

Resilience of health workers: a lever for value creation Case of Tunisian hospitals

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Abstract :

The objective of this work is to understand and analyze the behavior of health personnel during the Covid-19 health crisis, which has spread in Tunisia since March 2020, in order to use resilience as a key capability to explain this behavior. If resilience, as a skill, has been highlighted in the field of entrepreneurship, the originality of this work consists in presenting it as a distinctive skill of the health profession which can be useful at all stages of the professional evolution and source of individual value creation.

To do this, we followed a qualitative study carried out by forty health professionals, belonging to Tunisian hospitals, and made it possible to explore the key skills related to resilience. Value creation in terms of personal fulfilment, professional performance and well-being, was inferred from this analysis.

Keywords: resilience – healthcare profession – health crisis – value creation.

1. Introduction

Despite the prestige derived from the intellectual and noble character, and the social position that health professionals have, the latter are not spared by confronting difficult times, in particular the Covid-19 health crisis. We observe in reality that this pandemic has made it possible to bring out certain qualities, particularly in terms of stress management or adaptability characterizing these personnel.

If resilience, as a skill, has been highlighted in the field of entrepreneurship (Bernard & Barbosa, 2016), the originality of this work consists in presenting it as a distinctive skill of the health profession. To our knowledge, no work has offered to follow this research path.

In this regard, our observation is twofold: We see, on the one hand, the development of work dealing in one way or another with certain aspects of resilience in the field of health (Montet, 2020; Hien, 2020; Dahmani, 2021). Furthermore, health workers are chosen because they are the most exposed to pressure to meet goals and demands, especially in crisis situations (Holcman, 2018).

As we observe, on the other hand, in reality and in particular, during the Covid-19 health crisis, that although the health personnel were the most confronted with stress, they managed to overcome the shocks. In this sense, we will be the first to clear the path on resilience as a key behavioral quality to acquire and develop for health personnel.

It is in this sense that the questions we work on are: To what extent could resilience, defined as a behavioral skill, explain the behavior of health personnel and justifies individual value creation ?

From the continuing answers to our questions, we wonder if we can come back to a summary of the main points that we can divide into two questions:
How have health personnel been able to cope with the health crisis?
How did he overcome the difficulties he faced during the health crisis and create value?

The interest of thinking about resilience, particularly in the Tunisian context, is to enhance the health profession, by exploring the suffering of staff in unfavorable working conditions. Indeed, Tunisian public hospitals are characterized by a fragile healthcare system, with staff, resuscitation beds and oxygen shortages exposed during the spread of the Covid-19 crisis. In this context, the resilience of health workers is definitely required. Emphasis is placed on this skill, which should be taken into account in the company's HR policy; in particular by training staff on this skill or by including it in the job description in order to be part of the selection criteria in the hiring decision.

In order to achieve our objectives, our article will be structured as follows: After recalling the theoretical foundations of our study, we will present the methodology used to present the results of the qualitative analysis, before concluding on the contributions, limits and perspectives of the research.

2. Literature review

The concept of resilience is found in multiple disciplines, including economics, society and ecology. Recent research has shown the value of this concept in times of crisis where individuals and organizations are unstable (AEI et al., 2020; Bernard, 2021). Some work focuses on organizational resilience (Montet, 2020; Hien, 2020; Kurschad, 2020), while others address the entrepreneurial aspect of resilience (Bernard and Dubard Barbosa, 2016 ; Boubakary, 2022) or rather the resilience of the individual. The latter is seen as a trait of character (Hjemdal et al., 2010; Ariane et al., 2020) or even a skill (Arnaud and Mellet, 2019; Boubakary, 2022). Indeed, Hjemdal et al. (2010) and Ariane et al. (2020) prove that resilience is a quality that defines the personality of the individual.

2.1. Definition of resilience

According to Manciaux (2001, p.321), *“Resilience is the capacity of a person or a group to develop well, to continue to project themselves into the future, in the presence of events destabilizing conditions, difficult living conditions, sometimes severe trauma»*. Being closely linked to the crisis, resilience is a two-step process (Psiuk , 2005): that either faces the trauma or

overcomes it. If the first requires a capacity to resist mental confusion, the second involves the ability to reorganize and reproduce.

The literature on resilience is abundant and the field of application of the concept has a wide range. Indeed, the term is very popular in the field of entrepreneurship used either as a quality trait, or as a response to a difficult situation, or both at the same time (Bernard & Barbosa, 2016; Boubakary, 2022). As we found in health, research focused on organizational resilience evolves in parallel with the Covid-19 health crisis (Montet, 2020; Hien, 2020; Kurschad, 2020).

2.2. The dimensions of resilience

Borrowed from the field of entrepreneurship, resilience is presented as a multidimensional concept. In fact, a resilient entrepreneur must be able to cope with stress (Drnovsek et al., 2010; Ariane et al., 2020; Boubakary, 2022), so he is persistent (Bullough & Renko, 2013; Bullough et al., 2014). The ability to adapt and learn is important to develop creativity (Davoudi, 2016; Duchek, 2018). A resilient entrepreneur must be hopeful with a sense of autonomy and a certain level of risk tolerance (Shigley, 2010; Bernard & Barbosa, 2016; Boubakary, 2022).

Given the objective of our research, which is to attribute resilience to health care personnel, we will demonstrate the existence of both dimensions of the concept in this area.

2.3. Resilience in The field of health

Literature dealing with health resilience has changed recently, especially in the wake of the Covid-19 health crisis. Most of these works investigate this notion as a response to a difficult context or events (Montet, 2020; Hien, 2020) or both as a skill and a response to a difficult context (Holcman, 2018; Kurschad, 2020; Dahmani, 2021) rather than a skill.

The resilience of organizations, especially health systems, is the focus of researchers. By emphasizing resilience as a behavioral skill in the current work, we have observed improvements in certain skills related to this concept through some of the work described above. Indeed, Dahmani (2021, p.189) relied on a

qualitative study of a Tunisian public hospital, and demonstrates that the resilience of nursing staff is "a responsibility shared between the staff, the hospital system, the health authorities, the management and managers of health establishments. One of the skills most highlighted in this study is trustworthy leadership and stress management advocated for a resilient healthcare workforce.

In the same perspective, Kurschad (2020) high lighted both adaptability and learning as the most resilient behaviors recommended by a manager to caregivers, in order to create a resilient hospital structure. Holcman (2018) rather evoked the problems of suffering of health personnel and advocated stress management as a required skill that must be acquired and developed to ensure resilience. Added to this work, an older study similar to Cuvelier (2013), in which the author presents the concept of “resilience engineering” as a risk management tool. In this context, the nursing staff, and in particular the anesthesiologists presented as a risk taker.

Through this literature review, we found that resilience, as a quality characteristic of healthcare workers was not the focus of the study. In this way, we propose to test its different dimensions below on samples of Tunisian public hospitals staff.

2.4. Resilience, a key lever for value creation

Resilience, far beyond the ability to overcome difficulties, is a real catalyst for creating value for the individual. It allows him to maintain, beyond his job, his personal aspirations, his desire for innovation or self-realization (Cyrulnik, 2017; Bonanno, 2021; Dutton et al., 2020). It thus becomes a creative capacity for hope and personal recovery (Bernard and Fayolle, 2016; Fredrickson, 2023). In this sense, resilience at the individual level becomes a source of personal fulfillment, professional performance and well-being.

2.4.1. Personal fulfillment

As Cyrulnik (2017) and Southwick & Charney (2012) explain, resilience enables individuals to develop greater self-confidence, self-esteem and flexibility in the face of change. This personal fulfillment translates into a better quality of life and greater satisfaction.

Recent studies, such as those by Bonanno (2021), show that individuals who demonstrate resilience are more likely to develop post-traumatic growth, meaning they learn positive lessons from their difficult experiences. This post-traumatic growth contributes to an increased sense of meaning and purpose in life.

2.4.2. Professional performance

Resilient individuals are better able to adapt to change, deal with uncertainty and maintain their motivation (Tedeschi & Calhoun, 2004). These qualities are essential to innovate, solve complex problems and achieve organizational goals.

More recent studies, such as Dutton et al. (2020), highlight the importance of resilience in addressing challenges related to digital transformation and artificial intelligence. Resilient individuals are better equipped to navigate these ever-changing environments and take advantage of new technologies.

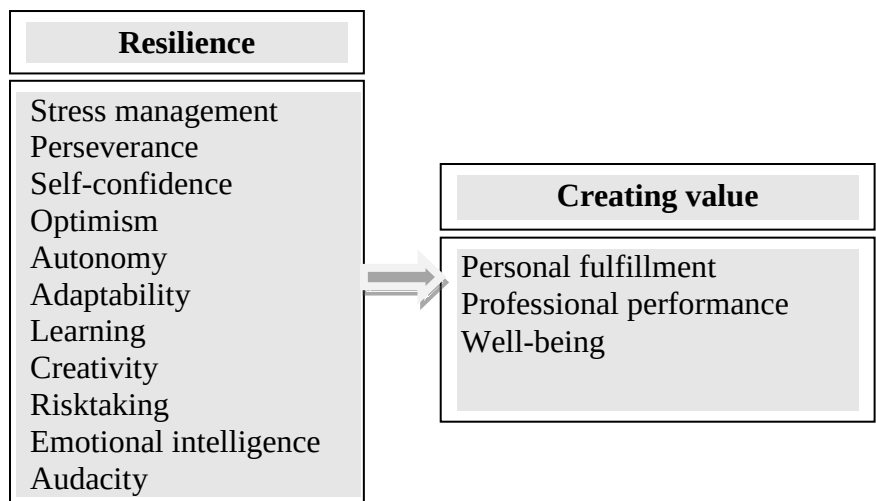
2.4.3. Well-being

Resilience also contributes to the psychological and physical well-being of individuals. By developing effective coping strategies, resilient individuals are better able to manage stress and prevent mental health disorders (Fredrickson, 2023). In addition, resilience is linked to a stronger immune system and better physical health (Seligman, 2011).

2.5. Proposal of a research model

The analysis of the literature allows to build the following model relating resilience, with its different dimensions, and its impact on the value created for the individual.

Schema 1. The resilience and individual value creation relationship



General hypothesis:

Resilience creates value to the individual.

3. Research Methodology

3.1. Description of the methodology

We have adopted an exploratory study. It consists of understanding and analyzing the behavior of health personnel during the Covid-19 crisis to infer the impact on the value created for these individuals.

To do this, interviews with health executives (doctors, nurses, midwives), conducted since the spread of the Covid-19 pandemic in Tunisia in March 2020 and until August 2023, post Covid period. The primary goal of this exploratory study was to identify certain personality traits that may be associated with resilient personality through employee experience. We are considering defining new ways of thinking about the phenomenon of resilience in organizational settings. The aim is to draw up an overview of the characteristics of resilience in the field of health (definition, measurement criteria, objectives and expected contribution) and to demonstrate the importance of this quality in terms of individual value creation.

3.2. Data collection

At this level, it is first of all necessary to define the health profession in order to justify the choice of our sample. We refer to the ideas of Roynier (2015, p.37) who suggested that «a health profession is characterized by the obtaining of titles sanctioning compulsory regulated training, which authorizes its holder to perform tasks or to practice in a field of activity, more or less explicitly related to the missions of the health system".

The interviews have been organized online and lasted between an hour and an hour and fifteen minutes. To conduct the non-directive interviews, we created an interview guide based on previously defined research themes which revolve around three main axes:

- Staff behavior in the moment of the confrontation of the crisis.
- Staff behavior to overcome the crisis.

- Staff behavior in post covid period.

All of the interviews we conducted were recorded and transcribed verbatim.

A fundamental question to which we hope to have an answer that highlights the behavioral skills of the staff questioned: How did the staff experience confront and overcome a crisis with very limited means? We conducted about forty interviews with Tunisian public hospitals. The final sample includes :

- Twenty interviews with doctors
- Ten interviews with midwives
- Ten interviews with nurses

To analyze the interviews of our exploratory study, we drew inspiration from the method created and developed by Henri Savall and the iSEoR team. This method is characterized by its degree of thoroughness and rigor, starting from the notes taken during the interviews, (Savall & Zardet, 2003). The first step consists in identifying the key phrases of the different interviews, which will then be classified by themes, sub-themes and key ideas.

4. Results and discussion

4.1. Interview analysis

We carried out forty individual interviews and selected 740 key phrases, i.e. 18 per person interviewed. The objective is to identify, based on the accounts of the interviewees, the qualities that are related to resilience and to derive the degree of value created for staff.

4.1.1. Dimensions of resilience

At the time of the confrontation of the health crisis:

Appearing in March 2020, the Covid-19 virus was a source of stress or even panic for all Tunisians, especially for health personnel who were directly confronted with this unforeseen trauma. Hospitals are saturated with the very limited production of liters of oxygen, i.e. 100,000¹ liters per day against

¹BLAISE L. (2021), In Tunisia, the nursing staff, exhausted by the virulence of the health crisis, with "the ball in the stomach", Le Monde, July 25.

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240,000²liters of needs. Doctors had to manage their teams on a very tense day-to-day basis. All the staff work "heartily" by being directly confronted with the risk of contamination.

We note, through the speeches of the interviewees, that the concepts most represented in the interviews were coping with stress management (17.30% or 128 control sentences), optimism (15.3% or 112 control sentences) and perseverance (12.43% or 92 control sentences) (see Table 1).

Table 1. Representation of the dimensions of resilience in the exploratory study

Dimensions	Number of test sentences per dimension	Rate of control sentences retained
Stress management	128	17.30%
Perseverance	92	12.43%
Self-confidence	56	7.56%
Optimism	112	15.13%
Autonomy	28	3.78%
Adaptability	104	14.05%
Learning	84	11.35%
Creativity	16	2.16%
Risktaking	32	4.32%
Emotional intelligence	64	8.64%
Audacity	24	3.24%
Total	740	100%

Indeed, all the staff interviewed specified that despite the difficult beginnings, a certain degree of stress control on their part, reinforced by a feeling of optimism, especially by the doctors and nurses, enabled them to resist and most importantly to reassure the patients.

². BLAISE L. (2021), In Tunisia, the nursing staff, exhausted by the virulence of the health crisis, with "the ball in the stomach", Le Monde, July 25.

Added to this, the strength of trust, repeated in 56 control sentences, which characterized the nursing staff and which helped them to keep hope despite the gravity of the situation. This is confirmed by the testimony of a doctor who says: *«We were faced with a certain trauma: a rapidly spreading virus whose symptoms were not yet well understood. Controlling stress, even our state of anxiety. Keeping hope and believing in our abilities were our main weapons»*

This observation allows us to see the following result emerges:

Result 1. Stress management, optimism, self-confidence and perseverance are essential behavioral skills to face the crisis.

This result is partly in line with the literature which highlights stress management (Holcman, 2018; Dahmani, 2021) and self-confidence (Dahmani, 2021), as skills specific to healthcare personnel. Concerning the optimism of the latter, and even if the literature does not give an answer, our exploratory study allowed us to prove its existence and therefore adaptation to the field of health.

To overcome the crisis:

This delicate situation prompts health workers to seek solutions with great positivity to save patients. A virus with no prescription treatment and no vaccine, the situation may seem dire, but it's not an obstacle for an invincible workforce. We repeatedly found that the concepts of adaptability (14.05% or 104 control sentences) and learning (11.35% or 84 control sentences) emerged as the most important qualities needed to overcome this crisis.

The staff interviewed stressed workers that it was necessary to adapt to the situation, experience the trauma and get used to the situation by being ready to change and modify practices. In this regard, a nurse says : *«We are facing a new situation, an unforeseen crisis; the keystone lies in adapting, changing practices, reviewing the health system»*.

Above all, there is a need to keep studying the virus to understand its nature, symptoms and possible evolution, a doctor added. Learning from and drawing on the experience of other countries, especially in terms of treatment, is also one of the measures taken to overcome the crisis. In fact, this section focuses on learning abilities.

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The key ideas relating to creativity, autonomy, risk-taking and audacity are rarely represented compared to all the control sentences used in our study (i.e. respectively 2.16%; 3.78 %; 4.32% and 3.24%). This can be explained by the ambiguity and complexity characterizing the virus, which makes the work of health workers rather cautious. In some cases, respondents did demonstrate genuine mastery, preferring to follow orders and lacking the courage to make independent decisions, especially when it comes to patient care.—However, it is the doctor who really dares to take this risk. Each time they had to make tough decisions about who prioritized access to intensive care and they dared to innovate in the methods of analyzing and treating the virus.

This is the case of a midwife who affirms that: *«it is really difficult to treat a pregnant woman attacked by the Corona virus. We have tried, sometimes through personal efforts, to treat the patient. The situation is risky and despite that, we dared to make decisions, to test prescribed drugs in different situations. We took some risks but our risks are calculated...»*.

In addition, the Covid-19 crisis put health personnel in direct confrontation with patients, reassuring them was one of their major concerns. This is how we found in the recorded sentences, the concepts of managing emotions, understanding the emotions of others... This makes it possible to attribute to health personnel the quality of emotional intelligence (8.64% or 16 control sentences).

Therefore, our second result is:

Result 2. Adaptability, capacity to learn, autonomy, creativity, risk-taking, emotional intelligence and audacity are the behavioral skills required to overcome the crisis.

This second result confirms, on the one hand, the work of Kurschad (2020) which recommends the ability to learn and adapt as essential skills for establishing the resilience of personnel and the health organization. It joins, on the other hand, the statement of Cuvelier (2013) who presented certain categories of health personnel, namely doctors, as risk takers. Our exploratory study also allowed us to prove that autonomy and audacity are skills that can concern health personnel.

We retain through the analysis of the speeches that certain constituent qualities of resilience were enumerated in the face of health crises; others are rather highlighted, to overcome the crises (table 2).

Table 2. Key qualities required by time of resilience

Qualities required at the time of the confrontation of the crisis	Qualities required to overcome the crisis
Stress management	Adaptability
Perseverance	Learning
Self-confidence	Creativity
Optimism	Risktaking
	Emotional intelligence
	Audacity
	Autonomy

4.1.2. Creating value

We propose to analyse the relationship between resilience and value creation based on interviews with health staff in Tunisian hospitals.

Personal fulfillment

Based on the previous analysis of health personnel behaviour at the time of the crisis, we have a key element in the process of resilience which is the value of work. Indeed, we have a confident staff who give meaning to the work. A personal fulfillment is verified at this level. In this regard, a doctor says: « *The death of relatives, colleagues, patients, psychological fatigue of the nursing staff, but they continued because it is part of the ethics of the profession* ». They refer to the medical oath they promised to keep. This symbolic value is very important because it encourages them to continue.

When asked about the impact of the Covid-19 crisis on their post-crisis behavior, most staff confirmed that several lessons had been learned, especially in terms of meaning and ambitions. This confirms the statement by Bonanno (2021) that post-traumatic growth contributes to an increased sense of meaning and purpose in life. We propose to analyse the relationship between resilience and value creation based on interviews with health staff in Tunisian hospitals.

The professional performance

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It is through stress management, adaptability, learning and innovation, team spirit and risk taking that health staff showed resilience to this trauma. He showed some perseverance and was able to take the challenge. In this context, several testimonials are extracted from the speeches of the interviewees and can confirm a professional performance. We use as an example the following statement from a doctor : « *I believe that we have won, we are proud of the results achieved* ». This performance extends into the post-crisis period and produces a creative, enthusiastic and ambitious staff. This is confirmed by the following testimony : « *Crisis has taught us how to solve problems, we have become creative* ».

Well-being

According to the literature, managing stress successfully through effective adaptation strategies affects the mental and physical health of staff (Seligman, 2011; Fredrickson, 2023). Based on the health workers' discourses, stress management has been among the key qualities to confront the crisis and resist. We then confirm Fredrickson's (2023) theory which proves a positive impact of stress management on mental disorders.

In addition, 90% of the staff interviewed confirm their contamination with the Covid-19 virus and the inability to fight this virus. We confirm the theory of Seligman (2011) which links resilience with a strong immune system.

4.2. DISCUSSION

The difficulty during the exploratory study was to get the people questioned to describe their behaviors and their reactions at times of confronting and overcoming a health crisis. Respondents confirm that managing stress and maintaining optimism during conflict helped them cope with the unforeseen trauma of an uncertain future. It is the optimism that inspired them to gain self-confidence to resist. This result is partly in line with the literature which confirms the importance of stress management (Holcman, 2018; Dahmani, 2021) and self-confidence (Dahmani, 2021) to confront the crisis.

The analysis of the interviews also showed us that to overcome the crisis, it is rather the ability to learn and adapt that were deduced from the discourse of the

interviewees. This result confirms the work of Kurschad (2020) highlighting these two skills as essential to acquire how to overcome the crisis and ensure the resilience of the healthcare system.

Furthermore, the skills related to risk-taking, autonomy, audacity, and creativity were deduced by a small number of respondents. This can be justified by the random nature of the Covid-19 virus, which rather accentuates caution among nursing staff. We can also observe that in general, the latter is endowed with an emotional intelligence, which appeared as a necessary skill to succeed in a health profession, in particular, when confronting patients.

The processing of the qualitative interviews revealed two main results. The foundations of our exploratory research are critical capabilities to overcome crisis. All of these skills are dimensions of resilience, as demonstrated in the literature review (Bernard & Barbosa, 2016). This exploration remains limited and probably cannot confirm the existence of all dimensions of resilience. This can be explained by the fact that the results of the exploratory studies cannot be generalized because the sample size is too small.

The major contribution of our work lies in the fact of being able to apply the skills related to entrepreneurial resilience in the field of health. Certain skills – notably stress management, self-confidence, risk-taking, adaptability and learning ability – have been introduced in the literature specific to the field of health. Others – such as optimism, creativity, audacity and autonomy – were explored based on our qualitative study.

Resilience, presented as a factor generating individual value, was explored and analysed. Indeed, a resilient staff is confident, resilience increases motivation and satisfaction. This is a joint statement by Cyrulnik (2017) and Southwick & Charney (2012). This staff is learning from the Covid-19 crisis, which influences his post-crisis behavior and gives him more meaning to his job. This confirms the statement of Bonnano (2021) who connects resilience and personal fulfillment.

The adaptability and creativity of health staff during and after the crisis is a source of professional performance. This is a result of the literature which states that adaptability and innovation in problem solving are sources of professional performance (Tedeschi & Calhoun, 2004).

Resilience is a source of well-being for staff, in the sense that it improves both physical (Seligman, 2011) and mental health (Fredrickson's, 2023). The result was confirmed by a stress management and a capacity of the contaminated staff to fight the virus.

5. Conclusion

In this article, we firstly presented the notion of resilience, as a behavioral skill, through an exploration of the different dimensions associated with the concept. On the other hand, we have emphasized the reasons for the importance of resilience and its contribution to the health profession. We were able to prove that the field of application of resilience is not restricted to the entrepreneur; it can extend to health personnel. The major contribution of our research is certainly the multidimensional definition of the concept of resilience and its application, as a behavioral skill, in the healthcare profession as a key factor in individual value creation.

On a theoretical level, this is an original contribution, as the health-related literature did not predict such an outcome. It allowed us to identify the different dimensions related to resilience (Bernard & Barbosa, 2016) with regard to the entrepreneur. The result of our research further develops the concept by extending its fields of application to the healthcare profession.

From a managerial point of view, this result should lead managers working in the field of health to supply the job description of their staff with a key behavioral skill, namely resilience. Moreover, the latter can have an impact on the decision to hire these personnel, which is one of the required skills and attractive characteristics of the profession. In addition, once acquired, resilience creates value for these staff. Indeed, it is a source of personal fulfillment, professional performance and well-being.

However, our work suffers from a limitation, which constitutes a line of research. Indeed, by taking limited account of resilience, one line of research would consist of shedding light on other key behavioral skills that are factors in the attractiveness of the healthcare profession.

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