ORIGINAL ARTICLE

Human talent management in nursing during the COVID-19 health emergency in a public hospital in Lima Provinces

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ABSTRACT

Objective: To analyze the perception of human talent management in nursing during the COVID-19 health emergency in a public hospital in Lima Provinces. **Materials and methods:** This is a qualitative, basic research study, approached from a phenomenological-hermeneutic perspective, based on the experiences of the interviewees. The data collection technique used was interviews, with a structured interview guide containing open-ended questions. The sample consisted of ten participants, selected due to data saturation. The results were obtained through content analysis using data triangulation. **Results:** The COVID-19 health emergency highlighted the inadequate management by hospital executives and department heads in public hospitals, revealing biased treatment of nurses, poor interpersonal relationships, uncertainty due to a shortage of nursing staff to meet the high demand of patients, as well as inadequate infrastructure, and poor condition of equipment necessary to treat and combat a highly infectious virus that could result in death. **Conclusions:** It is recommended to conduct further studies that contribute to strengthening organization, coordination, management, and leadership for preparedness and response to potential pandemic crises, involving executives and department heads, particularly in the nursing department.

Keywords: health management; human resources; nursing; COVID-19.

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INTRODUCTION

At the time when the COVID-19 pandemic spread across the world, hospitals began to cope with an exponential increase in patient demand while dealing with limited healthcare human resources, as well as shortages of equipment, materials, and inadequate infrastructure (1). This represented a key factor in the management of health services, considering that motivation and working conditions directly impact the management of human talent and, consequently, the governance of institutions (2). In short, the health emergency affected not only the patient and their surroundings, but also healthcare personnel, including the general management, nursing leadership and other professionals, that is, the healthcare system itself (3).

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Some authors who analyzed the management of health services during the pandemic recommended the need for social, political, economic, cultural and organizational change (4). Others made recommendations for managing health services during the pandemic, suggesting the adoption of essential strategies: allocating dynamic human resources, organizing and training them, monitoring key work areas, formulating incentives, providing necessary protective supplies for prevention, and establishing emergency plans with the nursing team (5).

The health emergency posed a major challenge for health systems in Peru, revealing a significant gap in the number of nurses needed to deal with this situation (6), as well as the lack of commitment, direction, budget and planning to manage institutions effectively (7).

A study demonstrated that, in Peru, health security was moderately prepared due to the gaps in the necessary actions for detecting, preparing for, and responding to the public health emergency. Therefore, the study recommended that, when the emergency ends, a joint external evaluation be conducted to prepare a national health security plan (8).

In this regard, nursing professionals were no exception. Studies concluded that it is essential to identify and manage the risks to which healthcare personnel are exposed in order to propose strategic plans, establish protocols, and minimize the risk of getting sick (9). Promoting health and safety for nurses is of utmost importance to provide quality care and patient safety (10).

In this context, many hospitals in Peru showed a lack of leadership in service administration, human resource management, and the radical transition to remote work for the administrative staff. This situation has repercussions on motivation, job instability, unfair salaries, and insufficient preparation in the care of critically ill patients with this disease. For this reason, a study was conducted with the aim of analyzing the perception of the management of nursing human talent during the COVID-19 health emergency in a public hospital in Lima Provinces, Peru.

MATERIALS AND METHODS

It was a qualitative study with a hermeneutic phenomenological design, aimed at analyzing individuals experiences, feelings, and perceptions of a phenomenon (11). The research was conducted in a public hospital located in the district of Chancay,

province of Huaral, region of Lima Provinces, city of Lima, Peru. Through theoretical saturation, the study included interviews with 10 licensed nurses working 24-hour shifts in the institution.

An interview guide with 11 open-ended questions was prepared, validated and applied under informed consent, ensuring the anonymity of the interviewees, by assigning them a code. After transcription, the results were consolidated and coded. The information was processed using ATLAS.ti 9 for data categorization and systematization. Finally, multiple triangulation of results was conducted.

Approval was obtained from the Teaching and Research Support Unit that regulates the Ethics Committee of the Hospital de Chancay and SBS Dr. Hidalgo Atoche López, under code No. 0022, dated August 20, 2020.

RESULTS

The interviews (I) revealed key terms frequently used, such as "emergency", "health", "personnel", "management" and "COVID", which align with the topic of this study. This study describes the situation of nurses on the front lines during the COVID-19 health emergency (Figure 1).

Figure 1. Word cloud. Qualitative analysis of the nursing human talent management category.

When analyzing the perception of nursing talent management during the COVID-19 health emergency in a public hospital, several responses were identified. One notable response was the following:

> **I6:** *I think it's not developed equitably because the head of the Supervision Department and the heads of service are very biased and only favor a small group of their acquaintances. This has been clearly evident since the implementation of the emergency law, where only one group is harmed, while others enjoy many privileges, receiving bonuses and benefits as critical areas that do not correspond to them. They use and abuse their*

managerial positions to mistreat the healthcare staff and fail to acknowledge their work. In addition to working under stressful situations, the staff must also endure mistreatment from supervisors and the department heads. This is why we cannot talk about human talent management.

According to the responses obtained, the subcategories of management, leadership, integration, and coordination were identified. The ATLAS.ti 9 *software* was used for qualitative research, in which the subcategories were interrelated (Figure 2).

To explain the perception of management development among nurses during the health emergency, the testimony of one of the interviewees is illustrative:

I10: *Our commitment as nurses is always present since our work is entirely dedicated to the well-being and recovery of the patient, where we put all our vocation. On the part of the management, we felt mistreated, starting with the fact that we were not trained in extreme biosecurity measures, nor were we provided with the corresponding protection kits. In the COVID triage areas and hospitalization areas, we were*

given nothing. Sometimes supervisors had an abusive behavior.

Regarding the perception of leadership development and integration among nurses during the health emergency, one female interviewee said:

I10: *There is no leadership, there is abuse and imposition by the management. They are just looking for their own benefits. Conflicts have arisen due to imposition, lack of consideration, and abuse by the management. They were the only ones benefiting, by collecting bonuses without even attending to patients. This led to conflicts.*

Finally, regarding the perception of the development of the nursing organization during the health emergency, one of the interviewees responded:

I3: *At the beginning, the areas of COVID care were not properly assigned. Due to the circumstances, the distribution was inadequate, as there was a crossover of COVID and non-COVID patients. For the moment, an exclusive area has already been assigned, but cross-transmission persists because staff members are eating their meals in non-COVID areas.*
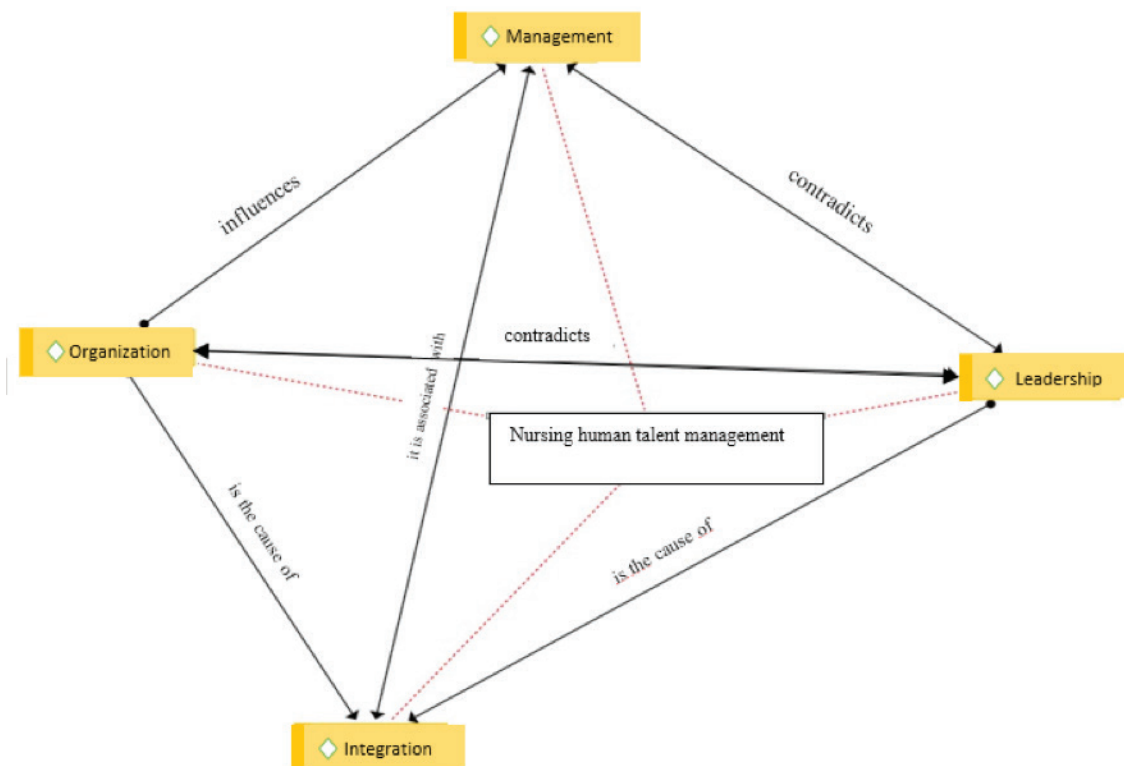

Figure 2. Hermeneutic network of the ideographic analysis of the nursing human talent management category. Analysis based on ATLAS.ti 9 database.

DISCUSSION

The study shows that at the beginning of the pandemic, there was a deficit of nursing human resources to meet the high demand of patients. This was further aggravated by the poor management of the hospital administrators and the inadequate organization of the nursing leadership, as they were not impartial in the treatment of nurses. For instance, benefits were granted to a specific group, in addition to a lack of ability to analyze healthcare issues. This aligns with the findings of Gallegos (6), who, after analyzing the nursing situation during the COVID-19 health emergency, determined that there is a significant gap between the number of nurses required, representing a major challenge for healthcare systems in Peru, especially to ensure patient care. On the other hand, Llerena & Sánchez (4) emphasize that, in response to the COVID-19 pandemic, the healthcare system was severely affected that it was necessary to improve coordination with the national, regional, and local entities to enhance public health.

Considering Kauffman's theory on organization, which emphasizes the functions and essential elements for a system to operate and adapt to environmental changes (12), it must be recognized that healthcare personnel and systems have done hard and laudable work as the front line in the global fight against the pandemic. Therefore, it is necessary to take appropriate measures to ensure safety and invest in all healthcare systems, addressing the precarious organization of local health services as well as the development of technologies and strategies to reduce the gaps in nursing personnel.

This study confirms an influence relationship between organization and management. This is because the inadequate organization for the timely improvement of a proper work environment along with the shortage of equipment and supplies affect the management of the nursing personnel. In this regard, Gozzer et al. (8) had already detected that Peru was moderately prepared in terms of health security, although with significant gaps in detection, preparedness and response to a pandemic.

Similarly, it can be observed that organization affects integration, as it relies on conflict resolution between the nursing staff and the administration, as well as the ability to maintain an adequate workplace culture and environment to enhance integration among co-workers. In this regard, Bohórquez (13) states that by studying what happens in the hospital, we can have the ability to change the situation we face and learn from experience.

We can also observe that management is associated with integration, as there can be no common goal without them. This scenario contrasts with the analysis by Casana and Carhuancho (7), who state that all entities responsible for human resources should focus on evaluating management in terms of implementation, lack of commitment, direction, budgeting, and planning to lead the institution effectively.

The results of the interviews reveal that leadership is opposed to management. This indicates a lack of leadership among nursing supervisors and administration, so staff do not feel identified with their superiors, but exploited, without due compensation, and oppressed by unequal treatment and/or benefits due to poor management. This aligns with Martínez et al. (3), who stated that the health emergency affected the staff at all levels, from the general management to nursing staff and healthcare workers. They suggest that work management be done as a team to overcome the crisis together and become better individuals and professionals.

At the same time, leadership opposes the organization due to the lack of interest from the senior administration in managing the budget to provide adequate work environments with equipment and biosafety measures, where staff can work safely and provide adequate care to patients. This aligns with the suggestion of Silva et al. (9), who stated that it is necessary to know and control the risks to which health personnel are exposed in order to propose control and prevention measures.

Finally, leadership contributes to integration. With weak leadership, differences between bedside nurses and nursing management become evident, leading to a loss of trust and mutual respect, thus damaging the interpersonal relationships among nurses. It is of utmost importance to reverse this situation, considering that leadership entails the ability to guide, direct, propose, and motivate the personnel through authority, not by coercion, threat, force or against their will (14).

Regarding the management subcategory, some nurses demonstrate a strong commitment to their healthcare work. However, they also feel mistreated and neglected by their superiors, leading to decreased motivation. It can also be said that the resource management failed, as the shortage of nursing personnel required filling positions with young nurses, despite their lack of necessary experience. Additionally, salaries were generally unsatisfactory, especially considering the high risk

of working with a highly infection virus that could even lead to death.

In this regard, the responses obtained regarding the commitment align with the findings of Huilcapi-Masacon et al. (15), who mention that attitudes guide an individual's action at work until the proposed goal is achieved. Therefore, the motivation provided by a committed employer is crucial. It is necessary to assess both intrinsic and extrinsic motivations, experience, the desire to stay at the forefront, vocation for service, and recognition. In turn, Díaz et al. (16) state that the commitment of hospital managers during the health emergency involves providing training to professionals and other workers on hospital management strategies against COVID-19. Work management should be carried out as a team to overcome the crisis together, ultimately becoming better individuals and professionals (3). To achieve this, teamwork is important, along with effective management of nursing supervisors and the administrative team to address the health and social crisis, ensuring support, health protection and patient well-being.

In the integration subcategory, the interviewees pointed out the lack of integration among staff, inadequate interpersonal relationships, a lack of empathy toward nurses, internal conflicts among nursing staff due to job rotations, salary inequalities, and fear of infection. In this regard, Carbonell-Cutillas & García-Longoria (17) indicate that labor conflicts usually occur in all areas related to coexistence among workers. These conflicts may stem from a lack of interest and motivation on the part of the management and even from apathy and egocentrism among employees. In the same vein, Ramírez (18) mentions that differences in labor relationships arise due to constant inequalities between new and senior staff or between hired and permanent personnel. However, the primary focus should always be the patient, and for their wellbeing there should be good relationships, thus avoiding conflicts. Finally, Morales & Palencia (19) conclude that healthcare workers' interpersonal relationships have been affected during the pandemic due to psychological factors, emotional strain from stress, the high demand of infected individuals, the suffering of others and their own, fear, anxiety about contagion, and the frustration of being unable to meet healthcare demands. These factors often lead to anger, resulting in an inadequate work environment.

Finally, regarding the organization subcategory, the interviewees agree that there is a poor organization in the management to improve working conditions.

The work environment has many deficiencies, such as the lack or poor condition of the necessary equipment to combat COVID-19. In addition, at the beginning of the pandemic biosafety measures were not adequately enforced, putting workers' health at risk due to overcrowding. Furthermore, there was inadequate biosafety signage, a problem that still exists. These findings are not surprising, as the arrival of the pandemic took everyone by surprise. Hospitals were not prepared with hospitalization areas, number of beds, equipment, etc. (20).

Consequently, it is of paramount importance to promote health and safety for nurses so they can provide high-quality and safe care to patients suffering from this disease (10). Apart from that, it is necessary to establish a system of actions to organize the work of healthcare personnel, recognizing them as vulnerable human beings rather than merely workers focused on completing their work shifts (21).

Since the pandemic, human talent management has become one of the most critical topics for any type of organization, especially in public health services. This issue should not be neglected. Instead, proactive measures should be taken to ensure preparedness for future events, preventing them from taking us by surprise as it happened in this case.

CONCLUSIONS

The state of emergency due to COVID-19 exposed the poor management of hospital administrators and health department authorities in public hospitals. It revealed inequitable treatment of nurses, inadequate interpersonal relationships, uncertainties due to the shortage of nursing personnel needed to meet the high demand of patients, inadequate infrastructure, and the poor condition of the necessary equipment to treat and combat a highly infection virus that can even lead to death.

It is advisable to conduct further studies that help strengthen organization, coordination, management and leadership in preparation for and response to a potential pandemic crisis. These efforts should involve the administrators and department authorities, especially the nursing department.

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