Examining Workplace Health Discourse on Organisational Preparedness and Response Post The COVID-19 Pandemic in a Selected Manufacturing Company in Zimbabwe

Stanely Sitole, Mubango Hazel

Commerce and Management, Women's University in Africa

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ABSTRACT

The COVID-19 pandemic has underscored the essential importance of organisational preparedness and response measures in alleviating the effects of health crises on workplaces. The purpose of the study is to examine workplace health discourse on organisational preparedness and response post covid pandemic in a selected manufacturing company in Zimbabwe. The research was informed by Duchek's capability-based model of organisational resilience, which emphasises anticipating, coping, and adaptation in reaction to health crises. The study employed quantitative research approach. The research population was 150 employees from a selected manufacturing company in Harare. Stratified random sampling and simple random sampling methods were used to select the study sample size of 113. Data was collected using a 15-item, 5-point Likert scale questionnaire. Data was analysed using SPSS version 28 and linear regression analysis was used to test the relationships between the variables. Findings of the study indicated a positive relationship between workplace health discourse and both organisational preparedness for health pandemics. This study enhances the comprehension of workplace health discourse and its ramifications for organisational readiness and response to health crises in Zimbabwe. The results have ramifications for policymakers, organisational leaders, and healthcare experts aiming to improve workplace health and safety during and post health pandemics.

Keywords: workplace health discourse, manufacturing company, organisational preparedness,

INTRODUCTION

Zimbabwe has faced cholera outbreaks for decades, primarily due to inadequate infrastructure, insufficient access to clean water and sanitation, and climate change (Tshuma & Mpofu, 2020). In 2023, the nation encountered a cholera outbreak that disseminated swiftly, culminating in almost 31,000 cases and 683 fatalities (Mashe et al., 2023). Cholera outbreaks adversely affected the manufacturing industry by causing personnel disruptions, supply chain interruptions, elevated expenses, and harm to reputation and brand image (Nyoni, et al., (2023. The recent COVID-19 pandemic disrupted prevailing notions of worker safety, health, and well-being, underscoring the necessity for the establishment of resilient global health systems. The pandemic has underscored persistent socioeconomic difficulties confronting workers, such as childcare, sick leave, and disability matters, while emphasising safety concerns within businesses (Dennerlin, et al., 2020). All existing weaknesses have been thoroughly exposed and have emerged as prominent topics in our everyday discussions.

The health discourse predominantly emphasised occupational safety standards, while insufficiently addressing preparedness and reaction to significant emergencies like as the pandemic (Österberg, 2021). Workplace health discourse denotes the collective declarations and policies that exhibit a unified force and coherence, established for the community of a certain corporate organisation (Allender & Colquhoun, 2006). The emergence of COVID-19 initiated a new epoch in which prior methods may be ineffective in a tumultuous atmosphere marked by uncertainty, fear, disruption of standard operations, and the threat of corporate insolvency and job loss

(Rucker et al., 2021). The COVID-19 pandemic revealed the inadequacy of numerous nations in properly addressing infectious disease outbreaks (Chiyaka et al., 2022). Moreover, certain discourses may trivialise intricate workplace health matters, such as mental health, neglecting the particular industry and environment (Musasa & Chirisa 2025). The existing workplace health discourse exhibits multiple intrinsic deficiencies in addressing the effects of pandemics on the manufacturing sector.

No nation, whether industrialised or developing, was adequately prepared for the epidemic. Countries exhibiting robust governance, substantial investment in health infrastructure, and prior pandemic experience shown more successful responses (Chua et al., 2020; Coccia, 2021; Sharma et al., 2021). In underdeveloped nations, resource limitations and deficiencies in health systems restricted the extent and rapidity of organisational responses, frequently leading to delayed adaptation and exacerbated adverse effects on employee well-being (Ataguba & Ataguba, 2020; Tessema et al., 2021). In countries with developing economies, social determinants like poverty, education, infrastructure and health disparities complicate effective workplace health dialogue and interventions, underscoring the necessity for customised communication and inclusive strategies (Ataguba & Ataguba, 2020; Chua et al., 2020; Tessema et al., 2021). Nevertheless, countries with developed economies were typically more proficient at executing comprehensive safety management protocols, mental health assistance, and adaptable work arrangements, although gaps remained (Chua et al., 2020; Hou & Sing, 2025; McGuinness et al., 2022).

Effective and honest communication is essential for preparedness and response. Crisis and risk communication is crucial in poor countries because of heterogeneous people and fragile health systems; it fosters trust and guarantees adherence to health protocols (Ataguba & Ataguba, 2020; Tessema et al., 2021). Developed nations often possess more established avenues and resources for health communication; yet, they continue to encounter difficulties in engaging all demographics and sustaining trust (Chua et al., 2020; McGuinness et al., 2022).

Zimbabwe, South Africa, and Rwanda employed diverse reaction measures, with Rwanda exhibiting a resilient national health system (Dzinamarira et al., 2022). The pandemic profoundly influenced workplaces, especially in Zimbabwe, where HIV/AIDS had previously devastated the economically active population (Maphosa, 2021). The crisis underscored the necessity for enhanced health communication techniques in southern African nations, such as Botswana, South Africa, and Zimbabwe (Nyandoro et al., 2024). To adequately prepare for future pandemics, continuous financial investment in public health infrastructure, cohesive surveillance systems, and improved intersectoral communication are essential (Chiyaka et al., 2022). Furthermore, using novel communication strategies and emphasising material related to preventive lifestyles and personal accountability can reduce infections and avert disease recurrence (Nyandoro et al., 2024).

In Zimbabwe, the manufacturing sector was significantly impacted by the pandemic, with many organizations struggling to maintain operations while ensuring the health and safety of their employees. The sector experienced disruptions in global supply chains, which affected the availability of raw materials and led to increased costs in addition to the reduced demand for manufactured goods, both locally and internationally, further exacerbating the challenges faced by the sector. (Chigara, et al., 2022). Manufacturing firms in Zimbabwe responded to the epidemic by implementing various occupational health and safety (OHS) protocols, including mandatory mask-wearing, temperature checks, and social distancing. Employee compliance varied due to cultural attitudes, misinformation, and resistance to disciplinary measures. Effective readiness requires not only personal protective equipment (PPE) but also comprehensive training, awareness initiatives, and communication strategies to foster a culture of compliance and recognition of health risks (Christian, 2020).

The COVID-19 pandemic forced manufacturing companies to reevaluate their corporate strategy, affecting key elements like adaptability, crisis management, and collaboration with government entities. The pandemic highlighted the need for flexible approaches, including business agility, and crisis management protocols. Manufacturing organizations that proactively developed crisis strategies and collaborative frameworks were better equipped to mitigate adverse effects (Nkomo & Chinjova, 2022).

The epidemic significantly impacted workers' mental health, leading to increased anxiety, job insecurity, and stress. Organizational interventions such as resilience training, improved workplace infrastructure, and collective

anti-contagion measures were essential for promoting employee well-being and maintaining productivity (Giorgi et al., 2020). The economic downturn resulted in layoffs, wage cuts, and unstable employment, exacerbating mental health issues (Christian, 2020). This highlighted the need for urgent support and intervention to help the sector recover and grow. (Semwayo, 2024).

The Zimbabwean manufacturing sector is crucial for its contributions to Gross Domestic Product (GDP), employment generation, and export revenues, as well as for offering a varied industrial foundation and facilitating economic development (William, 2022). It is regarded as a pivotal catalyst for economic transformation, fostering job creation, enhanced productivity, and sustainable growth (Chipenda & Adesina 2025). The manufacturing industry in Zimbabwe is susceptible to health crises owing to economic instability, interrupted supply chains, the use of hazardous chemicals and insufficient risk management methods (Le-roy, 2020). Health crises can intensify these vulnerabilities, resulting in economic disruptions, job losses, and additional pressure on the already precarious manufacturing sector. (Mhazo & Maponga, 2022). Employees seek to belong to an organisation that provides a sense of purpose and, consequently, prioritise stable and predictable social situations characterised by clear boundaries of acceptable behaviour, allowing them to feel secure in expressing themselves (Grawitch et al., 2024)

There is a dearth of research regarding the effects of health pandemics on Zimbabwe's industrial industry. Most research concentrates on the overall effects of pandemics on public health, while insufficiently addressing the particular issues encountered by the industrial sector, so overlooking its distinct demands and vulnerabilities (Calza, et al., 2023). The research will explore how manufacturing organisations in Zimbabwe have responded to the COVID-19 pandemic, including the measures they have put in place to prevent the spread of the disease, protect employees' health and safety, and maintain business continuity. The study will also investigate the challenges and opportunities that have arisen as a result of the pandemic, and how these have influenced workplace health discourse and organisational preparedness and response. This paper adds to the debates on workplace health discourse by examining the role of workplace health discourse in shaping organisational response and preparedness during and post health pandemics in Zimbabwe's manufacturing industry.

By examining the experiences of manufacturing organisations in Zimbabwe, this study aimed to contribute to a deeper understanding of the complex relationships between workplace health, organisational preparedness, and response to infectious disease outbreaks. The findings of this research will provide valuable insights for policymakers, organisational leaders, and healthcare professionals seeking to develop effective strategies for promoting workplace health, preventing the spread of infectious diseases in the manufacturing sector as well as adopting strategies to anticipate, cope and adapt in the management of health pandemics.

Research Objectives

To explore the role of workplace health discourse in shaping organisational preparedness for health pandemics in Zimbabwe's manufacturing sector.

To assess the impact of workplace health discourse on the organisational response during health pandemics within manufacturing firms.

Research Hypotheses

H1: There is a relationship between workplace health discourse and organisational preparedness for health pandemics.

H2: There is a relationship between workplace health discourse and organisational response to for health pandemics.

LITERATURE REVIEW

This section examines the theoretical framework and relevant literature pertaining to the study.

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Theoretical framework

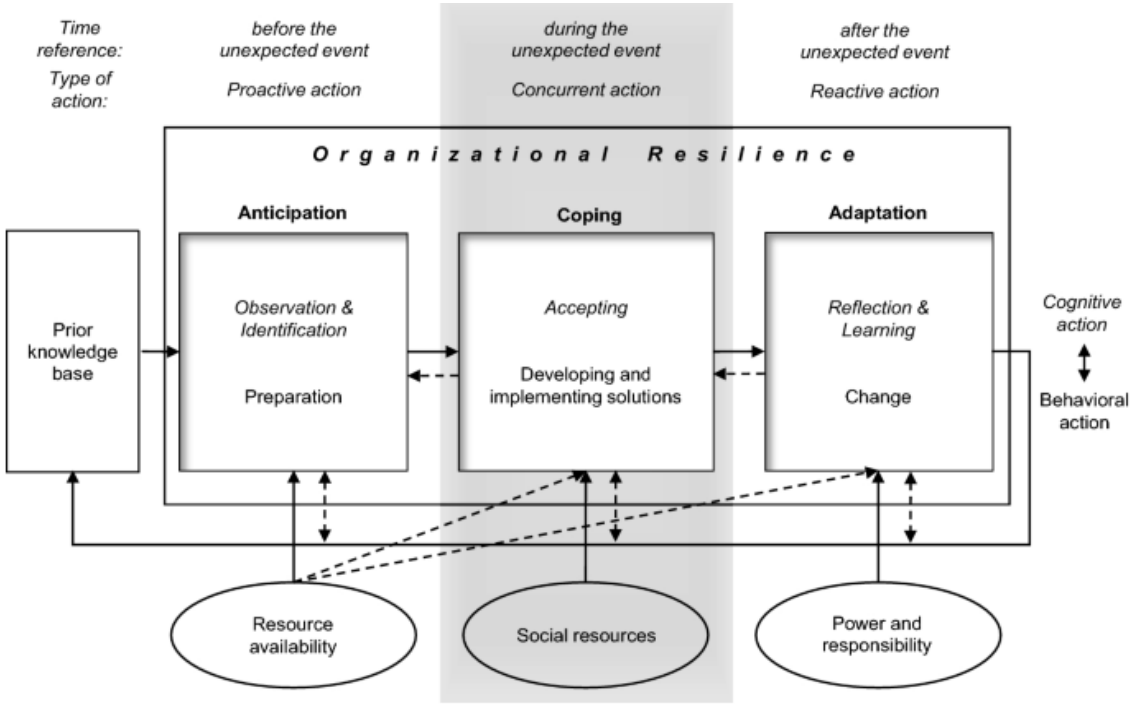

Figure 1: Organisational Resilience: A Capability-Based Conceptualisation

Source: Duchek (2020)

The research is informed by Duchek's capability-based model of organisational resilience, which emphasises anticipating, coping, and adaptation in reaction to crises. This theory strongly corresponds with the function of workplace health discourse in formulating effective preparedness and response plans during and after health crises such as COVID-19. This model is based on how companies can foresee, react to, and recuperate from disturbances, allowing them to prosper in uncertain settings (Hepfer & Lawrence, 2022).

Duchek's concept emphasises the necessity for proactive risk identification and strategic planning. Studies indicate that early, transparent discussions regarding workplace health, including open communication, scenario planning, and employee engagement, improve organisational knowledge and preparedness for pandemics (Chen et al., 2024; Ghayen et al., 2024). The coping dimension signifies that resilient organisations depend on swift, coordinated actions during crises. Research indicates that participatory health discourse, marked by reciprocal communication, leadership involvement, and explicit safety protocols, enhances operational continuity, safeguards personnel, and meets psychological needs (Giorgi et al., 2020; McGuinness et al., 2022; Vu et al., 2022). Duchek's adaption stage encompasses the processes of learning and evolving subsequent to a disaster. Post-pandemic studies underscore the significance of feedback loops, continual enhancement, and the incorporation of lessons learnt into health and safety regulations, all of which are supported by sustained workplace health discourse (McGuinness et al., 2022; Coates et al., 2021; Siddique et al., 2023).

In periods of significant volatility and uncertainty, companies must cultivate resilience to effectively manage unforeseen events, recover from disasters, and promote future success (Duchek, 2020). Duchek's resilience framework and workplace health discourse are interdependent, emphasising that open, participatory health communication is crucial for developing the anticipation, coping, and adaptation skills that support organisational preparedness and effective response during and after health crises.

Workplace health discourse

A workplace discourse encompasses the various methods of discussing and comprehending health and well-being within a professional environment, including the language, beliefs, and practices that influence how employees, employers, and organisations perceive and tackle health-related matters at work (Fasanya, 2020).

Two conflicting discourses encompass health and safety as a lifestyle, promoting the integration of employees' professional and personal lives, while the safety discourse delineates health in connection to the interaction between workers and their physical environment (Angel, 2023). The discourse on workplace health affects both individual employees and the company collectively. This may result in enhanced health and productivity, but could also cause changes in responsibility and managerial authority, along with the necessity for more efficient execution of Occupational Safety and Health (OSH) programmes (Susanto, 2022).

The Workplace Health Discourse should highlight collaborative responsibility, preventive and wellness, mental health, and the acknowledgement of workplace health as a corporate priority. (Chen, 2024). Conversely, disregarding workplace health can lead to diminished productivity, heightened stress and disease, and adverse effects on employee morale and retention Lal, A. et al., 2022). Workplace health policies and practices cover several initiatives, including safety, wellness, and mental health programs, all aimed at fostering a better and more supportive work environment (Verra et al., 2019). Suboptimal workplace health can adversely affect an organization's culture, resulting in diminished motivation, engagement, and possibly hazardous behaviours (Buchanan et al., 2023). To foster a positive workplace health discourse, organisations can consider dimensions that support the overall well-being of their employees

like mental health, communication and policy reinforcement. Mental health entails encouraging open conversations about mental health to reduce stigma, providing access to counselling services, employee assistance (EAPs) or mental health resources. Work-life balance involves promoting flexible work arrangements, paid time off, and employee wellness programmes. Communication initiatives are centred transparency in the sharing information about the workplace health initiatives, policies, and procedures, encouraging employee feedback and suggestions on workplace health issues and using various channels of communication to reach employees. Policy reinforcement plays a critical role in developing and enforcing policies that promote a healthy and safe work environment, implementing programs that promote a healthy and safe work environment, and physical activity, healthy eating, and stress management, and, most importantly, holding supervisors accountable for promoting workplace health and well-being. Further, organisations can demonstrate leadership’s commitment to workplace health through visible support and resources, encourage employee participation in workplace health initiatives through incentives, recognition, or rewards as well as regularly evaluating and improving workplace health initiatives to ensure effectiveness. (Foster, 2018).

Workplace activities can mitigate expenses related to sick absence, workers' compensation claims, and employee attrition, rendering workplace health discourse a crucial element in cultivating a high-performing, happy, and productive environment (Arush et al., 2022).

Organisations can investigate innovative strategies to improve their preparedness and response capabilities by formulating a pandemic response plan, performing ongoing risk assessments, implementing an incident management system, creating business continuity plans, and offering employee training and education. (Taylor, 2025). Clear and straightforward communication guarantees that employees comprehend safety standards, company policies, and expectations, resulting in fewer incidents and more productivity (Hosseini et al., 2024).

Organisational preparedness

Organisational readiness refers to an organization's ability to plan for, respond to, and recover from public health catastrophes, such as infectious diseases (Roelofs, 2020). Organisational readiness is a proactive and ongoing process that equips an organisation with the essential competencies and culture to predict, respond to, and recover from workplace disturbances. An effective organisational preparedness program guarantees that organisations preserve lives, alleviate suffering, and diminish the economic and social repercussions of pandemics and health crises (Chen et al., 2024)

Organisational response

Organisational response denotes the measures implemented by an organisation to address a public health emergency, encompassing the activation of emergency response plans, allocation of resources, and coordination of activities with other stakeholders (Khatri et al., 2023). The organisational response refers to the capacity to

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promptly act during a public health disaster, encompassing the execution of emergency operations plans, the coordination of response efforts, and the dissemination of information to stakeholders (Dzinamarira et al., 2021). Organisational response denotes the prompt, efficient, and coordinated measures implemented by an organisation to tackle a pandemic or health crisis, thereby mitigating harm to individuals, operations, and reputation. An effective organisational reaction necessitates a meticulously planned, rehearsed, and implemented strategy that considers the distinct demands and conditions of the company and its stakeholders (Elkady et al., 2024).

Discourse on workplace health and organisational readiness.

The discourse on workplace health and organisational preparedness is intricately connected during health crises. A comprehensive workplace health dialogue that includes leadership endorsement, transparent communication, and a health-oriented culture substantially improves organisational readiness for crises and persistent difficulties. Research suggests many processes connecting health discourse to organisational preparedness. Leadership endorsement and transparent organisational communication regarding health are consistently associated with enhanced perceived preparedness and employee engagement, which are essential for effective crisis response and resilience (Grey et al., 2019; Harsanto & Firmansyah, 2023; Lee et al., 2021; Payne et al., 2018; Wu et al., 2021). Furthermore, organisations that cultivate a health-oriented culture via supporting policies, peer motivation, and staff engagement demonstrate enhanced preparation, reduced lifestyle risks, and superior mental health outcomes (Grey et al., 2019; Wu et al., 2021). Involving employees in health initiatives and preparation planning enhances self-efficacy, contentment, and the probability of successful intervention execution (Chen et al., 2023; Grey et al., 2019; Payne et al., 2018).

Integrating relational leadership, colleague support, and structural aspects (policies, environment) is crucial for fostering a culture of health and organisational readiness (Bronkhorst et al., 2015; Gray et al., 2019; Lee et al., 2021; Payne et al., 2018; Wu et al., 2021;). Several studies suggested that readiness is optimally sustained by continuous communication, collaborative planning, and frequent self-evaluation (Chen et al., 2024; Gray et al., 2019; Harsanto & Firmansyah, 2023; Roelofs, 2020). Occupational health professionals are essential for organisational preparedness, as their experiences underscore the significance of risk management competencies and overall pandemic readiness strategies (Chen et al., 2024). Healthy workplace practices, such as work-life balance, employee development, health and safety, recognition, and engagement, are directly and indirectly associated with employee well-being and organisational enhancements (Grawitch et al., 2006). An effective workplace health dialogue-rooted in leadership, communication, and a nurturing culture-enhances organisational readiness, resilience, and employee welfare. Consequently, this study claimed that:

H1: There is a relationship between workplace health discourse and organisational preparedness.

Workplace health discourse and organisational response.

An effective workplace health discourse encompassing the discussion, valuation, and integration of health within organisational culture profoundly impacts how organisations address employee needs, crises, and general well-being. The rhetoric surrounding workplace health sometimes categorises health as either an individual or corporate obligation. When discourse prioritises individual responsibility, employees may experience pressure to self-manage health concerns, occasionally resulting in "productive sickness," where they work while unwell to fulfil expectations (Wallace, 2020). In contrast, discourse recognising organisational accountability might elicit more favourable reactions, including policy modifications or allocation of resources (Allender et al., 2006; Wallace, 2020).

Management's communication regarding health influences employee perceptions and power dynamics. Employees may internalise organisational narratives, matching their behaviours with corporate objectives, or resist when the discourse appears disempowering or negligent (Allender et al., 2006; Halford & Leonard, 2006). Organisational responses to adverse workplace incidents (e.g., aggressiveness, incivility) are more efficacious when health discourse is transparent and supportive. Effective replies can mitigate adverse effects on employee health, but inadequate communication or absence of response intensifies harm (Cheng et al., 2020; Cortina et al., 2021). A positive and transparent health discourse, endorsed by leadership and integrated into organisational

culture, enhances mental health outcomes, engagement, and resilience, particularly in times of crisis (Bronkhorst et al., 2015; Grey et al., 2019; Sun et al., 2023; Wu et al., 2021). The manner in which health is addressed and prioritised within an organisation substantially influences its responses to employee demands and issues. Supportive and inclusive health discourse fosters more effective and compassionate corporate responses, resulting in improved employee outcomes. Consequently, the study posited the hypothesis: H2: There is a relationship between workplace health discourse and organisational response to for health pandemics.

METHODOLOGY

This study employed a quantitative research methodology. It is defined by the use of quantitative data, objective measurement, and statistical analysis to investigate correlations among variables and evaluate hypotheses (Taherdoost, 2022). This facilitates the gathering of data from a substantial, representative sample inside the industrial sector, allowing researchers to extrapolate findings to the wider population (Schutt, R. K. (2019).

Population and sample

The target population refers to the entirety from which information is sought and estimates are needed. (Van Delden et al., 2023). The research targeted a population of 150 employees from a selected manufacturing company in Harare. Stratified sampling and simple random sample methods were employed to choose study participants from each stratum. The population strata and sample sizes were as follows: Administration (20), Maintenance (39), Operations (18), Finance (24), and Sales (12) Departments. Ethical issues such as confidentiality and anonymity were upheld to guarantee that findings remain devoid of personal or cultural bias, respect participants' autonomy, and ensure they are adequately informed and provide consent prior to engaging in research (Laryeafio & Ogbewe, 2023).

Research instruments

This study employed a 15-item, 5-point Likert scale questionnaire (Agree, Strongly Agree, Neutral, Disagree, Strongly Disagree) including a systematic array of questions designed to collect data from respondents. The purpose of a survey instrument is to acquire dependable and impartial data from a representative sample of interest (Li et al., 2021). To guarantee data reliability, identical questionnaires were administered to all respondents in the research. The questionnaire had demographic enquiries regarding gender, educational attainment, and work experience, which were collected. The other measures assessed workplace health discourse with a Cronbach's alpha values of 0.983. organisational responsiveness and organisational preparedness scales had Cronbach's alpha values of 0.849 and 0.871 respectively. These scales were satisfactory and above (Pallant et al., 2016).

Data analysis

This study analysed data using the Statistical Package for Social Sciences (SPSS) version 28. The researchers employed linear regression analysis to investigate the relationship between workplace health discourse and organisational preparedness for health pandemics, as well as the association between workplace health discourse and organisational response to health pandemics.

FINDINGS AND DISCUSSION

The following section highlights the findings and discussion of the study.

Table 1: Demographic Profiles

		Total Participants	
Characteristics	**Participants**	**n**	**%**
	20-25 years	23	20.4
Age	25-35 years	54	47.8
	35-45 years	18	15.9

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	45-60 years	18	15.9
Sex	Male	58	51.3
	Female	55	48.7
	Single	15	13.3
	Married	78	69.0
Marital Status	Divorced	9	8.0
	Widowed	11	9.7
	Less than a year	28	24.7
Work experience	1-5 years	61	54.0
	5-10 years	16	14.2
	> 10 years	8	7.1
Employee Class	Non managerial	96	85.0
	Management	17	15.0
Education Level	Diploma	15	13.3
	Degree	78	69.0
	Masters	20	17.7
Source: Primary data (2024)			

On age distribution, the majority of participants (47.8% aged 25-35) are likely to be adaptable and open to new health protocols and strategies. This age group may also be more tech-savvy, which can facilitate the implementation of digital health measures. With regards to gender distribution there is a nearly equal representation of males (51.3%) and females (48.7%), workplace health strategies can be designed to be inclusive, considering the perspectives and needs of both genders.

On marital status, a high percentage of married participants (69.0%) may indicate a stable support system at home, which can affect mental well-being and resilience during health crises. This demographic may prioritize job security and workplace safety, influencing organizational policies. The majority of participants (54.0%) have 1-5 years of experience, suggesting a workforce that may be less experienced in handling crises. Organizations might need to invest in training and development to enhance preparedness and response capabilities. With 85.0% in non-managerial roles, the insights gathered may primarily reflect the views of operational staff rather than leadership perspectives. It highlights the importance of including frontline employees in health discourse to ensure that strategies are practical and effective. A well-educated workforce (69.0% with degrees) can be advantageous in understanding and implementing health guidelines. This demographic may be more receptive to evidence-based practices in health management.

This demographic data provides a foundational understanding of the workforce in Zimbabwe, which is essential for examining how organizations can effectively prepare for and respond to health crises like the COVID-19 pandemic. By considering these characteristics, organisations can develop more comprehensive and responsive health strategies that enhance workplace safety and resilience.

Reliability analysis results

Table 2: Cronbach's Alpha Scores

Variable	Cronbach's Alpha	(N) Number of Items
WHD	.983	5
OP	.871	5
OR	.849	5

NB: WHD- workplace health discourse; OP- organisational preparedness; OR- organisational response.

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Table 2 above shows reliability analysis results based on Cronbach alpha's coefficient. All scales were acceptable. Organisational preparedness and organisational response scored above 0.8 which is satisfactory reliability. Workplace health discourse had excellent reliability (0.983). Hence, all scales were retained for the main research.

Regression results

Table 3

	B	**Std. Error**	**Beta**	**t**	**p-value**
WHD and OP	0.42	0.08	0.51	5.23	< 0.001
WHD and OR	0.35	0.09	0.43	3.91	< 0.001

NB: WHD-workplace health discourse; OP-organisational preparedness; OR- organisational response.

The above results in Table 2 show significant positive relationships between workplace health discourse and both organisational preparedness for health pandemics as shown by the p-value 0.001 which is less than 0.05. Therefore, H1 is supported. This result is consistent with research studies that reported that health focused discourse improves preparedness (Chen et al., 2024; Harsanto & Firmansyah, 2023; Lee et al., 2021; Wu et al., 2021). However, other studies revealed that lack of health discourse awareness in organisations weakens preparedness (Chen et al., 2024; Wallace, 2020). The results indicate that manufacturing firms with strong workplace health discourse tend to be better prepared and enhance their resilience to this health crisis. Playing a critical role in contributing to organisational preparedness are the key themes of wellness programs, health education, and emergency response planning.

The above results show significant positive relationships between workplace health discourse and organisational response to health pandemics ($B = 0.35$, $P < 0.001$). The p-value is less than 0.05 and thus H2 of the study is also supported. This finding is corroborated by (Wallace, 2020). Other studies indicate that, effective responses can buffer negative impacts on employee health, while poor discourse or lack of response exacerbates harm (Cheng et al., 2020; Cortina et al., 2021). The findings indicate that firms with strong discourse tend to have more effective responses. This suggests that organisations that prioritise employee health and wellbeing are more likely to be prepared for and respond effectively to health pandemics. These findings of the study reveal the need to identify effective response strategies to be employed by manufacturing firms through incorporation into the workplace health discourse.

Further, the findings indicate that Duchek's Resilience Framework on organisational strategies for preparedness and response has critical implications for organisations. By focusing on anticipation, coping, and adaptation, organisations can develop resilience through the adoption of strategies to manage health crises before, during and after the event. The adoption of Duchek's Resilience Framework enables organisations to proactively prepare for potential crises by developing essential skills and competencies, effectively respond to crises by implementing emergency response plans and allocating resources efficiently, and learn and adapt from past experiences to improve their resilience capabilities and achieve sustainable growth.

CONCLUSIONS AND RECOMMENDATIONS

The study examined the workplace discourse relationship on organisational preparedness and response post COVID-19 pandemics in a selected manufacturing company in Zimbabwe. The hypotheses of the study were both accepted. The study concludes that workplace health discourse plays a central and critical role in shaping organisational preparedness and response to health pandemics in the manufacturing sector. The study makes a contribution by addressing the gap in literature. The Duchek's Capability-Based Organisational Resilience framework resonates and informs the promulgation of efficient and effective preparedness and response strategies, policies and practices. Preparedness and response strategies have to be proactive with organisations anticipating potential disruptions and being able to develop the solutions to them. Additionally, organisations ought to continually take lessons from past experiences and adjust their policies and regulations in the endeavour to better their preparedness and response capabilities.

The study recommends that manufacturing firms should focus resources on the development of a workplace health discourse strategy that prioritises employee health and well-being of its employees. The study also recommended the development and implementation of policies and strategies such as crisis communication training, establishing health taskforces, integrating affordable mental health programs, and improving supply chain continuity planning building a proactive, adaptable, and learning organisation that can not only withstand disruptions but also thrive in the face of challenges. There is also need to establish partnerships and collaborations with public health agencies, healthcare providers, and other pertinent stakeholders to improve pandemic preparedness and response in manufacturing organisations.

Future studies could adopt a mixed-methods approach by incorporating qualitative interviews, and also widening the sample size to manufacturing industries across Zimbabwe to capture richer employee and managerial perspectives on workplace discourse and obtain a more comprehensive understanding of a research phenomenon. Furthermore, there is need to further the study on workplace health discourse strategies that organisations can implement to ensure organisational preparedness and response imperatives remain resilient in the face of health pandemics.

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