.).

In terms of institutional trust, it is mainly trust in the Church that is highlighted, but also the fact that trust in institutions is not the most important in a pandemic context. With regard to the overall impact of the pandemic on peer relationships, trust and tolerance, our interlocutors highlighted the transformation of physical distancing into psychological and social distancing, on the one hand, and an increase in mutual empathy, on the other: *It made us more empathetic towards each other.* (F, 49 years old, university, nurse, 30 years seniority, Ramona C.)

With regard to the impact of the pandemic on self-image, we first mention the responses that deny the possibility of such an impact. If there is an impact, the interviewees considered, it is included in the impact on the outlook on life in general: *When you are confronted with the idea of your own death, it clearly changes your outlook on life in general* (F, 49 years old, university, nurse, 30 years seniority, Ramona C.).

Self-confidence has also been less affected by the pandemic, according to those interviewed, because it is reasoned that people need to keep their optimism. Responses confirming such an impact, however, are along the lines of *Definitely.* (F, 49 years old, university, nurse, 30 years seniority, Ramona C.) or *Many people have this feeling* (F, 37 years old, post-secondary, pharmacy assistant, 10 years seniority, Darius N.).

Decreased performance due to decreased self-confidence, however, seems to be more commonly acknowledged by interviewees and is blamed on employee age, stress, disappointment and fear, the general pandemic climate: *Yes, many people are stressed, disappointed, with a great fear of everything.* (M, 40 years old, dentist, 7 years seniority, Darius N.)

Human resource development and representation of pandemic evolution

Concern for human resource development, as we have seen, has also been affected by the pandemic. Among our interviewees, different general situations are reported first. Some said that no training courses were organised before the pandemic, while others mentioned *professional training and specialisation courses* (F, 34 years old, PhD, Public Health Laboratory chemist, 2 years seniority, Cristina P.) or *participation in accredited courses* (F, 54 years old, doctor, 30 years seniority, Claudia T.). During the pandemic, these concerns were limited to training on prevention measures: *Unfortunately, no refresher courses were organised and apart from training on compliance with the rules during the pandemic, no courses were held, although we could have organised them online.* (F, 54 years old, university, hospital human resources manager, 1 year seniority, Georgeta M.). The main reason for suspending training activities, where they did exist, was the very busy schedule.

From the answers to the question about the evolution of the pandemic in the coming months (after the date of the interview!), one can first of all take an optimistic view: *If we are more careful and if we follow all the protection rules, the number of cases will certainly decrease in the coming months.* (F, 23 years old, post-secondary, nurse, 1 year, Georgiana S.). There was also a view present that could be called realistic: *Depending on how much general hygiene and distancing measures are observed, it can last from a few months to 1-2 years.* (F, 49 years old, university, nurse, 30 years old, Ramona C.). Predominant, however, seemed to be a pessimistic view on the evolution of the pandemic:



I think the pandemic will evolve quite badly and I think it will last longer until all people will resume their normal life. (F, 40 years old, post-secondary, nurse, 3 years seniority, Cristina P.)

The impact of pandemic developments on health institutions is described first from the perspective of human resources and their resilience at personal and team level: *Staff may break down psychologically due to workload, with stress being the factor that affects them.* (F, 34 years old, PhD, Public Health Laboratory chemist, 2 years seniority, Cristina P.). Other aspects of the impact concern the decrease in the number of patients who go to the dentist but also the increase in sales volume in pharmacies.

Regarding the impact of the pandemic on a personal level, we first note the views of those who thought that they would not be significantly negatively affected or even expected a beneficial impact in terms of family life: *On a personal level... What can I say? I too was at one time asymptotically positive and quarantined for two weeks. I can't say I was affected, I stayed at home with my husband and son and we did things together that we haven't done in a long time. I enjoyed this time with my family.* (F, 40 years old, post-secondary, nurse, 4 years seniority, Bianca B.)

If there will be a negative impact on a personal level, it will be mediated by the institutional situation: *In my view, the number of illnesses will increase worryingly. In our institution the workload will certainly increase and at the same time the number of consultations by telephone will increase in order to avoid more people getting sick. All these things I think will be felt on a personal level through stress, exhaustion, and chronic fatigue, but let's hope that we will get through it all and return to pre-pandemic normality as soon as possible.* (F, 32 years old, post-secondary, nurse, 13 years seniority, Maria P.)

Fear of getting sick was raised by another interviewee as a dimension of the impact of the pandemic on a personal level: *Just the fear of getting sick affects me.* (F, 37 years old, post-secondary school, pharmacy assistant, 10 years seniority, Darius N.)

CONCLUSIONS

The pandemic has brought with it in the health sector (medical and pharmaceutical) an increase in the number of employees and changes in working hours, sometimes by reducing them and sometimes by reducing the time allocated to patients. At the same time, there has been an increase in bureaucratic demands, leading to a decline in job satisfaction, which has been boosted in some cases by salary increases.

Both positive and negative changes in workforces were highlighted. Positive changes focused on increased solidarity and negative changes related to isolation and tensions caused by stress, increased workloads, and non-compliance with preventive measures by some employees. In turn, stress caused by increased workload was accentuated by fear of infection. However, cooperation between colleagues seems to have increased, with competition ruled out and employee conflict being rare. Nevertheless, tensions were reported between employees and management and these tensions were due to the high workload, the avoidance of some employees from carrying out their tasks or pressure from the coordinating institutions.

The pandemic has shifted the basis for decisions and decision-making online. Although decisions were made more slowly, due to the intercession of technology and the difficulty of the issues to be analysed, it is felt that decisions during the pandemic were better than previous ones.

Responses related to the different components of social capital revealed a decrease in this regard, especially at the relationship level, with physical distancing often becoming social distancing.

Self-image and self-confidence seem to have been less affected by the pandemic context, with the drop in performance being mainly attributed to the fear, disappointment and suffering that made up the picture of the period.



Human resource development in health during the pandemic seems to have been limited to training on prevention measures. This is both because of the danger of infection and the overloaded work schedule.

The views on the evolution of the pandemic can be classified as optimistic, realistic, and pessimistic, but all of them refer, directly or indirectly, to the preventive behaviour of the population and the discovery of a vaccine. The negative impact is expected to be related to staff burnout at institutional level and reduced resilience at personal level.

Closely related to these conclusions, we believe that a number of openings for the future should be noted here. Firstly, the need for *socially responsible management of human resources* in health, but not only. A number of Chinese researchers demonstrated how this type of management led to reduced employee fears during the pandemic and increased trust in their organisation (He et al., 2020, p. 346). Then, we can bring up the need for future human resource development to also target caring for others (*which*) by addressing employees' needs “in a way that recognizes the complexity of individual situations” and which can “bring employees into a more participatory, inclusive and democratic relationship with employers” (McGuire, Germain & Reynolds, 2021, p. 26). Last but not least, we invoke the need for approaches to increase employee self-esteem in crisis situations such as a pandemic (Rossi et al., 2020, p. 2) or other similar situations.



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