UDK: 614.2:005.932
Paper received: April 6, 2025
Paper accepted: May 13, 2025

Journal of Entrepreneurship
And Buisiness Resilience
Year VII • Vol 8, No 1.
pp. 21-43

ORIGINAL SCIENTIFIC PAPER

Resilience of Healthcare Organizations During the Pandemic

NIKOLIĆ-ILIĆ Žaklina[1], ŽARIĆ Nadja[2]

[1]Belgrade Banking Academy - Faculty of Banking, Insurance and Finance, Union University Belgrade, (SERBIA)
[2]Faculty of Information Technologies, Mediterranean University, Podgorica, (MONTENEGRO)

Emails: zaklina.nikolic-ilic@hotmail.com, nadja.zaric@unimediteran.net

ABSTRACT

The Covid-19 pandemic affected every aspect of life and at the same time affected the capacity of the health system. That is why it is important to investigate the appropriate mechanisms, operational stability and resilience of healthcare organizations that form the backbone of a country's healthcare system. Its integral part is made up of healthcare workers. Without them, the system would not exist. They provide medical services to patients and are a key point. The resilience of the system depends on investments in the infrastructure of healthcare organizations, the motivation of human resources in healthcare, their management and the ability to adapt to meet needs in normal conditions, and especially in pandemic ones. During the Covid-19 pandemic, hardly any system has resisted the difficult and inhumane situations it brought with it. That is why the state of a country must establish models for the resilience of the health care system. Their definition is based on an assessment of the capacities of health actors and institutions that must be prepared for an unpredictable shock from emergency situations. It is important to

establish a proactive system in the provision of healthcare. During the pandemic, Serbia invested heavily in additional capacities and companies only helped the population and the medical system. Medical staff played the most important role in the overall functioning of the healthcare system

Keywords: health organizations, resilience, medical professionals, motivation and pandemic

JEL classification: I15, M21

INTRODUCTION

The Covid-19 pandemic is a pandemic that has scared the whole world. However, it still exists danger of repeating pandemics. In this regard, it is important to determine and influence the resilience of the health system through capacity health actors, institutions and population. In order for sustainability to be possible, it is necessary is to provide a vigorous public health response and provide a highly functional system health care. Both of these systems must be in cohesion in order to withstand the future pandemic. Health organizations in Serbia did not have enough accommodation capacities, there were not enough employees in them, the situation was found to be in deficit of many devices and preparations for the provision of medical services were the main reasons for weaker resistance than the pandemic. During the pandemic, the help of the state and its investment in the medical system provided a financial injection for the survival and stability of health care institution and other institution. The resilience of medical organizations depends a lot on organizational structure, methods of management and quality leadership, adequate i competent leaders, i.e. managers in existing positions and others medical workers.

The role of nurses and technicians is crucial, because they were actually on the front line defenses are therefore counted among the most vulnerable group that was susceptible

psychological endangerment and impairment of the quality of life. Their greatest closeness with sick patients, as well as the physical proximity of the doctor during the examination, she possessed the greatest risk to one's own life. It is essential to perform this kind of work the existence of empathy, although it is important to point out that one of the main factors is motivation.

The motivational factors are different and, driven by intangible and tangible factors. Economics, as a science, is omnipresent in all spheres of life, and its application is aspect of the availability of resources in the medical system is very important. The most important resources, are human resources, who irreplaceably perform and complete their tasks. In health system, doctors, nurses and technicians participate in the implementation existing and unexpected tasks, providing medical services, medical care, etc.

The subject of the research is to describe the resilience of the medical system, due to of sudden pandemics and to provide suggestions for the endurance and resilience of medical system. Emphasis is placed on medical staff (doctors, nurses and technicians) as the main actors, with the aid of the state and their mutual importance for stability medical organizations in general, and especially during pandemics.

The aim of the paper is to point out the importance of the optimal number of medical resources, to his motivation, persistence and expertise in the business of the medical system, as well as complexity in work. He will point out the importance of program continuity, education, the motivation of employees, who are actually the main lever in the system's resilience.

The global pandemic of Kovid 19 has left many systems on the verge of cracking, due to bad organization and insufficient number of medical workers, as well as their lack of training for emergency situations. During the corona virus pandemic, our country successfully fought with all the adversities and problems. At that time the medical system, although with insufficient infrastructure, with a lack of human resources has proven to be very resilient. Foundations should be sought not only in financial investments and measures by the state, but also in of employees in

healthcare. Their sustainability and resilience depends a lot on motivation. The aim of this work is to investigate and clarify which motivational factors have influenced and are influencing employed in this area, in order to remain without indications of leaving it. Although it is system is a broad category, in the work special emphasis is placed on individuals, that is, on employed in the health sector.

RESEARCH METHODOLOGY

Three research hypotheses were tested in the paper:

- H1: Intangible state investments in healthcare workers during the pandemic COVID-19 significantly increased their motivation to work
- H2: Material state investments in healthcare workers during the pandemic COVID-19 had a positive impact on the motivation of healthcare workers.
- H3: Material investments in the health system during the COVID-19 pandemic contributed to increasing the motivation of healthcare workers.

Hypotheses were tested using descriptive statistics and cabinet research (Desk research). The work applied the inductive, deductive, descriptive-statistical method, comparative method, compilation method, as well as. analysis of relevant theoretical literature.

Empirical research involves testing hypotheses through information obtained through questionnaire on a sample of 158 respondents (nurses/technicians and doctors). The software tool SPSS (Statistical Package for the Social Sciences). The survey method aims to evaluate the satisfaction of employees in healthcare system of Serbia. The respondents' answers will indicate the problems they are dealing with employees meet and give guidelines for solving numerous problems of health institutions, and all for the purpose of their resilience during the pandemic.

The hypothesis research is based on the motivation of medical workers in relation to assistance and investment by the state and its authorities. The research results speak for it that the motivational factor is very important for further work, both for the worker and, consequently, for resilience of healthcare organizations.

SCIENTIFIC CONTRIBUTION

The work contributes by providing guidance to many healthcare institutions, institutions and other organizations about the importance of the sustainability of medical workers, their motivation, and all in terms of feedback, higher quality resilience of the above system.

The expected results and contributions of this work are as follows:

- To point out to the state the importance and protection of medical workers, on security better conditions for work and life, so that consequently the results of work in health organizations were more efficient;
- To give guidance to the academic community and many government institutions, no only in our country but also more widely, about the importance of motivational factors for employees;
- To emphasize the positive side of knowing the planning process, recognition of certain programs related to key risks and crises.

Adaptation of health institutions to crisis situations

Pandemics are rare events, but they are pandemics of infectious diseases that spread through a large population of people. Interactions between different institutions were less frequent, trust is getting less and less, and resilience is getting weaker.

The danger of new pandemics is inevitable. In many health systems coordination between public health and the health service delivery system are limited. Therefore, some countries form a multiministry Russian working groups, to ensure adequate work,

adhere to policies and practices that preserve health capacities system.[4] These countries have adapted their health system capacity in response on the development of the epidemiological situation. They achieved this by increasing the capacity in hospitals, by building improvised hospitals or repurposing existing health institutions or civic spaces. The workforce was expanded through redeployment and recruitment, through financial and social support.

Organizational resilience is the organization's ability to plan and organize emergencies situations, crises, interventions and revival. Assessing the resilience of an organization helps organization to increase environmental awareness and respond to threats. We can understand the resilience of healthcare organizations as a system capability employees, individuals, where resources for quality functioning should be found despite the exposure to risk. In order for resistance to be of the highest quality, it is necessary to design program for its safety and excellent functioning. After numerous evaluations, principles, designing and developing a program or strategy, opens up space for designing the program. Strategic approach from the aspect of partnership building, with to local leaders, working together with community members is paramount. Engagement with the local community, then management, cooperation between sectors and finance control are essential elements of the resilience of health systems.

Coordination of different service providers is reflected in an effective program. They contribute to the development of the social network of young people, medical workers, where it is removed and eliminates their isolation, apathy and frustration. Program activities focus attention on how the participants see themselves, what they are personal beliefs, future goals, values and strengths, but also how others see them. Programs they include system change, i.e. individual, family and community. It's here represent efforts to secure the resources needed for the sustainability of the system. The design of the program itself must

not be complex, and it is necessary to establish a balance in order to overcome unpleasant events.

This means adaptation to changes that negatively affect the development of the system, that is, the ability to cope with change and remain strong. They have an important role precisely medical workers, as the main actors of the health system. So that their results work were more effective, in addition to training and education, it is necessary to additionally design and bring various programs for the benefit of the institution where they work. The program could implies changes in the social sphere of each individual and of course the community.

Three different processes are described under resilience: recovery, adaptation and transformation [11]. Recovery is returning to the same level of functioning. Under by adaptationwe mean changing the system, adapting and adjusting accordingly with potential risks [7]. Transformation involves changing the environment in a way that eases the system at risk.

Overall, resilience is the resistance to stress that forces action mandatory change. In fact, it is the responsibility of only one individual making the request mobilization of the informal user support system.

In successfully designed programs that provide certain systems and direct employee how to react in risky situations, a higher probability is guaranteed resistance. It is necessary to have transformational characteristics in work and management, in order to resist sudden changes.

The resilience of a system can be maintained by acting on the individual within it. By acting on employees within healthcare organizations and their more effective work directly affects the permanence and stability of the institution in which they work [9].

Earlier considerations of resilience indicated that resilience is only in individuals, as well as that direct action on the individual was the only thing possible improve resilience.

Recommendations for further study would be more thorough considerations of evaluations of applied systems resilience building programs that are respected the described assumptions of effectiveness, in the development and application of crisis management and distribution of human resources [12].

Crises of health institutions during the pandemic

Kovid 19 was an extremely threatening virus for citizens and brought the whole world into crisis. States are were trying to establish and maintain the economy, so they started by bringing many preventive measures. At the beginning of the pandemic, citizens had confidence in experts, scientists, but it weakened over time [3].

The economic consequences of this crisis were more visible over time, so citizens had distrust in all institutions. Due to a lot of uncertainty in the statements made by the medical doctors, scientists, there was chaos about not/adopting many proposals, instructions and similarly. Various political and economic pressures have led to the disruption of scientific integrity. In order for the public to have confidence in scientists, during the aforementioned crisis, it was necessarily developed communication.

Crises differ in content, duration annuity, consequences, intensity and other features. All crises have in common the threat, urgency and uncertainty. They bring a high degree uncertainty about the potential consequences of the threat and represent a high-risk area, because adverse events can cause death.

For all the countries of the world, it is important that in the period of crisis situations, the biggest sector is of high risk are adverse events that can cause death, serious damage and complications. Inadequacy of resources leads to unstable operation of the medical system. Due to the crisis indicates the need to make a decision that indicates differentiating situations, avoiding conflicts. It depicts unexpectedness, unpredictability and

uncertainty.

Crisis management is a type of applied management. It includes tasks and processes related to the ongoing activities of the organization, then planning, leading, organizing and managing human resources. Its application is the most important, because without of human resources, there is no adequate management of health organizations. Taking into account that the health sector is a high-risk area for health resilience organization is very important education and application of the mentioned management.

The way of reacting to an unexpected situation is mostly associated with non-standard, extraordinary and radical measures[8]. These measures can be strategic and tactical. Strategically approach in medicine implies the reorganization of the existing and the formation of emergency services for the following purposes. It is important to analyze the crisis elimination strategy and its consequences. U the achievement of tactical objectives include the deployment of teams and equipment, then operational management for organizing certain activities. The key role is in coordination with non-health sectors for the necessary support for resolution social determinants. There are no universal rules for crisis management, but denotes leadership in an organization.

From this we conclude that the crisis management of healthcare reduces the risk to life population. As part of the secondary goal in healthcare, the reduction of damage and consequences would be carried out crisis for survivorship care.

The Ministry of Health has plans and programs for an upcoming crisis. According to them indicates the ability to quickly reorganize health institutions and quality of public health supervision. The state decision determined the health infrastructure, regulations, guidelines, defining access to medicines and treatment, as well as provision health care and financing. Studying health care resilience provides instruction on the application and understanding of patient resilience and safety

concepts [5].

Medical workers as the most important factor in the resilience of healthcare organizations

When talking about the organization of health institutions, the resilience of their systems,it is crucial to say that medical professionals actually represent its main link. Health systems manage crises by having adequate, trained and willing workforce.

In many countries, covid 19 has spread rapidly among healthcare workers and left a big mark psychological impact and fatal outcomes among them. Due to such sudden pandemics in future, employees must establish an adequate distribution within health institution, determine its scope of work, so that no one is denied medical care help. Ability to re/organize health institutions more efficiently and effectively can reduce large damages. In this regard, the capacity utilization of all employees is paramount.

They were and will be necessary in helping patients with social distancing, self-isolation and restrictions on time spent outdoors. It is necessary for employees to have continuous education and training, to learn lessons from previous crises and use a new framework for the resilience of health systems. The framework should have a model for strengthening the resilience of the health system, not only individually, but also on a global level [6].

Health institutions must be stable and provide health services at their best, possible level. For such a thing to happen, their medical staff should be motivated in every sense of the word. During the pandemic, health workers worked overtime, without rest. On the one hand, most countries reported giving some form of financial aid support in the form of financial incentives, bonuses, insurance, tax relief, overtime, wages, meal allowances, while others declared the causes of death. U many countries have expressed gratitude for health workers promoting solidarity. For

better communication and coordination, monitoring platforms played a big role logistics networks that are integrated in ensuring constant and fast flow medical products and technology.

When we talk about personal development, we mean every form of education, learning and investing in yourself. Such a person is aware of his needs. The term that best describes a human need behind growth and development is self-actualization. it is necessary that medical professionals (doctors, nurses and technicians) have developed self-actualization.

The satisfaction of medical workers as the main factor of medical stability organization

Cultivating psychological resilience as a protective factor for the negative effects of distress is optimistic for the life of each individual. The ability of an individual is to face significant sources of stress, above-average functioning in stressful situations. Individuals, as well as employees in medical institutions, should possess the ability positive response to physiological, social, psychological and many other threats, with which they face during work. It starts from the position that they are people with high degrees psychological resistance, self-confident, patient and flexible, because they have a pronounced meaning for humor and the need for faith [2].

Given that man and his role are more important in all social processes, as such in group, human resources are becoming more and more important. Job satisfaction is reflected through the characteristics of work activities and the degree of employee motivation. Some authors start from five different fundamental job characteristics: diversity of tasks, identity or recognizability of tasks, the autonomy that the employee has in his work, as independence in performance of work and "backup" of work performed [1].

In this connection, it is important to listen to their motivation

for the same. Some are motivated material, and some non-material factors. Their contribution to the business has a direct impact to the entire work of the health organization in which they are employed. Due to the influence of various external factors, the satisfaction of the medical staff can be at different levels. Factors that have a greater influence on the quality of life are primarily physical and mental health and relationships with people. Additional factors are social, social and economic national security, personal development, recreation and entertainment.

The lack of support among healthcare workers affects their further psychological state and dedication to work. Due to the stressful working conditions, there may be a riot among employees and influence further instability. However, the motivational factors at of employees can be an excellent support for further work, resisting all intermediate and immediate factors. Motivation directly affects the increase in work productivity, a thus indirectly also on the organization's resilience in difficult conditions. She is one of the most important issues in management and starts from the attitude that it is only possible to meet the goals organization, if its employees and managers are motivated to achieve their tasks.[7]

Right here we can talk about the resilience of each individual employee health organization, relying on the fact that they, with motivation, make work more efficient and effective. Consequently, with better quality work, the system is more durable. We can freely point out that without the motivation of employees, who form the backbone of the health system, that is health institutions, institutions or organizations, there would be no sustainability of them. For feedback loop, we have more resilient, stronger and more stable healthcare, organizational structure and fig. It can be described as a motivating force that builds and changes in different lives circumstances.

RESEARCH RESULTS

The investigation of the hypotheses in the paper showed the interrelationship of the state's investment in medical organizations and employed medical workers. Material and immaterial investments in health organizations, by the state, directly affect not only raising one's own capacities, but also on the motivation of the medical staff.

In this paper, we have conducted a survey of the employee through a survey questionnaire of medical staff during the pandemic, including their job satisfaction more motivational factors.

H1: *Intangible investments of the state in healthcare workers during the covid-19 pandemic significantly increased their motivation to work.*

The Shapiro-Wilk test (Table 1) showed that for the variable: *Intangible investments in healthcare workers during the pandemic*, the p-value is 0.156, which is higher than the threshold of 0.05, which means that there are no statistically significant deviations from normality, i.e. distribution data is normal.

Table 1 Shapiro-Wilk Test of Normality for the variables tested in Hypothesis 1

Variable	**p-velue**
Intangible investments in healthcare workers during the pandemic	0.156
Motivation to work	> 0.001

This allowed us to use for this variable parametric tests. Also, for the variable measuring motivation to work, the p-value is greater than 0.001, which also indicates that there are no significant deviations from normality.

The results of Pearson's correlation (Table 2) show that there is

a positive and statistically significant significant connection between intangible investments of the state in health workers during the pandemic and their motivation to work ($r = 0.331$, $p < 0.001$). *This result suggests that greater non-material state investments in healthcare workers contribute to greater motivation for work.*

Table 2 Pearson correlation among the variables tested in Hypothesis 1

Variables	**Correlation (r)**	**p-value**
Intangible investments in healthcare workers and motivation to work	0.331	< 0.001

To further quantify the impact of intangible investments on work motivation, we performed a regression analysis. The results of the analysis showed that there is a moderate positive correlation between intangible investments and motivation to work ($R = 0.331$). The coefficient of determination (R^2) is 0.110, which means that intangible investments they explain 11% of the variation in work motivation. Adjusted coefficient of determination (Adjusted R2) is 0.104, which takes into account the number of predictors in the model. Standard error estimates is 0.656. ANOVA analysis showed that the model is *statistically significant* ($F(1,156) = 19.217$, $p < 0.001$), which indicates *that intangible investments in health workers significantly influence the motivation to work.* Coefficient for intangible assets (B) is 0.328, which means that for each unit increase in intangible investments, motivation for work increases by 0.328 units. The coefficient is *statistically significant* ($t = 4.384$, $p < 0.001$).

The results of the regression analysis support Hypothesis 1, i.e. that they are immaterial state investments in healthcare workers during the covid 19 pandemic increased significantly their motivation for work. *This result suggests that higher intangible investment positively influence the motivation of healthcare workers, which is crucial for maintenance high performance in crisis situations.*

H2: *State material investments in healthcare workers during the covid-19 pandemic had a positive impact on the motivation of healthcare workers.*

The Shapiro-Wilk test (Table 3) showed that for the variable: *Material investments in healthcare workers during the pandemic*, the p-value is 0.2, which is greater than the threshold of 0.05, which means that there are no statistically significant deviations from normality, i.e. distribution data is normal. This allowed us to use for this variable parametric tests. As already shown in the text above, for a variable that measures motivation for work, the p-value is greater than 0.001, which also indicates that there is none significant deviations from normality.

Table 3 Shapiro-Wilk Test of Normality for the variables tested in Hypothesis 2

Variable	**p-value**
Material investments in healthcare workers during the pandemic	0.2
Motivation to work	> 0.001

The correlation results (Table 4) show that there is a positive and statistically significant correlation connection between material investments of the state in healthcare workers during pandemic and their motivation for work ($r = 0.346$, $p < 0.001$). This result suggests that higher material investments of the state in healthcare workers contribute to greater motivation for work.

Next, a regression analysis was conducted to examine the association between the state's material investments in healthcare workers during the covid-19 pandemic and their motivations for work. The results of the analysis show that there is a moderate positive correlation between material investments and motivation to work ($R = 0.346$).

Table 4 Pearson correlation among the variables tested in Hypothesis 2

Variables	**Correlation (r)**	**p-value**
Material investments in healthcare workers and motivation to work	0.346	< 0.001

Coefficient determination (R^2) is 0.120, which means that material investments explain 12% variations in work motivation. The adjusted coefficient of determination (Adjusted R^2) is 0.114, which takes into account the number of predictors in the model. Standard error of estimation (Std. Error of the Estimate) is 0.653. Analysis of variance (ANOVA) shows that the model is statistical significant ($F(1, 156) = 21.234$, $p < 0.001$), which indicates that material investments significantly affect the motivation to work.

The results of the regression analysis support Hypothesis 2 that material investments state in healthcare workers during the covid 19 pandemic had a positive impact on their motivation for work.

This result suggests that higher material investments of the state in health workers contribute to greater motivation to work, which is crucial for maintenance high performance in crisis situations.

The next set of data, in Hypothesis H3, refers to total state investment in healthcare system during the covid 19 pandemic, including resources and tools available medical staff.

H3: *Material investments in the health system during the covid-19 pandemic contributed to increasing the motivation of healthcare workers.*

The Shapiro-Wilk test (Table 5) showed that for the variable: *Investments in healthcare system during the covid 19 pandemic*, the p-value is less than 0.001, which is significant less than the

threshold of 0.05. This result indicates statistically significant deviations from normality, i.e. the data distribution is not normal. Therefore, for further analysis of this variables, we used a non-parametric statistical test ve, such as Spearman's correlation.

Table 5 Shapiro-Wilk Test of Normality for the variables tested in Hypothesis 3

Variable	p-value
Investments in the health system during the covid-19 pandemic	< 0.001

The results of the Spearman correlation (Table 6) show *that there is a positive i statistically significant connection* between state investments in the health system during the covid 19 pandemic and the motivation of healthcare workers. Correlation coefficient (rho) is 0.273 with a p-value less than 0.001, which indicates a statistically significant association at the 0.01 level. These results suggest that higher state investments in the health system during the pandemic has a positive effect on the motivation of health workers, supporting hypothesis H3 that government investment improves efficiency and quality of provided health services, which contributes to increasing the motivation of health workers.

Table 6 Sperman's correlation among the variables tested in Hypothesis 3

Variables	Correlation coefficient (rho)	p-value
Investments in the health system and motivation of health workers	0.273	< 0.001

The results of the regression analysis showed that there is a positive correlation between government investments in the health system during the covid 19 pandemic and motivation to work health workers (R = 0.297). The coefficient of determination (R^2) is 0.088, which means that investments in the health system explain 8.8% of the variation in work motivation. The adjusted coefficient of determination (Adjusted R^2) is 0.082, which takes into account

the number predictors in the model. The standard error of the estimate (Std. Error of the Estimate) amounts to 0.664. Analysis of variance (ANOVA) shows that the model is statistically significant ($F(1,156) = 15.090$, $p < 0.001$), which indicates that state investments in the health system during pandemics significantly affect the motivation for the work of healthcare workers.

The results of the regression analysis support Hypothesis 3 that government investments in health system during the covid 19 pandemic improved the efficiency and quality of services provided health services, which contributed to increasing the motivation of health workers. This one the result suggests that higher state investments in the health system contribute to higher motivation for the work of healthcare workers, which is crucial for maintaining high performance and quality of services in crisis situations.

CONCLUSION

Here we are talking about medical organizations that by nature have a dynamic and continuous service, but at the same time diversity, complexity and uncertainty in different the situation. Due to appropriate state moves and management, the resilience of health the institution will be stronger and more stable. Organizations must have a competitive edge ability to adapt to rapidly changing environments.

First of all, it is necessary to take steps and for the state to use all instruments for the purpose of resilience of healthcare organizations. The effect of the great shock that is the pandemic brought, manifests the weakest point of the system. Then numerous omissions were noticed, well is the conclusion that with a better organization we will have a more secure medical sustainability organization. The state has a role to create a healthy

and capable population that will be ready to respond to crises. The resilience of a country cannot be realized if it is not resistant to negative influences.[10]

The conclusion starts from the position that for every problem it is necessary to determine the cause of it.

Considering the medical system and its organizations, which represent a link in chain, we went analytically deeper towards medical workers. Above all, the logical sequence is yes the family cannot survive and develop without its household members, which also applies to medical organizations. Their resilience depends on the employees themselves, on their own togetherness, good intellectual training, coordination and knowledge in crisis management. All of the above must be encouraged in continuity with appropriate motivational factors. Motivational factors, whether material or immaterial, are an essential item for the motorization of the medical, as well as any other system.

REFERENCES

[1] Barać, I. (2019). Personal, organizational and professional characteristics as predictors of job satisfaction of nurses (Doctoral dissertation, Josip Juraj Strossmayer University of Osijek. Faculty of Medicine Osijek).

[2] Connor, K.M., & Davidson, J.R. (2003). Development of a new resilience scale: The Connor-Davidson resilience scale (CD-RISC). Depression and anxiety, 18(2), 76-82.

[3] Doğrusöz, L. A., & Omay, E. G. G. (2022). Organizational resilience in healthcare organizations: A research in the public and private sector. Afet ve Risk Dergisi, 5(1), 318-329.

[4] ESCAP, U. (2003). Saving our future: multiministerial action guide

[5] Fairbanks, R.J., Wears, R.L., Woods, D.D.,Hollnagel, E., Plsek, P., & Cook, R. I. (2014). Resilience and resilience engineering in health care. *Joint Commission journal on quality and patient safety*, *40*(8), 376-383.

[6] Gínez-Silva, M. J., Astorga, C. M., & Urchaga-Litago, J. D. (2019). Psychological resilience through age and sex. Revista INFAD de Psicología. International Journal of Developmental and Educational Psychology., 4(1), 85-94.

[7] Jokić, S., Bradonjić, D., & Coćkalo, D. (2012). Motivation and Motivation Factors of Employees. Megatrend Review, 9(4).

[8] Jović, L. (2023). Assessment of aspects of satisfaction with work organization and management among healthcare workers in a Covid-19 crisis situation (Doctoral dissertation, University of Rijeka. Faculty of Health Studies).

[9] Pasin, L., Sella, N., Correale, C., Boscolo, A., Mormando, G., Zordan, M., ... & Navalesi, P. (2020). Pandemic COVID-19: the residents' resilience. Acta Bio Medica:

Athenaeum Parmensis, 91(4), e2020120.

[10] Radović-Marković, M. (2017). Encouraging the resilience of companies in Serbia. Ecologica: science, economy, experiences, 1-7.

[11] Ungar, M. (2018). Systemic resilience. Ecology and society, 23(4).

[12] Nešić, M. (2022). Assumptions of the effectiveness of the system resilience building program. *Temida*, *25*(2)

APPENDICES

Appendix 1. Questionnaire Organizational trust factor (OFP, [15])
Rate on a scale of 1 to 5 how much the statements apply to your company's practices and culture. Note that 1 indicates "not at all true" while 5 is "completely true".

In our company …					
1. … those who do well are rewarded immediately after that they have achieved something above average at the workplace, and not according to some annual bonus schedule and rewards.	1	2	3	4	5
2. … they periodically select the best individuals or teams. During the selection, the opinion of the employees, not only the manager, is taken into account.	1	2	3	4	5
3. … employees are given clearly defined and timed benefits specific goals to achieve.	1	2	3	4	5
4. … manager sets goals for the employee in accordance with his interests and so	1	2	3	4	5

they should be challenging but achievable.					
5. … only successfully completed work counts, while you have the freedom to do it in a way that pleases you.	1	2	3	4	5
6. … you can manage your time freely and organize your work as you see fit, if it does not interfere with someone's work and brings results.	1	2	3	4	5
7. … you can choose tasks or projects that you are interested in working on or in which you want to try yourself.	1	2	3	4	5
8. … there is an opportunity to be socially useful you hire or develop an idea of your own as part of your working hours.	1	2	3	4	5
9. … they often report to us on business results, successes, but also failures of the company.	1	2	3	4	5
10. … you know exactly what you need to achieve, learn or how long you have to work to get a certain raise and reached the salary of a colleague.	1	2	3	4	5
11. … people are encouraged to socialize, celebrate birthdays and the like by managers.	1	2	3	4	5
12. … collegiality and a good relationship with colleagues through a salary increase, bonus, promotion or another type of reward.	1	2	3	4	5
13. … employees receive regular and high-quality feedback from their superiors.	1	2	3	4	5

14. … on a daily basis superiors share with to subordinates, links to content from which they can learn, book recommendations, interesting articles, good examples from practice, and the like.	1	2	3	4	5
15. … people in managerial positions talk freely about what bothers them, what they are not good at or what they lack knowledge and skills.	1	2	3	4	5
16. … management mentions what the competition is better at and what the company's weaknesses are.	1	2	3	4	5