

Impact of Crisis Management Strategies on Employee Performance in Public Hospitals of Banyas and Tartus

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Abstract

This study aimed to study the impact of crisis management strategies with their dimensions (signal detection, preparedness and response, damage containment and mitigation, recovery, and learning), on employee performance in public hospitals in the cities of Banyas and Tartus.

A descriptive analytical method was employed, and a simple random sample was selected based on the larger sample size of hospitals in Banyas and Tartus (National Hospital in Tartous and Banyas). A questionnaire was used as a collected data tool, with 250 questionnaires distributed and statistically analyzed using the Statistical Package for the Social Sciences (SPSS).

The study found a statistically significant effect of crisis management strategy, on employee performance. Additionally, there was a statistically significant for each of the crisis management strategies within their dimensions on employee performance. And also, there is a statistically significant effect for each crisis management strategy individually on employee performance.

Keywords: Crisis management strategies, signal detection, preparedness and response, damage containment or mitigation, recovery, learning, employee performance, hospitals.

1. Introduction

1.1. Crisis management strategy

Crisis management is a continuous administrative process, which is concerned with predicting potential crises through sensing and monitoring internal and external environmental variables (Slim; Al-Shaikhli,2023). Contemporary organizations are increasingly characterized by crises due to the volatility and complexity of the surrounding environmental business. Given that crises are inherently unpredictable, this necessitates that management across various organizations possess the capability to foresee and prevent their occurrence, alongside a high level of skill in managing and addressing them when they do arise (Al-Hafni,2017).

The health sector is one of the most prominent and vital sectors within any organization, owing to its significant impact on individuals and society at large. In today's era, replete with changes and emerging developments, crises have become an expected occurrence for all organizations. Those that can manage crises with stability and balance stand out. From this perspective, the importance of studying crisis management strategies emerges, aiming to classify, analyze, and evaluate crises based on their likelihood of occurrence, severity, and the degree of control exerted by the organization, all for the purpose of effectively confronting potential crises (Al-Ghamdi,2023).

The individual is considered one of the fundamental variables influencing on the success of health sector. Consequently, hospitals strive diligently to execute their tasks and operations with a high degree of efficiency and effectiveness. As a result, they endeavor to attract the best personnel necessary for performance enhancement and continuous improvement through all possible means and techniques (Abu Krsh,2022). This reliance on skilled personnel aids crisis management strategies, as it involves a group of individuals with experience

in handling health crises that help mitigate losses. It is clearly that crisis management strategies are adopted by senior management when confronting various crises, as they delineate available pathways based on the strengths and weaknesses within organizations (Ibad,2015). Therefore, the current study aims to shed light of the impact of crisis management strategies on employee performance in public hospitals of Tartous and Banyas in Syria, as well as their resulting effects—whether positive or negative—on both employees and management.

1.2. Previous Studies

1. Study by Abodzadeh et al. (2014): "*Crisis Management: Planning for the Inevitable*." This study aimed to identify key factors affecting organizational readiness and planning for crisis management in Iranian business organizations. The sample included a group of experts working in a manufacturing organization in Iran. The results indicated three factors influencing organizational planning for crisis management: increased income, reduced costs, and changes in strategies.
2. Study by Obeidat Al Thani (2020) : "*The Impact of Strategic Leadership on Crisis Management*." This study aimed to explore the reality of strategic leadership and crisis management at Ooredoo Q.S.C in Qatar, highlighting the role of strategic leadership in managing crises within the company. The findings revealed a statistically significant effect of strategic leadership practices across all dimensions on crisis management.
3. Study by Al-Atrash (2020): "*Crisis Management at Mohammed Boudeiaf Hospital during the COVID-19 Pandemic*." This study aimed to assess the effectiveness of crisis management at Mohammed Boudeiaf Hospital amid the COVID-19 pandemic. A descriptive methodology was used. The study concluded with several findings, notably that the hospital did not adopt crisis management

throughout all its stages, nor did it effectively implement crisis management during the pandemic.

4. Study by Al-Amri Al-Muqarri (2021): *"The Role of Strategic Leadership in Building Intellectual Capital in Yemeni Private Universities in Sana'a."* This study aimed to identify the role of strategic leadership in building intellectual capital within Yemeni private universities in Sana'a. A descriptive methodology was employed. The results indicated a positive role for strategic leadership in building intellectual capital in Yemeni universities, with particular emphasis on investing core capabilities as the most significant dimension.
5. Study by Al-Mutawakil, (2022): *"The Moderating Effect of the Friendship Group on the Relationship Between Administrative Oversight and Crisis Management in Private and Government Hospitals"* this study aimed to investigate the moderating effect of friendship groups on the relationship between administrative oversight and crisis management in both private and government hospitals. The study employed a correlational descriptive methodology and utilized structural equation modeling for data analysis. The findings revealed several important results, notably that private hospitals in Yemen do not place significant emphasis on crisis management at all its stages, which is attributed to weak leadership in the practice of crisis management.

1.2. Difference between the Current Study and Previous Research

Most prior research has focused on crisis management strategies in various work environments such as companies, universities, hospitals, and other organizations. Many of these studies shared the same methodological approach, which was descriptive analytical, and had similar objectives concerning crisis management strategies, while differing in the timing and location of their application.

1.3. Research Problem

Building on previous studies, this study seeks to identify crisis management strategies and determine their role on employees' performance in public hospitals. So, the research problem can be summarized by answering the following questions:

Does the crisis management strategy affect employees' performance in public hospitals in the cities of Banyas and Tartus?

The Research Sub-Questions:

1. Is there an effect of detecting signals, as one dimension of crisis management strategy, on employees' performance in public hospitals in the cities of Banyas and Tartus?
2. Is there an effect of preparedness and confrontation, as one dimension of crisis management strategy, on employees' performance in public hospitals in the cities of Banyas and Tartus?
3. Is there an effect of damage containment, as one dimension of crisis management strategy, on employees' performance in public hospitals in the cities of Banyas and Tartus?
4. Is there an effect of recovery, as one dimension of crisis management strategy, on employees' performance in public hospitals in the cities of Banyas and Tartus?
5. Is there an effect of learning, as one dimension of crisis management strategy, on employees' performance in public hospitals in the cities of Banyas and Tartus?

1.4. Research Importance

The importance of the research lies in the fact that studying an important topic, which is the impact of crisis management strategies on employees' performance in a crucial sector like hospitals. It provides the best means to avoid crises and improve employee performance, highlighting the substantial importance of crises in contemporary times and the impact of crisis management strategies on employee performance.

Practically, a practical importance of study is demonstrated through the provision of significant results and recommendations regarding the necessity of understanding the impact of crisis management strategies (signal detection, preparedness, damage containment, recovery, learning) on employee' performance in cities of Banyas and Tartus, applying them to an important service sector represented by hospitals.

1.5. Research Objectives This study aims to:

- Identify crisis management strategies and their dimensions in public hospitals in the cities of Banyas and Tartus.
- Measure employees' performance in public hospitals in cities of Banyas and Tartus.
- Study the impact of crisis management strategies on employees' performance in public hospitals in cities of Banyas and Tartus.

1.6. Variables of the Research

- Independent Variable: Crisis management strategy (signal detection, preparedness and confrontation, damage containment, recovery, learning)
- Dependent Variable: Employee performance

1.7. Research Hypotheses

1.7.1. Main Hypothesis:

There is no statistically significant impact of crisis management strategies on employees' performance in public hospitals in cities of Banyas and Tartus.

1.7.2. Sub-Hypotheses

1. There is no statistically significant impact of signal detection on employees' performance in public hospitals in the cities of Banyas and Tartus.
2. There is no statistically significant impact of preparedness and confrontation on employees' performance in public hospitals in the cities of Banyas and Tartus.
3. There is no statistically significant impact of damage containment on employees' performance in public hospitals in the cities of Banyas and Tartus.
4. There is no statistically significant impact of recovery on employees' performance in public hospitals in the cities of Banyas and Tartus.
5. There is no statistically significant impact of learning on employees' performance in public hospitals in the cities of Banyas and Tartus.

2. Research Methodology

The researcher followed a descriptive analytical approach to study the impact of crisis management strategy on employee' performance in hospitals. The questionnaire was designed with three sections: the first section included the demographic variables of the sample members (gender, age, job category, educational level, marital status, number of years of experience), the second section included the independent variable, crisis management strategy, consists of five dimensions (signal detection, preparedness and confrontation, damage

containment, recovery, and learning). The third section included the dependent variable, employee performance.

As far as the statistical methods concerned, the SPSS 26 software package was utilized to testing hypotheses' study and percentage calculations, standard deviations, and simple linear regression analysis. And the following statistical tools employed to analyzing collected data:

- Cronbach's Alpha: to confirm the reliability of the questionnaire
- Frequency distributions and percentages
- Arithmetic mean: where weights are given according to the five-point Likert scale □ Standard deviation
- T-test for independent samples
- One-way ANOVA
- Pearson correlation coefficient: to determine the strength of the correlation among the research variables
- Simple regression test

3. Data Collection Method

Primary Data: The primary sources relied on data collected from the study sample through the questionnaire.

Secondary Data: The secondary sources for the study included books, scientific journals, periodicals, scientific articles, discussions at conferences, parts of scientific books, websites, news articles, and theses and dissertations (both discussed and unpublished) in the field of crisis management strategies, along with reports from the Ministry of Public Health and Population and reports from the World Health Organization.

3.1. Research Community and Sample

3.1.1. Community

Research community comprises all employees on public hospitals under study in the cities of Banyas and Tartus, totaling 5,100 employees distributed as follows: 3,000 employees in National Hospital in Tartus, 750 employees in the National Maternity Hospital, 350 employees in National Children's Hospital, and 1,000 employees in National Hospital in Banyas.

Table 1: Presents the Public Hospitals in the Cities of Banyas and Tartus According to the Number of Employees.

Employees Number	Hospital Name	
053	National Children's Hospital	1
053	National Maternity Hospital	2
0333	National Hospital in Tartous	3
0333	National Hospital in Banyas	4
5033	Total	

(Hamdoush,2020)

3.1.2. Sample

Two public hospitals were selected in the cities of Banyas and Tartus: National Hospitals in Banyas and Tartus as a

representative sample of the public hospitals in these cities based on the larger hospital volume.

Sample volume determined according of Thompson formula (Thompson, 1992, P66):

$$n = (N * p(1 - p)) / [((N - 1) * (d^2 / z^2)) + p(1 - p)] = 250$$

Where:

N=5100 (total population volume) n = 250(sample volume) d = error margin (0.05) Z =1.96 standard score corresponding to the significance level of 0.95 p = proportion of the characteristic present (0.50)

After performing the calculation, it was found that the sample size (n = 250). The distribution was as follows: 150 in National Hospital in Tartus and 100 in National Hospital in Banyas. A sample was selected from the following job categories (doctors, nurses, administrators, technicians), and 250 questionnaires were collected, of which 5 were invalid for analysis due to missing data and repetition.

3.2. Research Boundaries

- Scientific Limitations: Impact of crisis management strategies on employee' performance on hospitals with its dimensions (signal detection, preparedness and confrontation, damage containment, recovery, learning) and employee performance as a single dimension.
- Temporal Limitations: The current study was conducted in 2024.
- Spatial Limitations: The study applied to employees on public hospitals in the cities of Banyas and Tartus (National Hospitals in Tartus and Banyas).

4. Literature Review

4.1. Crisis Concept:

A crisis represents an extraordinary and unforeseen situation that is highly dangerous and fast-paced, characterized by successive events, where results cascade and causes intertwine, threatening the ability of an individual, organization, or community to survive. According to researchers, the concept of a crisis is defined in various ways; some define it as a situation faced by a decision-maker where they lose control over it or its future directions (Abbas,2004). Others define a crisis as a disruption that materially impacts the entire system and threatens the fundamental assumptions upon which that system is based (GOMEZ; PASSERINE, K; HARE,2006).

From the Researcher's Perspective:

It is defined as an abnormal state that goes beyond control and leads to a halt in work performance or falls to an unusual degree, thus threatening the achievement of the organization's desired objectives within the specified timeframe.

4.2. The Concept of Crisis Management

Crisis management concept refers how to overcome a crisis using scientific management methods in minimize its negatives and maximize its positives. Most prominent focus of crisis management is the continuous sensing and monitoring of internal and external environmental variables that generate crises, as well as mobilizing available resources and capabilities to prevent or prepare to deal with crises as efficiently and

effectively as possible, while causing the least possible suffering to the organization, environment, and employees. Essentially, crisis is an unexpected transformation, manifesting in circumstances where an organization suddenly faces danger, where events accelerate, consequences intersect, and the organization faces an unexpected and serious challenge (Abbas,2004). Moreover, the inability of the organization to manage the resulting pressure and tension makes it difficult for everyone to relax and make sound judgments. It is also a reasonable way to handle real crises, as it ensures the continuity of operations despite any unforeseen circumstances. (GOMEZ; PASSERINE, K; HARE,2006)

From the researcher's perspective, it is a set of steps and procedures aimed at resolving a crisis that deals with an unstable and abnormal situation, involving various planning processes and decisions aimed at minimizing damages to the lowest possible level.

4.3. The Concept of Crisis Management Strategies

Crisis management strategy is a continuous administrative process related to predicting potential crises through sensing and monitoring internal and external environmental variables which generate crises, as well as mobilizing available resources and capabilities preventing crises and preparing to deal with them as efficiently and effectively as possible to minimize organization damage, environment, and employees. In its simplest form, crisis management strategy refers to situations where the organization unexpectedly faces adversities, where events speed intersects with effects, leading to a threat to the organization and its individuals. There are differing opinions regarding the concept of crisis management strategies, including that it is an approach used to face emergencies, plan for unavoidable situations, and make necessary preparations. It is also a logical approach to handling actual crises in a way that enables the organization to operate normally under all unavoidable situations (Al-Hwajreh, 2021).

4.4. Stages of Crisis Management Strategies

Crisis management strategies aim to prepare and employ employees alongside providing financial and human resources to control the causes of potential crises. Thus, we find that handling crises scientifically helps protect and ensure the success of administrative units from unforeseen problems. Moreover, adopting modern crisis management strategies aligns with the technological and managerial advancements and contemporary trends embraced by organizations toward employees, helping maintain a positive image for the organization and reinforcing its primary role (Al-Awadi,2020).

Stage One: Identify Early Warning Signs

Crises typically send series of early warning signs before they occur, or symptoms that indicate possibility of crisis. Unless sufficient attention is directed toward these signals, it is highly likely that a crisis will occur. Additionally, each crisis sends its unique signals, and may be difficult to differentiate between the specific signals of each crisis. For instance, graffiti on walls or in certain places may express the anger of some employees, or it may not carry meaning at all. A sudden increasing in machine malfunctions could serve as an early warning for deliberate internal sabotage, or it might be due to defects in the materials being processed. It has noted that managers in crisisprone organizations have a high degree of skill in ignoring warning signs that predict an impending crisis, while managers in crisis-prepared organizations possess high skills in sensing even faint

signals. Worse still, managers in crisis-prone organizations not only intentionally ignore warning signals but also punish bearers of bad news (Mohammed,2017).

The following factors are the most important (Al-Hamlawi, 1995):

- Concealing critical facts, information, and knowledge from the parties and individuals who need them, thereby forcing them to make sound judgments and investigate and eliminate defects.
- The organization's inability to responding effectively and in timely manner to potential surrounding threats.

Inadequate attention to the risks and crises surrounding the organization, which leads to crises occurring before any early signs or warnings are detected, especially with this crisis, due to the false image and misconceptions among the public and organization members regarding the organization's capabilities and its share of crises.

Stage Two: Getting Ready

The preparedness stage a second phase of crisis management refers to organizations readiness and countries to deal with natural or technological threats. The community should possess adequate preparations and methods to prevent crises. This increasing the importance of early warning signals, as it's challenging to prevent something that hasn't been anticipated or warned against. The goal of prevention is to identify weaknesses in the community's prevention system. There is a relationship between forecasting crises and being prepared and preventing them. Earthquakes, fires, floods, and the collapse of old buildings are among the most significant disasters that nations face, which reflects on the preparedness and prevention plans implemented by civil defense, including training individuals and selecting equipment, among other things. However, the collapse of modern multi-story buildings was not considered among the potential risks. When a crisis occurs, very few people can act calmly and efficiently without prior training. For this reason, it is essential to design various scenarios and sequences of events for a crisis we envision and test all of this until everyone knows their role clearly (Hamlawi, 1995).

Stage Three: Contain or Limit Damage

The consequences of the crisis are limited and addressed during this stage. This phase aims to reduce losses as much as possible to isolate the crisis and prevent it from spreading to other institutions. Unfortunately, it is nearly impossible to prevent crises from occurring as destructive tendencies are a natural property of all living systems. Thus, the next phase in crisis management involves preparing methods to limit and prevent damages from spreading to other unaffected parts of the community. This phase in crisis management depends on the nature of the incident that occurred. For instance, in the case of a sunken ferry, the rapid sinking leaves little room for protecting the lives of those who have actually drowned, just as in the case of terrorist attacks, it is challenging to mitigate the psychological impact of the shock on individuals (Hamlawi, 1995).

Stage Four: Restore Activity

This phase includes preparing and implementing (pre-tested) short- and long-term programs. If these programs have not been tested beforehand, it becomes difficult to respond and provide appropriate solutions when the crisis escalates. The restore activity phase includes several aspects, such as attempting to recover lost tangible and intangible assets. It has been observed that managers who identify in advance the elements, processes,

and individuals that are deemed essential for daily operations can accomplish this phase efficiently. Crisis-prone organizations may make a grave mistake by focusing on internal operations while ignoring the impact of the crisis on external parties or only addressing this concern at a later stage. Typically, the group working during this phase experiences some excess enthusiasm, as team members band together against a specific danger with a more defined mission. The hospital should have long- and short-term plans to restore conditions to precrisis levels and regain activity levels. This phase envisions the process of correcting the situation (AlLami ; Al-Eisaawi ,2016).

Stage Five: Learning

The final stage is continuous learning and reassessment to improve what has been achieved in the past. Learning is vital, but it can be very painful and evokes painful memories created by the crisis. To learn, one must be willing to accept anxiety without succumbing to panic. Extracting lessons learned from a disaster or crisis depends on a person’s sensitivity, enabling them to appreciate the suffering of others and envision themselves or their loved ones experiencing similar challenges. Learning does not mean exchanging accusations, blaming others and holding them responsible, seeking a scapegoat, or claiming false heroism (Al-Zubaidi ; Al-Amouri ,2015).

The researcher notes that the stages of a crisis take an open system approach, where each stage is influenced by the previous one and affects the next. Therefore, the efforts made in each stage of the crisis determine the overall effectiveness of crisis management. The better the control of the crisis, the lower the likelihood of its recurrence and the risk of future crises; conversely, weak control of the crisis will directly manifest in the third stage, which involves containing and limiting damage, followed by the fourth stage of restoring activity. However, the learning stage is the most important phase, as it allows the hospital to draw lessons and insights, avoiding repetition of mistakes.

4.4. The Concept of Performance

Performance refers to the degree of achievement and completion of the tasks that constitute an individual's role. It reflects how an individual fulfills or meets the requirements of their job, and there is often an overlap between performance and effort (Rawi ,2001). The concept of performance at the individual level is measured by the quantity and quality of work produced. Performance includes the contributions of all individuals working within the organization, including organizers, managers, and engineers (Waseel,2004).

Performance is defined as achieving conditions and circumstances that reflect a specific result or a set of results from the behavior of a specific person or group of people (Ismat Saleem,2009). From these definitions, it can be concluded that the concept of performance is an attempt to achieve the expected goals by minimizing the resources used to meet those goals.

4.5. The Concept and Definition of Employee Performance

Employee performance refers to the extent to which individuals complete and fulfill the tasks associated with their roles (Mustafa, 2005). It reflects how individuals meet job requirements, and there is often an overlap between the concepts of performance and effort. While effort refers to the energy expended, performance is measured based on actual results achieved. Employee performance is defined as the quantity and quality of work results achieved through fulfilling one’s duties and responsibilities (Sulima; Al Kathairi; Et al,2013).

Moreover, employee performance is described as the process of achieving high performance, which requires an individual to possess the ability and willingness to perform, as well as opportunities to do so (Aboud; Hussein:2011). It is evident from the previous definitions that performance results from the interaction of three key components: "individual motivation, work environment, and the ability to accomplish the work." It is an effort aimed at transforming inputs into outputs to achieve job objectives and obtain the desired results through the individual’s actions and responses (Hamdoush,2020).

4.6. The Importance of Performance Evaluation (Faisal, 2007)

1. The process of evaluating employee performance helps identify areas of weakness and shortcomings, allowing for strengthening these areas and avoiding them in the future.
2. Employees become aware of undesirable or unacceptable behaviors that management sees as detrimental to their efficiency, prompting them to avoid such behaviors. Additionally, good evaluation results aid in developing successful promotion, selection, and hiring policies, as well as improving workplace relationships. Having a fair and sound evaluation creates a sense of comfort and reassurance among employees.
3. Developing educational, training, and human resource development programs based on employees' weaknesses enhances the monitoring of employees, as managers or supervisors maintain organized data regarding employees’ performance, strengths, and weaknesses.
4. Respect for work systems and rules increases due to employees' awareness that their actions are being monitored, thereby ensuring accountability in their behavior.

4.7. Results and Discussion

4.7.1. Testing Reliability and Validity

The scale reliability assessed using Cronbach’s Alpha. The Cronbach’s Alpha coefficient calculated for each scale used in the study to test the reliability of the measures. The alpha value ranges from (0) to (1); the closer the value is to one, the higher the reliability, and the closer it is to zero, the lower the reliability. Table (2) showed the reliability coefficients for the study measures.

Table (2): Reliability Coefficients for the Study scales.

Variables	Number of Items	Cronbach’s Coefficient	Alpha
Detection Signals	4	0.898	
Preparedness and Response	4	0.865	
Damage Containment	4	0.868	
Activity Restoration	4	0.799	
Learning	4	0.895	
Employee Performance	10	0.882	
Total	30	0.867	

The results shown in Table (2) indicate that the alpha coefficient values for the scales used in the study were all greater than (0.6).

4.7.2. Study Tool

This study used a questionnaire as the primary means of collecting data and information required for the research topic.

It prepared based on impact of crisis management strategies on employee performance in public hospitals. Response degree of the questionnaire items was evaluated using a five-point Likert scale, which classifies responses into five categories ranging from strongly disagree to strongly agree, according to the following table:

Table (3): Division of weights used for questionnaire statements based on the Likert five-point scale.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Response
5	4	3	2	1	Degree

Table 3 presents Division of weights used for questionnaire statements based on the Likert fivepoint scale. When the actual mean value exceeds the hypothetical mean of 3, it suggests a

positive response trend among the participants, indicating a high level of agreement.

4.7.3. The frequencies and percentages of demographic variables

Table (4): Distribution of the Study Sample by Demographic Variables.

		Gender		Valid Percent	Cumulative Percent
		Frequency	Percent		
By Gender	Male	74	30.2	30.2	30.2
	female	171	69.8	69.8	100.0
	Total	245	100.0	100.0	
According to age	Less than 30 years old	99	40.4	40.4	40.4
	31-40 years	72	29.4	29.4	69.8
	41-50 years	48	19.6	19.6	89.4
	More than 51 years	26	10.6	10.6	100.0
	Total	245	100.0	100.0	
By job	Doctor	63	25.7	25.7	25.7

category	Nurse	112	45.7	45.7	71.4
	Administrative	45	18.4	18.4	89.8
	Otherwise	25	10.2	10.2	100.0
	Total	245	100.0	100.0	
According to educational level	Below high school	26	10.6	10.6	10.6
	General school high	79	32.2	32.2	42.9
	University degree	127	51.8	51.8	94.7
	Postgraduate Studies	13	5.3	5.3	100.0
	Total	245	100.0	100.0	
	Married	139	56.7	56.7	56.7

According to marital status	Single	106	43.3	43.3	100.0
	Total	245	100.0	100.0	
Based on years of experience	5 years or less	95	38.8	38.8	38.8
	From 5 to 10 years	61	24.9	24.9	63.7
	10 years or more	89	36.3	36.3	100.0
	Total	245	100.0	100.0	

The source is the output of the SPSS program.

Table 4 shows that the percentage of females in the study sample was more than double that of males, with their percentage being 69.8%, while the percentage of males was 30.2% of the sample.

We also observe from table (4) the largest proportion of employees' ages in the study sample was less than 30 years, with a percentage of 40.4%, followed by ages between 31-40 years with a percentage of 29.4%. The ages between 41-50 years accounted for 19.6%, and the smallest percentage was for ages over 51 years, which was 10.6% of the study sample.

It is noted from table above that the largest proportion of study sample was nurses, and a percentage of 45.7%, followed by doctors and a percentage of 25.7%, and the administrative staff with a percentage of 18.4%.

It is noted from table (4) 51.8% of the study sample held a bachelor's degree, which was the highest percentage, while the percentage of those holding a high school diploma was 32.2%, and those with less than a high school education accounted for 10.6%. The individuals in the sample who pursued postgraduate studies had the lowest percentage at 5.3%.

From the previous table, we notice that the largest proportion was of married individuals with a percentage of 56.7%, while the percentage of single individuals was close and accounted for 43.3% of the study sample.

It is evident from the table above that those with less than 5 years of experience and more than 10 years of experience had the highest percentages, with those having less than 5 years' experience accounting for 38.8%, and those with more than 10 years' experience accounting for 36.3%, while percentage of those with 5-10 years' experience was 24.9% of study sample.

4.7.4. Results of the descriptive analysis of the study variables are

Table (5): The Means and Standard Deviation of the Questionnaire Questions.

Descriptive Statistics				
Significance	Std. Deviation	Mean		
High	1.05653	3.9184	The hospital has a special department for .monitoring crisis occurrence indicators	Signal detection
High	1.02565	3.9265	The hospital is concerned with detecting danger .signs that may indicate the occurrence of crises	
High	1.05935	3.9306	The hospital management provides support for .monitoring indicators of crisis occurrence	
High	1.00064	3.9469	The hospital environment thoroughly scanned identifying indicators of potential crises	
High	.99594	3.9102	The hospital is training a team to respond to crises	Preparation and Response
High	.99222	3.7306	Adequate crisis management plans are in place and are continuously being developed	
Accepted	1.04611	3.5306	Different scenarios are being prepared to address expected developments and changes in the course of the crisis	Containment
Accepted	1.11834	3.5184	Simulated experiments conducted to deal .with potential crises	
High	.89989	4.0408	The hospital management is working to prevent the transfer of crises to other areas within the .hospital	Containment
High	1.01643	3.9388	The crisis is being controlled and its damage to .the hospital is being mitigated in record time	

High	.85019	4.0816	The hospital management is committed to continuous supervision of the crisis development	Restoring Activity
High	1.01508	3.8490	There is an appropriate fast in moving importance material and human resources to surrounding the crisis	
High	.79259	4.1388	The administration takes the necessary procedure to continue regular activities without any delay	
High	1.04175	3.7429	A crisis management team with technical and administrative capabilities is available to restore conditions to what they were before the crisis	
High	.74986	4.0857	The hospital management is taking necessary measures to mitigate the effects of the crisis	
High	.99606	3.9388	Hospital staff behave correctly, demonstrating their knowledge of their duties during crises	
High	.96432	3.9796	In the event of a crisis, it should not be underestimated; rather, its existence should be acknowledged and addressed	Learning
High	.99853	3.8612	Crises are seen as an opportunity to learn and increase experience in dealing with future crises	
High	1.03465	3.9143	The hospital manager evaluates previous crisis management plans and programs the aim of developing and improving them to handle future crises	
High	1.09731	3.7959	The hospital management is working to benefit from used crisis management methods in other departments	
High	.94093	4.0898	The employees have the experience and training necessary to handle crises	Employee Performance
High	.75924	4.2245	The efficiency of hospital employees increases during crises	
High	1.14210	3.7633	Employees receive psychological support during crises to boost their morale	
High	.94589	4.0531	The staff have the ability to adapt to the emergency situations faced by the hospital	
High	.83965	4.1102	Employees collaborate with each other to carry out tasks during crises	
High	.73813	4.3673	The hospital staff provides good care to patients during crises	
High	.70609	4.3020	The staff tries to avoid mistakes when they occur during a crisis in the hospital	
High	.74134	4.2204	The staff adhere to the instructions and regulations of the crisis management team in the hospital	
High	.92060	4.1592	Employees have the ability to cope with psychological pressures during crises	
High	.68812	4.4163	Employees deal with their supervisors in work and management with great respect	

High	.74134	4.2204	The staff adhere to the instructions and regulations of the crisis management team in the hospital
High	.92060	4.1592	Employees have the ability to cope with psychological pressures during crises
High	.68812	4.4163	Employees deal with their supervisors in work and management with great respect

The source is the outputs of the SPSS program

From Table 5, we notice that the average responses of the sample individuals are greater than 3 for all questions in the questionnaire dimensions, especially in the dimension of employee performance where the average of all questions in this dimension is above 4. The averages of the responses to the other dimensions varied between 3 and 4. Question 10 from the employee performance dimension received the highest average

among the questionnaire questions, with an average response of 4.41. Conversely, question 8 from the preparedness and response dimension received the lowest average among the study sample's responses, which was 3.51.

It is evident from the previous table that crisis management strategies and employee's performance in the public hospitals of Banyas and Tartus are acceptable and good.

4.7.5. Results Measuring Research Variables According to Demographic Questions

By Hospital:

Table (6): Analysis of the T-Test of independent samples for research variables according to the hospital.

Independent Samples Test								
		Levene's Test for Equality of Variances		t-test for Equality of Means				
		F	Sig.	t	df	Sig. (2tailed)	Mean Difference	Std. Error Difference
Crisis Management Strategies	Equal variances assumed	.853	.357	-1.587-	243	.114	-.14150-	.08915
	Equal variances not assumed			-1.568-	199.369	.118	-.14150-	.09022
Employee Performance	Equal variances assumed	9.933	.002	.829	243	.408	.06429	.07757
	Equal variances not assumed			.876	239.297	.382	.06429	.07340

The source is the outputs of the SPSS program

Table 6 observe that the significance level for the research variables, crisis management strategies and employee performance, is more than 0.05, indicated that there are no statistically significant differences for research variables according to the hospital.

By Gender:

Table (7): Analysis of Independent Samples t-Test for Research Variables by Gender.

Independent Samples Test								
		Levene's Test for Equality of Variances		t-test for Equality of Means				
		F	Sig.	T	df	Sig. (2tailed)	Mean Difference	Std. Error Difference
Crisis Management Strategies	Equal variances assumed	.113	.737	.165	243	.869	.01579	.09561
	Equal variances not assumed			.163	133.732	.871	.01579	.09716
Employee Performance	Equal variances assumed	.867	.353	-.169-	243	.866	-.01404-	.08288
	Equal variances not assumed			-.164-	128.628	.870	-.01404-	.08574

The source is outputs of SPSS program

Table 7 shows that significance level for research variables is more than 0.05; thus, there are no statistically significant differences in research variables according to gender.

Here's the translation to English:

By Marital Status:

Table (8): Analysis of Independent Samples t-Test for Research Variables by Marital Status.

Independent Samples Test								
		Levene's Test for Equality of Variances		t-test for Equality of Means				
		F	Sig.	t	df	Sig. (2tailed)	Mean Difference	Std. Error Difference
Crisis Management Strategies	Equal variances assumed	.142	.706	.541	243	.589	.04792	.08856
	Equal variances not assumed			.540	224.409	.590	.04792	.08873
Employee Performance	Equal variances assumed	4.511	.035	1.519	243	.130	.11615	.07645
	Equal variances not assumed			1.487	205.397	.139	.11615	.07812

The source is outputs of SPSS program

Table 8 present significance level for research variables is more than 0.05, indicating that there are no statistically significant differences in research variables according to marital status.

By Age:

Table (9): Analysis of One-Way ANOVA for Research Variables by Age.

ANOVA						
		Sum of Squares	df	Mean Square	F	Sig.
Crisis Management Strategies	Between Groups	8.218	3	2.739	6.197	.000
	Within Groups	106.523	241	.442		
	Total	114.740	244			
Employee Performance	Between Groups	5.017	3	1.672	4.963	.002
	Within Groups	81.211	241	.337		
	Total	86.228	244			

The source is outputs of SPSS program

Table 9 shows that significance level for research variables is less than 0.05, indicating that there are statistically significant differences in research variables according to age.

By Job Category:

Table (10): Analysis of One-Way ANOVA for Research Variables by Job Category.

ANOVA						
		Sum of Squares	df	Mean Square	F	Sig.
Crisis Management Strategies	Between Groups	5.349	3	1.783	3.928	.009
	Within Groups	109.391	241	.454		
	Total	114.740	244			
Employee Performance	Between Groups	2.792	3	.931	2.688	.047
	Within Groups	83.437	241	.346		
	Total	86.228	244			

The source is outputs of SPSS program

Table10 represents significance level for research variables is less than 0.05, indicating that there are statistically significant differences in research variables according to job category.

By Educational Level:

Table (11): Analysis of One-Way ANOVA for Research Variables by Educational Level.

ANOVA						
		Sum of Squares	df	Mean Square	F	Sig.
Crisis Management Strategies	Between Groups	5.283	3	1.761	3.877	.010
	Within Groups	109.457	241	.454		
	Total	114.740	244			
Employee Performance	Between Groups	2.549	3	.850	2.447	.064
	Within Groups	83.679	241	.347		
	Total	86.228	244			

The source is outputs of SPSS program

We observe from Table (11) that significance level for variable of crisis management strategies is less than 0.05, indicating that there are statistically significant differences in variable of crisis management strategies according to educational level. We also

note that significance level for variable of employee performance is greater than 0.05, indicating that there are no statistically significant differences in variable of employee performance according to educational level.

By Years of Experience

Table (12): Analysis of One-Way ANOVA for Research Variables by Years of Experience.

ANOVA						
		Sum of Squares	df	Mean Square	F	Sig.
Crisis Management Strategies	Between Groups	9.858	2	4.929	11.373	.000
	Within Groups	104.882	242	.433		
	Total	114.740	244			
Employee Performance	Between Groups	5.368	2	2.684	8.033	.000
	Within Groups	80.860	242	.334		
	Total	86.228	244			

The source is outputs of SPSS program

Table 12 exhibits significance level for both research variables is less than 0.05, indicating that there are statistically significant differences in research variables according to the number of years of experience.

4.7.6. Hypothesis Testing

Main hypothesis states: There is no statistically affect for crisis management strategies on employee performance in public hospitals in cities of Tartus and Banyas.

Pearson correlation coefficient calculated, and results are as follows:

Table (13): Present Results of Pearson Correlation Calculation between Crisis Management Strategies and Employee Performance.

Correlations		
		Employee Performance
Signal detection	Pearson Correlation	.316**
	Sig. (2-tailed)	.000
Preparation and Response	Pearson Correlation	.511**
	Sig. (2-tailed)	.000
Damage Containment	Pearson Correlation	.478**
	Sig. (2-tailed)	.000
Restoring Activity	Pearson Correlation	.570**
	Sig. (2-tailed)	.000
Learning	Pearson Correlation	.570
	Sig. (2-tailed)	.000
Crisis Management Strategies	Pearson Correlation	.593
	Sig. (2-tailed)	.000

The source is outputs of SPSS program

It appears from table that Pearson correlation coefficient reached 0.593, and significance probability was 0.000, indicating that correlation is statistically significant at 0.01 significance level. able also shows a statistically significant correlation between

crisis management strategies as independent variables and the dependent variable of employee performance. This hypothesis was also tested through simple regression analysis of crisis management strategies on employee performance, and results were as follows:

Table (14): Displays Regression Analysis of Crisis Management Strategies on Employee Performance.

Model	Unstandardized Coefficients		T	Sig. Significance Probability
	B Regression Coefficient	Std. Error		
Crisis Management Strategies	.514	.045	11.487	.000
Signal Detection Strategy	.207	.040	5.188	.000
Preparedness and Response Strategy	.346	.037	9.256	.000
Damage Containment and Mitigation Strategy	.354	.042	8.474	.000
Activity Recovery Strategy	.474	.044	10.811	.000
Learning Strategy	.379	.035	10.824	.000

5. Results and Recommendations

5.1. Results

1. Testing the main hypothesis revealed statistically significant effect of crisis management strategies in general on employee performance in public hospitals in Tartus Governorate.
2. Statistically significant effect on signal detection axis on employee performance in public hospitals in cities of Banyas and Tartus.
3. Statistically significant effect on readiness and response axis on employee performance in public hospitals in cities of Banyas and Tartus.
4. Statistically significant effect on damage containment and mitigation axis on employee performance in public hospitals in cities of Banyas and Tartus.
5. Statistically significant effect on recovery axis on employee performance in public hospitals in cities of Banyas and Tartus.

6. Statistically significant effect on learning axis on employee performance in public hospitals in cities of Banyas and Tartus.
7. Crisis management enhances human performance by improving employee knowledge, skills, and abilities through training, and providing clear communication during crises.

5.2. Recommendations

1. **Prioritize Crisis Planning:** The senior management should prioritize planning for potential crises, developing response scenarios, and investing in modern and effective crisis management tools and methods in public hospitals in the cities of Tartus and Banyas.
2. **Establish a Crisis Management Leadership Team:** Form a crisis management leadership team comprising experienced and competent individuals from various hospital departments to ensure quick and effective decisionmaking during emergencies in public hospitals in the cities of Tartus and Banyas
3. **Allocate Sufficient Budget:** Provide adequate funding to cover the costs of training, necessary equipment, and resources required to handle crises efficiently in public hospitals in the cities of Tartus and Banyas.
4. **Organize Regular Training Programs:** Conduct regular training programs aimed at familiarizing staff with crisis management concepts and equipping them with the skills and experience needed to handle crises effectively in public hospitals in the cities of Tartus and Banyas.
5. **Encourage Continuous Development:** Inspire staff staying updated to latest developments of crisis management by participating in conferences, seminars, and specialized workshops in public hospitals in the cities of Tartus and Banyas.
6. The study recommend to applying this study on private hospitals and comparing their results with public hospitals for future studies.
7. Specific implications for hospital managers and policymakers through training and development human skills, also crisis management strategies, showing that the practices directly influence employee readiness and performance during and after a crisis.

Conclusion

At last we can find that there is a revealed effect of crisis management strategies on employee performance in public hospitals in Tartus Governorate, and the study recommended to apply the demotions of crisis management on other factors like the satisfaction or organizational climate and applying it on private hospitals or comparative study between private and public hospitals.

Contribution/ Originality: This study investigates the impact of crisis management strategies on employee performance in public hospital in the cities of Banyas and Tartous where the situation there were really in crisis and searching in the effect of those strategies on employee's performance.

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