Utrecht University

The Role of the HR-Manager in Crisis Management

An analysis of the role of the HR-managers in Dutch healthcare during the COVID-19 pandemic

A.J.J Harsveld van der Veen, 4107519

Supervisors: Evelien van Leeuwen, Julia Penning de Vries

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CONTENTS

Farewell my dear friend.

Tears; for us no forever.

Rain and cold, goodbye.

ABSTRACT

In order to gain deeper insight into the strategic role of the HR manager in crisis management in the Dutch healthcare sector, two case studies of representative cases in the Dutch healthcare sector were performed. These cases were chosen to represent different facets of the Dutch healthcare context in order to compare two typical, but different situations. These cases where then compared to establish the differences in the application of strategic HR management. We found that the strategic role fulfilment of the HR manager is during a crisis is broad, and aligns with the theoretically desired role for HR managers as described in literature in both cases. This observation is contrary to practical observation in literature where the role of the HR manager in crisis management is often shown to be diminished. These results suggest a more evolved strategic role for HR management in the Dutch healthcare sector than in theory, or in other sectors discussed in literature, and provides us with a distinct justification for future research into strategic HR role fulfilment in crisis management.

INTRODUCTION

Per March 2020, the novel COVID-19 outbreak that started at the end of 2019 has officially been a global pandemic (World Health Organisation [WHO], 2020). To this day, the pandemic continues to have widespread consequences for every aspect of life. Global effort to curb the pandemic has led to widespread measures such as shelter in place orders earlier in the pandemic, and a curfew from early 2021 on, with direct impact on everyday life in the Netherlands (Rijksoverheid, 2020). Here, healthcare workers have come into a unique position. While the majority of society was forced to shelter in place, healthcare work continued on-site and became increasingly vital (Liu et al., 2020). Ranging from nurses working on ER-departments to every-day care and general physicians, no healthcare professional was left unaffected by the pandemic. In hospitals, the every-day order of business was greatly upset by the sudden influx of both new regulations stemming from the pandemic, and an overflow of emergency cases. In every-day care, even the most remote case of the sniffles forced workers to stay home to ensure the safety of patients, while on the job far reaching physical measures were taken. In accordance, the application of Human Resource Management (HRM) in the healthcare sector has had to adapt as well to maintain the regular functioning of healthcare work (Adam et al., 2021; Carnevale & Hatak, 2020). From re-arranging the work-floor to comply with the new safety standard to the management of the stress associated with an increasingly dangerous work environment, HR managers have had to deal with many new parameters for the way they fulfil their jobs. These shifts in HRM policies, and the adaptations made by HR managers and employees to keep functioning during this specific crisis are currently underway, and studying them will allow us gain a keen insight into the current status of HR managers in crisis management situations. We believe that the insights gained from studying the movements surrounding the way HR managers fulfilled their role concurrently with the crisis can be invaluable for future crisis management situations.

The strategic role of HRM during crises has classically been limited. Empirically, we often see that in the past, HRM as a department was stuck with the administrative aspects of a crisis, focussing on for instance compensation allocation or assisting employees while missing a seat at the strategic table (Lockwood, 2005; Pasek, 2002). The idea that HRM should be more involved has grown in theory (e.g., Gunnigle, Lavelle, and Monaghan, 2013), and with the considerable gap between the last crisis and the present day, the question whether HRM has actually become more involved in practice rears its head. We do find that during the COVID-19 pandemic HR has shifted to providing motivational and

facilitating resources (Elsafty & Ragheb, 2020). On the other hand, focus has largely shifted away from providing strong ability-enhancing measures, limiting ability growth to what was necessary to function during the pandemic (de Lucas Ancillo, del Val Núñez, & Gavrila, 2020; Elsafty & Ragheb, 2020). These indicators show us that the focus of HRM departments and HR managers in crisis has shifted over time from administration to a strategic component of crisis management. As the role of HR managers has shifted over time, we are also led to questions concerning the current status of the HR managers as a strategic partner in crisis management in the Dutch healthcare sector.

The role of HR-managers as a partner to management varies strongly between sectors and companies (Boxall & Purcell, 2007). While many fundamental concepts of HRM find application in almost all areas, the specific ins and outs of a sector often require specified approaches and insights. With this in mind, and the development of the current crisis as a novel experience, we believe there is a gap forming in the literature concerning the handling of crisis HR-Management for healthcare. The exceptional position of healthcare as an employer during the crisis, one that experiences strong detrimental effects on the work-floor as well as direct contact with the pandemic, makes healthcare an excellent context for the study of combined HRM and crisis management. With this research we aim to gain greater insight into the position of HR managers in the healthcare sector during this crisis. Furthermore, we hope to gain insights into the handling of crises for the future, and in the reception of crisis handling for a post-crisis world.

The main question in this research we consider is 'What is the strategic role of HR managers in crisis management in the Dutch healthcare sector?'. With this research, we focus on a number of facets of this question, namely 1) what role HRM departments and managers filled during the start of the crisis, 2) how HRM departments positioned themselves with regard to management and employees during the crisis, and 3) what HRM departments consider with regard for the future as a result of the crisis HR measures that were implemented.

With these aspects in mind, we have elected to do a case-study research. The case study allows for detailed insight into specific situations (Stake, 1995), here applied to the operations of HR managers during the COVID-crisis. As the COVID-crisis continues and more research will be done into the handling of the crisis, we hope that this research serves as a stepping-stone for further research by establishing some of the measures taken to manage this crisis, and by establishing the role HR managers took in that management. In doing so we add to both the scientific literature on crisis-management and HRM, and hope to add to the literature on the application of HRM in crisis management.

As healthcare is broadly provided in a multitude of ways in the Netherlands, we have elected to do a comparative study of two cases. We chose to observe a large, multi-regional care provider on the one hand, and a typical stay-in healthcare facility on the other. These types of organisations are both representative of their types of healthcare provided while not filling the same niche for healthcare in the Netherlands. By selecting representative organisations for both cases, we obtain a detailed insight into the operations of these types of organisations individually (Yin, 2009) and can establish the role of HR managers in these organisations during the pandemic, while by comparing them we can establish the differences in response between long- and short-term care facilities. We discuss the application of the case study further in the 'Methods' chapter.

This research is aimed at adding to scientific literature in multiple ways. First, the currently still growing body of COVID-19 pandemic literature is predicted to form the basis of research for a long time. As with the Great Financial Crisis (GFC) in 2008, research on the crisis and its aftermath will remain relevant for a long time. Larger scale crisis, luckily, do not happen often enough to become the standard situation, and every large crisis shifts the perspective on crisis management. While it is of course interesting to study the effects of the pandemic in the moment and apply this knowledge in the moment as well, the shift in perspective on crisis management will form the basis for crisis management in the future. Furthermore, the effects of a crisis on those involved often runs longer than the crisis itself (Mitroff et al., 1987). Proper crisis management can combat these effects, and here we aim to gain insight into how crisis management was applied during the pandemic, which will allow future researchers to link that crisis management to the post-crisis effects on those involved.

Furthermore, many of the current studies of the effects of the pandemic on HRM are aimed to establish what the effects of the pandemic were in individual cases such as a pharmacy department (e.g., Adam et al., 2021) or a hospital (e.g., Liu et al., 2020). This follows naturally from the limitations of the pandemic, as access to a broader scope of places is currently denied. By conducting our research into the effects of the pandemic on the role of HR managers as outside observers, we create a picture of the crisis-handling in these specific instances on the one hand, while growing the body of literature on the other.

Second, we contribute to the growth of 'HRM and Crisis-Management'-literature. Crisis management only finds a strong foothold in literature either during or directly following a crisis, and research conducted concurrently with the crisis allows for great insight on the one hand, as well as building on the blocks of literature established in previous decades (e.g., Wang, Hutchins & Garavan, 2009; Cohen, 2002; Pearson & Mitroff, 1993). Important to note is that the relationship between crisis management and HRM is not on the forefront of current crisis management ideologies. As mentioned, the classical implication of HRM in crisis management has been administrative (Lockwood, 2005). While many put forth that strong involvement of HRM has positive effects on crisis management, the relationship is generally shown to remain cold. During the Great Financial Crisis interest in this relationship was renewed, but the participation of HRM departments in crisis management in any sector remains scarce (Aghahosseini, Dolatabadi, & Nilipoor, 2017). While the application of HR policy is clearly established and elaborated on (Srinivasan & Chandwani, 2014), the role fulfilment of HR managers is not broadly elaborated on, and we lack a clear idea on how HR managers take up their part of crisis management, if at all. By assessing the current role of HR managers in crisis management, we build on the broader body of literature and add to the long timeline of the relationship between HRM and crisis management.

Third, while healthcare has dealt with a multitude of crises over time, be it the prevalence of resistant bacteria in hospitals or medicine shortages, the last crisis in healthcare of this proportion was more than a century ago, reaching back to the H1N1 influenza pandemic of 1918-1920. COVID-19 thus presents us with crisis of unique proportion, impact, and significance. This crisis that is not only locally problematic, but globally influences the healthcare sector in a uniform manner. This created an environment in which the healthcare sector has had to deal with the pandemic in isolation, as aid from un-affected areas was not available on the one hand, and the omnipresence of the pandemic has

rendered healthcare unable to provide mutual aid as all resources are used to combat the pandemic on a national scale. A crisis of this proportion may ask for a different approach to crisis management, adding to the relevance of this research.

Finally, we establish what the current standing of HRM in crisis management is, and offer a perspective for the future. Research into HRM and crisis management shows that when the two are combined, the result is highly effective (Mirzapour et al., 2019). It is however noted that while highly effective, HRM is not often actively combined in crisis management. Often, we find HRM missing strategic involvement in forming crisis management guidelines or being side-lined in its implication in favour of line management. In forming a detailed idea of how crisis management and HRM got together in the Dutch Healthcare sector we hope to add to the established opinions of that relationship. In doing so we hope to open the path for further research into the ways the crisis affected the role of HR managers, and how crisis management can benefit from the involvement of HRM.

SOCIETAL RELEVANCE

At present, the research aims to establish clearly what role was taken by HRM managers during the COVID-19 pandemic. Doing so would provide us with a detailed insight in the effects of this sudden, unforeseen crisis, and allow us to share these insights with those struggling with the management of the pandemic in their own organisations. For the future we might provide an insight into the effects and consequences of the role given to HR managers, and thereby give HR managers a basis for involvement in crisis management in the future.

While it is not the most commonly found situation, strong involvement of HR managers on a strategic level can drastically curb the effects of a crisis on the workplace (Adam et al., 2021; Carnevale & Hatak, 2020; de Lucas Ancillo, del Val Núñez, & Gavrila, 2020). We hope to establish these effects in the Netherlands as well, and this show that in order to secure employee wellbeing for the future, the place of HRM in a crisis is certainly at the strategic table. The role of the HR manager in employee wellbeing, especially in healthcare, is undisputed, and by offering a perspective on how to ensure that wellbeing, we add to the impact an HR manager can have on their employees in times of crisis. This comes on the back of a current labour shortage within the Dutch healthcare sector, which is one of the primary challenges of the organisational and sector-wide HR management for healthcare in the Netherlands.

With 1.1 million people employed (CBS, 2020), the Dutch healthcare system fulfils a crucial role in Dutch society as an employer, and is subject to a strong focus in public discourse. Healthcare is a political tool, but also a right established in the Dutch constitution, and a precarious subject that has burned many who have tried to handle it. By observing the role of HR managers during the COVID-19 pandemic, which in turn influence employees, we hope to contribute to public discourse on employee wellbeing during the crises. The impact of this research may be limited in its scope as an explorative research, but the eventual effects of the pandemic will be felt by millions. By strengthening the HR manager for the future, we contribute positively to that eventual impact.

LITERATURE

In our review of the literature, we consider four main concepts: Crisis management, Crisis management and HRM, Healthcare HRM, and specifically the effects of COVID-19 on HRM in healthcare. In order to gain a clear picture of the role fulfilled by HR managers during the pandemic, it is important to first understand what crisis management is specifically, and what different aspects of crisis management we can expect to see during our case study. With a clear picture on crisis management, we then need to form a clear picture on the general way HRM is applied in healthcare. This will allow us to contrast our observations with the theoretical side of HRM and thereby add to the discussion on the effects of the pandemic on HRM. Aligning our observation with the literature on crisis management and HRM will also give insight into the changes in this relationship during the pandemic. In this research, we will study the effects of the COVID-19 pandemic within this framework in order to see how the Dutch healthcare cases we study align or contrast themselves with the tendencies in other cases.

CRISIS MANAGEMENT

Crisis Management is a science of itself, with an odd position in many organisations. While crisis management should ideally be aimed at preventing crises, it is most often a reactionary tool used to curb the effects of a crisis in progress (Brown, 2019). This is a broadly observed phenomenon, and something we see persist through time and multiple crises. After the GFC, Wang and Hutchins (2009) noted the general lack of preparedness when it comes to crisis management, as does Brown in 2019. This lack of preparation flows through organisations from employees (Fegley & Victor, 2005) to executives (Moynihan, 2008). This lack of preparedness is not necessarily the same for healthcare organisations, which tend to have pre-emptive crisis plans ready in case of acute healthcare or other emergencies (Jankelová et al., 2021). However, in healthcare a crisis can still only be managed to a certain degree, with a global pandemic being wholly outside of the scope of established crisis measures.

WHAT CONSTITUTES A CRISIS?

The first question concerning crisis management is 'what is a crisis?'. This question is important to answer before acting on crisis management, as this can be overly invasive and far-reaching, something for which tolerance is low outside of crisis situations. A crisis is generally defined as 'a situation that dramatically interrupts the day-to-day routines of society or organisations' (Dayton & Bernhardsdottir, 2015). While the nature of crises may vary, from military to economic to natural, crises all have certain basic aspects in common. The shared nature of crises comes down to a present threat to core values, a sense of urgency, and a high degree of uncertainty (Dayton & Bernhardsdottir, 2015).

Dayton and Bernhardsdottir (2015) argue that the effect of a crisis on management are largely to move the decision-making away from its normal situation. They present three situational parameters that apply to day-to-day life: Uncertainty, urgency, and threat. In 'normal' situations, uncertainty, urgency, and threat level are all low. A normal situation is non-threatening, high in certainty, and low in urgency. In crisis situations all these parameters shift to the extreme, with high uncertainty, threat level, and urgency emerging. This shift is to them the difference between management and crisis management. Dayton and Bernhardsdottir (2015) emphasise that for the team of crisis managers it is necessary to be on the same page. They argue the importance of agreement by management on

where the situation is with regard to these three dimensions. Disagreement on for instance urgency of the crisis will greatly hinder how well an organisation is able to combat it. Conflicting interpretations of the crisis will lead to ineffective decision making, and to inconsistent communication, which will be detrimental to both decision making and support for crisis management decisions.

These attributes however are easily applied to more extreme situations than to smaller, less note-worthy situations. A crisis is not necessarily great in form, but can exist on small levels as well (Roux-Dufort, 2007). Small scale crises can vary in nature too, from very physical crises such as fires, to more ephemeral crises such as data leaks. Because of the increase in global connectedness, small scale crises have become more influential on an increasingly large scale, and the application of crisis management has become more necessary (Roux-Dufort, 2007). Roux-Dufort argues that crisis management must thus be a more central part of management in general, and not just in times of crisis.

THE CRISIS MANAGEMENT CYCLE

Mitroff et al. (1987) distinguish four phases of crisis management: detection, crisis, repair, and assessment. Mitroff et al. propose a model [Fig. 1] where all phases are interconnected and argues that the influences these steps have on each other can be used in effective crisis management, or if done wrongly have the adverse effect. In the detection phase, we find all the early signals of an oncoming crisis, as well as an organisation's early warning systems in place. If the detection systems are well maintained, crises might even be prevented if the right measures to deal with the starting crisis are present. There are of course limits to what crisis prevention measures can do, especially when it comes to overwhelming circumstances outside of the organisation. Further, the post-crisis assessment of the detection systems aims to increase the awareness of oncoming crises and broaden the detection options.

Sadly, not all crises can be prevented, and often the crisis will ensue. Mitroff et al. describe a crisis in the same manner as Dayton and Bernhardsdottir; a situation of high uncertainty, threat, and urgency. 'Repair' as a phase consists of the actions taken to weather the crisis, and the application of the measures decided on or prepared for crises. Repair measures are the main way to cope with the crisis, and coping is here taken broadly, from mental health help for employees to financial aid for organisations. The final step, assessment, aims to review the handling of the crisis. Looking ahead, a crisis management team might look at their state of preparedness, or their own decision making, and assess whether more preparation is needed for the next crisis. Looking back, coping strategies and recovery efforts are reviewed. This assessment is crucial for future crisis management, and as a phase in the crisis management-cycle is often concurrent with the others.

Mitroff et al. distinguish between the proactive and reactive phases of crisis management. While detection and preparedness are proactive aspects of crisis management, the actual repair effort is purely reactive. The distinction is sensible, but an important point is made with regard to the focus of an organisation when it comes to proactive or reactive crisis management. An organisation with a higher level of proactive crisis management will have to depend far less on reactive crisis management, and be far less negatively affected by a crisis (Mitroff et al., 1987). On the other hand, an organisation with a more reactive stance on crisis management will experience more dire consequences from a crisis, and often deal with longer lasting negative consequences.
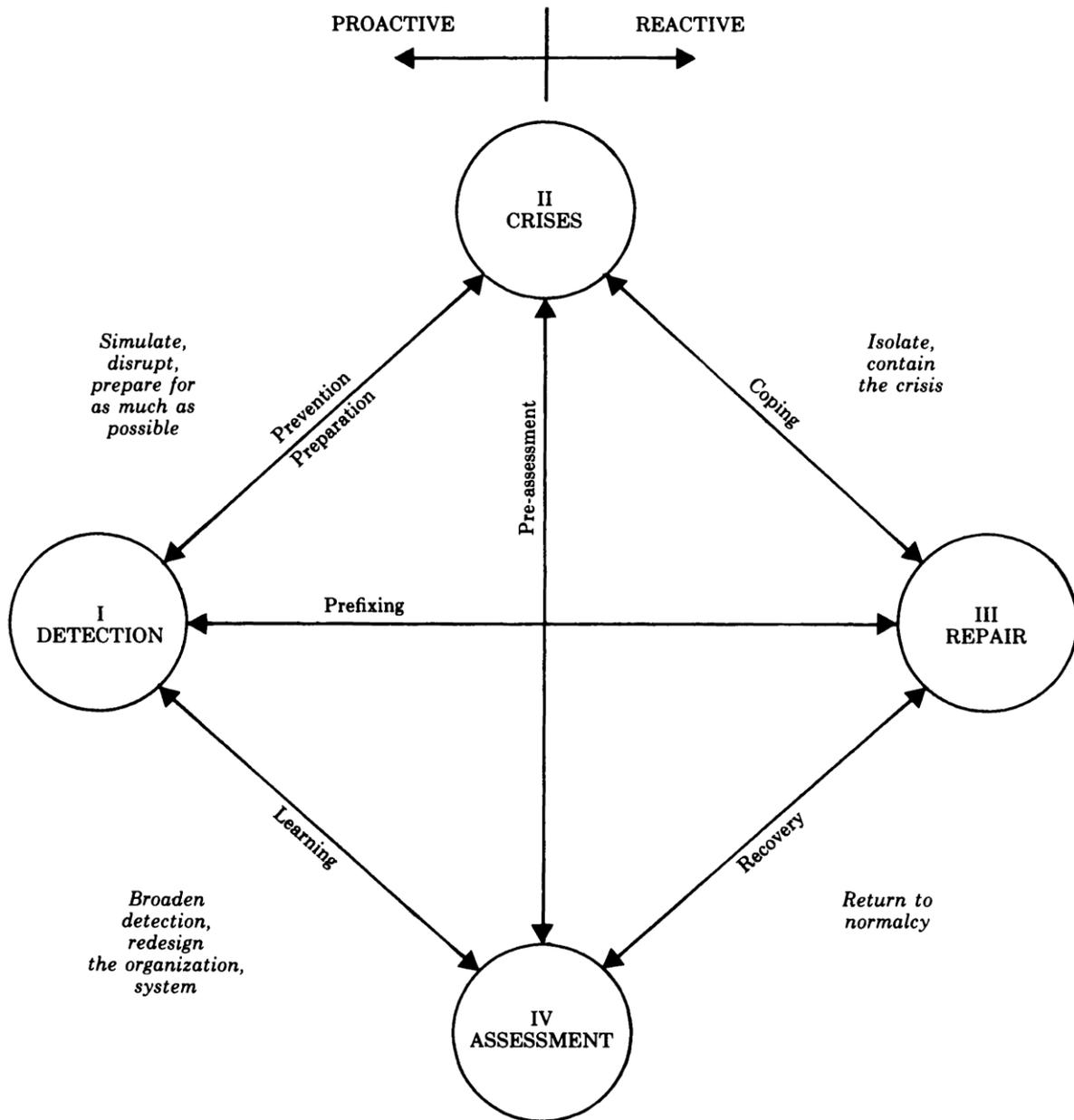
Figure 1: The crisis management cycle, Mitroff et al., 1987

We will use the Mitroff-model as a basis for the handling of crisis management in the current COVID-19 pandemic. The model presents us with clear and distinct phases on crisis management while acknowledging the interconnected nature of these phases. This links closely to the reality of crisis management, which is not cut and dry but at times a stressful and uncertain discipline. By adhering to the Mitroff-model we can clearly distinguish how crisis management was applied, and how the different applications influenced eachother.

CRISIS MANAGEMENT IN THE CRISIS CYCLE

The cycle of crisis management is not the same as the crisis cycle. The crisis cycle is the natural procession of a crisis, and is always present for crises. While the crisis management cycle as describe by Mitroff et al. is fully man-made, and allows for agency in how it is followed, the crisis cycle only describes the progressive phases of the crisis through time. Coombs describes crises as following a simple pattern in occurrence: Pre-crisis, In crisis, post-crisis (Coombs, 2007). It is alluring to limit crisis management to times of actual crisis, but for crisis management to be effective, it should always be an active component of the management strategy. This becomes apparent when we make a side-by-side comparison of the cycles. Detection can be done along any point in the crisis cycle, be it of the current or next crisis, or aspects thereof. The crisis distinctly happens in-crisis, but repair flows through the cycle to the point where repairs of the previous crisis might be ongoing during the next. Lastly, assessment as noted is an important tool in crisis management that needs to be actual to both combat the current crisis, and actively contribute to preventing the next.

In crisis management we thus have two types of progression: the progression through time, and the progression of action. While above we have discussed the progression of action in the crisis management cycle, we will below discuss this in the context of time and timing.

PRE-CRISIS

Active preparation for a crisis often takes the form of a crisis management plan (Coombs, 2007). This plan serves as a blueprint for crisis response, laying the groundwork and indicating the first steps. Having an up-to-date crisis management plan serves to saves time in the crisis response, and establish a working basis for the crisis management team. This team often consists of a variety of management individuals and is aimed at tackling the crisis from multiple angles while keeping crisis management action consistent throughout the organisation (Barton, 2001). The crisis management team should not however consist of too many people, allowing the team to keep decision making swift and decisive, instead of getting caught in the process. The crisis management team should be trained in their duties as well, having practiced with the crisis management plan and their possible response to different crises (Coombs, 2007).

Further, in the pre-crisis phase risk reduction is an essential aspect of daily proceedings. By having the proper early detection systems, the risk of a crisis can be reduced significantly. The proper preparations can significantly curb both the physical and psychological effects of a crisis (Coombs, 2007). Coombs further argues in favour of a strong pre-established communication system in case of crisis. By identifying a clear spokesperson for times of crisis, as well as carefully crafting the messaging, an organisation can contain and control a crisis as well as possible. An organisation has various means of communicating with its employees and the outside world such as its website or intranet (Taylor & Kent, 2007), and clearly establishing which of its resources to put to use when creates an easy, pre-established route for crisis managers to follow.

IN-CRISIS

In crisis, the actual crisis response comes into play. Here, the most important tool of the crisis manager is communication (Brown, 2019; Bernstein, 2013; Coombs, 2007). Clear communication of measures taken, and the status of the crisis ensures a smoother workflow, and reduces stress in employees

(Heide & Simonsson, 2014). For a healthcare example, in previous infectious disease crises, such as Zika and SARS, communication turned out to be the most crucial aspect of crisis management in maintaining emotional wellbeing of healthcare employees and ensuring timely psychological recovery (Boin et al., 2014; Helsloot & Groenendaal, 2017). The initial response to a crisis is often the most visible, and will quickly set the tone. In general, the initial response focusses on three points: be quick, be accurate, be consistent (Coombs, 2007). In not letting the crisis fester before responding, organisations can take control of the situation to the greatest extent possible, and by keeping messaging consistent the crisis manager forms a beacon to guide others through the crisis.

With regard to employee health, it is important for crisis managers to not just provide information on the crisis on hand, but to offer active measures as well. Expressing sympathy for not just the crisis itself but the effects on the people involved has come to the forefront of crisis communication as well (Dean, 2004). Offering further help with the psychological impact of a crisis such as counselling also serves to reduce the long-term impact of a crisis on employees, while adding to the positive image of an organisation during the crisis (Coombs, 2007). The emotional cost of a crisis is often secondary to the financial impact from an organisational point of view, but underestimating that impact creates great difficulty in dealing with crises (Mitroff et al., 1987; Coombs, 2007).

POST-CRISIS

Post-crisis, when the crisis response is no longer in play and the crisis management team is relieved of their duties, assessments usually take the full floor in the crisis management cycle. While dealing with crises is difficult, crises are a learning opportunity as well. By assessing the whole of the crisis management cycle an organisation just went through, the next can be strengthened. Here it is also key to share the information gathered, and to keep communicating your findings. After assessment, the lessons can be integrated into the overall crisis management of the organisation, allowing the organisation to come out stronger than before.

While the duties of the crisis managers shift towards preparing for the next crisis, the effects of the last crisis often remain. We discussed the possible long-lasting consequences of a crisis, both for organisations and employees, and how part of preparation for a crisis is considering what the recovery looks like. The return to normalcy is not an easy process, and implementing a guiding process back to normal can greatly speed up recovery, while a hands-off approach may doom recovery efforts before they even started. We have argued before that crisis management is not just for the in-crisis period, and post-crisis management is proven to be just as crucial in the crisis management cycle and in crisis preparation as other aspects of crisis management (Coombs, 2006).

PHASIC CRISIS MANAGEMENT

The crisis management cycle is continuous and as shown not distinctly bound to the phases of a crisis itself. The model presented by Mitroff et al. (Fig. 1) shows a distinct process for crisis management, and by linking this to the phases of a crisis as presented by Coombs (2007) we can establish an integrated model for crisis management steps during the crisis cycle, presented in Figure 2. We have established that Assessment (IV) happens throughout the crisis-timeline, and is crucial in both preparedness for oncoming crisis and handling of a crisis on hand. Here we have placed Detection (I) in the overlap of the post- and pre-crisis phase, and the Repairing (III) part of the cycle mainly in the in-crisis and post-crisis moments based on our review of the literature. The Crisis (II) we place between

the pre-crisis and in-crisis phases, as we have established that his is where its main handling takes place.

Mitroff et al. already describes the tools and actions of a crisis manager in the phases of crisis management in their model, placing the tools between the main steps. These tools almost naturally fall within the integrated model we present e.g., the broadening of detection in the post-crisis, or the containment of the crisis in the in-crisis phases. This further strengthens the case for an integration of the two models. The Coombs and Mitroff models both approach different sides of crisis management, but appear to be two sides of the same coin.

This phasic model for crisis management steps allows us to establish a clear picture on the crisis management activities undertaken at any given moment. In a pre-crisis phase, we can focus on Detection efforts, while our look at actions taken in-crisis should focus largely on Repairs. By considering not just the steps of the crisis management cycle we study, but our moment in the crisis-cycle as well, we can establish what the strategic role of the HR manager is in every phase of the crisis. Further, the integrated model establishes not just a timeline to investigate, but provides us with expected actions on the timeline as well.

With these expectations in mind, we can review a timeline of action during the COVID-19 pandemic. By using the phasic crisis-management cycle, we can establish a clear picture of when what action was taken, and how these actions fit with the classical ideas of crisis management. By adhering to this model, we will also get a clear picture of what role the HR manager took in crisis management, and whether they fit into the classical mould of crisis management presented.
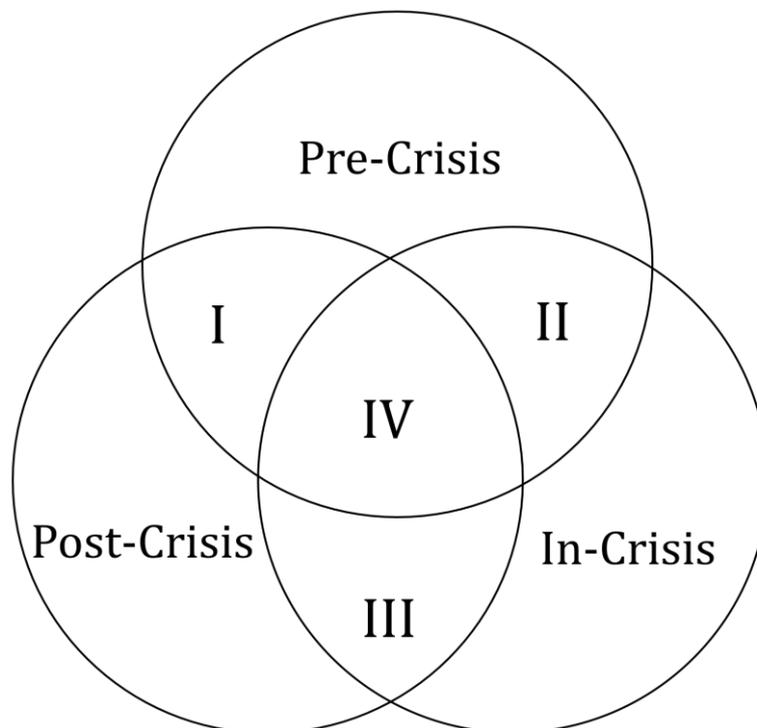

Figure 2: The integrated phasic crisis management cycle

13

STRATEGIC HUMAN CRISIS MANAGEMENT

Now that we have established our model, we can turn our eye towards the expected role of HR managers and policies in crises. With wellbeing on the line, we would consider that HR managers can fulfil a vital role by concerning themselves with '*all those activities associated with the management of work and people in an organisation'*, the very definition of HRM as put forth by Boxall and Purcell (2011).

The relationship between crisis management and strategic HRM is complicated. The idea of active involvement of HRM in crisis is comparatively new. Historically, HRM departments are in general majorly concerned with the humanistic consequences of a crisis (Vardarlıer, 2016), and not designed to oversee and handle safety and security initiatives (Lockwood, 2005). The strategic role of HRM in crisis management is classically limited. HRM has been focussed on work floor-policy and crisis compensation, while being absent from the strategic decision-making process (Lockwood, 2005; Pasek, 2002). Following the Great Financial Crisis (GFC) of 2008, there has however been an observable shift in viewpoint regarding the application of HRM to crisis management. This shift is most notable in the idea that HRM is not only applicable to the administrative side of a crisis, but has an active role in keeping the workforce healthy (Wang, Hutchins & Garavan, 2009; Vardarlıer, 2016). This focus on employee wellbeing as a crucial part of the wellbeing of the organisation has allowed for a transformation of classical HRM in crisis management into HRM that is applied with the long-term in mind. This switch from Human Resource Management as something that is mostly concerned with day-to-day operations to a more strategic partner with a long-term vision has come so far as to earn its own distinction: Strategic Human Resource Management (SHRM).

IN PRACTICE

While we ascribe a broad role to SHRM, in practice the role of SHRM in crisis management is currently much more limited. In the modern organisational structures, the role of the line manager in people management has broadened substantially (Purcell & Hutchinson, 2007). The role of the HR manager is conflagrated with the role of the line manager, which stretches to crisis management as well (Wang, Hutchins & Garavan, 2009). Empirically we find that the participation of HRM departments in crisis management remains sparse (Aghahosseini, Dolatabadi, & Nilipoor, 2017). While the relationship is productive if well established (Ahmadi et al., 2012; Mirzapour et al., 2019), inclusion of SHRM in crisis management is not the standard in crisis management everywhere (Wang, Hutchins & Garavan, 2009). This lack of inclusion is only in part because of a lack of consideration of HRM. Wang, Hutchins & Garavan (2009) note that many companies suffer from a complete unpreparedness when it comes to crisis management, not just limited to HRM. This is a view shared throughout most companies, from employees (Fegley & Victor, 2005), to executives (Moynihan, 2008).

This tendency for unpreparedness was common until recently, as many companies did not consider crises management in general, or on a strategic level. Many still remain vulnerable to severe long-term consequences when encountering either sudden or slowly building crises (Shaeffer & Mano-Negrin, 2003; Wang, Hutchins & Garavan, 2009). This comes on the shoulders of an increase in the complexity of crisis, with a growing global scope for all aspects of everyday life. Some even argue that crises have become inevitable (e.g., Vardarlıer, 2016; Roux-Dufort, 2007; Dayton & Bernhardsdottir,

2015). Crisis management has become more central to the day-to-day business than it has been given credit for, and will only continue to do so in the future (Wang, Hutchins & Gravan, 2009).

As mentioned above, while the idea of involved HR Managers in crisis management became more prominent following the 2008 financial crisis (Hutchins & Wang, 2008; Gunnigle, Lavelle & Monoghan, 2013), this is far from the currently applied approach. Recent studies do show a positive impact on the involvement of HR managers on crisis management (e.g., Kendrick et al., 2019; Mirzapour et al., 2019), but its application is still limited. The focus-shift of HRM from crisis training to a strategic partner, and the application of SHRM over the classical HRM are still the current developments on HRM and crisis management (Gilley and Maycunich, 2003; Wang, Hutchins & Garavan, 2009; Mirzapour, 2019), and the integration of HRM with the organisational goals and core capabilities are the main drivers behind the application of SHRM (Garavan, 2007). This mismatch between literature and practice begs the question on what the current status is of SHRM as a part of crisis management. Whether HR managers already have their seat at the strategic table or are still mostly tasked with administrative duties is currently unclear. We see that successfully implementing crisis management requires learning and performance interventions that lean heavily on the strategic interplay between HRM, organisational structure and organisational culture. The increase of the application of SHRM over the more classical administrative role of HRM is thus warranted for a company to learn and recover from a crisis.

IN THEORY

The theoretical role of SHRM in crisis management appears clear: a guide for leaders, an effective administrator where needed, and a provider of training for and during crises. The way in which the role of SHRM has expanded focuses on a number of different aspects of crisis management. As HRM departments focus on the people side of a crisis, the main concern remains with the wellbeing of employees. As uncertainty, threat level, and urgency rise, employees feel a mounting pressure to perform well, as well as drops in motivation (Vardarlıer, 2016). This may be accompanied by higher turnover due to stress and uncertainty (Lockwood, 2005), or involuntary turnover due to the dire straits organisations find themselves in. Managing the high uncertainty that exists during a crisis should be one of the main goals of SHRM in crisis management. Different crises cause different losses, such as the loss of financial capital in a financial crisis, or social capital in crises of trust. If these losses go hand in hand with a loss of human capital, an organisation will be in a very dire position in the post-crisis era, if it survives the crisis at all (Vardarlıer, 2016; Wang, Hutchins & Garavan, 2009).

The strategic application of human capital during a crisis can be vital. Flexibility on where human capital is applied should be on the forefront of the SHRM crisis management plan, and ideally be ingrained in the culture of an organisation (Mirzapour et al., 2019). The second pillar with concern to human capital should be maintaining or even progressing the skills of employees during a crisis (Vardarlıer, 2016). Keeping up the skill level of employees takes place throughout all steps in the crisis-cycle. In the pre-crisis, it is valuable to keep skill levels for handling a crisis up in general, as well as implementing the proper HR infrastructure and expertise to ensure employee wellbeing during the crisis. By learning from previous moments of crisis, the assessment of the crisis management cycle can be used pre-crisis to increase skill, and allow for proper preparation in the detection-phase during the pre-crisis. In the cyclical crisis-management HR managers can thus use previous skill assessments greatly to their benefit.

During a crisis, employees will need to quickly attain the skills that allow them to handle the specifics of a crisis. This focus on directly teaching crisis-related skills is part of the coping mechanisms an organisation can employ, thus already moving to the repair of the crisis. Post-crisis, after assessment and going into preparations for the next crisis, training focusses on what was learned from the previous, building on the knowledge one already has to broaden individual crisis handling as well as organisation-wide handling of crises. Here we see a classical application of HRM, training and upskilling, utilised in a new context. This re-contextualisation of the skills and tools of the HR manager lines up with our theoretical model on crisis management; the tools and skills of the HR manager are no different in crisis than outside of it, but their use is. This growth in the application of SHRM to crisis management helps solidify the role of HR managers during crisis, and supports the case of a steady seat for HR managers at the strategic table in crisis management. We must also consider that, while the role of the HR manager is ready to grow, HR managers are not per definition involved in every step of crisis management. The detection of a crisis is for instance something that will much sooner come from the line manager than the HR manager.

Another role for HRM in crisis management is the guidance of leaders in times of crisis. As with regular employees, leaders on all levels, from floor managers to top-level executives, are not naturally equipped to deal with a crisis, and need to be actively trained (Wooten & James, 2008). The skills used by managers in calmer times are highly distinct from the skills used during crises, and the impact leaders have on how their organisation weathers a crisis makes for a clear-cut case that investments in crisis-management skills are not a luxury. Various skills are highly crisis-specific, such as crisis communication, and the specific forms of these skills have great impact on how organisations handle a crisis (Brown, 2019; Helsloot & Groenendaal, 2017). Leaders should be able to not only drive the crisis on hand to its resolution, but provide leadership in a way that preserves an organisation's pre-crisis status as best they can. By providing training on all the competencies needed for leaders during crises, SHRM is an invaluable tool in crisis resolution.

In its role as a strategic partner HRM is not only involved with leaders in their training, but should also have a place at the table during the decision-making of leaders in crisis (Wooten & James, 2008). In crisis, actively involving HRM in the decision making of leaders has positive effects on the quality of the decisions and the perceptions thereof (Ahmadi, Rasouli & Rajabzadeh Qatari, 2012). This we attribute to the classical focus of HRM on the humanistic aspects of crisis and an existing eye for the wellbeing of employees, allowing HRM to guide leaders through their crisis management on multiple facets (Ahmadi et al., 2012; Vardarlıer, 2016).

The role of the HR-manager can thus be very broad during a crisis, ranging from a primarily communicating role to a close guide for leadership. Table 1 shows the various roles an HR-manager can take as discussed above. Here we again see that the roles are not confined to a single phase of the crisis, again pointing to the overlapping nature of phases in a crisis. These forms of role-fulfilment are not exhaustive of course. Many of the crisis management behaviours described above are shown as common roles along all crises, but keeping in line with the uncertain nature of any crisis, one must expect the possibility for unique roles to come up. Any organisation may be in need of specific role fulfilment tailored to specific needs during a crisis, and while it is good to keep the roles laid out in mind when forming a crisis-management strategy, flexibility remains a key quality in handling a crisis.

The crisis-management actions provided in Table 1 do however allow us to establish our expectations for this research. With the established actions come of course the possible roles an HR manager can fulfil during a crisis; a communicator, and informer, a point of contact, a skill-trainer, etcetera. Below we will discuss how the role of HR managers in healthcare is currently filled, and what has been established during the pandemic so far. This will also allow us to gain an idea of what we will observe in practice with regard to role fulfilment during the COVID-19 pandemic in the Dutch Healthcare sector.

Pre crisis	In crisis	Post Crisis
Crisis Planning		Crisis Planning
Risk Reduction		Risk Reduction
Broadeing Detection Systems		Broadeing Detection Systems
Information Sharing		
		Crisis Plan Review
	Counselling	
	Administratative Upkeep	
Communication Plan		
Active Contact		
Employee Engagement		
	Leadership Guidance	
	Crisis-Skill Training	
Establishing Communication Procedures		
Crisis Skill Maintainance		
Detection	**Crisis**	**Repair** · **Detection**
Assessment		

Table 1: Crisis Management behaviours and their position in the Phasic Crisis Model

HRM AND HEALTHCARE

Healthcare provides a unique context for HRM. As every sector, the institutions in the sector have formed a unique application of HRM practices and habits. In healthcare training of employees is, and will always remain, a crucial part of HRM (Shantz, Alfes & Arevshatian, 2016). Healthcare professionals require a broad array of skill within their specific fields (Fletcher, 2007), such as surgeons keeping up to date with the latest techniques or nurses keeping an eye on the developments of medicine usage. This is a generally accepted aspect of healthcare, as healthcare professionals need to remain up to date with the current medical standards and techniques (Eaton, 2000) to maintain quality healthcare. For all healthcare professionals this entails continuous training, as well as the onus to keep oneself up to date (Shantz, Alfes, Arevshatian, 2016). HRM departments in the healthcare context have the responsibility to ensure that training opportunities are widely available for employees next to more administrative aspects of HRM, and classically the focus of these HR departments has been on skill level and administration.

Recently, the focus has shifted away from just training and administration, and HRM in healthcare has realigned to also concerns itself strongly with employee wellbeing (Cook & Bartram, 2015). This focus on mental wellbeing as well as physical wellbeing and ability has grown over time (*e.g.,* McGregor &

Doshi, 2015; Pink, 2009; Rousseau. 1997), and the current state of HRM is strongly focussed on maintaining high job engagement while lowering burnout (Hakanen, Bakker & Schaufeli, 2006; Giallonard, Wong & Iwasiw, 2010). Here the link is often made to the alignment of HRM and organisational outcomes, with higher work engagement indicated as a factor in lower burnout and better organisational outcomes (Bakker, Demouri & Verbeke, 2004; Jiang et al., 2013; Schaufeli & Bakker, 2004). In organisational context, and healthcare specifically, the Job Demands-resources (JD-R) model is often engaged as a framework for both outcomes and wellbeing. The link between high job resources, high organisational outcomes, and higher wellbeing is clearly established through this model (Schaufeli & Bakker, 2004; Jiang et al., 2013), as well as the mediating role in reducing burnout.

This shift in HRM focus for healthcare has proven to be an effective one. The application of High-Performance Work Systems (HPWS), such as a concrete usage and availability of Job-Resources, in healthcare is directly linked with not just well-being, but performance as well (Harris, Cortvriend & Hyde, 2007; West et. Al., 2006). The active and proper management of HR is now understood as critical to high-quality healthcare (Kabene et al., 2006), and the overall direction of HRM in healthcare is currently geared towards large bundles of multi-faceted HR practices. With the shift in focus towards wellbeing and its relationship to performance there is also a much more strategic approach to HRM in modern healthcare, especially in dealing with long-standing problems such as personnel shortages (Srinivasan & Chandwani, 2014). The 'state of the art' in HRM for healthcare is an active approach towards engagement, wellbeing, and training, focussing strongly on the policy side of HRM for the alignment between organisational outcomes and employee outcomes.

What we see is that the focus on HRM for healthcare in literature is solidly with the application of policy and HRM systems as well. Above we describe our findings on the current state of HRM in healthcare, and while a lot is described concerning policy and general trends, little focus is put on the executors of HRM policy. Considering that the execution of HR policy is not broadly addressed, we default to the picture we see in overall crisis management; HR managers who make policy, and line managers who execute policy. While this interplay does not necessarily reduce the importance of the role of HR managers, HR managers run the risk of becoming invisible in crisis management situations (Bartram et al., 2007). In fact, Bartram et al. (2007) suggest that the influence of HR management in hospitals may be lost in translation. HR practices are not necessarily perceived as flowing from HR managers, and the relation between the actions of HR managers and outcomes for employees and patients is muddled as a result. This, Bartram and colleagues warn, could even lead to negative perceptions of HRM departments, in turn leading to a reduced budget or other restraints, especially in difficult times.

The apparent contradiction that arises presents HRM departments and practitioners with a puzzle. HRM policy is broadly visible and vital, but the HR managers themselves appear to have an obscured role. This could lead to reductions of HRM resources in times of need, paradoxically creating a downward spiral for HRM departments. As with other contexts, in healthcare HRM fulfils a crucial role in crisis times. In healthcare providing training was already front and centre for HRM departments (Shantz et al., 2016), and keeping the capabilities of the workforce up to date with a crisis is one of the most vital parts of HRM in times of crisis (Mirzapour et al., 2019). Combined with the inherently high stress of the healthcare sector (Cooke & Bartram, 2015) already aiming HRM policy towards stress and uncertainty reduction, one could assume that SHRM has a natural fit with healthcare as a tool for crisis

management. However, we see very little focus on the role of HRM during crises in healthcare before the COVID-19 pandemic.

HEALTHCARE HRM IN THE COVID-19 PANDEMIC

The effects of the COVID-19 pandemic on healthcare are far-reaching. The pandemic is marked by an extreme urgency, as within months of its first detection large parts of the world were forced to shelter in place, and lockdown measures continue more than a year later. Further, a high degree of uncertainty stemming from both the invisible nature of the pandemic as a disease and its corresponding symptoms, as well as the sudden interruption of day-to-day life when it comes to quarantine measures, has taken over the general mood. The threat of the pandemic is also not to be understated, with world-wide death tolls ranging in the millions (WHO, 2021). The pandemic, by our own definition, constitutes a natural crisis of the highest order, with little direct agency in its handling. Healthcare organisations have attempted to make every physical alteration possible to whether the crisis, such as distancing in the workplace and the wearing of masks on the job. The deep physical effects of the pandemic on the day-to-day operations in healthcare are projected to remain visible for a long time (Abbas, 2021).

Besides the physical effects of the pandemic the crisis also has heavy consequences for the mental wellbeing of healthcare professionals (Abbas, 2021), even going so far as an increase in suicide instances among healthcare professionals (Raudenská et al., 2020). There are many factors associated with decline in wellbeing as a result of the pandemic, with the most commonly identified factors being (1) limited resources, (2) threat of exposure to the virus, (3) longer working hours, (4) disruption to sleep patterns, (5) upsets in work-life balance, (6) dilemma's on exposure to the virus with regard to family members, (7) neglect of the personal life in favour of work, and (8) a lack of communication and information (Raudenská et al., 2020).

The tendencies in healthcare HRM were already leaning strongly on the provision of job resources, such as job autonomy or social support (Falco et al., 2017), and longer-term care for organisational wellbeing of employees. Employees are less likely to burn out on or leave jobs with higher available resources (Schaufeli & Bakker, 2004). The availability of Job Resources however is severely limited in times of crises (Wang, Hutchens & Garavan, 2009), and this limitation has been pushed to the extreme during the COVID-19 pandemic (Adams & Walls, 2020; Raudenská et al., 2020). Providing resources and maintaining motivation have shifted into focus during the pandemic (Elsafty & Ragheb, 2020), but this, in combination with the physical limitations of the pandemic, has come at the cost of ability-enhancing practices (de Lucas Ancillo, del Val Núñez, & Gavrila, 2020; Elsafty & Ragheb, 2020).

Threat of exposure to the virus has been a focal point mostly at the start of the pandemic. Rearranging the workspace to accommodate as little contact as possible was one of the first step many healthcare facilities took (Adam et al., 2020; Carnavale & Hatak, 2020; Liu et al., 2020), as well as providing protective equipment (Adams & Walls, 2020). This quickly normalized in the workspace but remains disruptive to the day-to-day operations on the work floor. Longer working hours, disruptions to sleep patterns, upsets in life-work balance, fear of spreading the virus, and neglect of personal life have only been met with little measures so far. The severely limiting aspects of the pandemic of day-to-day life make these aspects difficult to combat as they are felt as necessary to combat the pandemic (Raudenska et al., 2020). The most common HR strategy in combating these effects on employees

remains the classical supporting role of HRM, taking on the role of councillor or caretaker (Dirani et al., 2020).

The lack of communication surrounding the virus harkens back to this aspect in classical crisis management. Many feel that communication on the virus has been unclear, inaccurate, or untimely (Abbas, 2021), al factors that are clearly established as ineffectual in crisis management. Dirani et al. (2020) also argue that this is a shortcoming on the part of HR departments, as the direct involvement of HRM with communication, and its involvement with the way in which leadership communicates during the pandemic have in places been lacking. This lack of communication is also borne from high uncertainty on the facts surrounding the pandemic, as especially in the earlier stages little was known surrounding the virus or its effects. Nevertheless, Dirani and colleagues argue that there is a role for HR managers on the communication-side, be it as a sense maker or innovator concerning communications.

The limiting aspects of the crisis have cut down on the impact HRM intends to have, but the HR manager should certainly not be unhanded in the face of this crisis. This sudden emergence of the pandemic has required HR managers to adapt swiftly and decisively, and become actively be involved in the management of this crisis if their organisation is to come out stronger on the other side. While the HR manager can take a variety of roles in this crisis (Dirani et al., 2020), from literature we have no clear picture on the role of the HR manager in healthcare during a crisis. With this research we aim to get a clear picture on the role fulfilment of the HR manager in crisis management, rather than the policies put into place, and the effects on the cases we study to establish that picture.

From literature we thus find a starting point in the observation of the role of the HR manager during the COVID-19 pandemic in the Dutch healthcare sector. Using the Phasic Crisis Management model (Fig. 2) as a basis for our outlook, we expect to see that while these phases of a crisis through time are identifiable, they merge with one another over the duration of a crisis, as does the behaviour in crisis management. We expect the actions in crisis as presented in Table 1 to be prevalent in our research as well. Examples above have shown that the HR manager has become a caretaker of their employees, while also falling short in other areas such as communication (Dirani et al., 2020).

From our observations of the literature in combination with our own analysis of in-crisis behaviour of HR managers, there are a number of expected observations in our research:

1. HRM in Dutch healthcare is in line with examples from literature and practice: HR managers are not engaged to their fullest potential.

Perhaps the easiest assumption to make is that the Dutch healthcare system is not an outlier when it comes to its application of HR management during the pandemic. Currently we have no evidence to suggest that any particular healthcare sector is an outlier, be it Dutch or otherwise. We expect the Dutch healthcare HR manager to be applied in the same manner as their international colleagues, and to encounter the same pitfalls. The main roles we expect to see when it comes to HR managers should thus be caregivers, while not fulfilling their role as a communicator.

2. The role of the HR manager in the Dutch healthcare sector has changed from before the crisis out of necessity.

Harkening back to observations in literature, the role of the HR manager can be expected to have changed drastically as a result of the pandemic. These changes range from losing the training aspects of HR management to becoming a provider of protective equipment. These changes are also borne not of free will in observation of the literature, but the result of the pandemic. From these forced transitions follows our third expectation:

3. HR managers will revert to their original duties after the pandemic.

This is the most contentious of our expectations, leaning more on the classical role fulfilment than on the application of HRM during the pandemic. While the role fulfilment might have shifted during the pandemic, we suspect that many organisations will opt to return to 'normal' as the pandemic wanes. The pandemic as a motivator for change will dissipate, and thus the reason to take up certain aspects of role fulfilment will as well. On the other hand, it is entirely possible for many organisations to reconsider the way HR fulfilled their roles during the pandemic and in their Crisis Review decided to amend that role in the future. This duality of choice remains to be observed, but historically as seen following past crises, the return to more classical role fulfilment is the more likely outcome.

METHODS

RESEARCH DESIGN

To gain a detailed insight into the strategic position of HR managers in times of this crisis, we have elected to do a comparative case study. A case study allows for the detailed observation of specific cases (Stake, 1995). By opting for a case study, we allow for in depth analysis of the timeline on which the HR department of our elected cases operated, and we should be able to form a comprehensive idea of how the crisis affected operational HRM. While the external validity of case studies in general is low compared to for instance an experiment or comparative study (Bryman, 2016), we consider the research first steps in a more general overview of the way this crisis affected HRM, and hope to serve as a stepping-stone far more than a definitive overview. We opted for the case-study as a good fit to our research goals, allowing us detailed insight into the developments surrounding the strategic application of HRM during the crisis. By doing a more detailed analysis of our cases, we add to the body of HRM and crisis management-literature, as well as adding to the data available for research on the specifics of the COVID pandemic. In case selection we opt to go for *typical cases* to gain insight in the every-day proceedings of such organisations (Yin, 2009). We think it is important to observe organisations that best represent the healthcare providers in the Netherlands that most Dutch people might encounter in their lives, prompting us to opt for the typical case. As laid out above, the typical cases for healthcare can be split largely among the healthcare provided in the Health Insurance Act, and the Long-Term Care act.

Because of the larger breadth of healthcare provided in the Netherlands and broad availability or representative organisations, we have resolved to broaden our research with a comparative case study. The healthcare provided is different in for instance hospitals compared to stay-in healthcare facilities. The way in which the COVID-crisis influences the different types of healthcare is not uniform, and neither is the HRM provided in these cases. To limit the scope of this research while maintaining the right breadth, we had elected to study a hospital and a stay-in healthcare facility for our representative cases. Sadly, no hospital was available to participate in our research. In order to maintain our breadth, a second long-term care facility was selected. These care facilities provide vastly

different types of care, with one facility providing end-of-life care, and one providing life-long disability and youth care. By contrasting life-long non-stay-in with stay-in longer-term care facilities, we hope to see the clear contrasts and overlap in the role fulfilment of HR managers by these organisations (Bryman, 2016). These organisations will be described in more detail below.

The data on these cases will be a combination of an analysis of documentation from these organisations, and semi-structured interviews on the developments of the role of the HR manager during the crisis. To gain insight into the intended and implemented HRM in these periods we intend to interview HR managers in all organisations. This way we expect to gain useful insights into the position of HR managers during these the crisis, the execution of HR policy, and the perception of policies by HR managers, leading to insights into the role of the respective HRM departments during the pandemic. HR managers should also be able to provide multi-level insight depending on their role in crisis management during the pandemic. Involved HR managers should have a proper view of the institutional, organisational, and employee influences on HRM, which we expect to give useful insights into the workings of crisis management as well. If we could access them, line managers and other management personnel could also provide a strong insight into the role of HR managers during the crisis by providing us with an outside perspective of the role HR managers took during the crisis. This will however be dependent on the willingness of managers to cooperate, as we further discuss below.

RESOURCES

In order to access the data, we will make use of FWG/Progressional People, a consulting firm specializing in HRM for healthcare and the employer of the researcher. FWG has a broad array of clients in the healthcare sector, including intramural care facilities and hospitals. This allows for comparatively easy access to these facilities. Besides the thesis provided to Utrecht University, we will also come to an agreement with FWG about the product to be delivered to the firm, to ensure the mutual gains on the research. FWG thus provides access to healthcare organisations, with further resources mostly limited to research tools; survey tools, analytical tools, writing tools and other relevant tools.

Our main ethical concern is the proper usage of data provided. To ensure the proper use of data we will adhere to the standards on data collection and distribution as laid out by Utrecht University, and take any requests by the subjects of our case study into consideration as well. Second, we will have to indicate that this research is not aimed at a solution or a common ground for crisis policy, and that the goal, a first idea of the handling of the crisis by HR, is clearly laid out for our research subjects. By managing the expectations of the research beforehand we avoid disappointment in the future. Last, there is the possible overlap between employer and university and the usage of data. While working for a firm provides useful opportunities and easy access to research subjects, corporate interest cannot interfere with academic integrity. To avoid issues on this subject, it is necessary to form a clear agreement between the researcher, FWG, and Utrecht University on the usage of data and the expectations between all parties. By reaching such an agreement, we have the fullest confidence in our ability to work together.

PROCEDURE

After creation of the topic list, an interview protocol was established in both English (appendix A) and Dutch (Appendix B). HR managers of various organisations were approached to participate in the

research. With this invitation came a small background description of the research, descriptions of the length of the interview (circa one to one-and-a-half hours), and information regarding informed consent was provided. Respondents were given the choice to participate digitally or in person, when possible, with regard to safety measures concerning the pandemic. A number of interviews was indeed conducted in person on location, under the safety guidelines provided by the organisation. Prior to the interview all respondents were informed about the purpose of the interviews and the procedure, as well as the general format of the interviews. All respondents were asked to consent to recording the interviews, and after recording started to again confirm this consent verbally. All recordings were done in voice-only-recording, including digital interviews where video-recording options were available, in order to ensure the privacy of the respondents. All interviews were conducted in Dutch, the native language of all respondents. All interviews were transcribed, and all recordings deleted. All transcripts were anonymised and safely stored in an encrypted database.

SAMPLE

In order to gather the data, multiple organisations were approached for cooperation, with two eventually agreeing to cooperate. These organisations are designated Organisation α and Organisation β.

Organisation α is considered a 'typical case' for Dutch healthcare facilities providing long-term on-location healthcare, home care, and day care for the elderly. Organisation α employs approximately 650 people, over four long-term full-time nursing homes, . Home care is provided in an urban and a rural area and in four facilities for assisted living. There are two day-care centres. The employees are divided into healthcare-personnel and office personnel. The HRM-department of organisation α consist of nine people, of which one HR-manager. Organisation α has an annual revenue of approximately 35 million euros.

Organisation β is a large, multi-regional provider of care for mental disorders and behavioural problems. Organisation β provides a broad spectrum of care from special education to live-in care. Organisation β employs approximately 4000 people in six regions, and an annual revenue of approximately 250 million euros. Organisation β represents a non-typical case for Dutch healthcare based on its size, breadth of care provided, and financial means.

While the intention in sampling was to approach both a typical case for hospitals and stay-in care facilities, no hospitals were available for participation. In order to maintain the desired scope for our insight into the role fulfilment of HR managers during the crisis, we opted to work with Organisation β. Organisation β provides us with contrast to the typical case as well, shifting our inter-sector comparison design to an in-sector comparison between a typical and non-typical case.

Within both organisations a large variety of people were interviewed to provide insight into the role of the HR-manager during the COVID-19 pandemic. A snowballing method was used to acquire this sample by inquiring with all respondents about possible further respondents to deliver the necessary insights. Attention in sampling was paid to ensure that all respondents were able to provide insight into the role fulfilment of the HR-manager. This led to a conscious exclusion of front-line workers who had little or no contact with the HR-managers during the pandemic, and shifted the focus to those within Organisations α and β that were involved not only with HRM but also crisis management. The sampling was thus also limited to those that could provide this information for both organisations,

with no regard for distributions in diversity characteristics (such as age, gender, tenure etc.). We aimed to gain insight into these specific organisations from the viewpoint of these people independent of their person, thus allowing us to ignore these characteristics.

Interviews with personnel in Organisation α focussed largely on the active role of the HR management of the organisation during the COVID-19 pandemic. Organisation α provided us with insight on a regionally focussed organisation with one centralised HR structure. The HR structure of Organisation α consists of one manager HR, a three HR business partners, two administrative personnel, a coach, and two Case Managers Absenteeism, for a total of 9 HR personnel for the entire organisation. This HR department is directly supervised by the board of directors, which consist of one person in Organisation α, referred to as chairperson of the board. To gain clear insight into the role of the HR manager during the COVID-19 pandemic, a broad group of people consisting of the crisis management team in Organisation α was interviewed. A conscious effort was made to interview the crisis management team and gain their insight into the role of the HR management during the pandemic to ensure a clear outside view on the supposed HR actions taken, as well as the view of the HR personnel themselves.

Interviews with personnel in Organisation β provided us with insights into the working of a larger, multi-regional organization. The HR structure of Organisation β consists of three layers; the overarching HR-management, the cadre of regionally operating HR business partners, and the local HR-departments concerned with personnel and organizational execution. In order to gain insights into the roles of HR management during the pandemic, we spoke with people on the higher, over-arching level as well as HR-business partners in these regions. This choice was made as it became clear that these two levels form the operational HR management, with the overarching or 'concern'-level HR manager together with the Business Partners forming the policy-forming group when it comes to HR management in Organisation β. An effort was also made to interview the people involved in crisis management on the concern-level in order to gain their insight into the role that the HR-management fulfilled, and the place of that role fulfilment within the organizational crisis management.

ANALYSIS- AND CODING STRATEGY

With regard to coding, we consider the thematic analysis framework, of which a comprehensive review was given by Braun and Clarke (2006). Thematic analysis is a broadly used strategy in psychology, but Braun and Clarke note how it was not well-codified at the time. Thematic analysis as a technique focusses on the recognition of patterns and themes from collected data, rather than the formation of theory as is commonplace in for instance grounded theory (Charmaz, 2002). Braun and Clarke consider thematic analysis a valid tool in the regard that it is unique in this approach on one hand, as well as the movement towards this approach that is currently going on in grounded theory and other methods of analysis. More and more analytical styles are encroaching on thematic analysis rather than their individual goals, and the distinction is necessary for a clear analysis in the future, argue Braun and Clarke.

To apply thematic analysis, a number of choices need to be made. What counts as a theme to be analysed is the main question that needs to be answered. This decision is wholly up to the researcher, but in order to keep consistency across the research, it is necessary to have a clear idea on how often a certain observation needs to appear to count as a theme for instance, and how much weight is given to the frequency of appearance of a theme. Braun and Clarke suggest keeping a flexible mindset, as

rigidity might influence the research in a negative way (Braun and Clarke, 2006). Selecting what counts as a theme is also dependant on the goals of the research. Braun and Clarke describe a dichotomy between a deeply detailed description of singular aspects of the data, or a richer overview of the entire dataset.

After settling on the goal of the analysis, we need to decide whether we code inductively or within a theoretical framework. Coding inductively aims towards letting patterns arise from the data as observed, while a theoretical analysis aims to code within a previously established framework. It is important to note that either of these approaches is applicable to either goal previously mentioned, as the desire to deeply understand a subject can be paired with either inductive coding or coding towards a framework, as long as the researcher maintains the flexibility they ask of their coding as well. Next to the goal and type of induction, the level of analysis comes into play. Braun and Clarke distinguish either semantic or latent themes in the data. The former focusses on the surface-level data, and does not aim towards a deeper meaning in data, taking for instance the given answers to interview questions at face value. The latter does aim towards finding deeper meaning beyond the surface of the data, relying more on the interpretive prowess of the researcher.

The approach to thematic analysis is also a question of epistemology. For the researcher it is important to decide whether the research is aimed towards a realistic depiction of the natural world, or if the research is a constructionist work, aiming towards building or confirming a framework rather than observing the natural occurrences within the research. This decision establishes a viewpoint towards the data as it aims the interpretation of the researcher as well, pointing the researcher towards either lane in interpreting their data. With the above knowledge, we can move on to determining our own approach to thematic analysis and our resulting coding strategy.

First, we consider our own goal in this research. We aim to answer the question 'What is the strategic role of HR managers in crisis management in the Dutch healthcare sector?', specifically using the COVID-19 pandemic as our crisis backdrop. This question is highly specified, and while we argue that we aim to gain a clear picture of the position of HR managers during a crisis in this fashion as we do not have that currently, the goal remains a detailed insight into a singular aspect. We have specificity as a goal, and will aim our coding accordingly. This goes hand in hand for us with fitting our data into an established theoretical framework. We have described a clear overview of crisis management, HR managers in crisis management, HRM in healthcare, and the specifics of healthcare HRM during the COVID-19 pandemic, and we aim to find answers to a question within this specific framework. Above we have established the framework in which we operate clearly, describing the known aspects of crisis management and its relation to HR managers. We aim for specific understanding within this framework, and our themes and coding strategy will thus be aimed at our specific framework, rather than inductively establishing emergent themes.

While we have a specific goal and aim towards gathering knowledge of our specific framework, we do believe that analysis on a latent level is more salient in this case than surface-level analysis. Primarily, our cases are comparatively limited, focusing on two cases to provide all our data. It is prudent to gather not just the surface level ideas and opinions of our interviewees, or just take the written guidelines at face-value in our document analysis. Here we are best served to allow ourselves more interpretation, as well as placing our data in the context of our own framework rather than observing it in a vacuum. This interpretative look at our data also fits the constructionist method applied. We

aim to gain knowledge of the topside of our framework, and we expect the surface value of our data to tell us the interpretation of our interviewees and show how the outward showing of the role of HR managers is fulfilled, but we do want to bring it into our own framework for understanding this role within an organisation.

Braun and Clarke note a number of possible pitfalls in the use of thematic analysis. To them the first pitfall in the use of thematic analysis is the lack of analysis, in favour of themes. By focussing on establishing themes, the actual analysis may suffer, and no clear results may be found other than the presence of themes. The second pitfall identified is the usage of pre-present themes, such as the subject of interview questions, rather than emerging themes from the data. By doing so, one would not carry out any analytical work, and completely forego the goal of thematic analysis.

Further pitfalls in analysis are the use of an unconvincing analysis, where while themes have been identified they do not hold up against scrutiny, and a mismatch between the data and the claims stemming from it. These pitfalls are common in data analysis, not just in thematic analysis. While it is easy to say that of course, our analysis needs to be good, it is prudent to keep in mind that just applying our methods does not ensure quality analysis. As researchers we ourselves need to be critical too, and remain critical of the data we gather and our own analysis.

In sum, our coding will be aimed towards a clear fitting in the theoretical framework, approaching the data in documents and from interviews interpretatively. Considering that the framework we present above is not well-known and broadly applied on-purpose, we do not expect our data to show specifically how applicable the framework is, and whether HR managers in healthcare fit our framework on paper. By allowing flexibility in our coding for interpretation, we expect to see clear indicators that the framework for crisis management is shown here, and aim to see how HR managers fulfilled in crisis management, and what role they filled at all.

ANALYSIS OF THE DATA

All gathered data was analysed by the researcher using coding features provided in NVivo 12. The Nvivo12 license was provided by Utrecht University. Transcripts of the interviews were uploaded into Nvivo12 and classified per case. Further categorisation of the data was minimised as the distinction between respondents was not desired. Open coding was used at the start of data analysis, and in keeping with the concept of Thematic Coding, themes were allowed to present themselves throughout the data rather than forcing them onto the data from the theoretical framework. This resulted in a broad selection of themes arising from the data. The code tree is presented in Appendix C.

In the initial coding of the first interviews most themes were established. Here we regarded the relevance and prevalence of all themes presented, and in later interviews not all themes were considered for analysis. Initially, we reviewed the saliency of the themes themselves. Is the presence of this theme actually supported by the data? Is the theme fitting for the research? Is the theme not still too similar to another theme? These questions guided us in reviewing themes on themselves. Themes like 'Background' were present in all interviews, but overall held little relevance for our research, and as such where not largely considered when analysing our data. Some codes were adjusted in the course of analysis to better fit the themes they represented, such as changing the code 'Changes due to the crisis' to 'changes during the crisis' within the category HR-role fulfilment when

it became apparent that the pandemic was not the unequivocal source of many changes in role behaviour. Further codes were added to the existing categories when needed, or merged if the codes offered a distinction without a difference.

After coding all data was reviewed and the coding was analysed to ensure the application of analysis of the data, rather than the pure establishment of themes. Partially this was done during the initial coding by reducing the number of themes coded for after establishing the emergent themes in the first few interviews. By coding for themes already established rather than attempting to establish a growing list of themes, the results provide us with ana analysis that is useful for both the individual interviews and separate cases. The thematic structure emerging from the coding did follow the established crisis cycle per the model of Coombs (2007), which is in line with the structure followed in the topic lists. Further emerging themes such as 'Role Fulfilment' also lend themselves strongly to the application of sub-themes, which were identified broadly across the data. The final assessment of all data led to the overall result overview and analysis.

RESULTS

The obtained data was analysed using thematic analyses techniques. The data was structured primarily using the Phasic Crisis Cycle Model, following the experience of respondents through the time-bound phases of the crisis as described by Coombs (2007). Respondents offered introductionary remarks first in order to give an idea of their general position within their organisations, and their involvements with HR-practices. The desccribed experiences and actions where analysed in the context of the typology presented in the Crisis Cycle as described by Mitroff et al., using the phases of the crisis in combination with the linear timeline of the crisis to obtain a clear image of the rolefulfillment of HR managers and departments during the crisis. The research was devided over two individual cases, describing two organisations, α and β. Respondents were assigned a codified moniker per organization, ranging from α1 to α7 for organisation α, and β1 to β7 for organization β. The numbers were assigned randomly among respondents within each organization, and care was taken to anonymise any identifying qualities in order to ensure the privacy of organisations and individuals. Respondents will only be referred to by their assigned moniker. Quotations by respondents were translate from Dutch to English by the author. Translations aimed to resemble the original remarks as closely as possible. Word choice was aimed at conveying the messages of the respondents as strongly as possible. Translations are per definition not verbatim. In order to ensure personal and organisational privacy, gender-neutral language was used for quotations. Altered text is indicated between brackets.

CASE 1: ORGANISATION α

CRISIS MANAGEMENT

The Crisis Management in organisation α is multi-facetted. The main observations on crisis management are that it consist of two separate takes on the problem. First there is the approach of 'who'. The who at organisation α concerns everyone who is involved in crisis management in general. One respondent (α2) is the dedicated crisis-coordinator next to their other roles within the organisation, taking charge during the occurrence of any crisis.

'I'm not the crisis coordinator… That would be α2, our director Living and Wellbeing. […] [They are] the head of organisational security. [They] coordinate that. My task, that means that [they have] a larger responsibility in a crisis situation than [they] normally would as director. [They] can also overrule the board of directors.' - α1

The role of crisis coordinator is broad within organization α. Besides the coordination within a crisis, α2 indicates that part of their responsibilities is preparation as well. All respondents indicate their awareness with a Crisis Plan or Care Continuity Plan (CCP). This is a large, overarching plan for the continued provision of care for their clients in a crisis, consisting of varying plans for different forms of crisis. The CCP is in place primarily to guarantee healthcare regardless of what crisis Organisation α is facing. In making the CCP, it was important for organization α to be able to get to crisis management in practice as soon as a crisis came into effect. For several scenarios, a plan was made that would ensure care and provide a template for action. Among these scenario's was the outbreak of a contagious disease that infected both employees and clients, which was later used as a template for the COVID-19 pandemic.

'We used a playbook before, for the Mexican Flue, which we also used here, and the playbook is of course aimed at infectious diseases. That can be anything of course, whether it is Mexican Flue or Corona, we had a whole playbook ready, and the playbook was of course not fully applicable to Corona, but overall, we could use 80% of it.' - α2

Besides these preparations, the 'who' in crisis management was also one of the first steps in the 'how'. Organisation α immediately formed a Crisis Team to combat the pandemic in early March 2020, which all respondents considered a logical step. Multiple respondents indicated their swift identification of the need for a Crisis Team, and the formation of that team within a day. The Crisis Management team consisted of the chairperson, all directors of the organisation, the secretary of the board, a medical doctor specialised in infectious disease, and the Case Manager Absenteeism (CMA). The inclusion of these members was in part based on previously existing plans for the Crisis Team, with any form of it containing all directors for instance.

The CMA represented the organisation's HR management in this case. This choice was in large parts because Organisation α was lacking an actual HR manager during that time to take up this position. One respondent indicated that in a normal situation the HR manager would have certainly had a spot on the Crisis Team, and all respondents indicated that there is an important place for the HR manager within the Crisis Team. Organisation α remedied this by promoting an interim project manager to interim HR manager for the duration of the pandemic, but this decision came after the formation of the crisis team. It was decided to continue the crisis team with the CMA onboard, who worked closely with the interim HR manager for the duration of the crisis. The choice to add the CMA to the crisis team was further guided by the problems foreseen in the crisis by α2 and α7 when forming the Crisis Team. In accordance with the established CCP for a large-scale health crisis, not only clients but also employees were expected to suffer the effects of the pandemic.

Employees were expected to become sick and take leave from their work at the same rate as clients were, and perhaps even more considering their exposure to the outside world, while clients remained relatively confined to the care facilities. As mentioned, the highest priority in crisis is the continuation of healthcare. In order to continue to provide healthcare Organisation α was faced with the need for available personnel under the duress of the crisis. All respondents indicated that they saw the

possibility of going below the required number of available hands as very real. The work of the CMA is focussed on handling absenteeism, both in managing the absenteeism in the moment and in managing the swift recovery of employees to get them back on the work floor. This combination of duties made the choice for the CMA natural in the eyes of others.

'Well [the motives to involve the CMA] were clear, because everyone could become sick, so if we were to lose a lot of employees because everyone became sick, we would have a healthcare continuity problem, an occupational problem' – α7

'We chose to add the CMA to the Crisis Team with the idea that not just clients could get sick, but also our employees, and that especially employees would have many questions… The CMA played a large role in answering these questions' - α1

ROLE FULFILMENT

The role fulfillment of the HR manager, and the HRM-department at large, focussed primarily on the continuation of healthcare through the pandemic. In organisation α, this was attempted through various means. The first among them was a conscious effort to remove uncertainty. Uncertainty among employees was described by all respondents as one of the main challenges to the organisational HR management during the crisis, and was high through a combination of circumstances. The COVID-19 pandemic is described among respondents as a large unknown entity, with almost no certainty in anything regarding its handling, duration, or consequences. This had its effect on employees, leading to many questions that needed answers, such as working after contact with infected individuals or the availability of protective gear. This management of uncertainty swiftly became top priority for the HR-department of organisation α. Thus, early in the pandemic two roles crystalised for the HR management: Communicator and caretaker for employees. To fulfil these roles the HR-department underwent a large change in the way it operated, undergoing a change from a largely administrative service to active business partners during the pandemic.

Besides ensuring the continuation of care during the crisis, all non-HR respondents indicate that the CMA also had an important role in the communication concerning the management of uncertainty throughout the organisation in their HR-management capacity. Here, communication was perceived as a two-way street: the CMA communicated the steps taken by the Crisis Team with employees, while also providing the Crisis Team with information on employees. This stream of information was considered important for the decision making by the crisis team, as the CMA provided an ear to the ground while other 'office' personnel was forced to work from home, thus losing contact with their front-line employees. This communicator-role served to lower the uncertainty on both ends.

As described above, the actual position of HR manager in organisation α was vacant at the start of the crisis. This was remedied in Organisation α by promoting an interim project manager. This project manager was at first concerned with implementing the digitalisation of the personnel administration in organisation α, a task described as the first step towards changing the role the HR-department had. This mission changed into a mission to realign the HR-department into a client-oriented business partner for the rest of the organisation rather than an administrative block. The interim HR manager thus took up the role of change manager as well as communicator and caretaker for employees. One respondent described HR as a 'paper tiger' pre-crisis, while many respondents felt that the HR-department had shifted gears and become a much more valuable partner for the organisation during

the pandemic. This was also described by the HR-manager, who considered the backdrop of the pandemic an easy step-up for this transformation.

'They've given a deeper fulfilment, and while the advice role and supporting role used to be in the background, those have become their foremost task' – α1

While this transformation is broadly acknowledged among respondents, the visibility of HR was considered in parts to be lacking. This was partially attributed to their own transformation taking up time as well, and partially to the overall lack of interaction in the pandemic. This lack of visisbilty is however attributed to the HR-employees, rather than the HR-manager and CMA, who were both strong presences during the pandemic, and especially the presence of the CMA as a point of contact was hailed as both a strength on their part, and an important part of the handling of the crisis. The role of information provider and caregiver taken up by the HR management here are generally observed as a strong aspect of the overall crisis management for organisation α by respondents.

The shift in the way the HRM-department operated during the crisis was received positively by all respondents. All respondents clearly indicated that heightened visibility and presence were a necessity for HR during the crisis, but also outside of the pandemic. The transformation was according to respondents, already underway before the crisis. The shift in administrative system was the first step in the shift away from the 'paper tiger' operations. This change also meant a shift in the way personnel functioned, and in the type of employees Organisation α looks for in their HR-department. The employees have become more educated, experienced, and engaged with the organisation. This shift in attitude is in large part attributed to the way the HR-manager filled their role during the pandemic. The goal of the interim HR manager was to build a new type of HR-department, and many respondents consider this the first step in the new path for the HR department.

'Before, a number of tasks were secondary, and they have become primary tasks' - α1

'Do you expect that to change back again?' – AH

'No, we are keeping it this way. We like it, it's just right.' – α1

While the shift in HR-functioning is not necessarily attributed to the crisis itself, with some describing the pandemic as not even a catalyst for the changes made, one important shift has been observed. The manner in which the role of HR-manger was fulfilled was praised among respondents, and indicated to have been a guiding force for that role in the future. The interim HR-manager will leave Organisation α soon. Organisation α is looking for someone proactive and resolute to continue their HR-department down the path it has taken the past year. This is in line with the perception of that role fulfilment during the pandemic, and also a departure from the previous way in which this role was filled. Respondents indicate that the pandemic was not the reason for this shift in role fulfilment, but did strongly show the benefits and necessity of pro-active role fulfilment by their HR-manager.

'Yes, yes I think so, I mean [they] built the department up to what it is now, not just regarding technical HRM, but also when it comes to cooperation and ethos. That is also important of course. And they really worked on it.' – α2

'What that means is, we are now looking for a permanent successor for [them], and that means that what is clear, is that you need someone proactive again, someone with ideas, and that needs to be there in this kind of situations' - α1

CASE 2: ORGANISATION β

CRISIS MANAGEMENT

Organisation β encountered a multitude of crisis-management challenges. While all respondents indicate that the pandemic was primarily paired with a high degree of uncertainty concerning the day-to-day operations, the use of personal protectional gear, and the shelter-in-place orders, all respondents do indicate that on an organisational level, swift and decisive action was taken to attempt to create clarity for employees. Organisation β benefitted from the use of pre-existing crisis plans made for other scenarios, taking bits and pieces to combat the new crisis. General crisis preparation is given a large share of the attention in Organisation β, with active crisis training in short cycles as well as a broader effort to keep its crisis planning up to date marking the organisation. The crisis management plans are ingrained in this organisation, and quickly adapted when the situation calls for it.

 No crisis plan existed for a pandemic, underlining the uniqueness of the crisis. Part of this uniqueness was indicated to stem not only from the large amount of uncertainty compared to other crises, but also its size compared to other crises. The pandemic lasts longer than any crisis previously planned for, with most being short-lived crises such as fires. This has influenced the nature of crisis preparation as well, in the sense that respondents indicated that they had for instance never practiced crisis management in a pandemic, while regional, annual practice for other types of crises is considered normal within the organisation.

'Everything really, so I can be really clear on that. We have a crisis plan for the entire Organisation β. Besides that, every region has their own crisis plan, which matches that.' – β3

'We test that policy in the 'cold' phase, by doing annual training exercises within Organisation β, these training sessions are always under an external party, who present us with a crisis case […]. Besides annual training sessions we also train our people annually, both in participating in the crisis team as for the specific role of 'logger and plotter'.' – β1

At the start of the crisis, the general management was supplanted by the crisis management team of the organisation, in line with the concern-level crisis plan. Respondents indicate that this meant that all day-to-day business was primarily aimed at crisis management. All respondents on the concern level indicate a clear shift into their crisis management positions, shifting the focus to the crisis at hand. This includes the concern-level HR manager, who indicates the dropping of all non-crisis related duties to ensure the orderly day-to-day operations. In line with other respondents, all HR personnel indicate that their main challenges were twofold. First on the organisational level was the concern for care continuity. As a healthcare provider, organisation β was primarily concerned with ensuring their clients received the necessary care at all times. Second was the high degree of uncertainty among the workforces. All respondents clearly indicate that clarity was whole absent at the start of the crisis. This is attributed to a variety of factors, ranging from the unknown nature of the crisis to a lack of government information available. This uncertainty also led to feelings of insecurity, and concerns for

employee wellbeing at large. Here, HR respondents indicate that the role of caretaker for employee wellbeing, as well as information provider became their main roles.

'Yes I think so. The continuation of care and the safety of your people, the wellbeing of the people. That is, those are the three priorities.' – β2

'There were two. First was the continuity of staffing. […] The second aspect was safety.' – β1

'The greatest challenge was, well it never became really large, but the greatest fear was that the pressure on continuity would become extreme.' – β4

ROLE FULFILMENT

All HR-respondents indicate that their first steps in the crisis were to abandon most regular duties in favour of the challenges faced in the crisis. On a concern level, this resulted in the halting of the overarching HR-strategy agenda, while regionally HR business partners were primarily concerned with supporting regional management. On the concern level, the HR management was primarily concerned with policy decisions concerning HRM. Policy for the challenges of the current crisis were aimed at the specific challenges faced; sickness among employees, continuation of healthcare, and use of protective gear were all areas that needed clear policy across the entire organisation. Here the HR management thus took up the role of crisis policy maker. While the pandemic was not in full swing at the start, there was a certainty among respondents that the impact would be long lasting. Thus, it would be necessary to clearly establish policy and guidelines.

'All themes from our HR-strategy plan, yes those disappeared into the background, you weren't concerned with that. Well, it's just living from day-to-day, and making sure the staffing is complete, and that the calm in the organisation is somewhat maintained.' – β6

Besides policy, a main concern became the wellbeing of the employees in Organisation β. All respondents indicated that they viewed the wellbeing of employees as the main concern of the HR department in general, and that HR departments have a duty of care towards all employees, harkening back to the caretaker-role. This was elaborated upon to mean that while the employees provide care for the clients, it was the concern of the HR department to provide for the wellbeing of employees. In the crisis, this consisted of two main tasks according to the HR employees interviewed; providing information and providing a place where concerns could be shared. The HR-personnel aimed to reduce the uncertainty among employees by establishing a Q&A available to all employees, where the answers to a large variety of questions were readily available. This Q&A was aimed at giving answers to the most basic insecurities, such as the use of personal protective gear, and to keep the insecurities contained and short-lived. By having readymade answers, HR management aimed to shorten the duration of insecurity, as well as freeing their own time to attend to other aspects of crisis management instead of being buried under unanswered questions. This Q&A was utilised to great extend among employees, with one respondent even indicating they had not realised how much of a handhold it had become for employees until witnessing the commotion when an updated version was published.

Within the HR-structure of Organisation β the need to ensure the wellbeing of employees was recognised as the main tool to ensure healthcare continuity, both on the onset of the crisis, and long-

term. While the wellbeing of employees was difficult to guarantee according to respondents, the willingness to hear employees on one hand, and the effort taken to communicate what happened in both the organisation and across the country with employees on the other was positively regarded throughout the organisation. All respondents indicated either positive reception of their actions concerning HR management, or having a positive view of the actions taken by the organisational HR management during the crisis. This positive review was a strengthening factor for our respondents, with many indicating that the pandemic had asked much of them with regards to effort, time, and energy.

'I'm happy with my own work. I think I did well. I felt appreciated by my colleagues as well.' – β7

'I think so. I think they did everything they had to do and they could do.' – β3

An important observation within organisation β is the quick normalisation of work during the crisis. Many respondents indicate that while the first months of the COVID-19 pandemic were a difficult period marked by a lot of uncertainty, there came a turning point where crisis management was well established. From there the day-to-day operations continued as best they could. In this period the HR management focussed mostly on keeping the workforce and concern-level management informed, keeping a firm grasp on their communications role. The focus shift from getting the crisis organisation on the rails to maintaining day-to-day operations allowed some breathing room among HR personnel, which in turn allowed for interim review of the crisis management measures. There was an established continuous effort to maintain the most up-to-date crisis management measures while looking for ways to ensure wellbeing and certainty for employees. Within the different regions of Organisation β, the HR business partners aimed to support their directors as well as they could, providing information and advice on how to handle specific situations. The HR management shifted in this time from direct action on crisis management to a supportive role throughout the organisation. This role fulfilment is in line with the view on HR management across HR personnel that HR has a place as the supportive conscious of the organisation, and should act in a caretaker-role towards other aspects of the organisation.

While many respondents indicate that most regular duties were abandoned in favour of crisis management at the start of the crisis, among HR personnel, the fulfilment of the HR roles was not considered a deviation of their core business. HR roles were observed to be fulfilled in much the same way as before the pandemic, with only the emphasis on certain actions shifting, and an increase in intensity of those actions. Respondents indicated that, when asked to consider their role fulfilment in the past 15 months, they had never felt like they strayed far outside of their role. HR management is about people, is the broadly echoed sentiment, and their actions had always centred around people during the COVID-19 pandemic. The shifts in role fulfilment had been in the 'how', and not in the 'what' of HR management. This shift, while experienced as intense, and at times stressful, is widely regarded as a learning experience among respondents. All respondents indicate that the pandemic has given them broader perspective on their role fulfilment.

Further speculation on the future of their role revealed that the regular challenges of HR management in healthcare had not subsided. All respondents indicated the increasing labour scarcity in healthcare in the Netherlands as the prime challenge to HR in the near future. This challenge is in line with the continuity of healthcare that needed to be ensured during the pandemic. Many respondents indicated that the pandemic had put a temporary stop to the high turnover in the healthcare sector as many opted to stay to combat the crisis. This, in turn, is predicted by some respondents to be soon met with

a reversal; as the breathing room increases many will turn elsewhere again, and the turnover will greatly increase in the short term. The lessons learned during the pandemic do offer insight in how to combat these challenges. Many respondents indicate that the increase in closeness to other employees thanks to the common goal of beating this crisis has given them insight in what needs to change for the organisation to become a more attractive employer, and to retain more employees in general. Here all respondents agree that this is one of the top concerns of the HR department for the future. Here the HR department should become a guide in employee retention to the rest of the organisation was the sentiment.

'What's going to happen when the world opens up? Will we be dealing with higher turnover again, and how will we manage that? […] People worked really hard and were committed. Almost no vacation, and now everyone is taking vacation again. I just hope it will be alright. I can imagine people worked under high pressure and will feel the hit now they have some breathing room again.' – β7

'Make sure you have attention. That's an important one you take with you from the pandemic, and that you can learn from, we had that attention then, let's keep that up.' – β6

A final challenge ahead of the HR department is more short term. Here the focus of the HR department will be on the return to work in the waning days of the pandemic. While many hope for a return to normal, all respondents agree that there is no way back to the way we worked before the COVID-19 pandemic. While the care providing side of Organisation β will largely continue to provide that care as they always have, the hybridisation of work has been acknowledged as a large and irreversible shift. The hybridisation of work has been acknowledged as double-edged; while it has its advantages, the human connection is missed in many instances. While this is felt across respondents, many indicate that the lack of human connection is only partial, and weighs up to the negatives of always wanting direct contact, such as six-hour travel times for 2-hour meetings. An important observation is the positive effect work from home can have on employees, with a collective agreement among respondents that, while no one has a desire to always work from home, they cannot imagine a world where people will be at the office for five days a week in anymore. Initial concerns with work-from-home situations, such as low productivity, were thoroughly debunked, and when asked all respondents indicated that they believed this is the way to work in the future, and that Organisation β would be considering partially working from home the standard. This transition to 'new work' would create a change-manager role for the HR department in the future. This change would be double-edged as well, focussing on one hand on employees and their comfort in work, and on the organisation and its new style of employment on the other.

'I don't know if it's <u>the</u> challenge, but within Organisation β there is a challenge to find the right way to work in the new hybrid way. I think there's still people who think we will return to how everything was, how we always did it. Even though the organisation no longer thinks that is how we should do it.' – β3

'In the past we would have thought; no, that's not possible. Digital meetings? That's what they do at large multinationals, not in a healthcare organisation. Well, we can do it too.' – β6

The aim of this research was to gain insight into the role of HR managers during a crisis, by answering the specific question 'What is the strategic role of HR managers in crisis management in the Dutch healthcare sector?'. Therefore, we aimed to gain insight into crisis management within the Dutch healthcare sector on one hand, and the role fulfilment of HR managers within these organisations on the other. We will discuss the limitations of the research before moving to the discussion of the results themselves. Because of our two-case approach, we find it prudent to discuss first the above cases separately, before drawing our comparisons.

CASE 1

CRISIS MANAGEMENT

In Case 1, we see a clear connection to the organisational crisis management applied and our theoretical framework. Organisation α is a highly prepared organisation when it comes to the management of a crisis, having in place a vast system of crisis planning, as well as a clearly established crisis management hierarchy. This is contrary to the notion of Brown (2019) that in general organisations are under prepared for crises, but aligns with the view presented by Jankelová et al. (2021) that healthcare organisations by nature are more prepared for a crisis. This relative greater preparedness is implied by respondents of organisation α to be the result of the need to continue the provision of care independent of a crisis. This implies that the consideration of crisis management planning stems in part from the goal of an organisation. Commercial organisations that lack crisis organisation appear to do so because a crisis is not consequential for their goals fulfilment, pushing them in a reactionary direction. For healthcare, to ensure those in need of it receive care, all respondents indicate that it is necessary to be proactive. We can thus establish the tentative link between the quality of crisis management and the degree of proactiveness therein.

We find that the overlap in phases of the crisis and actions taken during the crisis aligns with the concept of the Phasic Crisis Management Cycle. We find that the crisis is not neatly ordered in practice, and this experience is shared among respondents. We find this to be in line with the model of crisis management by Mitroff et al. (1987). Many specific steps in crisis management were undertaken, and while the phases for crisis management were distinct, the active crisis management steps were not bound to any specific phase. This same observation can be made for the model of a crisis-in-time as presented by Coombs (2007). Again, the phases of a crisis in time were distinguishable by respondents, but during the crisis they were observed to clearly overlap and intermingle. This lack of distinction in phases-in-time, combined with the clear presence of the phases of crisis management as presented by Mitroff et al., strengthens our own interpretation of the crisis management model in the Phasic Crisis Management Cycle (Fig. 2). We thus find support for our integrated model based on our observations in this case. The implication that an integrated model has merit to it point us towards further research into its application. We find that the observations in this research point towards a justification into further theoretical and practical application of our Phasic Crisis Management model.

HR ROLE FULFILMENT IN ORGANISATION ALPHA

We find that HR management did have a seat at the table in crisis management in Organisation α. Many respondents indicate an active involvement of the CMA during the pandemic, in contrast to the general practical experience by e.g., Aghahosseini, Dolatabadi, & Nilipoor, (2017). As such, we find that the HR manager within Organisation α did take up an active role in crisis management in combination with the CMA during the crisis. The management behaviours are in line with the theoretical role fulfilment as presented by Vardarlıer (2016); a strong pillar within the organisation that ensures the wellbeing of the employees, and stymies the decline of human capital in the organisation. This implicates that the strategic HR management in this case is ahead of HR management in the general sense (e.g., Brown, 2019), but is also ahead of other healthcare cases such as described by Dirani et al. (2020). This is again largely prescribed as the result of proactive attitude towards crisis management in Organisation α, and again we find that key to the proper application of strategic HR management is a proactive stance.

We find many of the behaviours of HR managers in crises discussed in Table 1 were recognisable within Organisation α, such as Information Sharing, Active Contact, and Establishing communication. The focus on these behaviours came after the initial steps in crisis management were taken to ensure the organisation could continue its day-to-day operations, suggesting again that this was the primary concern of the organisation. Leadership Guidance was found mostly in providing information to the leaders of the organisation to allow for informed decisions, rather than the direct guidance and training for handling of a crisis as described by Wooten & James, 2008. This can be attributed to temporary nature of the position of the HR manager within Organisation α at that point in time, as well as the desired role fulfilment within the organisation. Respondents indicate that the role of HR manager should be aimed towards employees more than management during a crisis, and that this is how the role was filled during the COVID-19 pandemic.

We find that this softer guidance was more appreciated than a harder, more direct approach would have been. This is in our observation linked to where the priorities lie in times of crisis. Managers prioritised the continuation of care, and not their own knowledge of crisis management. This suggests that if included, the training of crisis skills should be a focal point for strategic HR management outside of a crisis, but is not necessarily part of the strategic role fulfilment during a crisis. While this contrast with our findings in literature, adding crisis management training to the strategic portfolio of HR management outside of a crisis can add to the connectedness and proactive stance on crisis of the HR manager, strengthening their strategic role within the organisation.

We find that while there was no role for the HR manager in crisis planning pre the COVID-19 pandemic, aligning Organisation α with the organisational tendencies described by Wang, Hutchins & Garavan (2009), the HR manager was an integral part of the strategic management during the crisis for Organisation α. We find that the strategic niche of the HR manager is tied to communication and employee wellbeing. On the other hand, several crisis management roles were not observed, as the strategic role of the HR manager in Organisation α does not revolve around crisis planning and in-crisis management guidance. This narrows our theoretical answer to the question 'what is the strategic role of HR managers in crisis in the Dutch healthcare sector' significantly. We find mostly that the theoretical scope is much broader than the practical scope in Organisation α, as the caretaker and information-provider roles are much more aimed towards employees than to the broader

organisation. This observation supports the view that an employee focussed, proactive HR manager is both desired and functional in healthcare.

These findings diverge from theory that suggests a much broader role, which we can attribute to the overtly broad scope of the theory on one hand, which suggest a combination of all HR roles across sectors rather than specifying, while on the other hand perhaps being specific to this case. Organisation α is only one case, and while representative as on organisation for its type, the HR management in this organisation is not necessarily the same as for other organisations. This observation does however raise the question how this is viewed in other organisations, opening avenues for future research.

ROLE CHANGES IN CRISIS TIME

An important development in Organisation α during the pandemic was the shift in role fulfilment of the HRM-department. This change in role behaviour will be maintained by organisation α, having given new meaning to the role of HR manager and the HR department during the pandemic, but not because of it. The pandemic did however show that this manner of HR role fulfilment is desirable for Organisation α. The actively engaged, serviceable and customer-oriented HR manager is a profile that is greatly appreciated, and the role fulfilment during the pandemic has guided Organisation α in what they search for in their new HR manager. We find that the pandemic gave an opening for this new 'flavour' of HR to be immediately tested in a high-stakes situation, which suggests that testing of role fulfilment and reviews of role fulfilment of this kind are useful to an organisation. We find that the reviewing of strategic role fulfilment should be regular, and it would serve any organisation to regularly review what that role fulfilment is both in and out of crisis times.

CASE 2

CRISIS MANAGEMENT

In case 2 we discuss Organisation β and its crisis management during the COVID-19 pandemic. The crisis management in Organisation β has two levels: the overarching 'concern level', and the 'individual regional level'. While the individual regional crisis management was indicated to be largely in line with the concern-level, regional variants existed based on the type of care provided on that specific location, as well as past experiences with specific crises. While these differences were indicated by respondents, we did not find them consequential for the overall strategic role fulfilment of HR managers in Organisation β.

We find that Organisation β has a very strong position regarding crisis management, aligning with the view that healthcare organisations are generally more prepared for a crisis (Jankelová et al., 2021). Organisation β strengthens this notion again, which suggest again the merit of this observation from literature. All respondents indicate that crisis planning is a very important part of the organisation, and that they attempt to be prepared for any crisis. This is combined with the view that preparation time for a crisis is limited, and the only way to ensure a crisis is tackled from the start is to have these plans in place. We find that this crisis management planning is not part of the strategic portfolio of the HR management of Organisation β, as the crisis management is coordinated from a central point within Organisation β rather than being a task divided among several people. This behaviour as described in Table 1 is thus missing from the strategic HR role within the organisation. However, due

to its broad crisis planning, the HR manager is often involved in reviewing of plans, and it is clear that while not a main concern of the HR manager, their strategic input is valued. This implies that the scope of the strategic role in crisis planning is limited, but crisis management is not outside of the scope of the HR manager.

Organisation β, due to its geographical spread, was allowed a small 'detection' phase for the COVID-19 pandemic. This resulted in an accelerated adaptation of its crisis planning, putting the entire organisation on alert and putting the first steps of crisis management in place. The crisis management plans adapted followed the 'Mexican flue' blueprint established after that epidemic, and accelerated Organisation β into the in-crisis phase before the actual crisis hit them. This phase-overlap shows again the applicability of the Phasic Crisis Management Cycle -model. Organisation β was in-crisis before the crisis hit, and has returned to regular management instead of crisis management since April 2021, before the official ending of the pandemic. This last step flows from a broadly experienced return to normality across the organisation, as well as the re-establishing of normal day-to-day operations.

This overlap in phases as well as crisis management actions was broadly shared between respondents, as many remarked that while crisis preparation can be done, it is never on the forefront outside of a crisis. The extensive crisis preparation however did allow Organisation β to shift gears swiftly, blurring the line between the different phases of the crisis further. Organisation β is observed to have a comparatively 'holistic' approach to crisis management. The overall crisis management structure is focussed on care continuity, and everything is geared towards ensuring this. This means that in their crisis planning, Organisation β ensures that all parts are in place beforehand, and they are not pinned into specific pitfalls in crisis management that follow from unpreparedness (Wang and Hutchins, 2009).

This approach, and mostly its effectiveness, show how prevalent the Phasic Crisis Management Cycle-model is here as well. Organisation β aimed to tackle the general challenges of a crisis by ensuring its management of the crisis, their people, and their care provided all at once, showing an unconscious recognition of the overlapping nature of the phases of a crisis. Respondents shared the experience of overlapping actions and phases of the crisis, as intensity of the crisis waxed and waned, and for instance national-level safety measures varied greatly from time to time. This, combined with the preparation for future challenges already being underway illustrates the cyclical, yet overlapping of crises.

HR ROLE FULFILMENT IN ORGANISATION BETA

The HR management in Organisation β was generally split among the same lines as the crisis management into a concern level and regional level. While on the concern level this position was described as 'HR-manager', there was a distinction between HR business partners and 'Personnel and Organisation'-managers on a regional level. The strategic and policy-related decision making is put into the hands of the HR business partners on the regional level, putting them in the strategic role of HR manager. This was supported by their role as discussion partners for the concern-level HR manager and regional management, while 'P&O' managers were not concerned with strategy and only worked hands-on in their own departments. The division of HR management task thus fell to the concern-level HR manager, and the HR business partners.

On the concern level, the HR manager immediately took up a role in the crisis management team of Organisation β, in line with the optimal application of HR management according to Vardelier (2016). This was echoed on the regional level, with the HR business partners taking up a similar role in the regional crisis management teams. Within the crisis management teams, respondents indicate that the HR managers primarily took the role of caretaker for the employees. The respondents directly involved in HR management indicate that their main concerns were first the care continuity, and second the personal safety to employees.

We find that the first role the HR managers fell into was that of communicator. HR managers made it their priority to communicate with employees concerning what was going on across the organisation to ensure employee wellbeing. Further, HR business partners aimed to keep the concern-level organisation informed of what was going on in their specific regions. This helped the concern-level crisis organisation to keep engaged with employees, and to review their own crisis management measures and adjust them where necessary. These role behaviours align with the behaviours described in Table 1, and suggest the importance of the HR manager as a central point of communication in the organisation. These findings suggest that in order for the proper progression of crisis management in Organisation β, the HR managers filled an important strategic role by connecting the different aspects of the organisation internally. This role is often described in theory, and the practical example observed here strengthens the notion of a possible central strategic role for HR management in a crisis.

Another role taken by the HR management of Organisation β is the provision of that guidance to management. Respondents indicate that their primary tasks towards management were to provide a sparring partner on one hand, and to guide management as an 'organisational conscience' on the other. In taking this role the HR management also feels strengthened for the future. Sometimes more drastic steps were taken against the backdrop of the pandemic, which allowed HR management to empower itself for future drastic decisions. This guiding of leaders through a crisis aligns with the desired theoretical role for HR managers as well (e.g., Ahmadi et al., 2012; Vardarlıer, 2016), which shows the strength of the role fulfilment in Organisation β compared to the commonly encountered practical case. This suggest that the strategic role fulfilment in Organisation β is more towards the 'optimum' presented in theory. In Organisation β the strategic role of the HR manager aligns with the roles presented by Vardelier (2016), and the general positive attitude towards HR management during the crisis strengthens the idea that a broader, active role fulfilment is a necessity for strong performance during a crisis.

While we mention above the direct involvement of the HR manager in the crisis management team, and the conscious choice to involve HR management very directly, we will again emphasise the strategic role of the HR manager within Organisation β. Besides this direct involvement stemming from their informative function, HR management was directly involved in the strategic decision making by design within Organisation β. We find that the strategic HR role fulfilment in Organisation β aligns with the behaviours described in Table 1 broadly, with only crisis skill training, crisis skill maintenance, and crisis reviewing not prominently present in the role fulfilment within Organisation β. We find that his follows from the nature of crisis management in Organisation β, where the general planning is not part of the overall HRM portfolio.

The design of the crisis management teams does always involve HR as part of the decisions tree within the organisation, and all respondents indicate strong agreement with the application of HR management in this manner. This involvement also allowed the HR management to ensure a consistency in crisis measures taken across the organisation, as regular check-ups and intensive contact were common during the pandemic. The HR manager is described as one of many essential parts of the strategic decision making in a crisis for Organisation β. We find here that the appreciation of the HR management stems from their proactive take on the crisis, which suggests that proactive crisis management is key to successfully weathering a crisis. This is in line with theory presented by many (Vardarlıer, 2016; Mirzapour et al., 2019) , while also aligning with the view that healthcare needs to be proactive in its crisis management to be effective (Jankelová et al. 2021).

ROLE CHANGES IN CRISIS TIME

While we expected the role of the HR manager to change during the crisis, this was not the observation of respondents in Organisation β. Neither the HR manager nor the HR business partners took up duties they believed were outside of their scope of work, and this was corroborated by other respondents. We found that the intensification of work was felt strongly at the start of the pandemic, but waned as the crisis management became the normalised way of work. Respondents indicate that this intensification was a necessary part of crisis management, and that they expect work to become less intense in the months to come.

This lack of change in HR work in Organisation β suggests a general satisfaction with the role fulfilment of the HR management both during and pre-crisis. Respondents indicate that the HR department modernised their work comparatively recently, and that the current style of HR management was purposely designed. HR management in its design was an active partner within the organisation that is engaged with the workforce. This design is in line with recent developments we see in healthcare-HRM such as an increase in focus on mental wellbeing (McGregor & Doshi, 2015) and maintaining job-engagement and providing job-resources (Schaufeli & Bakker, 2004). These shifts in focus allowed the HR management of Organisation β to fulfil their roles without a major shift in perspective. the high engagement with other employees was regarded as a positive side effect of the crisis, and this feeling of engagement is something many respondents feel should be maintained. This suggests that while the strategic role fulfilment was of the desired form, higher HR engagement as part of that role fulfilment is desired. High engagement is part of the care-task of the HR manager described by many respondents, and we find that thee desire to maintain the increase engagement is in line with the desire to strengthen the care task.

COMPARING CASES

When it comes to role fulfilment of the HR manager between cases, we observe several interesting similarities. While the overall HR organisation between the cases is vastly different, we see that the role taken up by HR professionals is not so different at all. In both cases, the primary role of the HR manager, or those filling that role, is that of a communicator and caretaker. In both cases the role of the communicator is to facility the top-down communication of the organisational leadership with the workforce. This is in line with the theoretical role for HR managers in crisis times, showing the strength of properly used communication in combatting a crisis (Adam et al., 2020;Dirani et al., 2020; Abbas, 2021). The caretaker role was in both cases aimed at ensuring the wellbeing of employees throughout

the crisis. We find that ensuring the wellbeing of employees was considered important both in from a care for employees standpoint, and a healthcare continuation standpoint.

A second equivalence between cases is the focus of HR managers on the looming problems in care continuity. Both organisations put heavy focus on ensuring their workforce remained stable throughout the pandemic, and both offered emotional support and information regarding work safety to employees. In both organisations, absenteeism was kept low compared to national levels, for which both credit a strong engagement of their HR departments in their strategic role of caretaker. In both cases the availability of employees is also marked as the next big challenge after the pandemic. Both organisations have a desire to become a more attractive employer in the future with the goal of attracting more, and losing less employees. This challenge is marked as not specific to them in either organisation, but an issue in the entire healthcare sector (Hakanen, Bakker & Schaufeli, 2006; Giallonard, Wong & Iwasiw, 2010). This suggests that the comparative differences between the organisations do not diminish these kinds of problems.

The strategic role for the HR manager within both organisations was comparable despite their contrast. In both cases, the HR manager was deeply involved in the strategic decision making within the crisis organisation, leaning on the strategic role of information provider in both cases. In case 2 this role was observed not only on the concern level but regionally as well, showing the direct engagement of HR management with not just the overarching crisis management, but also the minutiae of day-to-day crisis management. This active involvement in strategic decision making was necessary according to respondents in both organisations, and highly valued in crisis review. This suggests an overall desire for the HR manager to be strategically involved in crisis management in these organisations, which links back to the theoretical idea that strong involvement of the HR manager is necessary for proper crisis management.

We find that in both organisations, a number of suggested roles for HR manager in crisis were not filled. In neither case the crisis planning was an explicit task of the HR manager, with both organisations relying on a dedicated crisis coordinator to do so. Further, both organisations pushed crisis training to periods outside of the crisis, and Organisation β explicitly did not consider it part of the role of their HR departments. This suggests that contrary to theory, healthcare organisations prefer for crisis management to be embedded in their organisations in a manner that is more specific and directly managed, rather than being a subset of the HR management role. This in turn narrows the theoretical scope of the strategic HR role in crisis management. The observation of this narrowed scope in both cases suggests that this is a common good in the Dutch healthcare, and the positive outcomes of this operationalisation of crisis management suggests that the HR role should not contain these parts of crisis management. The role behaviours of crisis planning, training, and skill maintenance are thus suggested to not necessarily be part of the best strategic role fulfilment of the HR manager.

Of course, contrast between cases was also present. The primary contrast exists in the role fulfilment of HR management before the pandemic. While in case 2 the HR management had a far more active and engaged role, the HR management in case 1 was an administrative partner before the crisis. This put the cases at opposite sides of our theoretical framework, where this split between practical and theoretical role is more often observed. However, the HR management role in case 1 underwent heavy changes in all aspects of their role, growing closer to the HR management in both our theoretical

optimum and case 2. In that regard we also observe that while in case 1 there were many shifts in the HR role fulfilment, case 2 is lacking these shifts. It is remarkable on one hand that the HR management in an organisation could not shift its role fulfilment in crisis, but this is on the other hand an attestation to the quality of the HR organisation of Organisation β. This suggests that the possibility of a shift in strategic role fulfilment is only necessary if that role fulfilment is not at the desirable point at the onset of a crisis. While this observation might sound obvious, changes in management roles are the order of the day in a crisis, and we value the observation that such changes do not appear to be necessary in every case.

We observe that there is comparatively little difference between our cases when it comes to the broad strokes of crisis management and the strategic role of the HR manager therein. This we can partially attribute to the commonality of the sector these cases take place in. As both cases concern a long-term care provider, it is unlikely that the role of HR manager would be vastly different between them. Further, the role as fulfilled in both cases is in line with the theoretically appropriate role fulfilment as established in chapter 3. While we did not expect this to be the case based on the observations of others in the field, it should perhaps not be surprising that two cases where the crisis management was positively regarded throughout the organisation also applied their HR management in a theoretically favourable manner.

VIEW ON RESEARCH EXPECTATIONS

In chapter 3 we established a number of expectations for our research based on our theoretical observations:

1. HRM in Dutch healthcare is in line with examples from literature and practice: HR managers are not engaged to their fullest potential.
2. The role of the HR manager in the Dutch healthcare sector has changed from before the crisis out of necessity.
3. HR managers will revert to their original duties after the pandemic.

Expectation 1 is wholly untrue for case 2, and partially for case 1. In case 2, the HR manager was fully engaged and has a large role in the strategic direction of the organisation. In case 1, the HR manager was not engaged before the crisis, as expected. However, the role of the HR manager changed substantially during the pandemic, and as such expectation 1 is no longer applicable to case 1.

Expectation 2 did not hold for either case. In case 1 the role of the HR manager shifted drastically, but respondents indicate that this was not result of the crisis, and that the crisis had little part in their decision to change this role. In case 2, the role of HR manager underwent very little change at all, with only the postponement of the strategic HR agenda necessarily happening as a result of the crisis. Further, our observations suggest that when the strategic role fulfilment of the HR manager is at a point that is desirable, change in role behaviour is not necessary at all.

Expectation 3 did not hold for case 1. The role of the HR manager changed drastically, and many respondents within the organisation indicate that this is a positive change, and that the organisation aims to keep these changes for the future. This is interlocked with the broader shifts in HR role fulfilment within Organisation α, as it shift away from an administrative partner and into a strategic partner. In case 2, there is little to revert to as respondents indicate that their duties did not shift away

from their pre-crisis scope. While crisis duties will be put down again, the HR management within Organisation β indicates to large carry on from where they are.

While none of our expectations with concern to the strategic role of the HR manager rang true in the end, we must consider that these are individual cases and not necessarily representative of the Dutch healthcare sector as a whole. The alignment between our cases does offer a solid basis for further research, establishing a position from which to start. This research offers us the perspective that the role of the HR manager is more wholly in line with the optimal presented in theory than in the observations in previous research. This suggests that there has been an evolution in healthcare HRM in the recent past, and we are interested in the current state of the strategic role of the HR manager. We also feel that the topic warrants broader research in the Dutch healthcare sector due to the large variety of healthcare provided in the Netherlands, and insight into only two cases merely lifts a tip of the veil.

LIMITATIONS AND SUGGESTIONS FOR FURHTER RESEARCH

As with any research, we ran into a number of limitations when conducting ours. Primarily, this research is limited in its representative qualities of the Dutch healthcare sector as a case study into two specific cases. While deliberate care was taken to choose two representative cases, care should be taken not to generalise the results to a large degree. While representative cases in healthcare should largely cover ground for any instance of comparable healthcare organisations, the Dutch healthcare sector is non-monolithic due to vast differences in clients and culture between healthcare facilities. The cases studied are representative within their own classifications, but their experiences are not necessarily shared among other healthcare facilities within that classification.

Further limitations within the research stem from the limited scope and data availability. The research focus was consciously put towards the perspective of HR managers and other leadership-positions within the studied cases, both limiting the scope of the research and the available respondents. While an effort was made to interview as many people as possible, the limiting scope, in combination with the limited variety in perspective, resulted in a scope of 7 interviews per organisation. While the researcher feels that these interviews gave the required information on both cases, there is undoubtedly more information to be gained. For case 2 this was somewhat remedied by providing documentation on crisis management as well, while these documents were not provided for case 1.

The overall scope of the research is thus limited, placing the research into an explorative context within the literature on HR- and crisis management. The researcher does feel that this meets the goal of the research in providing the first steps towards a larger, more concentrated effort to gain understanding of the subject, rather than aiming to the definitive work on the matter.

As mentioned above, we believe that not just the literature on HR management and crisis management would benefit from more extensive research on this topic, but the practical application of Human Resource Management in the Dutch healthcare sector would as well. Future research should be focussed primarily on creating a clear picture of the current role of the HR manager within the Dutch healthcare sector. This research offers a first glimpse into the roles of HR management, both in general and in crisis time, and a broader view of that role fulfilment is the first step towards a complete and comprehensive overview.

Further research can be conducted into the in-crisis role fulfilment, primarily into the variety of roles encountered during the COVID-19 pandemic. The studied cases provide some insight into what roles the HR manager fulfilled, but they are a small selection of the healthcare sector, and we cannot expect these cases to tell the whole story. By looking into a broader selection of healthcare organisations, a clear picture of the role of HR managers in crises could be established and serve as the overall basis for HR role fulfilment theory. Establishing a theoretical framework for HR role fulfilment can serve the healthcare sector at large by serving as a template for the application of HR management in times of crisis.

We also observe two limitations that lead to further suggested avenues of research. First, we have not gained insight into the role of the HR management in an organisation with a failed crisis management. While we could not have aimed for this at the start of the research, the contrast between an organisation that did well and one that did not would be interesting in order to increase the depth of the research into HR role fulfilment.

Second, both studied cases can be deepened from the current research. In both cases, a conscious effort was made to observe HR management from an internal standpoint, by interviewing those directly involved in HR management, or to research the viewpoint of the organisational management. This scope does not include for instance the employee perspective on the HR manager. This view was chosen to gain insight into the decision-making process in crisis times independently of employee opinion, but the employee reception of HR actions is certainly of interest for HR role fulfilment. By looking at the employee perspective next to the management perspective, both cases can become a more comprehensive study of the crisis management for these organisations, and future research would do well to consider this perspective as well.

CONCLUSION

The main question of this research is 'What is the strategic role of HR managers in crisis management in the Dutch healthcare sector?'. In answering that question, we hoped to gain insight into the role HR departments and managers filled during the crisis, how HRM departments positioned themselves with regard to management and employees in their organisations, and how HR departments see the future now that they have obtained a crisis management perspective.

The answer to that question is not simple. The strategic role of the HR manager is broad, with a multitude of roles filled during the pandemic, and each of a broad strategic importance within the observed cases. The HR manager has taken up the role of communicator, facilitator, caretaker, sparring partner, and others. Each of these roles had its own strategic importance, allowing the HR manager to give input into the decision making within their respective crisis teams, as well as facilitating others in doing so. We find that the role of caretaker with regard to employees became of vital strategic importance to ensure the continuity of healthcare, which is the primary goal of both observed cases. HR departments and employees positioned themselves as important partners to management and look to the future by taking the lessons learned in the pandemic with them, turning the crisis experience into a springboard towards their next challenges.

An important conclusion is that the HR manager has an extensive strategic role within the Dutch healthcare sector in our observation. From our theoretical framework we see that this is not necessarily true across the global or national healthcare sectors. Further, our research suggests that the theoretical scope of the strategic role of the HR manager may be overfull, and that the desired optimal strategic role fulfilment in crisis management for the HR manager is more limited than theoretically suggested.

Our research suggests that the proper strategic application of HR management in Dutch healthcare instead of a more practical or administrative application may be key to a strong crisis management, and lead to a stronger application of strategic HR management in the future to tackle the challenges post the pandemic.

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> *It snows between us,*
>
> *Please find sweet in bittersweet,*
>
> *Fare well, my dear friend.*

Main approach: TO gain insight into the role HR managers fulfilled during the COVID-pandemic, we aim to get to know what roles were taken on in the pre-, in-, and post-crisis phases of the pandemic. To do so we take the interviewee through the same stages of crisis management, asking questions that follow the phases of crisis management as per the model in theoretical framework. Here it is important to keep confined to the activities of the HR manager. The pandemic, as any crisis, is an emotional affair and is sure to call forth a lot of pent-up emotion. For the interviewer it is important to find a balance in allowing the interviewee to vent, and keeping the focus internal, towards a manager's own actions during the crisis.

Topic list: *Pre-crisis situation, in-crisis situation, post-crisis situation, HR-challenges, communication, training, motivation, assessments, crisis management plan, administration.*

Interview Protocol

Introduction *(5 min.)*

Pre-recording: Hello, and thank you for being here. Is it OK if this interview is recorded? Is it OK if your name is mentioned, and if the organisation you belong to is mentioned?

If we speak live, the recording will be a voice recording using a simple recording device. If we speak on-line via video-call the question will apply to recording the call, including video-screen. We will offer the interviewee the opportunity to turn off their video and not show their face, or for a different type of recording to be used to preserve face-to-face contact.

Recording: Interview #, interview with X, *position*[1] at *Organisation*[2] by Jan Jurre Harsveld van der Veen. Hello X, and welcome. We are conducting this interview with the goal of learning about what role you as an HR manager fulfilled in the crisis management of your organisation with the COVID-19 pandemic as context. HR managers can fulfil a vital role in crisis management in any organisation, and we hope to learn from your first-hand experience what exactly that role entails in Dutch healthcare. Today we will be discussing your actions during three stages of the crisis: the pre-crisis, in-crisis, and post-crisis. Of course, the crisis is long from over, and we can't really discuss what hasn't happened yet, but we will discuss some speculation for the future of HR and crisis management together.

The focus is however really on the pre-crisis and in-crisis phases. Today I would like you to take me through the timeline of the crisis as you experienced it. I am really looking to gain insight into your experience and your view on your role, so feel free to share what you feel needs sharing. We will start with some general questions before diving into the crisis management. Before we start, I would you please confirm that you have been properly informed about the purpose of this interview, and that you consent to being interviewed and recorded?

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[1] Here position is the job title of the interviewee.

[2] Name and type of organization to be mentioned here.

Response

Thank you, we will now start the interview.

General Questions (*15 min.*)

- Could you begin by introducing yourself?
- Could you tell me a bit about your position within the organisation?
    o Could you describe roughly your regular duties?
    o Could you describe your day-to-day duties?
    o Are you involved in large-scale HR projects within your organisation?
- How have you come to this position?
- Are you the only person in this position at your organisation?

Pre-Crisis Questions *(20 min.)*

- Could you describe how your organisation prepares for a crisis?
- What is your role as an HR manager in pre-crisis planning?
    o If yes: In your opinion, are you involved enough?
    o If no: what is your perspective on not being part of pre-crisis planning as an HR manager?
- What is your view on the strength of crisis preparation at your organisation?
- Would you add anything to your crisis preparation?
    o In general?
    o Now, with regard to COVID?

In-crisis Questions *(25-30 min.)*

- Could you tell me about the first steps your organisation took during the COVID-19 crisis?
    o How involved were you in these steps?
    o From an HR perspective, did you agree with these steps at the time?
- Could you describe the greatest HR challenge you encountered?
    o What was the greatest HR challenge you *expected* to encounter?
- What role did you (and your colleagues) take up in managing these challenges?
- Could you describe what you consider the HR-specific actions you carried out during the earlier stages of the crisis?
    o How far do you feel you were involved in communications during the crisis? In the early or later stages? Has that changed?
    o Where these actions in line with your own view on the handling of HRM during the pandemic?
    o Did you take actions that were not in-line with your position as HR manager?
- How was your fulfilment of your normal HR duties during the earlier stages of the crisis?
    o What impact have you felt on your training duties?
    o What impact have you felt on your motivational duties?
    o What impact have you felt on your administrative duties?
- How is your role fulfilment currently?

- Have you let go of any duties with regard to the crisis as it continued? Either HR duties or other duties?
- Have you had responsibilities you felt were not part of your regular duties?
  - o Do you consider these responsibilities HR responsibilities at all?
  - o Could you describe your perspective on these responsibilities?
  - o Have you shed these responsibilities?
- How do you feel with regard to your position as an HR manager during the pandemic?
- Do you feel your position is used correctly, or would you consider another approach?

Post-Crisis Questions *(10 min)*

- Do you think the position of HR in your organisation will change?
- Do you think there will be changes to your personal position when the crisis is over?
- What do you consider the most important HR lessons for in the post-crisis?
- Do you foresee any HR challenges in the post-crisis? Short and long term?

Ending the interview

Thank you for participating in this interview. The information you have provided will be used for our research into the role of the HR manager in the COVID crisis in Dutch healthcare. Primarily we will use the information to write the corresponding thesis, and furthermore your data may be used in (a) future publication(s) on that same topic. If there is any form of anonymity you wish to be guaranteed with regard to publications, please feel free to inform us so we can make the necessary adjustments. If at any time you wish for your data to not be used for this research, please also inform us, so we can erase the data.

Introductie (5 minuten)

Pre-opname: Hallo, en bij voorbaat dank voor het willen deelnemen aan dit interview. Is het OK als ik dit interview opneem? En is het goed als ik uw naam, en die van de organisatie waar u voor werkt, noem gedurende het interview?

Opname: Interview #, interview met X, *positie* bij *organisatie* afgenomen door Jan Jurre Harsveld van der Veen. Hallo X, en welkom. Het doel van dit interview is inzicht krijgen in de rol die u als HR-manager vervuld heeft met betrekking tot crisismanagement rondom de COVID-19 pandemie. HR-managers kunnen een vitale rol vervullen in crisismanagement in elke organisatie en we hopen van uw ervaring te leren hoe die rol er precies uitziet in de Nederlandse zorg. Vandaag bespreken we uw handelen in drie fases van de crisis: de 'pre-crisis', de 'in-crisis' of 'tijdens de crisis', en de 'post-crisis' of 'na de crisis'. Hoewel de crisis nog niet voorbij is, en we niet kunnen bespreken hoe deze fase er uit ziet, zullen we in deze fase speculatie bespreken voor de toekomst van HR en crisismanagement.

De focus van dit interview ligt bij de pre-crisis en in-crisis fases. Vandaag zou ik graag door u meegenomen worden door de tijdlijn van de crisis hoe u die ervaren heeft. Ik ben echt opzoek naar uw ervaringen en zicht op uw rol, dus voelt u zich vooral vrij om te delen wat u wilt delen. We zullen beginnen met een paar algemene vragen, voordat we specifiek het crisismanagement induiken. Voordat we starten vraag ik u te bevestigen op de opname dat u juist geïnformeerd bent rondom het doel van dit interview, en dat u toestemming geeft om geïnterviewd en opgenomen te worden.

>>>>>

Dank u, dan begint nu het interview.

Algemene vragen (15 minuten)

- Zou u kunnen beginnen met uzelf voor te stellen?
- Zou u mij iets kunnen vertellen over uw positie binnen uw organisatie?
    - o Kunt u uw algemene bezigheden omschrijven?
    - o Kunt u uw dagelijkse bezigheden omschrijven?
    - o Bent u betrokken bij grote HR-projecten in uw organisatie?
- Hoe bent u op deze positie beland?
- Bent u de enige in deze positie in uw organisatie?

Pre-crisis (20 minuten)

- Kunt u omschrijven hoe uw organisatie zich voorbereid op <u>een </u>crisis?
- Wat is uw rol als HR-manager bij crisis-planning?
    - o Wel rol: Bent U voor uw gevoel betrokken genoeg?
    - o Geen rol: Wat is uw perspectief op het niet betrokken zijn bij crisis planning?
- Wat is uw beeld van de kwaliteit van crisisvoorbereiding in uw organisatie?
- Zijn er dingen die u zou toevoegen aan crisisvoorbereiding voor uw organisatie?
    - o In het algemeen?
    - o Met een blik terug op COVID?

In-crisis (25-30 minuten)

- Kunt u iets vertellen over de eerste stappen die uw organisatie nam met betrekking tot de COVID-19 crisis?
    - o Hoe betrokken was u bij die stappen?
    - o Vanuit een HR-perspectief; bent u het eens met deze stappen?
- Kunt u de grootste HR-uitdaging omschrijven die u tegen bent gekomen tijdens de pandemie?
    - o Wat was de grootste uitdaging die u verwacht had?
- Welke rol pakte u en uw collega's op in het managen van deze uitdagingen?
- Kunt u een aantal HR-specifieke handelingen of acties die u ondernomen heeft aan het begin van de crisis omschrijven?
    - o Voor uw gevoel, hoe betrokken was u bij communicatie rondom de crisis? In het begin? Is dat verandert naarmate de crisis vorderde?
    - o Waren uw handelingen in lijn met uw eigen blik op HRM tijdens de pandemie?
    - o Heeft u actie ondernomen die niet paste bij uw positie als HR-manager?
- Hoe was uw uitvoering van uw normale taken aan het begin van de crisis?
    - o Welke impact had de pandemie op uw scholingstaken?
    - o Welke impact had de pandemie op uw motiverende taken?
    - o Welke impact had de pandemie op uw administratieve taken?
- Hoe is uw rol-invulling op dit moment?
- Heeft u taken losgelaten as het gaat om crisismanagement naarmate de crisis vorderde? Zowel HR-taken als andere taken?
- Heeft u taken gehad die niet bij uw reguliere taken hoorden?
    - o Waren dit überhaupt wel HR-taken, naar uw mening?
    - o Kunt u uw perspectief op deze taken omschrijven?
    - o Heeft u deze taken geheel of deels weer neergelegd?
- Wat zijn uw gevoelens rondom uw positie als HR-manager gedurende de pandemie?
- Heeft u het gevoel dat uw positie op de juiste manier in is gezet, of zou u voor een andere aanpak zijn gegaan?

Post-crisis (10 minuten)

- Denkt U dat de positie van HR in uw organisatie gaat veranderen?
- Denk u dat er veranderingen in uw eigen positie gaan zijn als de crisis voorbij is?
- Wat beschouwt u als de belangrijkste HR-les voor na de crisis?
- Voorziet u HR-uitdagingen voor in de periode na de crisis? Zowel vlak na de crisis als op de lange termijn?

Einde interview

Dank u voor uw deelname aan dit interview. De informatie die u verschaft heeft zal gebruikt worden voor ons onderzoek naar de rol van de HR-manager gedurende de COVID-19 crisis in de Nederlandse zorgsector. Primair zullen we de data gebruiken om de corresponderende thesis te schrijven, waarna de data gebruikt kan worden voor eventuele publicaties rondom dit onderwerp. Als er een specifieke vorm van anonimiteit is die u van ons zou willen vragen rondom een eventuele publicatie dan horen wij dat graag, zodat wij de bijbehorende aanpassingen kunnen maken.

Code	Description
Background	Background information on the interviewee, or their employer
Crisis Management	General Crisis management remarks
Covid	Crisis Management steps related to COVID-19
General	General Crisis Management remarks
Crisis Review	Review by interviewees on the actions during the crisis
External Actions	Review of interviewees on actions of those outside of their organisation during the crisis
General	Review of interviewees on general crisis management actions of their own organisations during the crisis
Own actions	Review of interviewees on their own actions during the crisis
Preparations	Review of interviewees on actions related to preparation for a crisis
Employer Description	Descriptors of their organisations or employers by interviewees.
EmployerOpinion	Opinions on their employer or organisations by employees not pertaining to crisis management.
In-Crisis	Information on occurrences during the COVID-19 pandemic
Communication	Remarks on communication, both individual and by organisations or teams
day-to-day	Information on the day-to-day operations and going-ons during the COVID-19 pandemic
Early Actions	Actions taken during the early stages of the COVID-19 pandemic. Definition of early depending on perception of interviewees.
Employee shifts due to crisis	Changes for employees within the interviewee's organisation in operations as a consequence of the COVID-19 pandemic
Events	Specific memorable occurrences during the COVID-19 pandemic
Later actions	Specific actions of taken during the later stages of the COVID-19 pandemic

Code	Description
Employee actions	Specific actions taken by employees during the crisis
shifts due to crisis	Changes in actions taken by employees as a consequence of the COVID-19 pandemic, occurring in the later stages of the pandemic
Organisation	Remarks on organisational topics during the COVID-19 pandemic
Uncertainty	Remarks on the uncertainty that came as a consequence of the COVID019 pandemic
Clients	Client-related uncertainty
employees	Employee-related uncertainty
management	Management-related uncertainty
Leadership	Remarks on leadership qualities and actions
Positivity	Positive remarks or viewpoints
Post-crisis	Remarks on the post-crisis phase
Consequences	Description of the perceived consequences of the COVID-19 pandemic
Pre-crisis	Actions and perceptions of the pre-crisis phase leading up to the COVID-19 pandemic
General	Remarks on the general pre-crisis phase
Preparations	Descriptor of pre-crisis phase preparation on an actual crisis, not specified to COVID-19
RoleDescription	Discussion on in-role of HR managers and HR departments during the COVID-19 pandemic
HR Challenges	Challenges encountered with regard to HR management during the COVID-19 pandemic
HR-manager within the organisation	Role behaviour of the HR manager during the COVID-19 pandemic
Precrisis	Role behaviour of the HR -manager during the pre-crisis phase
Non-HR	Role description of non-HR personnel

Code	Description
Role fulfillment	Role-fulfillment of HR managers
Communicator	Specified role fulfillment of the HR-manager as a communicator
Shifts during crisis	Changes in role-behaviour during to the COVID-19 pandemic. Changes might not necessarily be linked to the pandemic itself.
TeamComp	Descriptions of team compositions within organisations
TechnicalHR	Technical HR concepts, jargon
Shifts due to crisis	Changes in technical HR as a consequence of the COVID-19 pandemic