

The role of digitalization in managing corona virus (covid19) crisis – empirical study on Egyptian health sector

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Introduction :

The start of scientific revolution and modern technique represent decisive factor in the movement and condition of business system in the world including the energies achieved by the provision of productivity and creativity of acceleration the development of goods and services .there is no doubt that the scientific revolution and modern technology have been an important factor in facilitating globalization .

The digitalization represent new generation of technology and one main result of technological revolution and one of the main idea to face crisis and the health sector is apart of using digitalization . Egypt faces now a day like all of the world covid 19 which reflect the ability of nations to face such crisis . Egypt has a good ministry of health managed by doctor hala Zayed which face covid 19 with ambitious and success . now as a result to the efforts in faces covid 19 the cases decreased to lowest degree as result to caution procedures taken by people at Egypt. Digitalization share in protecting against the virus as the ministry faces the virus and announce the news for caution procedure through television and other devices . one of the main use of

digitalization is the website that specified for recording for antivirus . every one who want to take the vaccine register in the website with the national Id and wait for his registration result . Egypt make many initiatives that share in the covid 19 curing . The political leadership was keen to work in two important directions to change the health reality of the Egyptians, the first is to rehabilitate and develop the health infrastructure to keep pace with the development in the performance of the health service through the application of the new comprehensive health insurance system, and the second direction is to launch a package of health reforms to speed up service provision For the citizen and quickly in light of the application of quality standards followed globally in order to achieve patient satisfaction with the service.

The first seed of health reform for all Egyptians is the launch by the political leadership of the comprehensive health insurance project for all Egyptians, which began in Port Said Governorate, which has benefited nearly one million citizens in the governorate in light of obtaining the service in return for paying contributions and contributions, provided that the experience is spread throughout the governorates of the Republic gradually and in further development. Accelerating the provision of service to Egyptians President Abdel Fattah El-Sisi directed the start of registering citizens to benefit from the service in 5 other governorates, in which nearly 5 million citizens will benefit from the service. The exceptional circumstances that the country

is experiencing due to the Corona crisis, which the President directed to allocate 100 billion pounds to confront Covid 19.

Literature review:

Digitalization:

Digitalization refers to the adoption or increased use of digital technologies such as cloud computing, artificial intelligence, 3D printing, or mobile computing by governments, industries, or organizations (Brennen and Kreiss, 2016). The unique properties of digital technologies create digital affordances that refer to new possibilities for action in relation to a specific user or use context that can be leveraged by actors such as entrepreneurs (Autio et al., 2018; Nambisan et al., 2019). The process of digital transformation manifests in new institutional arrangements, bringing about novel values, practices, and structures impacting the established rules of the game and contesting contemporary logic constellations (Hinings et al., 2018). These arrangements include, for example, generally accepted and customizable digital modules like ERP systems, or standard-setting digital infrastructures that organize the interaction of actors such as product platforms and blockchain technology. Crucially, these highly influential digital innovations also affect business models. Scholars argue that the digital affordances accompanying the digital infrastructures and modules broaden the options and spawn new pathways for creating, delivering, and

capturing value (Holzmannel.,2017; Ta€uscherandLaudien,2018). The transformation of economic activity leads to radically new business models (Nambisan et al., 2017) that need specific organizational capabilities to be realized successfully (Rialti et al., 2020). By introducing new practices, values, and stru

ctures, digital technologies arguably have their own but still emerging logic that coexists with and alters the interpretation and enactment of other institutional logics (Mangematin et al., 2014; Tumbas et al., 2018; Yoo et al., 2012). According to recent work, digitalization evolves around the concepts of connectivity, interfaces, openness, accessi- bility, changeability, and generativity (Caputo et al., 2019; Nambisan, 2017; Nambisan et al., 2019; Yoo et al., 2012). We argue that a digital logic comprised of these ideas and as such allowing for new practices can be added to the repertoire of possible logics that are molded at the business model level. However, how this emerging logic interacts with existing logics, that is the antago- nistic and synergistic relationships between the digital and non- digital logics, is a major area for further research (Hinings et al., 2018).

Digital economy and green economy are the most important subjects on the environmental policy agenda in the last years. The first section of the paper examine the current state of thinking on the environmental impact of digital economy, especially of ICT, while the second section looks at what is

known as the green economy and the most recent initiatives in this area. Both are paradigms that have become preeminent in the separate worlds of ITC policy and sustainable development. The integration between them leads to new paradigms and creates opportunities for sustainable development, also for economic recovery in the context of recent crises.(Nadia ,20110

in many countries, the lock-down due to the COVID-19 pandemic triggered discussions on the use of digital interaction formats for academic exchange. The pace with which researchers adopted digital formats for conferences, lectures, and meetings revealed that currently available tools can substitute many of the physical interactions in the workplace. It also showed that academics are willing to use digital tools for scientific exchange. This article sheds light on scholars' experiences with digital formats and tools during the pandemic. We argue that digital interaction formats increase the inclusivity of knowledge exchange, reduce time and costs of organizing academic interactions, and enable more diverse workspaces with geographical and temporal flexibility. However, we also observe that digital interaction formats struggle to reproduce social interactions such as informal discussions, raise new concerns on data security, and can induce higher stress levels due to the blurring of the boundaries between work and private spaces. We argue that digital formats are not meant to substitute physical

interactions entirely, but rather reshape how research communities operate and how academics socialize. We expect hybrid formats to emerge, which combine digital and physical interaction formats, and an increase in digital interactions between geographically distant working groups. We conclude that the time has come for digital interaction formats to be part of a new regime in the field of academic exchange. (Schwarz ,2018)

Digitally born material includes relatively recent materials—such as archived e-mails, websites, online fan fiction, old games, surveillance data, on-line video, dance performance sensor data, and live

data feeds—that can be useful for humanistic inquiry. The management and curation of such materials may call for what Matthew Kirschenbaum calls computer or digital forensics: a deep understanding of digital data both as material and as abstract, symbolic identity.⁶ Some of the actual material may integrate well into existing analytical models, whereas other types of data and questions may call for new methodologies, material awareness, or critical frameworks. As Jonathan Sterne emphasizes, the humanities has a long tradition of engaging with different kinds of materials, and on one level, engaging with digital materials is a logical extension of this tradition. (Svensson, 2014)

Crisis management:

Specifically, organizational crises are believed (1) to be highly ambiguous situations where causes and effects are unknown (Dutton, 1986; Quarantelli, 1988); (2) to have a low probability of occurring but, nevertheless, pose a major threat to the survival of an organization (Jackson & Dutton, 1987; Shrivastava et al., 1988) and to organizational stakeholders (Shrivastava, 1987); (3) to offer little time to respond (Quarantelli, 1988); (4) to sometimes surprise organizational members (Hermann, 1963); and (5) to present a dilemma in need of decision or judgment that will result in change for better or worse (Aguilera, 1990; Slaikeu, 1990). We can consolidate these elements into a definition of an “organizational crisis” as viewed from the perspective of management research to date.(Boin , 2008)

Organizational research has long been interested in crises and crisis management. Whether focused on crisis antecedents, outcomes, or managing a crisis, research has revealed a number of important findings. However, research in this space remains fragmented, making it difficult for scholars to understand the literature’s core conclusions, recognize unsolved problems, and navigate paths forward. To address these issues, we propose an integrative framework of crises and crisis management that draws from research in strategy, organizational theory, and organizational behavior as well as from research in public

relations and corporate communication. We identify two primary perspectives in the literature, one focused on the internal dynamics of a crisis and one focused on managing external stakeholders. We review core concepts from each perspective and highlight the commonalities that exist between them. Finally, we use our integrative framework to propose future research directions for scholars interested in crises and crisis management. (Coombs , 2017)

Different crises affect societies and take different forms; cyber-attacks, natural disasters such as floods, earthquakes, etc. Other forms are also such as political and conflict crises such as the world war I & II and epidemic diseases, which is one of the latest crises that the world is witnessing during the current time represented by Covid-19. Further, the depression in 1929–1933 and the financial crisis of 2007–2008 are some examples of economic and financial crises that affected the world. Accordingly, organizations confront a fast-changing environment with complex issues, difficulty in controlling the flow of messages, and managing various stakeholders (Strauß & Jonkman, 2017). In this regard, Kothai (2002) state that every organization has to give due importance to the concept of crisis management (CM), training, planning, and communicating to survive and grow. Moreover, a fast, positive, and effective response to the crisis can not only control the situation but also

lead to increased market share, improved employee relations, and better public image about the organization (Kothai, 2002). Then countries and institutions tried to manage their crises through containing and reducing their effects by using various factors such as information technology (IT), strategic planning (SP), communication (Comm.), social media (SM), knowledge management (KM), governance (Gov.), or leadership (Lead.), as well the role of professional entities (Prof.) on CM. (Hazaa ,2021)

Digitalization and crisis management in health sector :

Digital health—spanning mobile health technologies, health information technologies, and telehealth—has been proposed as a means for health promotion and general cardiovascular disease prevention. During the COVID-19 pandemic, we have seen dramatically increased need and ability to widely implement digital health to augment and supplant routine nonurgent clinical encounters. Between 2011 and the onset of COVID-19, investors spent an estimated \$30 billion in digital health for varied goals, without major successes to date. Key reasons for previous disappointments include (1) risk-averse investments for incremental improvements within the confines of an existing health care system; (2) “tech for tech’s sake” without addressing key problems; (3) lack of synergy between industry and health care; (4) misaligned financial incentives across patients, pro-

viders, insurers, and companies; (5) inability to overcome inertia within complex health care systems; (6) long development cycles forced by lack of data interoperability among digital platforms; and (7) health care distribution that is currently enterprise-facing and not consumer-aligned. (Narla , Paruchuri &Natarajan , 2020)

The COVID-19 pandemic initiated an extensive, sudden and dramatic digital transformation in the society. The pandemic forced us to take an extraordinary digital leap in our everyday life and practices, including our children and their education. In a flash, their education was transformed from a traditional classroom practice to a remote, digitalized one. Suddenly, an entire generation of children had to start managing and mastering with digital tools to participate in their compulsory basic education. (Iivari , Sharma& Olkkonen,2020)

The shock caused by the COVID-19 pandemic provides a window of opportunity for the integration of digital interaction formats (see Box 1) in the field of academic exchange. The pace with which academics adopted digital tools for conferences, lectures, and meetings during the lock-down revealed that currently available technologies can substitute many physical work interactions adequately. (Schwarz, Hohmann 2020)

Egyptian initiatives of health sector before , through and after covid 19:

1- Egyptian initiatives before covid 19:

<p>Population, Reproductive Health, and Family Planning Program</p>	<p>As early as 1953, a “National Committee for Population Matters” was established to review population issues. This committee developed three successive population policies: the first was enacted in 1973; the second was enacted in 1980, which saw the creation of the National Population Council in 1985; and the third was enacted in 1986. In 1991, the National Population Council developed specific objectives for population activities through the introduction of a population strategy. Throughout these years, the population program has continued to develop with varying degree of success and with the support of various donors, principally the U.S. Agency for International Development (USAID) and the United Nations Population Fund (UNFPA).</p> <p>Donor assistance has mainly concentrated on providing supplies and technical support. Donors have provided more than 50 percent of the funding for public-sector population</p>
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	program activities and almost 70 percent of the funding for these activities in the private sector.
Control of Diarrhoeal Diseases and Acute Respiratory Infections Programs	The Control of Diarrhoeal Diseases (CDD) and Acute Respiratory Infections (ARI) programs were components of projects supported by USAID. The CDD program is older by a few years and has its own department in the MOHP. It has benefited from having been a priority since the 1980s. It was only in the late eighties that the ARI program gained impetus with the development of World Health Organization (WHO) programs focusing on ARI.
Expanded Program on Immunization	The Expanded Program on Immunization (EPI) is probably the most accessible, available, and utilized of all public health programs in Egypt. According to health officials, many parents do not request health services for themselves or their children, but they do have their children vaccinated. The program has been quite effective in reducing the incidence of some vaccine-preventable diseases, such as diphtheria and poliomyelitis.
Maternal Health	The government of Egypt has demonstrated continued political commitment to improving maternal and child health. In 1994, as host

	nation of the International Conference on Population and Development, the government of Egypt endorsed a comprehensive approach to women's health with a focus on reducing maternal mortality. Reducing maternal mortality was also a key goal of the National Five-Year Plan (1998-2002) of the MOHP.
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Table 1 Egyptian initiatives , source : researcher preparation

2- Egyptian initiatives of health sector through covid 19

1- Woman health support
2- Screening for chronic diseases and renal impairment
3- Child and woman health
4- End of surgical waiting list
5- Psychological health
6- Addiction cure

Table 2 Egyptian initiatives through corona virus , source : researcher preparation

And the ministry of health announced that the total number of infection is 283947 and recovering people is 227068 and the death people is 16477

Research problem:

According to the literature review and the data there is a

significant problem in the relation between digitalization strategies and covid 19 stages

Research variables and indicators :

Digitalization	Covid 19 crisis management in EGypt
1- Strategic digitalized direction	Pre covid 19
2- Digitalized technology building	Through covid 19
3- Digitalized human resources	Post covid 19
4- Digitalized organizational building	
5- Digitalized culture	

Table 3

Research methodology:

The researcher used two types of data as follow:

First: study methodology

a- Secondary resources:

The researcher depends on Arabic and English books and scientific journals which research in the topic of the study, and the researcher depends on published and unpublished secondary data backing to libraries in which the researches lies between 2010 and 2021

b- Primary resources: the primary data was collected from all the employees in Ismailia to get their opinions which serve the research topic to test the hypotheses in addition to make interviews as follows:

1- Questionnaire : the questionnaire was designed to know employees directions in health sector in Egypt, the questionnaire was prepared to include all the study variables and its classified into three parts as follow: at First part: the part of digitalization dimensions consist of 30 stement .

Second: the corona virus dimensions

Third: part: the part the effect of digitalization on corona virus crisis management dimensions

2- The interviews: the researcher depends on making interviews to get answers for some information and data and notes from interviewee .

3- Analytical study: the questionnaire was analyzed to get the finding and recommendations.

Second: research population and sample:

The research population consist of all employees in four hospital in Ismailia, the population was 1135 units according to 2020 data.

The sample was random sample according the following equation :

$$n = \frac{N \times p(1 - p)}{N - 1 \times (d^2 \div z^2) + p(1 - p)}$$

$$n = \frac{1135 \times 0.5(1 - 0.5)}{1135 - 1 \times (0.05)^2 \div (1.96)^2 + 0.5(1 - 0.5)}$$

$$n = \frac{1135 \times 0.5(0.5)}{1134 \times (0.0025) \div (3.8416) + 0.5(0.5)}$$

$$n = \frac{1135 \times 0.25}{1134 \times (0.000650771) + 0.25}$$

$$n = \frac{283.75}{0.737973761}$$

$$n = 287.204$$

Third : reliability and validity variables:

Validity	Reliability	Statements	Dimensions	م
0.935	0.874	٦	Strategic direction of digitalization	١
0.952	0.906	٦	Technological environment of digitalization	٢
0.967	0.935	٦	Digitalize human resources	٣
0.964	0.930	٦	Digitalize organizational building	٤
0.952	0.907	٦	Digitalize culture ^٥	٥
0.962	0.926	٦	Before coved 19	6
0.951	0.904	٨	Through coved 19	7
0.966	0.934	٨	After coved 19	8
0.988	0.976	52	Questionnaire	

Table 4

Forth: study limitation

Space limitation: the study was on 4 hospitals of Ismailia hospitals

Human limitation:

The study was on responsible people in Ismailia hospitals .

Time limitation:

The study was in 2021

Forth : hypotheses testing:

The main hypothesis for research is as follow:

There is no significant effect for digitalization strategy on corona virus management.

And the main hypotheses classified into the following sub hypotheses:

There is no significant effect for strategic direction for digitalization on pre - corona virus Crisis

To test this hypothesis the researcher perform the following testings :

Correlation:

pre - corona virus Crisis	strategic direction for digitalization	test	Variable
0.664	١	Pearson Correlation	strategic direction for digitalization
0.000	٠.٠٠٠	Sig.	

Table 5

There is correlation at 66.4% at significant level of .05 between variables.

Model summary

Std. Error of the Estimate	Adjusted R Square	R Square	Independent variable
0.72888	0.438	0.441	strategic direction for digitalization

Table 6

From the preceding table the $R^2 = .441$

Anova test:

Sig.	F	Mean Square	Df	Sum of Squares	Model
0.000	194.551	103.358	1	103.358	Regression
		0.531	247	131.222	Residual
			248	234.58	Total

Table 7

From this table clarifying relation which is positive between two variables which clarified from the value of f

Second sub hypothesis:

There is no significant relation between digitalization strategic direction and through corona virus crisis .

Correlation:

through corona virus crisis .	digitalization strategic direction	Test	Model
0.643	1	Pearson Correlation	digitalization strategic direction
0.000	Sig.	

Table 8

There is correlation at 64.3% at significant level of .05 between variables.

Model summary:

Std. Error of the Estimate	Adjusted R Square	R Square	Model
0.5885	0.411	0.413	digitalization strategic direction

Table 9

From the preceding table the $R^2 = .411$

Anova test:

Sig.	F	Mean Square	Df	Sum of Squares	Model
0.000	173.921	60.235	1	60.235	Regression
		0.346	247	85.545	Residual
			248	145.779	Total

Table 10

From this table clarifying relation which is positive between two variables which clarified from the value of f

Third sub hypothesis:

There is no significant effect for digitalization strategic direction on post corona virus crisis.

Correlation:

post corona virus crisis.	digitalization strategic direction	Test	Model
0.613	١	Pearson Correlation	digitalization strategic direction
0.000	٠.٠٠٠	Sig.	

Table 11

There is correlation at 64.3% at significant level of .05 between variables.

Model summary:

Std. Error of the Estimate	Adjusted R Square	R Square	Model
0.66184	0.374	0.376	digitalization strategic direction

Table 12

From the preceding table the $R^2 = .376$

Anova test:

Sig.	F	Mean Square	Df	Sum of Squares	Model
0.000	149.012	65.272	1	65.272	Regression
		0.438	247	108.194	Residual
			248	173.466	Total

Table 13

From this table clarifying relation which is positive between two variables which clarified from the value of f

Forth sub-hypothesis:

There is no significant effect for digitalization strategic building on pre corona virus crisis.

1- Correlation

Pre- corona crisis	Digitalization strategic building	Test	Model
0.697	١	Pearson Correlation	Digitalization strategic building
0.000	٠.٠٠٠	Sig.	

Table 14

There is correlation at %٦٩.٧at significant level of .05 between variables.

2- Model summary:

Std. Error of the Estimate	Adjusted R Square	R Square	Model
0.69853	0.484	0.486	Digitalization strategic building

Table 15

From the preceding table the $R^2 = .486$

3- Anova test:

Sig.	F	Mean Square	Df	Sum of Squares	Model
0.000	233.753	114.058	1	114.058	Regression
		0.488	247	120.522	Residual
			248	234.58	Total

Table 16

From this table clarifying relation which is positive between two variables which clarified from the value of f

Fifth sub-hypothesis

There is no significant effect between digitalization strategic building and through corona virus crisis.

Correlation:

through corona virus crisis	digitalization strategic building	test	variable
0.680	١	Pearson Correlation	digitalization strategic building
0.000	٠.٠٠٠	Sig.	

Table 17

There is correlation at %٦٨.٠ at significant level of .05 between variables.

Model summary:

Std. Error of the Estimate	Adjusted R Square	R Square	Independent variable
0.56229	0.462	0.462	digitalization strategic building

Table 18

From the preceding table the $R^2 = ٠.٤٦٢$

Anova test:

Sig.	F	Mean Square	Df	Sum of Squares	Model
0.000	214.086	67.687	1	67.687	Regression
		0.316	247	78.093	Residual
			248	145.779	Total

Table 19

From this table clarifying relation which is positive between two variables which clarified from the value of f

Sixth sub-hypothesis:

There is no significant effect between digitalization strategic building and post corona virus crisis

Correlation:

post corona virus crisis	digitalization strategic building	Test	Model
0.564	١	Pearson Correlation	البنية التكنولوجية الرقمية
0.000	٠.٠٠٠	Sig.	

Table 20

There is correlation at %٥٦.٤ at significant level of .05 between variables.

Model summary:

Std. Error of the Estimate	Adjusted R Square	R Square	Model
0.69216	0.315	0.318	digitalization strategic building

Table 21

From the preceding table the $R^2 = ٠.٣١٨$

Anova test:

Sig.	F	Mean Square	Df	Sum of Squares	Model
0.000	115.073	55.13	1	55.13	Regression
		0.479	247	118.336	Residual
			248	173.466	Total

Table 22

From this table clarifying relation which is positive between two variables which clarified from the value of f

Seventh sub-hypothesis:

There is no significant effect for digitalized human resource and pre corona virus stage

Correlation:

pre corona virus stage	digitalized human resource	Test	Model
0.681	١	Pearson Correlation	الموارد البشرية الرقمية
0.000	٠.٠٠٠	Sig.	

Table 23

There is correlation a %٦٨.١ .at significant level of .05 between variables.

Model summary:

Std. Error of the Estimate	Adjusted R Square	R Square	Model
0.71371	0.461	0.464	digitalized human resource

Table 24

From the preceding table the $R^2 = ٠.٤٦٤$

Anova test:

Sig.	F	Mean Square	Df	Sum of Squares	Model
0.000	213.524	108.764	1	108.764	Regression
		0.509	247	125.816	Residual
			248	234.58	Total

Table 25

From this table clarifying relation which is positive between two variables which clarified from the value of f

Eights sub-hypothesis:

There is no significant effect for digitalized human resource and through corona virus crisis

Correlation:

through corona virus crisis	digitalized human resource	Test	Model
0.574	١	Pearson Correlation	digitalized
0.000	٠.٠٠٠	Sig.	human resource

Table 26

There is correlation a %٥٧.٤ .at significant level of .05 between variables.

Model summary:

Std. Error of the Estimate	Adjusted R Square	R Square	Model
0.6293	0.326	0.329	digitalized human resource

Table 27

From the preceding table the $R^2 = ٠.٣٢٩$

Anova test:

Sig.	F	Mean Square	Df	Sum of Squares	Model
0.000	121.116	47.964	1	47.964	Regression
		0.396	247	97.816	Residual
			248	145.779	Total

Table 28

From this table clarifying relation which is positive between two variables which clarified from the value of f

Ninth sub-hypothesis:

There is no significant effect for digitalized human resource and post covid 19 crisis

Correlation:

post covid 19 crisis	digitalized human resource	test	variable
0.514	\	Pearson Correlation	digitalized human resource
0.000	Sig.	

Table 29

There is correlation a%٥١.٤ .at significant level of .05 between variables.

Model summary:

Std. Error of the Estimate	Adjusted R Square	R Square	Independent variable
0.71881	0.261	0.264	digitalized human resource

Table 30

From the preceding table the $R^2 = 0.264$

Anova test:

Sig.	F	Mean Square	Df	Sum of Squares	Model
0.000	88.731	45.846	1	45.846	Regression
		0.517	247	127.62	Residual
			248	173.466	Total

Table 31

From this table clarifying relation which is positive between two variables which clarified from the value of f

Tenth sub-hypothesis:

There is no significant effect for digitalized organizational structure on pre covid 19 crisis.

Correlation:

pre covid 19 crisis.	digitalized organizational structure	Test	Model
0.596	1	Pearson Correlation	digitalized organizational structure
0.000	0.000	Sig.	

Table 32

There is correlation a % 0.596 .at significant level of .05 between variables.

Model summary:

Std. Error of the Estimate	Adjusted R Square	R Square	Model
0.78261	0.352	0.355	digitalized organizational structure

Table 33

From the preceding table the $R^2 = 0.355$

Anova test:

Sig.	F	Mean Square	Df	Sum of Squares	Model
0.000	135.997	83.296	1	83.296	Regression
		0.612	247	151.284	Residual
			248	234.58	Total

Table 34

From this table clarifying relation which is positive between two variables which clarified from the value of f

Eleventh sub-hypothesis:

There is no significant effect for digitalized organizational structure on through covid 19 crisis.

Correlation

through covid 19 crisis.	digitalized organizational structure	Test	Model
0.580	1	Pearson Correlation	digitalized organizational structure
0.000	Sig.	

Table 35

There is correlation a %٥٨.٠ at significant level of .05 between variables.

Model summary:

Std. Error of the Estimate	Adjusted R Square	R Square	Model
0.62558	0.334	0.337	digitalized organizational structure

Table 36

From the preceding table the $R^2 = 0.337$

Anova test:

Sig.	F	Mean Square	Df	Sum of Squares	Model
0.000	125.509	49.117	1	49.117	Regression
		0.391	247	96.662	Residual
			248	145.779	Total

Table 37

From this table clarifying relation which is positive between two variables which clarified from the value of f

Twelfth sub-hypothesis:

There is no significant effect for digitalized organizational structure on post covid 19 crisis.

Correlation:

post covid 19 crisis.	digitalized organizational structure	Test	Model
0.404	١	Pearson Correlation	digitalized organizational structure
0.000	٠.٠٠٠	Sig.	

Table 38

There is correlation a %٤٠.٤ .at significant level of .05 between variables.

Model summary:

Std. Error of the Estimate	Adjusted R Square	R Square	Model
0.76654	0.160	0.163	digitalized organizational structure

Table 39

From the preceding table the $R^2 = 0.163$

Anova test:

Sig.	F	Mean Square	Df	Sum of Squares	Model
0.000	48.22	28.333	1	28.333	Regression
		0.588	247	145.133	Residual
			248	173.466	Total

Table 40

From this table clarifying relation which is positive between two variables which clarified from the value of f

Thirteenth sub-hypothesis:

There is no significant effect for digitalized culture on pre covid 19 crisis

Correlation:

pre covid 19 crisis	digitalized culture	Test	Model
0.638	1	Pearson Correlation	digitalized culture
0.000	0.000	Sig.	digitalized culture

Table 41

There is correlation a%63.8 .at significant level of .05 between variables.

Model summary:

Std. Error of the Estimate	Adjusted R Square	R Square	Model
0.75031	0.405	0.407	digitalized culture

Table 42

From the preceding table the $R^2 = 0.407$

Anova test:

Sig.	F	Mean Square	Df	Sum of Squares	Model
0.000	169.682	95.526	1	95.526	Regression
		0.563	247	139.054	Residual
			248	234.58	Total

Table 43

From this table clarifying relation which is positive between two variables which clarified from the value of f

Fourteenth sub-hypothesis:

There is no significant effect for digitalized culture on through covid 19 crisis

Correlation:

through covid 19 crisis	digitalized culture	Test	Model
0.706	1	Pearson Correlation	digitalized culture
0.000	0.000	Sig.	

Table 44

There is correlation a % ν . ν at significant level of .05 between variables.

Model summary:

Std. Error of the Estimate	Adjusted R Square	R Square	Model
0.54372	0.497	0.499	digitalized culture

Table 45

From the preceding table the $R^2 = .499$

Anova test:

Sig.	F	Mean Square	Df	Sum of Squares	Model
0.000	246.103	72.757	1	72.757	Regression
		0.296	247	73.022	Residual
			248	145.779	Total

Table 46

From this table clarifying relation which is positive between two variables which clarified from the value of f

Fifteenth sub-hypothesis :

There is no significant effect for digitalized culture on post covid 19

Correlation:

post covid 19	digitalized culture	test	Variable
0.528	1	Pearson Correlation	digitalized culture
0.000	0.000	Sig.	

Table 47

There is correlation 0.278% at significant level of .05 between variables.

Model summary:

Std. Error of the Estimate	Adjusted R Square	R Square	Independent variable
0.71177	0.276	0.279	Digitalized culture

Table 48

From the preceding table the $R^2 = 0.279$

ANOVA TEST:

Sig.	F	Mean Square	Df	Sum of Squares	Model
0.000	95.4	48.331	1	48.331	Regression
		0.507	247	125.135	Residual
			248	173.466	Total

Table 49

From this table clarifying relation which is positive between two variables which clarified from the value of f

From analysis the researcher can refuse these hypotheses and accept the alternative hypotheses as follow :

- 1- There is significant effect for strategic direction on pre-covid 19 crisis**
- 2- There is significant effect for strategic direction on through covid 19 crisis**

- 3- There is significant effect for strategic direction on post covid 19 crisis**
- 4- There is significant effect for digitalized technology building on pre – covid 19 crisis**
- 5- There is significant effect for digitalized technology building on through covid 19 crisis**
- 6- There is significant effect for digitalized technology building on post covid 19 crisis**
- 7- There is significant effect for digitalized human resource on pre covid 19 crisis**
- 8- There is significant effect for digitalized human resource on through covid 19 crisis**
- 9- There is significant effect for digitalized human resource on post covid 19 crisis**
- 10- There is significant effect for digitalized organizational building on pre covid 19 crisis**
- 11- There is significant effect for digitalized organizational building on through covid 19 crisis**
- 12- There is significant effect for digitalized organizational building on post covid 19 crisis**
- 13- There is significant effect for digitalized organizational culture on pre covid 19 crisis**
- 14- There is significant effect for digitalized organizational culture on through covid 19 crisis**

15- There is significant effect for digitalized organizational culture on post covid 19 crisis

From analysis the researcher refuse the sub hypotheses and accept the alternatives and by this we can accept the main hypothesis as follow:

There is significant effect for digitalization strategy on covid 19 crisis management

Finding :

The researcher accept the following hypotheses :

- 1- There is significant effect for strategic direction on pre-covid 19 crisis**
- 2- There is significant effect for strategic direction on through covid 19 crisis**
- 3- There is significant effect for strategic direction on post covid 19 crisis**
- 4- There is significant effect for digitalized technology building on pre – covid 19 crisis**
- 5- There is significant effect for digitalized technology building on through covid 19 crisis**
- 6- There is significant effect for digitalized technology building on post covid 19 crisis**
- 7- There is significant effect for digitalized human resource on pre covid 19 crisis**

- 8- There is significant effect for digitalized human resource on through covid 19 crisis**
- 9- There is significant effect for digitalized human resource on post covid 19 crisis**
- 10- There is significant effect for digitalized organizational building on pre covid 19 crisis**
- 11- There is significant effect for digitalized organizational building on through covid 19 crisis**
- 12- There is significant effect for digitalized organizational building on post covid 19 crisis**
- 13- There is significant effect for digitalized organizational culture on pre covid 19 crisis**
- 14- There is significant effect for digitalized organizational culture on through covid 19 crisis**
- 15- There is significant effect for digitalized organizational culture on post covid 19 crisis**

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