Positive managerial innovation induced by COVID-19 in the senior health sector

Corresponding author:
Claude Roussillon Soyer
Ph.D. Université de Toulouse, UMR LISST, ENSFEA
Claude.roussillon@ensfea.fr
5, Allées Antonio Machado, 31100 Toulouse FRANCE

Françoise LE DEIST
Professor in Management of People and Organizations
f.le-deist@tbs-education.fr
TBS, 31068 Toulouse FRANCE

David B. Balkin
Professor of Management, University of Colorado
Leeds School of Business
david.balkin@colorado.edu
Boulder, Colorado 80309 USA
Positive managerial innovation induced by COVID-19 in the senior health sector

Keywords: COVID-19, career shock, innovation, absenteeism, health sector

On March 11, 2020, the World Health Organization\(^1\) declared that COVID-19 was a global pandemic, indicating significant global spread of an infectious disease. In the end of May 2020, there have been nearly 502,000 deaths worldwide\(^2\). Globally, over 430 million enterprises are at risk of disruption, (ILO, 2020a)\(^3\). Clearly, COVID-19 has had an enormous disruption on work and workers, what, how and why they do. Moreover, the anxieties about not knowing what is coming, when it will end or not, led us to develop essays that analyze the relevance of the practices implemented in companies to deal with COVID.

Caring for patients during the pandemic has been reported to be extremely stressful in many countries and has forced workers to drastically change the content and dimensions of their work and their relationships. These aspects include an increase in workloads (caseloads, schedules) combined with more complex work procedures to ensure safety (wearing protective gear, social distancing, etc.). The COVID-19 time period has been rich in terms of change for the well-being of employees and residents.

Akkermans, Richardson, and Kraimer (2020) explore how the pandemic may be a career shock for many, but also how that may not necessarily be a negative experience. In line with this work we analyze organizational behavior in the context of COVID-19. What lessons can we learn from this for the future? What must be sustained because of the positive impact? What could be improved? We will analyze the behaviors considered to be positive and negative. The first objective is to anticipate a new pandemic form and the second is to keep all the positive organizational behavior resulting from this health crisis in order to embed it into everyday life.

COVID-19 could be defined as a career shock. A career shock is “a disruptive and extraordinary event that is, at least to some degree, caused by factors outside the focal individual's control and that triggers a deliberate thought process concerning one's career” (Akkermans et al., 2018, p.4). Researchers argue that career shocks can have different attributes, which potentially determine their impact on people's careers, such as frequency, controllability, intensity, valence, and duration. For example, a single career shock may be low in intensity (e.g., a colleague leaves the organization), meaning it might not cause significant deliberate thought processing at first. However, if it happens multiple times (e.g., a number of colleagues leave), that is when frequency is high, the cumulative effect could be profound. Applying this conceptualization, the COVID-19 pandemic is a highly disruptive and extraordinary event. While it is low in frequency, its low controllability makes it more likely to initiate a deliberate thought process (Akkermans et al., 2018). The degree of intensity, duration, and valence experienced also varies according to individual circumstances. There may be positive consequences and those who are negatively impacted.

---
\(^{1}\) https://www.who.int/
\(^{2}\) https://coronavirus.jhu.edu/map.html
It is particularly interesting to understand how career shocks can cause positive organizational behavior and what they are. According to Akkermans et al. (2020), with different examples taken from the literature, we can observe how a career shock that is initially assigned a negative valence may result in a career experience that has a positive valence, opportunity and outcome (Seibert et al., 2016). For example, (Zikic & Richardson, 2007), argued that unanticipated job loss might initially be viewed negatively, yet over time it may give rise to opportunities for career exploration and change. Indeed, many of the managers in their study indicated that what had initially seemed like a negative experience, had ultimately allowed them to make positive career changes increasing their job satisfaction and opportunities for work-life balance. Another example from Rummel et al. (2019) showed that for some young entrepreneurs, being forced to leave a corporate career was initially a negative experience but ultimately led them on the path to become a successful entrepreneur. In addition, there have been widespread reports about how some companies which might have been reluctant to allow employees to work from home are now discovering the added advantages including adoption of new forms of technology to cater to more flexible work arrangements (Economist, 2020). Moreover, some individuals who may have otherwise been reluctant to engage in proactive skill development and career behaviors have augmented both their short- and long-term career sustainability by effectively dealing with the current changes in work demands (De Vos et al., 2020).

In sum, it is clear that negative career shock brought about by COVID-19 might also bring about opportunities for changing work arrangements, career development and skill upgrades. According to London (1983) career decisions and behaviors include generating alternative courses of action, seeking information about them, evaluating the information, setting goals, making decisions to behave in various ways, and carrying out the decisions. Individuals' career decisions and behaviors are affected by what they believe will happen in the future. In the case of CODID-19, it is impossible to predict the future with certainty. Hence the need to initiate exploratory qualitative research. It is a question of identifying different scenarios to observe and having the capability of being proactive or reactive in the future in the event of a new health crisis.

We will conduct this study in nursing homes for dependent elderly people (Établissements d’Hébergement pour les Personnes Agées Dépendantes; EHPADs) in France. The sample consists of 20 directors of EHPADs of differing legal status. Working in the EHPAD field is particularly important and urgent. In France today, the demand for new placements in nursing homes is 15,000 each year and, taking into account demographic data, the increase in life expectancy and the increase in "dependence", the number of people over 80 will increase in the coming years and the number of residents of nursing homes will too4. Moreover, EHPADs are particularly interesting because the way of working has changed radically overnight5, and the adaptive performance of the team during the COVID-19 period has been put to the test.

Our methodology is an exploratory qualitative analysis with the goal of identifying positive managerial innovation induced by COVID-19. The planned approach: What are all the changes that you have initiated in your EHPAD: (1) Why was COVID-19 a shock and at what levels were the impacts? (2) At your individual level? And in relation to the development of your skills? (3) At the level of work teams, (4) At the level of external stakeholders, (5) At the level of the general atmosphere, (6) At the level of your personal

---


What did you miss to do well? (8) What new organizational behavior will you maintain for the daily operation? (9) What is your absenteeism rate during last March, April, May and June? (number of hours of absenteeism / number of hours of work performed).

We tested the questionnaire with a few directors. One tells us about the lockdown.

"We reviewed the whole organization of the EHPAD for containment. Each caregiver has a small family of 7-8 residents. Containment is carried out for caregivers and residents. This morning, we gave names to families, the Saturn family, the Lorazepam family ... The host and the psychologist work directly in the rooms. And every day, we set up two more caregivers for the animation in the rooms. The atmosphere is good because we put a lot of resources."

References


