

Responding to and Transcending a Crisis: A Case Study of a Small Frontline Clinic in Facing Covid 19 Pandemic

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Abstract: This study aims to deeply understand in depth the adjustment of a Pratama Clinic (Indonesian frontline clinics) during Covid-19 pandemic. It used the qualitative method with a single case study design. The subjects selected were 3 nurses, 2 doctors, 1 midwife, 1 front officer and 1 director of clinic. The subjects selected were the employees directly interacting with the patients in expectation that this study can obtain a comprehensive view on the adjustment of the clinic during the pandemic. The data obtained were analysed through content analysis and continued comparison to find the themes and category of themes from the subject narrations. The findings are summarized in the following themes: the initial adjustment in the beginning of the pandemic in Indonesia, the impacts of Covid-19 pandemic experienced by the clinic, the broader adjustment in response to the impacts of Covid-19 pandemic, the surviving strategy used by the clinic, factors contributing to the effectiveness of strategy, and strategy implementation results. Islamic subthemes were found in the survival strategy as performing religious routines for employees by reading verses of the Qur'an, and by requiring all employees to take turns to give Islamic reminders, as a way to strengthen the employees mentally by transcending the difficult situation.

Keywords: Frontline Clinic Adjustment, Health workers, Covid-19 pandemic

1. Introduction

Covid-19 pandemic has caused a wide-scale crisis that creates enormous uncertainties, and thus psychologically it triggers a sense of disorientation, feelings of loss of control, and emotional disturbances (McKinsey & Company, 2020). In addition, it also has a major impact



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on business sectors, one of which is in health services including the Inpatient Pratama Clinic that we studied. The Clinic that we studied is a family owned clinic that was built in 2016 and is located in Bantul, one regency in the southern district of Yogyakarta. During the current pandemic, Bantul was declared as the red zone because it has experienced a significant increase from 20.129 Covid cases on June 28, 2021 into 20.771 on June 29, 2021, so it broke a record for adding 642 cases, the highest number since the pandemic (AntaraNews.com, June, 29, 2021). During the current Covid-19 pandemic, out of 9 Inpatient Pratama Clinics in the area, there are only 3 clinics that are still serving inpatient care. One of the clinics that still provides 24-hour service and inpatient care is the clinic that we studied.

Based on the results of initial interviews with 3 participants, namely the director of clinic (W, female), midwife (A, female), and nurse (D, female), it was found that during the Covid-19 pandemic there was a decrease in outpatients from 75 patients per day, to currently only 25 patients per day. Therefore, the number of hospitalized patients has also decreased. This affected the financial stability of the clinic. An increase in anxiety was also felt by the management and all employees because one of the administrative employees was tested positive for Covid-19 and one of the inpatients who had previously been declared non-reactive Rapid Antibodies had shown symptoms of Covid -19. According to the clinic manager, the pandemic has created a change in the atmosphere of the clinic, where employees distrust each other, lower confidence in providing services, and a feeling that the company does not provide necessary support for employees. However, this condition does not affect the quality of the service because clinical quality improvement is still being carried out and services are still effective. Based on the results of the initial observations, it was also noted that during their presence in the clinic environment, employees were seen wearing masks, face shields, and hazmat. Then for inpatients, they must undergo a rapid test before the treatment process, and the disinfection process is carried out when there are reactive patients with Rapid Antigens or Antibodies.

The current Covid-19 pandemic crisis conditions require organizations such as the local inpatient clinic to adapt to new habits, so that protection factors need to be considered to keep the good performance of health workers (Jacobides & Reeves, 2020; Hassannia, Taghizadeh, Moosazadeh, Zarghami, Taghizadeh, Dooki, Fathi, Navaei, & Hedayatizadeh-Omran, 2020). In addition, in order for the organization to survive, changes or new policies need to be made (Sugito, in Hakim & Sugiyanto, 2018). Park (2021) explained that the development of a crisis management plan can help organizations survive and carry out the recovery process through timely response and the implementation of proactive strategies by requiring organizations to take a series of decisions in uncertain circumstances, by showing appropriate responses to crisis events, and by eliminating risks and minimizing their negative impacts. In the previous studies, literature on management discussed much about the steps in identifying crises; determining alternatives; implementing solutions and evaluating results. However, a study of small organization (i.e. frontline inpatient health clinic) adjustment during a crisis, namely Covid pandemic, has never been carried out. So we are interested in examining more deeply how the clinic adjusts and survives the Covid-19 pandemic crisis. Based on the research objectives, we explored the following questions: What was the clinic condition like before the pandemic?,

What is it like to work during the Covid-19 pandemic? What are the impacts on the working conditions? What strategies are used to overcome organizational conditions during the Covid-19 pandemic? and what factors contribute to the strategy effectiveness?

2. Literature Review

In the current Covid-19 pandemic, health workers have a high risk of experiencing psychological problems such as stress, irritability, fear, panic, anxiety, and depression (Neto, et al, in Said & El-Shafei, 2020; Lai, Ma, Wang, Cai, Hu, Wei & Hu, 2020; Nasrullah, Natsir, Twistandayani, Rohayani, Siswanto, Sumartyawati, Hasanah, & Direja, 2020; Zhu, Sun, Zhang, Wang, Fan, Yang, Li, & Xiao, 2020; Chew, 2020). This is caused by perceiving the risk of viral transmission to self and family (Kusumawardani, Nurika, & Luthfiyana, 2020; Temsah, Al-Sohime, Alamro, Al-Eyadhy, Al-Hasan, Jamal & Somily, 2020). Several things that trigger an increase in anxiety and depression include the lack of PPE (Personal Protection Equipment) availability, lack of adequate information on the spread of the virus from the beginning of the Covid-19 pandemic, fear of exposure and infection, and the possibility of transmitting it to others. All of these have an impact on the quality of the service (Liu, Cao, Liang & Chen, 2020; Rosyanti & Hadi, 2020; Handayani, Kuntari, Darmayanti, Widiyanto, & Atmojo, 2020; Jiang, in Maben & Bridges, 2020; Otgonbaatar, Ariunaa, Tundevrentsen, Naranbaatar, & Munkhkhand, 2020).

The uncertain conditions during the pandemic can disrupt operations and pose a threat to the stability of health services organizations (Coombs, 2007) such as hospitals and clinics. Thus adaptability and resilience need to be considered as critical to protect, support, and reduce psychosocial risk factors (Carbajal, Boluarte, & Soto, 2020) that can hinder the function of the organization. Crisis management is done to keep operations continuing to run and to produce optimum work results by implementing various steps to survive and understand all of the factors that result in an uncertain situation during the Covid-19 pandemic (Ozili, in Park 2021). Therefore, strategies need to be formed to deal with the times of crisis by focusing on every process that is carried out in the organization (Obrenovic, Godinic, Tsoy, Khan, & Jakhongirov, 2020).

Coombs (2011), explains that crisis management does not only stand as a single event, but is divided into 3 phases: 1) the pre-crisis phase, focusing on prevention and preparation, 2) the crisis response phase, dealing with the crisis and how to rebuild conditions by the affected organizations, 3) post-crisis phase, prepare and fulfill commitments made during the crisis phase including the provision of follow-up information. Based on the results of research by Al Eid & Arnout, (2020), there are steps in managing a crisis, namely: 1) Defining a crisis and determining its causes, 2) Defining real conditions, 3) Determining strategies in dealing with and planning for crisis resolution. Hølge-Hazelton, Kjerholt, Rosted, Hansen, Borre, & McCormack (2021), explains that the main ingredients of successful crisis management during the Covid-19 pandemic are: 1) Communication, 2) Coordination and decision making, 3) Collaboration, and 4) Attention. Yet, an understanding on how a small frontline clinic manages the adjustment remains important to be studied as the clinic is vital in providing first care for people living outside cities and suburbs and might show different ways of adjustment strategies.

3. Method

This study uses a qualitative method with single case study design for examining a bounded system. The single case study approach was chosen by the researcher because this study explored data from the surviving Pratama Inpatient Clinic in the city of Bantul- Southern Yogyakarta-Indonesia.

3.1. Study Participants

The subjects selected were determined based upon the objectives of the study; they included 3 nurses, 2 doctors, 1 midwife, 1 front officer and 1 director of clinic. All subjects who participated in the study worked in the clinic during the Covid-19 pandemic, experienced changes that occurred in the clinic, and experienced challenges in dealing with the Covid-19 pandemic

3.2. Method of Data Collection and Analysis

Data collection was done by observation and interviews. The data collection and includes several steps. First, we prepare and process observation and interview protocol which must be submitted to the Board of Ethics at Universitas Islam Indonesia. In the second stage, we set an appointment date and asked permission to also observe the situation at the location and on the activities during the day. In the data analysis process, researchers did quick reading on the verbatim to begin with, to get an initial understanding regarding the responses, and to familiarize with the terms used as well as the initial meaning units that can be found from the narrations. Then in the second stage, we did coding based on the meaning units found from the subject's description. In the third stage, the coding process is carried out by further extraction, comparing and contrasting the codes so that distinct subcategories are obtained. In the fourth stage, further abstractions are pulled from the subcategories obtained, and more comparisons are done to see the differences of one category of theme from another. Finally, in the fifth stage from the themes that are founded, a pattern of relationship is identified resulting in a model of a conceptual explanation. Based on the recommendations of Strauss and Corbin (in Rezaie, Hosseini, Rassafiani, Najafi, Shakeri, & Khankeh, 2014) and Levitt, Bamberg, Creswell, Frost, Josselson, and Suárez-Orozco (2018).

4. Results and Discussion

Based on the grouping of themes and an analysis on the relations of the themes, an illustration of stages of the clinic adjustment during the Covid-19 pandemic were obtained and described below.

4.1. Initial Adjustment

This takes place before Indonesia declared the nation as "in Covid pandemic" state. Pratama Inpatient Clinic mapped the problem by understanding the conditions and impacts that the Covid-19 virus could cause. Since the outbreak of the Covid-19 Virus in Indonesia in March, the

clinic has made early adjustments by requiring employees to wear masks, collected information related to Covid procedures, and implemented them.

4.2. Direct Impacts after Covid Outbreaks enter Indonesia

The Covid-19 pandemic has had its own impact on the Inpatient Pratama Clinic, such as a decrease in the number of patients visiting the clinic, thus affecting the finances and stability of the clinic. Then the current uncertain conditions increased stress and anxiety among medical and non-medical employees. This decreased performance and caused fatigue, difficulty sleeping, and physical symptoms as signs of stress, such as sore throat.

4.3. Broader Adjustments

Pratama Inpatient Clinic initiated further adjustment in the form of service adjustments, organizational support adjustments, and financial adjustments. Service adjustments were done through 1). Updating the flow and rules of outpatient services. Adding up services to include service for swab tests. 3) Renewal of the service space and area/ Place arrangement 4) Updating the rules for inpatient services 5) Ensuring the management of receiving Covid reactive patients with Rapid Antigen or Antibody Tests, by making SOPs. Second, adjustment of organizational support, Eisenberger (in Baliartati, 2016) explains that organizational support can contribute to employee welfare, so as to foster positive perceptions of the organization. During the current Covid-19 pandemic, the organizational support provided by the clinic is in the form of PPE (Personal Protective Equipment), vitamins, as well as providing training to improve Rapid Antigen Test skills for analysts, doctors, and nurses. Third, financial adjustments were done by reducing watchman shifts, minimizing the demand for gowns (hazmat), and eliminating the Rapid Antigen facility. The decision was made by the leadership to minimize clinic operational expenses. Fortin, Jansen, & Klontz (in Fox and Bartholomae, 2020), also explained that financial planning can help prepare for changes and conditions of uncertainty during the Covid-19 pandemic.

4.4. Survival Strategy

There were two categories of survival strategy, namely: primary strategies and secondary strategies. The description of the primary strategy is as follows: 1) Ensuring the implementation of health protocols; 2) Fast and coordinated response to conditions and obstacles being experienced, by the leadership. It also appears in the formation of a tracing team, whenever there is employee who is confirmed positive for Covid-19 3) Increase customer trust, by online marketing, conveying information related to conditions, and service rules; 4) Pay attention to customer satisfaction, by applying satisfaction coins and feedback 5) Pay attention to the financial stability of the clinic by prioritizing the critical needs 6) Continuous improvement is based on evaluation, this is done through meetings attended by employees and management. So the leader needs to give attention and opportunities to team members to participate in solving a problem.

In order for the main strategy to run effectively, secondary/ supporting strategies are developed, namely: 1) Working with external parties by seeking PPE assistance, collaborating with Indonesian Red Cross, hospitals, health centres for the tracing process, vaccination of employees, and referral of reactive patients for rapid tests Antigen/Antibody; 2) Performing religious routine for employees by reading verses of the Qur'an, and by requiring all employees to take turns to give Islamic reminder, as a way to strengthen the employees by transcending the difficult situation 3). Educating the public as a marketing strategy.

4.5. Factors that Influence Strategy effectiveness

In addition to supporting strategies, factors that contribute to strategy effectiveness are also needed in this phase to survive in times of crisis. The following are contributing factors, namely: 1) Mutual support between employees and management 2) There is an initiative for employees to complete PPE and to buy their own vitamins so they can maintain their health and keep working. 3) Management openness regarding clinical financial conditions.

5. Conclusion

Based on the five themes that have been explored from the subject's narration, the positive impact of the clinic adjustments is seen in the increase of the number of patients, a decrease in employees anxiety, an increase in service effectiveness, and an increase in employee health. This is achieved by initiating broader service adjustments, organizational support adjustments, and financial adjustments. Then the strategy to survive during the covid-19 pandemic which consists of the primary and secondary strategies is carried out so that operations and services continue to run. The achievement of strategy effectiveness cannot be separated from the contributing factors, namely: mutual support between management and employees, employee initiatives to independently equip themselves with PPE, and management openness regarding the condition of the clinic. The findings from an in-depth study will be useful for every organization in understanding thoroughly the factors and the dynamics of surviving a crisis, especially with small and medium sized health services.

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