

Management of Pandemic Crises in Professional Football Structures

KHARBOUCH Hassan*, KAACH Mohamed and GUEDIRA Mohamed

Faculty of Education Sciences, Mohammed V University, Rabat, Morocco

***Corresponding Author:** KHARBOUCH Hassan, Faculty of Education Sciences, Mohammed V University, Rabat, Morocco.

Received: June 03, 2021

Published: June 29, 2021

© All rights are reserved by **KHARBOUCH. Hassan., et al.**

Abstract

Issue: Covid19 positive cases detected in professional football clubs preparing for international events have affected their sporting results.

Objective: The overall objective of this study is to identify and describe the determinants of the management of sports structures in pandemic crisis situations according to the views of resource persons and the scientific evidence in pandemic spread contexts.

Methodology: A multiple case study was used (Yin, 2009). Six cases were studied according to two sports structure management contexts: A. Mohammed VI Sports Complex (CM6), B. National professional sports clubs (n = 5).

Results: The qualitative results showed that the detected deficiency in the protocols initiated by the studied clubs is influenced by individual factors (social environment) as well as factors related to the organisational measures put in place against Covid19.

Conclusions and Practical Implications: This study highlights the important and particular challenge of managing sports structures in an epidemiological context. It involves personal and crisis management factors. They must be applied by all sports actors (players, staff, medical...).

Keywords: Pandemic spread; pandemic management; participation in International Competitions; Case Study

Introduction

In December 2019, China reported to the World Health Organization (WHO) cases of pneumonia of unknown origin in the city of Wuhan [1]. The virus, later named SARS-Cov-2, has since spread worldwide, reaching 209 countries and territories as of 7 April 2020, with more than 1,279,000 official cases and 7,2616 deaths [2]. The pandemic, declared as such by the WHO on 11 March 2020, has led various countries to literally close their borders to prevent the virus from spreading silently through the population.

Unfortunately, its outbreak has had a significant impact on all aspects of our daily lives. These include high morbidity, a global

recession and a gradual change in social norms. The characteristic feature of this virus is that it has led to great uncertainty about how to respond to this disease, which, for the majority, was not well understood. China, being ground zero for the virus, was the first country to react and suspend the Chinese Super League on 30 January, when there were 9,692 confirmed cases and 213 reported deaths [3].

As the virus spread, scientific research began to demonstrate the potential danger it represented for the world community. It took three weeks for other countries to follow China's drastic measures. Nevertheless, sports organisations around the world have adopted

new and different ways of managing the crisis, which has enriched to the knowledge of sport and risk management in the event of a pandemic. The new experiences gained during this pandemic have shown that sports organisations need crisis management programmes to deal with a possible pandemic in the future.

It is therefore necessary to manage sports organisations with a different perspective and new plans to deal with new future needs. To do this, sports managers need to learn from the experiences of the pandemic era and be prepared to predict the world to come, and better manage their organisations in such a context. Furthermore, the spread of the Coronavirus (Covid-19) has led to the stoppage of professional championships and then a resumption with restrictions, including the absence of spectators [4].

Aim of the Study

The aim of the article is to highlight the instant and violent impact of this crisis on professional football clubs in Morocco.

Global situation: During the first ten days of March 2020, despite the spread of the virus worldwide, only five other football federations suspended or cancelled all competitions, namely Thailand, Iran, Italy, Austria and Portugal. On 11 March 2020, the World Health Organisation declared the rapid spread of the coronavirus a pandemic, recognising that the virus was likely to spread to every country in the world. This had an immediate effect as shown in figure 1 and 2 [3].

Figure 1

Figure 2

As the points in figure 1 and 2 show, between 12 and 13 March, 41 countries cancelled or suspended all football activities. On the following days, between 14 and 18 March, another 64 countries decided to stop professional football activity.

These data imply that football, like many other organisations around the world, was not prepared to stop its activities unless it was clear that the ongoing epidemic was out of control. The critical statement came when the situation was declared a pandemic [5].

UEFA, European Union of football associations announced on 17 March that the European Championship would be postponed until 2021. On the same day, Conmebol, the South American football association, made a similar announcement by moving its Copa America to 2021. Similarly, the 2020 African Nations Championship, which was due to be held in Cameroon in April, was postponed to the same date.

Like all other socio-economic activities, the WHO statement on the scale of the pandemic had an immediate impact. FIFA, in turn, has continued to put health at the centre of the debate and has reiterated that safeguarding the public as well as the safety of players, officials and all others involved in football remains of the highest importance [6].

This unique and unprecedented situation in the history of world sport has disrupted all sporting activities on a global scale. Multiple

postponements of global competitions such as the Olympic Games and world championships in several sports [7].

Various mobilisations have taken place in the sporting community to respond to the challenges posed by this pandemic and to prepare for the period of deconfinement.

During the sports season of the National Professional Championship (Botola Pro), the absences of players male and female and women who contracted Covid19 have increased significantly. According to official figures, almost 2.21% (Professional Football National league statistics) of those tested had contracted Covid. This proportion reached 6.12% in certain clubs such as IRT.

In the same meaning, it is revealed that the protocols had some deficiencies due to its inadequacy with the sports structures of the clubs in question, in terms of management of the sites (training, accommodation, catering, etc.), thus the protocol within these clubs is problematic, however, there are few publications on the management of pandemic crises in sports structures.

Due to limited time, and without having been researched, international sports authorities (FIFA and IOC) dictate the mode of pandemic crisis management, linked to the functioning of professional sports structures. However, the whole remains partial and the documented elements generally come from observations linked to experience in the field in terms of adaptation to environmental factors (social and cultural situation of the sportsmen and women etc.). In addition, the scientific literature has partially addressed the factors influencing the pandemic in its general context. It seems relevant to improve our understanding of this aspect in order to put in place an adapted system to ensure the good functioning of sports structures in a pandemic situation.

In Morocco, confinement was imposed as part of the fight against the spread of the SARS-CoV-2 virus. Indeed, the lockdown has affected several socio-economic activities, and the sports world has not been exempted. The National Football Association (FRMF) was forced to prepare for this particular situation since the lifting of the lockdown does not mean the end of the covid-19 epidemic. Contagion by the SARS-CoV-2 virus is still likely to occur even during the deconfinement period, so a particular managerial strategy is needed, under these exceptional health conditions. For the resumption of sports activities, and in order to best prepare and

carry out the various national and international team events, management challenges during this pandemic were imperative. Indeed, the restrictive measures have disturbed and hampered the various activities in terms of respecting schedules, programmes, and time and space management.

The question being asked is how to manage a pandemic crisis in a professional sports structure?

Methodology

This empirical study is based on an exploratory multiple-case study approach that aims to understand how professional sports organisations deal with the COVID19. As this topic reflects an emerging area of research, a case study approach was considered appropriate [8]. In this study, the case study is an analysis of six professional sports entities, 5 Professional Football Clubs and the Mohammed VI Football complex (CM6), which are facing the current environment caused by the COVID-19. Indeed, the management of a crisis linked to a sanitary pandemic in a sports structure is a complex matter, since it includes various factors (anti-pandemic protocols, the running of training courses (training, catering, accommodation, etc.), to all of which it is very difficult to dissociate.

Indeed, Yin (2009) [9], proposes a vision where the study of the case(s) generates an in depth understanding of a phenomenon (pandemic management), which will then be tested and confirmed inside the research process itself. Thus, the main interest is to ensure an objective and valid research process that allows for the generalisation of data from the multiple case study (e.g. triangulation of data, comparison between cases) [9].

Therefore, this design of the case study seems appropriate to answer the objective of this study, namely pandemic management in a sport facility. Each case (or unit of analysis) is studied according to the mode of crisis management put in place, according to the two contexts, namely the Pandemic Protocols and camps Management. Thus, the study of cases (n = 6) in different professional contexts and environments seemed appropriate in order to consider the variability of factors involved in each context [9], as suggested by Martinson and O'Brien (2010), who recommend that the study of six to nine cases provides an interesting variability that allows for greater confidence in the results obtained, while keeping the volume of data at a level that will allow for easy analysis.

Our study is prospective, covering a 9-month period from August 2020 to April 2021.

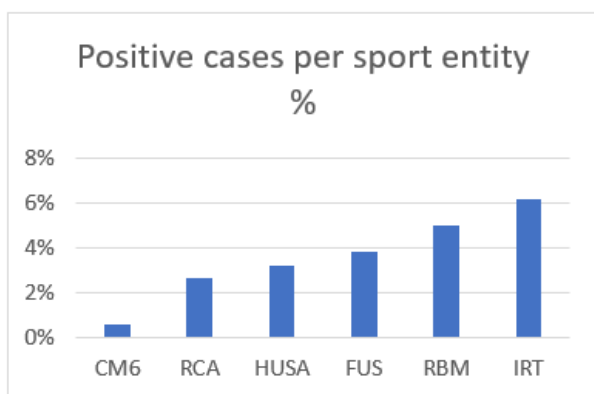
Data collection

Data were collected through interviews with managers, coaches and doctors from the study facilities. They were considered suitable participants for the present study, as they have the necessary knowledge on the subject and in particular, the semi-structured interviews which are flexible in terms of the order of the questions and the topics to be discussed, focused on the research subject [10]. An interview guide helped to conduct the interviews, the number of focal themes of which were specified in advance. The content of this guide focused on the way the pandemic crisis was managed. Given the exploratory nature of this study, the procedure adopted was not only deductive, but also included an inductive approach, so that the prior framing of the fieldwork allowed for a close approach to the interviewees, their opinions and views, but was also open to adjustments and changes.

Results and Discussion

The results of the interviews show that clubs have been affected by the COVID-19 pandemic. As a result, the majority of clubs participating in the Moroccan Botola Pro Championship cancelled or postponed their matches due to the positive cases recorded among their staff. In addition, the schedule was slightly readjusted because the matches were dependent on the barrier measures imposed by the health authorities. The results of the interviews also show that the clubs involved handled the crisis in different ways. The analysis of the data revealed several key elements in the interviews.

The percentage of positive cases in relation to the numbers of PCR tests



Club	Number of PCR tests	Positive Number	Positive cases %
CM6	6639	37	1%
FUS	342	13	4%
HUSA	344	9	3%
IRT	506	31	6%
RBM	480	24	5%
RCA	497	16	3%
Total	8808	130	

Table

Crisis management

In the approach to crisis management, almost all clubs (n = 5) were in a watchful mode and planned different scenarios in order to be able to react to this pandemic. Indeed, the reaction of the clubs is the opposite of proactive behaviour, which refers much more to urgent action than to pre-established planning. Only CM6 showed proactive behaviour and communicated forecasts and planned analyses in real time, which led to active actions.

Moreover, according to the graph, this site of excellence (CM6), where the FRMF's football policy is implemented, recorded 1% of Covid-19 positive cases, considered to be the lowest rate compared to the other cases studied (Clubs, n = 5), despite the very high number of training courses and tests carried out (out of a total of 6,639 tests, only 37 cases were positive).

The main mission of the CM6 is to train high standard footballers of all categories, both male and female, and it is also used for training courses for national and international coaches. In spite of the large number of players in the CM6, the pandemic has been controlled with the help of a protocol put in place by the FRMF based on a set of actions and directives issued by national and international sanitary authorities. This sports site is thus considered to being the first sports structure which was able to start football activity on a national and African scale during this global pandemic. In order to keep the sports activities going, to ensure the preparation of the national teams and the activity of the medical centre of expertise and performance, the FRMF has considered it necessary to set up in the immediate future a commission called Covid action.

Covid-action: This is a management and vigilance structure within the CM6, composed of one member from each department of the

FRMF. Members also include a representative of the COVID crisis management cell at the Ministry of Public health. The mission of this cell is to coordinate all preventive actions in the fight against the SARS-CoV-2 virus; to validate sports programmes and activities, to draw up recommendations and to write daily reports.

It is responsible for monitoring the evolution of the epidemiological situation, taking into account updated data from national health authorities and international scientific societies on this health crisis.

Within this sports structure, a double approach has been adopted in terms of crisis management, an adapted organisational approach and a medical approach, in order to protect the health of players, staff and all those involved, to avoid contagion by the SARS-CoV2 virus, to establish an adapted protocol for the management of emergencies or possible COVID cases and to facilitate a safe return to the competition.

The general approach considers this site to be a single entity with a single access point where the entry and exit of all users of the complex (Players, technical staff, medical, service providers, etc.) is recorded. Taking the body temperature, committing to respecting the confinement, physical distancing and reducing contact during gatherings are essential when athletes, staff and contact persons arrive at the complex. A systematic medical examination and PCR tests are carried out. According to the interviewees, only people with negative PCR tests and no history of COVID 19 infection or contact with an infected person are admitted. For those with positive PCR tests or a history of COVID 19 infection or contact with an infected person, specific care is provided in an external hospital.

Spatial management (zoning): A spatial division of the CM6 into 8 zones has been carried out to manage traffic as well as possible, which is strictly regulated with passage prohibited between the zones except for the Medical staff and the disinfecting teams. Five zones are dedicated to accommodation, each including a hotel and a nursing room. These are strictly reserved for players, staff and dedicated service personnel. An administrative area reserved for CM6 staff, a service area for service providers, delivery and solid wastes disposal. A Sports Medicine and Performance Centre (SMPC) area, access to which is strictly reserved for medical and paramedical staff, authorised players, the emergency cell and the isolation unit for any suspected COVID cases awaiting evacuation. A

secure COVID circuit has been set up. In order to avoid the crossing of people in the sports facilities and equipment of the site, a schedule has been established for each team, the staffs participate in the supervision and the movements of their players and prevent any movement not authorised by the covid-action.

The medical approach within the CM6 during the decontamination period is materialised by the medical and PCR tests carried out on the arrival of the athletes, staff and contact persons. People with a negative PCR are quarantined. PCR positive cases are evacuated according to a pre-established plan in partnership with the Ministry of Public Health.

However, the overall results for the clubs investigated show that they have neither the expertise to manage crises nor the necessary structures to deal with them. The results also indicate that players from clubs involved in international competitions were absent due to corona infection in their group. According to official statistics on the spread of Covid-19 in the footballing world, the 32 teams in the first and second pro divisions have one or more players affected by the corona virus, a sign that the disease is making headway in professional football in Morocco. IRT is the club most affected by the virus with a 6% positive rate out of a total of 506 PCR test. Club Raja follows with 16 positive cases. The FUS Club of Rabat recorded 13 cases.

The MAS Club has known 5 cases among its players, Club Wydad of Casablanca with 8 positive cases, followed by Club La Renaissance Sportive of Berkane and Mouloudia of Oujda with 5 positive cases. the second leg of At the international level, the African Champions League semi-final between Zamalek of Cairo and Raja of Casablanca, programmed for October 2020, has been postponed after 8 players of the Moroccan club were tested positive for Covid-19. The club was quarantined for a one-week period by the Moroccan Health authorities. Hassania d'Agadir is the other football club also affected by the coronavirus, with 9 positive cases, a few days before their game against RSB in the semi-finals of the Confederation of African Football (CAF) Cup. Interviewees reported that the lack of appropriate sports facilities makes it difficult to implement an adequate protocol for preventing Covid-19. Participants also reported that the factors influencing the management of pandemic crises are almost identical for all clubs in the study. The analysis of the results also highlighted the significant difference between CM6 as an organized structure and the other cases studied in terms of

pandemic crisis management, as the percentage of positive cases in the clubs is 3 to 6 times higher than in CM6.

Conclusion and Suggestions

The analysis of the club data in Comparison to the MC6 data revealed some factors influencing the management of this crisis such as the accommodation of most of the players in the populations in their place of Residence. This is considered to be a critical factor in the risk of contamination. In addition, the results highlight the challenges faced by the clubs studied in terms of strategies to deal with the pandemic. As a result of this mismanagement, the Royal Moroccan Football Federation (FRMF) has intervened with the clubs and implemented the sanitary protocol as applied in the CM6. As a consequence of this Federal action, the number of positive cases of Covid-19 has decreased significantly among the clubs since January 2021. Subsequently, the model of management of this pandemic at the level of the CM6 has enabled it to position itself as a leader in terms of Covid-19 management among the different national football structures.

"The risk society must be a society of competence, trust and the search for results" (Dab and Salomon, 2013, p205) [11]. Re-thinking health security and risk management, through a complete reshaping of the strategic skeleton and through a transversal intelligence approach, would further strengthen the opinion of sports stakeholders, on the decision making undertaken.

Improving management by setting up national and provincial think tanks like Covid-action in order to meet the requirements of the various sports structures. These cells would also allow for the taking into account of anticipation in the apprehension of so-called impossible problems.

Empower players through training and support to recreate the trust needed to implement and apply prevention measures that are sometimes difficult for athletes to accept in a pandemic situation.

The Sars-cov2 sanitary crisis that we experienced is of unprecedented magnitude as it is global and has pushed sports organisations to change their behaviour to adapt to this menace. The Covid-19 crisis has challenged our current management culture and the way we run sports organisations and has also contributed to paradigm shifts in our organisational models.

The implications and practical lessons emerging from this pandemic crisis can be summarised in the following points:

- a. Develop new skills that are essential for managing sport in confinement, which is very different from what we have known before.
- b. Centralise decision-making rights in a pandemic management entity.
- c. Facilitate the decision-making process in order to facilitate the rapid execution of actions.
- d. Implement collaborative technologies and tools within the sport structure to facilitate communication in a pandemic environment.
- e. Controlling the training process (proposing the distribution of groups, zoning and timing). Contact with the players regarding the organisation of training sessions is essential by scheduling information sessions on correct behaviour before, during and after training.
- f. Each coach must use his/her own training equipment, which is stored only by the equipment manager. This equipment is then disinfected after each training session.

Bibliography

1. Bai Y., *et al.* "Presumed asymptomatic carrier transmission of COVID-19". *The Journal of the American Medical Association* (2020).
2. Zunyou Wu., *et al.* "Characteristics of and Important Lessons From the Coronavirus Disease 2019 (COVID-19) Outbreak in China. Summary of a Report of 72 314 Cases From the Chinese Center for Disease Control and Prevention". *The Journal of the American Medical Association* 323.13 (2020): 1239-1242.
3. Jorge Tovar. "Football, Seconde Guerre mondiale et coronavirus: une analyse comparative de la fermeture du sport". *Soccer and Society* (2020).
4. Brett G Toresdahl MD and Irfan M Asif MD. "Coronavirus Disease 2019 (COVID-19): Considerations for the Competitive Athlete" (2019).
5. Brett G Toresdahl MD and Irfan M Asif. "Maladie à coronavirus 2019 (COVID-19): Considerations pour l'athlète de compétition" (2019).

6. OMS. "Recherche des contacts dans le cadre de la COVID-19" (2021).
7. FIFA issues guidance on COVID-19 football regulatory issues. FIFA Covid Guide.
8. Michael Gibbert., *et al.* "What passes as a rigorous case study?" *Strategic Management Journal* 29.13 (2008): 1465-1474.
9. Yin RK. "How to do better case studies". *The SAGE Handbook of Applied Social Research Methods* 2 (2009): 254-282.
10. Karin Klenke. Qualitative research in the study of leadership. Éditeur: Bingley, UK: Emerald Group Pub (2008).
11. Dab W and Salomon D. "Agir face aux risques sanitaires". Pour un pacte de confiance. Paris: PUF (2013).

Volume 4 Issue 7 July 2021

© All rights are reserved by HARBOUCH Hassan., *et al.*