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# Role of Corporate Security in Healthcare Institutions during the COVID-19 Epidemic

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## **Purpose:**

This study examines the vital role of corporate security in healthcare institutions during the epidemic and underscores its significance. It also presents the perspectives of healthcare employees on corporate security. The aim is to provide insights into the current state of corporate security in Slovenia and offer recommendations for enhancement.

## **Design/Methods/Approach:**

Procedures employed encompass a descriptive approach and a synthesis of existing knowledge. We focused on corporate activity within organizations, particularly emphasizing effective corporate security. A review of domestic and foreign literature provided context, while a quantitative survey questionnaire gathered empirical data. The questionnaire included 18 closed questions on a 5-point Likert scale, along with socio-demographic data. Data analysis utilized IBM SPSS version 23.0.

## **Findings:**

The main goal of corporate security is to ensure the safety of people in each organisation (in our case, healthcare institutions). Healthcare institutions, especially hospitals, are critical infrastructures are in constant operation; therefore, an institution must be protected 24 hours a day. According to health facility staff, on average security during the epidemic was adequate, and the organisation of security was well planned.

## **Research Limitations/Implications:**

The results of the study provide a starting point for further research in the area of the topic addressed, while also serving to inform professionals and the general public about the topic.

## **Originality/Value:**

The study a starting point for empirical studies that will address corporate security in relation to healthcare institutions.

**Keywords:** corporate security, COVID-19, sense of security, healthcare institutions, security risks

**UDC:** 005.934:616-036.21

## Vloga korporativne varnosti v zdravstvenih ustanovah v času epidemije covid-19

### Namen prispevka:

Prispevek preučuje ključno vlogo korporativne varnosti v zdravstvenih ustanovah med epidemijo in poudarja njen pomen. Predstavlja tudi poglede zaposlenih v zdravstvu na korporativno varnost. Namen prispevka je podati vpogled v trenutno stanje korporativne varnosti v Sloveniji in podati priporočila za izboljšanje.

### Metode:

Korporativno delovanje znotraj organizacij, s poudarkom na učinkoviti korporativni varnosti, smo predstavili z deskriptivno metodo in sintezo obstoječih znanj. Obravnavano tematiko smo predstavili s pregledom in analizo vsebin pisnih virov domače in tuje literature, v empiričnem delu pa smo uporabili kvantitativno metodo anketnega vprašalnika. Vprašalnik je bil sestavljen iz sklopa vprašanj zaprtega tipa (18 trditev s petstopenjsko Likertovo lestvico) in sociodemografskih podatkov (spol, starost, izobrazba, status v organizaciji, področje dela in območje prebivanja). Podatke smo uredili in analizirali s pomočjo programa IBM SPSS, verzija 23.0.

### Ugotovitve:

Glavni cilj korporativne varnosti je zagotoviti varnost ljudi v določeni organizaciji. Zdravstvene ustanove predstavljajo kritično infrastrukturo, ki deluje neprekinjeno, zato mora biti varovana 24 ur na dan. Po mnenju zaposlenih v zdravstvenih ustanovah je bilo zagotavljanje varnosti v času epidemije v povprečju ustrezno, organizacija varnosti pa je bila dobro načrtovana.

### Omejitve/uporabnost prispevka:

Ugotovitve prispevka so izhodišče za nadaljnje raziskovanje s področja obravnavane tematike, hkrati pa služijo tudi za seznanitev strokovne in splošne javnosti o dani tematiki.

### Izvirnost/pomembnost prispevka:

Prispevek je izhodišče za empirične študije, ki bodo obravnavale korporativno varnost v povezavi z zdravstvenimi ustanovami.

**Ključne besede:** korporativna varnost, COVID-19, občutek varnosti, zdravstvene ustanove, varnostna tveganja

**UDK:** 005.934:616-036.21

## 1 INTRODUCTION

Security is one of the most important human needs that must be ensured in order for a person to function normally in society. This also appears from Maslow's theory of the hierarchy of needs, is divided into biological and physiological needs,

security needs, needs for love and belonging, and needs for respect. Individuals must first satisfy their safety needs so that they can then satisfy their needs for love, belonging, and respect (Cherry, 2022). Security needs mean protection from threats and are necessary to ensure safety, stability, and freedom. People desire order, predictability, and control in their lives. These needs can be met by family and society (e.g., police, schools, businesses, and healthcare) (McLeod, 2023). Security can be understood as a state in which the physical, spiritual and mental existence of both the individual and society is assured. Security threats affect the development and existence of a chosen institution (Prezelj, 2001).

In addition to hybrid, informational, cybernetic and military threats, we have also experienced health and epidemiological threats in recent years. The Republic of Slovenia is striving to establish a system that will respond as successfully and efficiently as possible to health and epidemiological threats resulting from natural and environmental changes or human activities (“Resolucija o strategiji nacionalne varnosti Republike Slovenije”, 2019). In December 2019, a new form of the SARS-CoV-2 coronavirus, which causes COVID-19 disease, appeared in the Chinese city of Wuhan (Kowalik et al., 2020).

The number of people infected with the new coronavirus increased rapidly worldwide, leading the World Health Organisation (hereafter WHO) to declare a pandemic on March 11, 2020 (Cucinotta & Vanelli, 2020). Due to the rapidly increasing number of people infected with SARS-CoV-2, the Slovenian government also declared an epidemic on March 12, 2020, which meant the adoption of various security measures, such as closing educational institutions, restricting border crossings, slowing public transport, and working from home (Urad Vlade Republike Slovenije za komuniciranje, 2020).

During the epidemic, healthcare workers were exposed to the possibility of infection with the new coronavirus, which was the main reason they were stressed and struggled with depression and anxiety. In cases where many healthcare workers were infected, the healthy healthcare workers were more stressed because they all had to provide treatment and on-call services (Chatterjee et al., 2020). As a result, healthcare workers were exposed to increased psychological pressure and even mental illness during the epidemic (Vizheh et al., 2020).

It is important to reduce the stigma of mental health in the workplace. The foundation for this is creating a work culture that encourages open communication and reduces the stigma of mental vulnerability. Mindfulness exercises that help us understand our thoughts and view them as objective events that happen to us can also be helpful here. This would help create an environment where colleagues share information about mental health and the stigma of poor mental health is reduced (Galbraith et al., 2021). When new outbreaks occur, steps must be taken to break the stigma of mental health among healthcare professionals and to encourage them to seek help when needed (Shah et al., 2020). All these factors also affect healthcare workers’ perceptions of safety.

In addition to the mental health problems of healthcare workers, we also highlighted the problem of staff shortages. Other countries also faced with shortages of healthcare workers during the epidemic. The Italian government bridged the staffing shortage by hiring retired doctors and nurses and final-year

medical students for six months. The French government temporarily increased the number of healthcare workers by mobilising its medical reserves, which include retired healthcare workers and medical and other healthcare students on a voluntary basis. In South Korea, healthcare workers were additionally assigned to cities with more infections as targeted response to the crisis (Pristavec Đogić, 2020).

In this paper, we will present the role of corporate security in healthcare institutions, focusing on what corporate security is, its role in healthcare, and its impact on containing the spread of SARS-CoV-2. We will also present the results of the survey, in which we included employees in healthcare institutions in Slovenia and employees responsible for safety in healthcare institutions in Slovenia.

The survey was voluntary and anonymous. It was conducted in the online 1 ka (one-click survey) environment, and in addition, hard copies of the survey were distributed at the Security Consultation on Ensuring Corporate Security in Healthcare Facilities, held at the Faculty of Criminal Justice and Security in September 2022. The online survey and the paper version were identical in content.  $N = 154$  people completed the survey in full. The main objective of the survey was to assess the sense of security of employees in healthcare institutions and their opinion about the functioning of corporate security in the healthcare institution where they work.

### **1.1 Corporate security and its role in healthcare institutions**

Security is one of the most crucial elements for the human existence and development. It encompasses a broad spectrum of man as a being, because security aims to preserve his physical, mental, spiritual, cultural and social existence and to secure man's existence in both social and natural environments. Security is directed towards the individual as well as the country and the international system (Grizold & Bučar, 2011). The activity aimed at ensuring security is called corporate security. Dvojmoč (2021) equates corporate security with the term 'comprehensive security', which aims to eliminate undesirable situations in the organisation. Corporate security is an approach that deals with ensuring a safe working environment, protecting people, personal data, physical and technical security, protecting against risks and threats, and intelligence and counter-intelligence measures, ensuring smooth and legal operations and other necessary security measures. When reviewing the literature, we came across two approaches to corporate security. The first approach is related to international security, while the second approach focuses on the security of organisations such as healthcare institutions. Corporate security in the international field is presented first, followed by corporate security of organisations and healthcare institutions.

Corporate security at the international level means international cooperation among countries with the aim of solving common threats, such as nuclear war (Mihalka, 2005). One such example is the political-military alliance NATO, which promotes democratic values and peaceful conflict resolution (NATO, 2023). Article 5 of the North Atlantic Treaty states that an armed attack on the territory of one or more member states is considered an attack on all member states, is the

basis for international security cooperation among member states (North Atlantic Treaty Organization, 2019). Corporate security at the international level means establishing agreements between countries, creating a common approach, and building trust, similar to the concept of preventive diplomacy introduced by the United Nations - UN (Serbin & Pont, 2015). The UN is a world organisation in which countries address challenges human rights, sustainable development and international peace and security through joint action (Ministrstvo za zunanje in evropske zadeve, 2023). Preventive diplomacy, corporate security, and other forms of preventive action aim to end armed conflict before it escalates into large-scale violence (Zyck & Muggah, 2012).

Organisations that ensure informational, physical, and technical protection and smooth business process with the help of corporate security, also face the challenge of managing security risks (Čaleta, 2018). Corporate security is the organisation's security system, which is a set of legal, organisational, human resources, and technical measures aimed at maintaining order, respecting laws and protecting people and property in the company (Gostič, 2012). Protection of people and property means protecting personal safety, life and property of people who are in the protected area, as well as movable and immovable property with security personnel and technical protection. Technical protection systems are connected technical means and mechanical devices for protection. They include video and audio surveillance, security alarms, motion sensors and detectors, alarms, cameras, sensor control systems, etc. ("Zakon o zasebnem varovanju", 2011).

Corporate security is an approach based on the prevention of any threat by formulating a strategy to eliminate such risks. With its security policy, this approach establishes security systems and measures that prevent unauthorised actions inside or outside the company (Mwakibete, 2019). Addressing security risks also requires a well-designed security plan that covers three main areas, namely a snapshot of the existing situation, that includes an overview of the organisation's overall security system, an analysis of the existing situation that includes the vulnerabilities of security-critical risks, and a proposal for security improvements that are intended to improve the organisation's overall security system (Dvojmoč, 2017). The security plan is a document that has guidelines for the method and scope of security using security guards and technical security systems. The security plan also includes an assessment of the level of risk, a physical security plan, and a security programme ("Zakon o zasebnem varovanju", 2011).

Organizations are increasingly implementing corporate security to manage security risks. Corporate security ensures the smooth operation of medical institutions. It offers physical and technical protection, security against risks and information security. Corporate security in healthcare institutions does not yet function comprehensively. Some parts of corporate security are also performed by external contractors. The research showed that in order to ensure complete corporate security, it is necessary to tear down administrative barriers, which would enable the processes in healthcare institutions to be coordinated with the security policy. In order to ensure comprehensive corporate security, regular training of the entire staff is also necessary, because despite modernization and

globalization, people still play the most important role in security. Based on certain security risks, staff will also know how to react and take action. In corporate security, it is also important that the security manager raises the motivation of the employees and that the entire staff is aware that security depends on their comprehensive action. For corporate security to be successful, it is also important for healthcare institutions to have a developed communication and security strategy and technology to prevent risks. Health institutions can also contact the police for security advice and the elimination of criminal acts. Multidisciplinary transfer and cross-sector cooperation is the key to comprehensive corporate security (Kubale et al., 2023).

Healthcare institutions were also required to have well-developed corporate security in place to manage the crisis management risks associated with the COVID-19 epidemic. During the epidemic, private security companies mostly performed a supervisory function in organisations (as well as in healthcare institutions). Security personnel supervised and ensured the implementation of safety measures, such as maintaining a safe distance, disinfecting objects and hands, and wearing protective masks (Sotlar & Dvojmoč, 2021). During the epidemic, hospitals had to make appropriate and rapid decisions, strategically reallocate resources and regularly review new information related to COVID-19 and make decisions accordingly (Donelli et al., 2022). During the epidemic, The University Medical Centre Ljubljana (hereafter UMCL) was “closed”; visits and exits by patients were prohibited, and this was controlled by security. Health surveillance was also placed at the entrances to measure temperature and other COVID-19 symptoms. In the UMCL corporate security has been shown to be the link between all key actors in crisis management during the epidemic, enabling coherent and motivated results-oriented work by the entire team (Tavčar et al., 2020). Below, we present examples of other healthcare institutions response to the COVID-19 epidemic.

### **1.2 Responses of healthcare institutions to the pandemic**

Hospitals around the world reacted responded to the COVID-19 crisis. In San Francisco, UCSF Hospital (Department of Surgery at the University of California, San Francisco (UCSF) Hospital) organised a COVID-19 working group that included the heads of several departments. The workgroup monitored current COVID-19 cases daily and based its triage plans on this information. It improved its working methods through videoconference meetings. The Bichat-Claude Bernard Hospital in Paris prepared for the COVID-19 epidemic by drawing on lessons learned from previous epidemics, such as Ebola. The hospital relied on rapid internal communication supported by the use of the Internet. Videoconferencing was open to all healthcare professionals and involved experts from various healthcare departments. The hospital also rapidly implemented testing, expanded facilities, and increased medical and nursing staff (Begun & Jiang, 2020). Best practises for crisis management during the epidemic were also demonstrated in the largest network of health care providers in New York – The New York City Health + Hospitals Corporation. The entire healthcare network became one comprehensive



intensive care unit. By relocating patients, reassigning medical staff and space, the epidemic was more easily managed. They also organised a response team that included representatives from patient care, IT, HR, and similar departments. As medical personnel struggled with psychological problems during the epidemic, they also received psychological help from experts (Begun & Jiang, 2020). During the epidemic, they struggled with stress and depression (Dal' Bosco et al., 2020). Nurses faced a sense of anxiety related to various factors such as fear of death, fear of infection, and fear of lack of support after infection. (Monjazebe et al., 2021). The study also showed that many healthcare facilities in Latin America did not have adequate safety measures and procedures in place during the epidemic (Delgado et al., 2020). It is important that public health and healthcare institutions ensure the safety of healthcare workers during all phases of the crisis (Godoy et al., 2020).

Following the instructions of the Ministry of Health, the Kranj Health Centre (KHC) suspended all non-emergency medical activities during the epidemic. These were primarily preventive measures. Physical therapy, orthopaedics, developmental clinics, ophthalmology, mental health and occupational medicine, transport and sports activities were also suspended. The aforementioned activities were then gradually re-established during the epidemic. The suspension of certain healthcare activities allowed for the redistribution of personnel to workplaces that were newly established during the epidemic, such as entry points for the treatment of patients with suspected SARS-CoV-2 infection (Kitić Jaklič et al., 2021).

The first outbreak of infection at the University Rehabilitation Institute, Republic of Slovenia Soča (URI Soča) was confirmed in a patient with an accidental brain injury who became ill on July 27, 2020. As the number of positive infections in URI Soča was increasing day by day, a coordination group was established, which coordinated and elaborated internal work instructions, considering the recommendations of the National Institute of Public Health (NIJZ) and the decrees of the Ministry of Health. Employees maintained a safe distance, wore protective masks and observed other safety measures (Zupanc, 2021). During the epidemic, Celje General Hospital (CGH) formed a crisis team that included representatives of various departments, the head of the Hospital Infection Prevention and Control Commission, the head of nursing, and the business and professional director. The main task was to provide proper treatment to COVID patients. Various plans were adopted within CGH, based on which the work was coordinated. This resulted in the largest space and staffing changes, as many CGH departments and medical staff were assigned to treat COVID-19 patients. Many healthcare workers were absent during the epidemic due to infections, quarantines, and other reasons, which represented an additional challenge (Vindišar & Komadina, 2021). Even at the Jesenice General Hospital (JGH), regular meetings of managers, coordinators and supervisory services succeeded in maintaining the hospital's operations at a high level. Medical staff from different departments were engaged in the treatment of patients with COVID-19, which led to burnout and morbidity (Prlja, 2021).

Corporate security is an approach that manages security risks in organisations. All listed factors that affect worker safety in healthcare institutions had to be managed by corporate security.

## 2 RESEARCH

### 2.1 Questionnaire

In the empirical part, the quantitative method of a survey questionnaire was used. The questionnaire consisted of a series of closed-ended questions (18 statements with a 5-point Likert scale) and socio-demographic data (gender, age, education, role in the organisation, field of work and place of residence). The data were processed and analysed using the IBM SPSS programme, version 23.0 (Windows environment).

### 2.2 Collecting data and sample description

The survey included employees in healthcare institutions in Slovenia and employees responsible for safety in healthcare institutions in Slovenia. The survey was conducted using the on-line programme 1ka.si, from August 15, 2022, to October 15, 2022, at the event Security Consultation on Ensuring Corporate Security in Healthcare Institutions event, which was held at the Faculty for Criminal Justice and Security on June 6, 2022, and in addition, a survey was also conducted using email addresses we received from healthcare institutions in Slovenia. Participation in the survey was voluntary and anonymous.  $N = 154$  people completed the survey in full.

**Table 1:**  
**Demographic**  
**data of the**  
**respondents**

Demographic data	Answer	<i>n</i>	%
Gender	Male	70	45.5
	Female	79	51.3
	I do not wish to answer	5	3.2
	Total	154	100.0
Education	Secondary education	37	24.0
	High school, higher vocational education	43	27.9
	University-level education (first cycle)	38	24.7
	Old university education, master's degree (second cycle)	27	17.5
	Specialisation after the university programme, master of science	9	5.8
	Total	154	100.0
Position in the organisation	Employed, professional work	105	68.2
	Managerial work	47	30.5
	Other	2	1.3
	Total	154	100.0



What is your field of work?	Healthcare	53	34.4
	Human medicine	34	22.1
	Veterinary medicine	28	18.2
	Pharmaceutics	13	8.4
	Another field	26	16.9
	Total	154	100.0
If you work in healthcare, at what level do you work?	Primary level	60	39.0
	Secondary level	27	17.5
	Tertiary level	41	26.6
	I do not work in healthcare	26	16.9
	Total	154	100.0
Which area of Slovenia do you come from?	Missing answer	4	2.6
	Ljubljana	77	50.0
	Maribor	19	12.3
	Celje	15	9.7
	Kranj	17	11.0
	Nova Gorica	7	4.5
	Koper	8	5.2
	Novo mesto	5	3.2
	Murska Sobota	2	1.3
Total	154	100.0	

Legend: *n* – number of responses, % – percentage.

Table 1 shows that slightly less than half of the respondents were female ( $n = 70$ ; 45.5%), and slightly more than half of the respondents were male ( $n = 79$ ; 51.3%). Five respondents did not wish to provide gender information ( $n = 5$ ; 3.2%).

It can be seen that the majority of respondents have a higher or lower level of education, i.e., about a quarter of respondents have a secondary school degree ( $n = 37$ ; 24.0%), slightly more than a quarter have a university degree ( $n = 43$ ; 27.9%), about a quarter have a university-level education ( $n = 38$ ; 24.7%), slightly less than a fifth of respondents have a professional master's degree ( $n = 27$ ; 17.5%), and only a smaller proportion of respondents ( $n = 9$ ; 5.8%) have specialised in a university programme (Table 1).

Approximately two-thirds of employees perform professional work ( $n = 105$ ; 68.2%), while slightly less than one-third of respondents hold managerial jobs ( $n = 47$ ; 30.5%) (Table 1).

According to the field of work, the largest proportion of respondents are in nursing ( $n = 53$ ; 34.4%), followed by human medicine ( $n = 34$ ; 22.1%) and veterinary medicine ( $n = 28$ ; 18.2%). Less than a tenth of respondents work in the pharmaceutical field ( $n = 13$ ; 8.4%). Slightly less than one-fifth of respondents indicated another area, namely the area of security ( $n = 26$ ; 16.9%) (Table 1).

Respondents working in healthcare (rather than security) ( $n = 128$ ; 83.1%) were asked at what level they worked and it appeared that most respondents worked at the primary level ( $n = 60$ ; 39.0 % of all respondents; 46.9% of respondents working in healthcare), followed by the tertiary level ( $n = 41$ ; 26.6% of all respondents; 32.0% of respondents working in healthcare) and the secondary level ( $n = 27$ ; 17.5% of all respondents; 21.1% of respondents working in healthcare) (Table 1).

The largest proportion of respondents comes from the Ljubljana area ( $n = 77$ ; 50.0%), followed by Maribor, from which about one-tenth of respondents come ( $n = 19$ ; 12.3%). A similar proportion of respondents also come from Kranj ( $n = 17$ ; 11.0%), and a slightly smaller number from Celje ( $n = 15$ ; 9.7%). A smaller proportion of respondents come from Nova Gorica ( $n = 7$ ; 4.5%) and Koper ( $n = 8$ ; 5.2%). Less than 3% of respondents (in each locality) are from the other areas. Four respondents did not want to give an answer ( $n = 4$ ; 2.6%) (Table 1).

The minimum age of respondents is 22 years, and the maximum age is 78 years. The average age is  $M = 41.45$  years;  $SD = 11.062$  years (Table 2).

**Table 2: Age of the respondents**

Variable	<i>n</i>	<i>Min</i>	<i>Max</i>	<i>M</i>	<i>SD</i>
Age (in years)	154	22	78	41.45	11.062

Legend: *n* – number of responses; *Min* – minimum value; *Max* – maximum value; *M* – mean value; *SD* – standard deviation.

## 3 RESULTS

### 3.1 Opinion on ensuring security during the covid-19 epidemic

Respondents answered using a five-point Likert scale (1 – strongly disagree; 2 – disagree; 3 – neither agree nor disagree; 4 – agree; 5 – strongly agree). In addition to the frequencies, the mean level of agreement (*M*) and the associated standard deviation (*SD*) are also shown.

**Table 3: Opinion on ensuring safety**

Claim	Statistics	1	2	3	4	5	Total	<i>M</i>	<i>SD</i>
1. During the epidemic, organisation in the healthcare institution where I work was well planned.	<i>n</i>	3	10	16	64	61	154	4.10	0.965
	%	1.9	6.5	10.4	41.6	39.6	100.0		
2. During the epidemic, we managed security risks well.	<i>n</i>	2	12	12	61	67	154	4.16	0.960
	%	1.3	7.8	7.8	39.6	43.5	100.0		
3. We have a well-developed corporate security in the healthcare institution.	<i>n</i>	2	8	25	53	66	154	4.12	0.952
	%	1.3	5.2	16.2	34.4	42.9	100.0		
4. Corporate security is important when organising the operation of a health institution during epidemics.	<i>n</i>	2	5	13	57	77	154	4.31	0.860
	%	1.3	3.2	8.4	37.0	50.0	100.0		

5. The head of corporate security and other employees in this area do their job well.	<i>n</i>	2	5	23	50	74	154	4.23	0.911
	%	1.3	3.2	14.9	32.5	48.1	100.0		
6. During the epidemic, communication between employees went well.	<i>n</i>	3	8	19	53	71	154	4.18	0.971
	%	1.9	5.2	12.3	34.4	46.1	100.0		
7. We successfully solved challenges and inconveniences during epidemics.	<i>n</i>	0	7	18	56	73	154	4.27	0.840
	%	0.0	4.5	11.7	36.4	47.4	100.0		
8. All employees observed safety measures during the epidemic.	<i>n</i>	2	12	18	48	74	154	4.17	1.002
	%	1.3	7.8	11.7	31.2	48.1	100.0		
9. The security service performed its work successfully and efficiently during the epidemic.	<i>n</i>	1	6	12	57	78	154	4.33	0.833
	%	0.6	3.9	7.8	37.0	50.6	100.0		
10. Patients followed the instructions and safety measures during the epidemic.	<i>n</i>	0	8	14	61	71	154	4.27	0.833
	%	0.0	5.2	9.1	39.6	46.1	100.0		
11. In case patients did not follow the instructions and safety measures, the security officer took proper action.	<i>n</i>	1	6	14	57	76	154	4.31	0.843
	%	0.6	3.9	9.1	37.0	49.4	100.0		
12. There were more security incidents during the outbreak than before.	<i>n</i>	0	6	18	46	84	154	4.35	0.837
	%	0.0	3.9	11.7	29.9	54.5	100.0		
13. Security incidents were successfully resolved.	<i>n</i>	0	4	18	62	70	154	4.29	0.773
	%	0.0	2.6	11.7	40.3	45.5	100.0		
14. Police intervention was necessary to ensure security during the epidemic.	<i>n</i>	5	11	20	47	71	154	4.09	1.081
	%	3.2	7.1	13.0	30.5	46.1	100.0		
15. I believe that security is properly ensured in our healthcare facility.	<i>n</i>	0	8	18	59	69	154	4.23	0.852
	%	0.0	5.2	11.7	38.3	44.8	100.0		
16. I am satisfied with the performance of the corporate security service.	<i>n</i>	0	5	20	54	75	154	4.29	0.816
	%	0.0	3.2	13.0	35.1	48.7	100.0		
17. The role of the security services during the epidemic was mainly supervisory (supervision of the implementation of security measures).	<i>n</i>	0	4	22	49	79	154	4.32	0.814
	%	0.0	2.6	14.3	31.8	51.3	100.0		

18. Despite monitoring compliance with the security measures related to the epidemic, the security service also performed other security-related tasks successfully and efficiently.	<i>n</i>	0	7	22	49	76	154		
	%	0.0	4.5	14.3	31.8	49.4	100.0	4.26	0.869

Legend: *n* – number of responses; % – percentage; *M* – mean; *SD* – standard deviation; Likert scale: 1 – strongly disagree; 2 – disagree; 3 – neither agree nor disagree; 4 – agree; 5 – strongly agree.

On average, respondents estimated (they showed high agreement/high average) that corporate security is important in organising the operation of a healthcare institution during an epidemic ( $M = 4.31$ ;  $SD = 0.860$ ), that the security officers performed their job successfully and effectively during the epidemic ( $M = 4.33$ ;  $SD = 0.833$ ) and that patients followed instructions and safety measures during the epidemic ( $M = 4.27$ ;  $SD = 0.833$ ).

They also rated that the actions of safety personnel were appropriate when patients did not follow instructions and safety measures ( $M = 4.31$ ;  $SD = 0.843$ ) and that challenges and inconveniences were successfully and quickly resolved during the epidemic ( $M = 4.27$ ;  $SD = 0.840$ ) (Table 2).

On average, respondents assessed that the organisation in the health facility where respondents were employed was well planned during the epidemic ( $M = 4.10$ ;  $SD = 0.965$ ), that they handled security risks well during the epidemic ( $M = 4.16$ ;  $SD = 0.960$ ), that communication between staff worked well during the epidemic ( $M = 4.18$ ;  $SD = 0.971$ ), and that they felt security was adequately provided at their health care facility ( $M = 4.23$ ;  $SD = 0.852$ ) (Table 2).

We also found that, on average, respondents felt that the security service successfully and efficiently performed other security-related tasks despite monitoring compliance with security measures related to the epidemic ( $M = 4.26$ ;  $SD = 0.869$ ) (Table 2).

Finally, they also noted that police intervention was necessary to ensure safety during the epidemic ( $M = 4.09$ ;  $SD = 1.081$ ), and the dispersion of responses (standard deviation) is highest for this statement. They also estimated that there were more security incidents during the epidemic than before the epidemic ( $M = 4.35$ ;  $SD = 0.837$ ) and that the role of security services during the epidemic was mainly surveillance (monitoring compliance with security measures) ( $M = 4.32$ ;  $SD = 0.814$ ) (Table 2).

In general, respondents estimated that they were satisfied with the functioning of the corporate security service ( $M = 4.29$ ;  $SD = 0.816$ ), that corporate security in the health facility was well developed ( $M = 4.12$ ;  $SD = 0.952$ ) and that the head of the corporate security service and other employees in this area were doing their jobs well ( $M = 4.23$ ;  $SD = 0.911$ ) (Table 2).

## 4 DISCUSSION AND CONCLUSION

Corporate security is of international importance. At the international level, corporate security means international cooperation among countries to address common threats. An example of such cooperation is the political-military alliance NATO, which promotes democratic values and peaceful conflict resolution. Corporate security in this sense of the word stands for an approach of negotiation, cooperation, and the search for trust between countries.

Within organisations, on the other hand, corporate security deals with the management of security risks faced by organisations. Corporate security is used to ensure information security, physical and technical security, and smooth business operations within organisations. During the COVID-19 epidemic, healthcare institutions formed crisis headquarters in which the heads of various departments and coordinated and aligned efforts. Regulations and laws had to be observed, and work in hospitals had to be aligned with the current legislation. To effectively organise and coordinate the work of healthcare personnel, it was also necessary to periodically review all current guidance and intelligence related to COVID-19. Corporate security in healthcare was also reinforced by technical and physical security, which made it easier for the crisis headquarters to monitor compliance with security measures, such as wearing protective masks, maintaining a safe distance, and other situationally appropriate measures.

During the COVID-19 epidemic, healthcare workers were particularly stressed. In addition to increased workloads, they were constantly exposed to the possibility of contracting the virus. Some workers also experienced mental health problems such as depression, stress and anxiety, making it important that all workers with such problems seek the necessary help in a timely manner. All of this affected the sense of security of workers employed in the healthcare sector.

Our research showed that, on average, security during the epidemic was adequate in the opinion of employees (adequate actions of security personnel during the epidemic, good management of security risks and good security arrangements in the health facility), that the organisation of security was well planned, that corporate security is generally well developed, that employees in this area perform their work well and are satisfied with the functioning of the corporate security service.

We also found that, according to the employees, the intervention of the police was necessary to ensure safety during the epidemic and that the role of the security services during the epidemic was mainly monitoring (monitoring compliance with security measures). We found that corporate security in healthcare institutions is important in health care institutions because it helped security facilities to manage the security risks caused by COVID-19. Due to the proper organisation and implementation of corporate security in healthcare institutions, employees felt safe.

We also found that during the epidemic, healthcare institutions managed corporate security by forming crisis teams to implement safety policies during crisis management. By prioritising and considering safety measures, health care institutions continuously conducted medical activities. Physical and technical security contributed to stronger and stricter control of compliance with security

measures. The research showed that such a way of working in healthcare institutions is successful and efficient, since, according to the respondents, security risks are well managed, and people feel safe in hospitals. It is important that corporate activity in healthcare facilities continue to evolve in the future so that all upcoming safety risks can be successfully managed.

When reviewing the literature, we came across a study whose findings agree with our findings. Corporate security ensures security in healthcare institutions, enables their continuous operations and information security. It is necessary for the entire staff to be aware that the security policy depends on their actions. Therefore, it is necessary for the safety manager to provide training for workers in the field of safety and raise their motivation to work together for the safety of the organization. Successful and effective corporate security also requires that healthcare institutions have a well-developed communication and security strategy, which is crucial in containing security risks (Kubale et al., 2023).

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