

Disinformation in crisis situations as a management error on the example of operation in the healthcare system during the COVID-19 pandemic

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ABSTRACT

Ensuring the security of its citizens is one of the most important functions of every country. In modern times, national security should be understood as one of the basic areas of the functioning of the state, not only aimed at ensuring the possibility of survival, but above all enabling the development and freedom of pursuing national interests in a specific security environment by taking up challenges, taking advantage of opportunities, reducing risks and counteracting all kinds of threats to its interests, especially in crisis situations.

Crisis management includes activities in all phases: prevention, preparation, response, reconstruction. All possible management tools should be used so that in the event of a crisis, people in charge could make the right decisions. The errors that were made in crisis situations exposed the accumulation of problems in medical facilities. They should only be used for further planning and finding solutions to avoid them. The coronavirus pandemic showed in many areas of life that managing such emergencies is not easy. Management in medical facilities was particularly difficult. Research conducted in Greater Poland Province (in hospitals) on the issue of disinformation highlighted some problems that occurred during the process of management during the COVID-19 pandemic. Observations were carried out during the pandemic among the medical staff working in medical facilities dealing only with patients infected with the SARS-Cov-2 virus. The article below contains information about the research sample, as well as the reasons for

using disinformation as a tool for carrying out purposeful actions (e.g. concealment of information, fatigue and frustration, insufficient remuneration, economic savings, etc.) Conclusions were also drawn indicating the short-term and long-term effects of the use of disinformation for a given organization (e.g. fatigue, stress, arguments or quarrels inside a team, deterioration in the quality of care). Finally, proposals for solving future problems in this area (employee motivation, treating employees as a “resource” of the organization, preventing chaos, managerial staff education, employing competent people as managers) were specified.

KEYWORDS

security, crisis management, disinformation, management, management in the health care system

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Introduction

The national security system of the Republic of Poland in the context of threats and legal aspects of the functioning of the state, including the national defence system. These are the requirements resulting from the essence of contemporary threats to state security, in which disinformation, in crisis situations, constitutes a determining factor of management, also in the health care system. Therefore, the subject of research indicated by the title of the article deserves scientific analysis, particularly the situation during the development of the COVID-19 pandemic.

Taking action in crisis situations is difficult due to the specificity and diversity of threats. Usually, actions and decisions are carried out under various types of pressure, and the people in charge have to face enormous stress. Crisis situations often generate conflicting decisions, when each of the decisions taken may have positive but also negative consequences. Therefore, the specificity of crisis management generates the necessity for actions taken by extremely competent and experienced people. Sometimes, however, it is a fact that decisions in various crisis situations must be taken by people who are completely unprepared for this type of actions, or the rank of decision-making significantly outweighs the skills of managers. Such situation took place during the COVID-19 pandemic. Many people, not only at the administrative level, but also in certain medical facilities, found themselves in a situation that forced them to decide on important matters in order to maintain the continuity of

operations in units holding special priority (hospitals and medical facilities). Although the program for the protection of the critical infrastructure was launched in a timely manner, in this situation, hospitals became the top-priority units – facilities that were supposed to eliminate the cause of the crisis [1].

The main objective of the conducted scientific research was to specify the effects and causes of various types of disinformation occurring during the Covid-19 pandemic in medical facilities. The main research problem was identified in the research process: What are the causes and effects of disinformation in medical facilities during the Covid-19 pandemic? How can they be prevented in the future? (directions of management rationalization). As a result of the scientific research conducted, the following research methods were used: observation (controlled and uncontrolled, non-standard), conducting surveys and interviews. Research techniques used in the research: survey, observation, interview, sociometric technique. Research tools: survey questionnaire, interview questionnaire, observation form.

1. The concept of disinformation

Disinformation can be aimed at various activities, assuming that it is used intentionally. It may have hidden intentions with positive effects when the public or specific social groups are deliberately not informed so as not to cause chaos. However, deliberate misleading of social units is increasingly often observed [2]. Disinformation is divided into the following information items:

- fictitious (simulative disinformation) – results in misleading the recipient,
- concealed (dissimilative disinformation) – message omitted or concealed,
- distorted (confusing disinformation) – passing a different message as a result of fact distortion [3].

There are many definitions of disinformation, although it is a relatively new concept, because its origins date back to approx. 100 years ago. It was then, in Russia, that the term was used for the first time, although this does not mean that there had not been any disinformation before. “William Safire, in his book *Quoth the Maven* (1993), stated that disinformation was used by the predecessor of the KGB to show »the manipulation of a national intelligence system by an injection of reliable but misleading data«” [4, p. 227]. It can be confirmed that from that moment onwards disinformation became a tool used in the Soviet political war. We call tools of this type active measures, which turned out to be an extremely important element of Soviet intelligence

operations (including: counterfeiting as a secret operation, subversion and media manipulation). There are two types of disinformation with regard to the purpose:

- “dissemination of false news and documents to mislead the enemy as to the actual intention, organization and conduct of the operation (combat, battle), as well as the composition of one’s own troops and the nature of their operations,
- unconscious misleading superiors or commanders of troops performing a common task (cooperating) by misinterpreting orders, instructions or other tactical and operational information or omitting important executive instructions (guidelines), sometimes failing to provide the necessary information in a timely manner” [5, p. 31].

Regardless of the above-mentioned goals of applying disorientation, it always creates chaos in management, which further generates the need to make further decisions and solve problems. The concept of disinformation is most often observed in the context of military security, but this problem also applies to aspects of civil security, especially in crisis management. Communication is defined as the process of transmitting information from one person to another, while the message received should not differ significantly from the one sent [6]. Taking the initiative of communication is not always effective on its own. A manager should perceive the difference between communication and effective communication. Conducting communication must be aligned with the hierarchy of service subordination (vertical communication) [6]. In hospitals, there is a strong professional reporting line, starting with the director, through the chief nursing officer, the nursing administrator and down to the department head nurse. Informal forms of communication should be avoided, because then the information may be incomplete or completely changed.

2. Characteristics of the research sample

The observation of the problem of disinformation affecting medical staff was carried out among people taking up work in various hospitals of the city of Poznań, which at that time functioned with the status of “fever” or “isolation” facilities in Greater Poland Province during the Covid-19 global pandemic. At that time, the medical staff were employed not only in hospitals dedicated to SARS-Cov-2, but also in individual departments in various hospitals receiving only patients infected with the SARS-Cov-2 virus. The study was carried out as

a component of wider research and did not concern specific individuals but the opinions of individual doctors in a given area. The time of the pandemic was filled with the variability of decisions not only at the government level, but also in the structures of hospitals undertaking the fight against the coronavirus. These decisions were mainly an indication for further medical activities. The development and extent of infections was highly variable, and it was difficult to predict further disease incidence graphs, as well as the predictable number of patients hospitalized. The dynamic development of the situation meant that in many sectors at that time there appeared chaos in the area of managing organisational units. This was especially conspicuous in the hospital system, where the occurrence of the pandemic was associated with a complete transformation of the operational direction of a multi-specialist hospital.

The work performed by medical staff was incredibly burdensome not only mentally (high number of deaths, extreme fatigue, fear of getting sick) and physically (long hours of work in overalls in the COVID-19 pandemic). The remuneration for the work performed was not commensurate with the effort of the staff. The working conditions were characterized by enormous difficulties. In addition, on the part of managers, there was a problem of informing doctors about changes on a continuous basis.

The management problems, which one had been able to observe for several years in these facilities, revealed themselves against the background of the need to make important decisions during the coronavirus pandemic. The competence of managers to make appropriate decisions on strategic matters for the hospital, but also for employees, also contributes to the problem of informing employees about various changes in operating procedures. Lack of knowledge on this matter on the part of managers is the reason for omitting the staff in passing on information. Information management in each enterprise is the foundation for measures creating a communication network between co-workers at different levels of the organization's structure.

The first situation that caused the disinformation of medical personnel was the introduction of workplace restrictions by the decision of the Minister of Health on 29 April 2020 [7]. In order to prevent the spread of SARS-Cov-2 infections, health care workers were forbidden to work in several places. The medical staff working with COVID-19 patients had to resign from their previous professional work if they expressed a written declaration of the fight against COVID-19. In the situation at that time, the lack of workplace stability and lack of decision-making had an impact on staff shortages and difficulties in the organization of work, not only in a given hospital with the same name, but in the entire voivodeship (province). Many medical professionals encouraged by

higher salaries suspended their contracts in other hospitals to work in Poznań hospitals with Covid-19 patients. Each subsequent operation (opening new branches, organizing new beds for patients, changes in employees' salaries, organizational changes and work system modifications, including procedures for medical activities) was shrouded in secrecy from the employees' point of view and resulted in disinformation, and further disorganization of work.

3. Causes of disinformation

There are several main causes of disinformation:

Concealment of information by managers sometimes has a hidden agenda – it aims to keep the staff in uncertainty for as long as possible to – paradoxically – prevent chaos, especially when this information is not positive. At the beginning and during the SARS-Cov-2 pandemic, medical staff were very scared of the whole situation. Fear of getting sick meant that every decision of the managers was misunderstood by the staff. Although everyone theoretically had the opportunity to choose their place of work – employees who had provided services to a given hospital (e.g. one dedicated to Covid-19 at the time) for many years did not want to suddenly look for a new job overnight. All the more so because, despite the general problem of staff shortages in the health professions, it was not at all easy to find a new job straight away. Furthermore, starting from the Ministry of Health to the executives managing selected hospital and employees – no one knew how long the pandemic would last. Hence, quitting the job was not a good or strategic way out of the situation for individual employees. These factors caused people to stay in their workplaces, submitting to the new rules and procedures, without necessarily accepting them.

„Lack of information is also information”. Some managers fail to acknowledge that not making a certain decision or a lack of knowledge in a certain area may be binding information for the staff. Not communicating the message to employees introduces further uncertainty. Waiting for decisions to be made generates uncertainty. By doing so, competent employees are sometimes lost, as the long waiting time for decisions is a reason to look for another job. Keeping staff in suspense, the lack of decision-making on the part of those competent to make decisions proved to be the start of people submitting termination notices.

Fatigue and frustration are factors that, after working for many years in the profession, take away the desire for further collaboration and predispose to the development of burnout among medics. Both nurses and paramedics

work an enormous number of hours, the vast majority of them work in several locations, or work in one place more than two full-time jobs (2 times 168 hours per month). This situation is a response to insufficient basic remuneration. Working under taxing conditions during a global pandemic forced healthcare system workers to work beyond their physical and mental strength. At the end of the day, medics want to feel appreciated. After the worst time of coronavirus infections, medical professionals were no longer indispensable. Fatigue, both physical and mental, stemming from the situation generates impatience and nervousness in medical staff and reduces tolerance for poor decisions from the management.

Inadequate remuneration in relation to the responsibilities assigned. Too little remuneration for the minimum full-time hours is a determining factor for taking up additional professional work. There are such opportunities given staff shortages, so whoever can make an extra effort at the expense of frequently their own free time and family life. The proposed increases and salary scale changes are insufficient in return for the work and responsibility of the medical personnel. With the current increase in product prices and the constantly rising inflation rate of the Polish currency, as well as the expiry of the “Zembala” allowance for nurses (a salary allowance for nurses and midwives introduced in 2015), which became a component of the new remuneration rates proposed in the law [8] (the allowance for paramedics also became a component of the basic salary) – a small increase in remuneration is highly unsatisfactory. In addition, the statutory pay rises apply only to employees with an employment agreement. The medical personnel working under a different contract could not count on sufficient increases on such basis at the same time.

Inappropriate remuneration in relation to the level of education. Paramedics and especially nurses continuously improve their professional qualifications. The pursuit of higher education (first and second cycle), specialisation training – require employees to commit time and financial resources. Meeting the attendance requirements and acquiring new knowledge in the above-mentioned fields of training in conjunction with a huge number of working hours is an enormous effort. In addition, the financing of studies or training is usually paid for from an employee’s subsidy. Chambers of Nursing (in the area of research conducted) reimburse certain expenses for completed training, but only after the education has been completed and only to a certain extent (depending on the total amount allocated to the aforementioned subsidies) [9]. These subsidies represent approximately 6-7% of the cost for higher education and 18-20% for specialization training. In the case of paramedics, who in view of the points-based system are obliged to undergo

training during the period of settlement and undertake higher education on their own initiative, they do not receive funding for the training they have completed [10, Art. 12 and 12f]. The legal provisions of the Act do not directly indicate who pays for the courses and training, as well as studies undertaken by a paramedic. The remuneration of medical staff leaves much to be desired. The latest government arrangements (of 1 July 2022) [8] grade the salaries of medical staff according to their level of education. However, this often occurs at the expense of all sorts of salary supplements or allowances. It must be admitted that during the pandemic, earnings were higher due to allowances (by decision of directors) and compensation (government's initiative). However, the compensation was not paid on an ongoing basis. Initially, it was 50% of the salary for 9 months. The entire process of financing the work, though, was unstable. The employees periodically waited for information from the management regarding the remuneration for their work. However, they did not receive answers to nagging questions.

Increasing recruitment, employing a large number of new employees unfamiliar with the specifics of working with COVID-19. The managers were not able to control the work of new employees and compliance with the imposed procedures. The workforce was at one time so numerous that the process of informing them was not straightforward. The nurses heading their respective departments did not have an opportunity to meet and keep their subordinates informed. Later, a system was developed to create groups on social media (Messenger or WhatsApp) through which they communicated more important information. Frequently, such information was not complete, or was a case of outright avoidance of answering relevant questions.

Remuneration as the most important motivation factor. The most unreplied questions from the employees were asked about remuneration for work, apart from the organization of individual departments. Employees frequently asked questions about arrears in compensation payments – the answers consisted in referring them to other administrative units, as a result of which no binding decisions were made.

Avoiding information about coronavirus infection, which was normal in (non-isolating) departments where medics were not adequately protected (personal protective equipment). At that time, in many hospitals, this information was concealed so as not to cause panic among the staff, without realizing that it threatened the health and lives of the medical staff.

Envy of high salaries on the part of the employees (staff). Administrative employees, despite the fact that they should not interfere with employees' wages (everyone signs a confidentiality clause regarding the agreement

between both parties), inspected the salaries of the medical staff and commented extensively on them. The interference of administrative structures was so great that it was often the case that nurses and paramedics had to defend allegations by explaining that they worked hard with patients infected with coronavirus and that they took great risks in their work. Some studies conducted so far indicate that the relationship between the administration department and employees is not good. 16% of nurses responded that these relations are not satisfactory [11]. Similar situations have taken place in other medical facilities, not only during the Covid-19 pandemic.

Maintaining a fictitious good atmosphere. By blocking information supply to the employees, the managers paradoxically felt that there was a good mood and a pleasant atmosphere in the teams. They were aware that negative news would lead to a lack of acceptance for them, and thus nervousness throughout the group.

Creating divides between the employees. When there is a problem or difficulties in the work organization or motivational system, problems in group communication are also generated. Everyone may have different ideas for solutions to problems if one specific idea does not come from the responsible (managing) person. This difference of opinion causes a split in the group. The split in each social group results in a lack of unity and solidarity. Consequently, this becomes a favourable situation for the managers of individual departments because they know that only individual persons will express their lack of acceptance.

Economic savings. Disinforming employees in some cases resulted in apparent savings. If a given employee has not obtained information that they are entitled to, for example, a salary allowance for working with COVID-19 patients, they have not received this money. Such a situation in hospitals could be observed in the case of the government decision on compensation for employees (the first decisions of May 2020). At that time, an employee had to sign a statement about the limitation of their workplace; and for this reason they were entitled to the benefit. Then, the medical staff received 50% of the remuneration for the previous month (April 2020) from the previous workplace. The disinformation consisted in the fact that the compensation was due to all employees who signed the statement, whether or not they had taken up professional work in another workplace before the pandemic because they lost the opportunity to take up additional work.

Fear of embarrassment on the part of the management. Concealing some information was a deliberate action, as it was often an attempt to hide one's low decision-making capacity and negligible influence on certain decisions.

4. The effects of disinformation

Short-term effects:

The staff avoid standby shifts (staying on sick leave or annual leave), **the rest of the medical staff are tired and frustrated**. Disinformation discourages employees from engaging in work. Those who were able to take a break from work (because they could afford that) tried to pass the hard time being on annual leave or taking a sick leave. The medical staff employed under Civil Law agreements also arrange fewer shifts for themselves because of the fear over their future. This resulted in staff shortages in some departments. The remaining staff was forced to work in reduced teams, which resulted in increased physical fatigue. Some employees, at a time when the uncertainty was too high, took up work in other medical facilities to secure their professional and financial situation, despite the fact that hospitals offered high hourly rates in the city of Poznań. Remuneration as one of the motivational factors turns out to be not the only and leading determining factor in maintaining staff in the hospital.

Arguments exploding in a team. As already mentioned, not informing the staff may be intentional in order to turn team members against each other. Each employee has different suggestions for solving certain problems arising as a result of managerial disinformation. At one point, the medical staff of various hospital departments tried to unite and fight for their rights. However, unity was never complete, which further resulted in less effective actions. Some employees were guided by individual motivation (family or financial situation).

Differences arising between the promised information and the existing situation – recruitment errors. People recruited to work during the process of recruiting medical staff received information that did not always agree with the actual truth. The information in job advertisements was inconsistent with expectations and with the actual state of affairs. Managers should be guided by the principle: “the balance between the needs of the employee plays a key role” [12, p. 9]. However, often the needs of the hospital, especially the economic ones, became a priority over the needs of the staff. It was forgotten that it was only thanks to the intensified work and dedication of medical staff that many hospitals had managed to fight the coronavirus pandemic.

Defective or partial use of professional qualifications. At the peak of the SARS-CoV-2 virus infections, due to staff shortages, inefficient assignment of employees to individual departments could be observed. Professional qualifications were not always taken into account when employing medical staff. The demand for staff with the skills to care for mechanically ventilated patients

was the greatest, as not all nurses were able to handle this procedure. Therefore, at the department of anaesthesiology and intensive care the following professionals should work: nurses specialising in anaesthesiology and intensive care, nurses specialising in emergency medicine, or medical rescue workers with experience of working at ICU. However, it was not uncommon for medical staff with such qualifications to be assigned to other departments, while people without these qualifications were employed at the department of anaesthesiology and intensive care.

Uncertainty in the team, stressed employees. Stress in a chronic form leads to premature professional burnout, especially in difficult working conditions, such as those surrounding the fight against the pandemic. Working with SARS-CoV-2-positive patients alone triggered stress among employees, especially at the beginning, when medical staff had not yet been vaccinated against the coronavirus. A repeated load of negative stress from the side of the management did provide motivation anymore. Uncertainty often resulted in severe mental fatigue, frustration and chronic nervousness.

Long-term effects:

Discouragement, stress. The stress in the fight against the spread of SARS-CoV-2 infections was enormous. Additional stress associated with the defective communication process in the organisation increase the sense of insecurity and chronic nervousness of employees. Medical staff cope with stress in various ways. Sometimes they use stimulants (alcohol, cigarettes) to relieve difficult situations (e.g. increased number of deaths). Physical fatigue amplifies the level of negative emotions and irritability in medical staff. Future research will verify whether the pandemic causes PTSD (post-traumatic stress disorder) in medical personnel. Many have already experienced ASD (Acute Stress Disorder) — an acute stress response that occurs immediately after an injury. Some could not cope with the enormous anxiety and stress in action, being unaccustomed to such working conditions.

Deterioration of care quality. Dissatisfied employees, flawed decision making of the management and ineffective work of medical staff through reduced motivation of employees has a long-term effects such as a significant reduction in the quality level of medical services provided. Quality is a fundamental asset of any organisation, as it elevates the ranking of a company's operations. Recently, a trend of obtaining quality certificates (accreditations and ISO) by hospitals has crystallised. Although during the pandemic the emphasis on accreditation procedures decreased slightly due to work overloads, the multiplicity of new and important decisions and the change of priorities in health

care facilities. However, a manager should not allow any activities of the organisation to negatively affect the quality of services provided.

Retiring staff and lack of newly employed medical professionals. Tired employees, especially those who have acquired entitlement for retirement, but could continue to work fewer hours, do not want to remain professionally active as they crave for rest. With the simultaneous constant shortages of new nursing and rescue staff (university graduates), this problem has been intensified. Informing and appreciating employees is the key to the success in retaining staff in a given workplace.

Lack of innovation in hospital departments. This happens due to the fact that employees are not informed or are incorrectly informed about the tasks. The requirements for medical staff are very high and growing. The designation of specific measures is the beginning of the division of tasks (an indispensable element in each organisation), as well as the beginning of the possibility to set requirements and apply penalties for failing to perform them. In turn, reduced involvement of the staff in work, in the long run, leads to difficulties in introducing innovations and changes at a hospital department.

Mass resignations of employees from work. As already mentioned, uncertainty, frustration and stress caused medical staff to leave and start professional work in other institutions. They were tired of having incomplete information or not having any at all. Improper treatment of medical staff has led to exacerbating the problem of an increasing number of vacancies.

Deepening of the conflict between medical staff and the administration department. As the situation full of negative emotions continues, the escalation of the conflict inevitably leads to “the formation of separate kingdoms composed of medical workers and administration” [12, p. 15]. This is not a positive phenomenon, because even though in each organisation there is a division of responsibilities and departments and a choice of a specific model of the management structure, in which departments can be separate cells – each of them is still a component of the entire organisation working together for its success.

Postponing binding decisions. Failure to inform medical staff about matters related to, for example, remuneration is used deliberately to save subsidies for the hospital. This contributes to postponing decisions, and thus increases the uncertainty of the medical staff.

5. Suggestions for solving the problems

As the research results have shown, the following solutions should be qualified as primary ones:

- **Education of the management staff.** A reliable cure for defective provision of information to medical workers is the education of managers in organisations such as hospitals. This must take place at all levels of organisational structure, in particular at the highest levels. Decision making and informing all employees should start with the director themselves.
- **Increasing the quality and efficiency of information management.** In any organisation, especially in health care facilities, great emphasis should be placed on the high quality of services provided, but also on the management of the organisation. Making an effort to start the process of obtaining quality certificates is the first step to start paying attention to the above-mentioned quality. This concept also includes information management in an organisation.
- **Employees' motivation to cooperate despite the lack of decisions.** Organisations must accept the fact that boosting employees' involvement with appropriate motivation will translate into the organisation's product (medical service) and its economic effectiveness in the future.
- **Introduction of appropriate operating procedures.** Implementation of appropriate procedures to inform employees and manage information in the organisation would improve the entire operating process.
- **Control.** The creation of a unit responsible for controlling the activities of the management would identify possible errors and encourage the introduction of specific changes at the operational level. It would also serve as an incentive for the management to perform their duties in a fair and reliable way.
- **Conducting discussions and search for solutions to the situation** (Ministry of Health). Disinformation is also related to government decisions and the National Health Fund, which is beyond the control of any hospital's management. However, it can initiate conversations with its representatives to accelerate and increase the efficiency of decision-making processes, in order to make them as beneficial as possible for its employees, as well as for the hospital as an organisation.
- **Refraining from misleading employees.** Preventing misinformation is a crucial aspect so as not to discourage medical staff from acting and engaging within the team. It should be remembered that an employee should be treated as an organisational "resource" of unique and great value.

- **Preventing chaos.** Management should be aimed at activities that lead to introducing order into procedures thereby influencing organisation's operational practices. Chaos introduced by disinformation among the medical staff negatively affects the functioning of the organisation as a whole.
- **Authorising and appointing persons in charge of providing information in a specified scope.** Such initiative would prevent employees from being referred to other decision-makers without being given any constructive answer to the questions asked. Appointing people in each department and authorising them to inform employees (assigning tasks) would reduce the intensity of decision-making by people at the highest levels of management, improving their work. In the case of employees – they would always receive the information they are waiting for [13].
- **The employee must not be deceived.** A good employee is a beneficial asset and a resource bringing profit for the organization. An appreciated and well-treated employee (creation of good working conditions) will not choose to change their employer and will continue to be committed to give their best. Their commitment will continue to contribute to the effectiveness of the entire organisation.
- **Increasing the respect for employees and ethical values.** In today's world, certain values tend to be forgotten. Economic gains overshadow respect for the employee as a human being. A medical worker is a valuable asset that cannot be replaced by any devices (artificial intelligence).
- **Employing competent people in managerial positions.** It is vital that people in managerial positions are competent. This concept is quite subjective because those skills are not always interpreted in the same way. Certainly, they should know the specifics of how a given department is supposed to work, only then will they be able to make the right decisions and communicate them. In addition, they have to familiarise themselves with management as a theoretical discipline, know the basics of human resource management (motivation, appreciation, division of labour, etc.).

Conclusion

Information management and communication with employees by competent and appropriate decision-makers is not always executed in an effective way. This is determined by multiple factors and underlying reasons. The pandemic caused by the SARS-Cov-2 virus was a particularly difficult period for

managers due to the unpredictable activities and the creation of numerous operating procedures on an on-going basis. The unusual emergency situation resulted in numerous practical problems. Managers should be aware that any mistakes made in the management process (including disinformation) will negatively affect the entire organisation for many years. In order to prevent this, it is essential to introduce appropriate corrective measures and prevent unintended situations (prevention). The occurrence of a crisis situation, which the coronavirus pandemic turned out to be, resulted in numerous challenges and problems which required solutions, but also highlighted deficiencies in crisis management practices. The plans created in the preparation phase require further development and re-analysis, since their effectiveness proved to be insufficient.

Disinformation is a negative phenomenon and has a detrimental effect on the functioning of an organisation as a whole in almost every aspect. It results in many problems with employees, both from the medical and administrative staff in every organisation.

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Dezinformacja w sytuacjach kryzysowych jako błąd zarządzania na przykładzie działań w systemie opieki zdrowotnej w czasie pandemii COVID-19

STRESZCZENIE

Zapewnienie bezpieczeństwa swoim obywatelom jest jedną z najważniejszych funkcji każdego państwa. W czasach współczesnych bezpieczeństwo narodowe należy rozumieć jako jedną z podstawowych dziedzin funkcjonowania państwa, mającą na celu zapewnić nie tylko możliwości przetrwania, ale przede wszystkim umożliwić rozwój i swobodę realizacji interesów narodowych w konkretnym środowisku bezpieczeństwa, poprzez podejmowanie wyzwań, wykorzystywanie szans, redukcję ryzyka oraz przeciwdziałanie wszelkiego rodzaju zagrożeniom dla jego interesów, szczególnie w sytuacjach kryzysowych.

Zarządzanie w sytuacjach kryzysowych obejmuje działania we wszystkich fazach: zapobieganie, przygotowanie, reagowanie, odbudowa. Należy wykorzystać wszystkie możliwe narzędzia zarządzania, by w momencie wystąpienia kryzysu osoby zarządzające mogły podjąć właściwe decyzje. Błędy, które były popełniane w sytuacjach kryzysowych, obnażyły nawastwiający się problemy placówek medycznych. Mają one służyć jedynie do dalszego planowania i szukania rozwiązań, jak ich unikać. Pandemia koronawirusa pokazała w wielu dziedzinach życia, że zarządzanie w takich nagłych zdarzeniach nie jest łatwe. Szczególną trudnością stanowiło zarządzanie w placówkach medycznych. Badania przeprowadzone na terenie województwa wielkopolskiego (szpitale) w kwestii dezinformacji uwiarydlały pewne problemy, które miały miejsce podczas procesu zarządzania w pandemii covid-19. Obserwacje prowadzone były w czasie trwania pandemii wśród medyków pracujących w placówkach medycznych zajmujących się wyłącznie pacjentami zarażonymi wirusem SARS-Cov-2. W poniższym artykule zawarte są informacje o próbie badawczej, a także o przyczynach stosowania dezinformacji jako narzędzia do prowadzenia

działań celowych (np. zatajenie informacji, zmęczenie i frustracja, zbyt niskie wynagrodzenie, oszczędność ekonomiczna). Wysunięte zostały również wnioski, wskazujące jakie skutki krótkotrwałe i długotrwałe przyniosło dla danej organizacji stosowanie dezinformacji (np. zmęczenie, stres, kłótnie w zespole, pogorszenie jakości opieki). Finalnie wyszczególniono propozycje rozwiązania problemów na przyszłość w tym zakresie (motywacja pracowników, traktowanie pracowników jako „zasób” organizacji, zapobieganie chaosu, edukacja kadry zarządzającej, zatrudnianie osób kompetentnych jako menagerów).

SŁOWA KLUCZOWE bezpieczeństwo, zarządzanie kryzysowe, dezinformacja, zarządzanie, zarządzanie w systemie opieki zdrowotnej


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Author contributions

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Ethical statement

The research complies with all national and international ethical requirements.