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The Use of Strategic Management Tools in Changing Environment: A Qualitative Case Study in a Turkish University Hospital During Covid-19

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ABSTRACT

Purpose: This study aims to examine the managerial practices of a hospital managers to keep up with the changing environment during the Covid-19 (pandemic) period. The authors aim to better understand and research what the managers of this hospital do while keeping up with the staggering change, by placing the use of strategic management tools (SMTs) on the theoretical ground of the Normative Model of Strategic Management (NMSM).

Methods: This is exploratory, qualitative, and a single case study. The data were collected through in-depth interviews with 12 mid-level and senior managers of hospital's, each of which lasted an average of 50 minutes, through a semi-structured form. The data were evaluated using inductive content analysis methods in line with predetermined themes.

Results: The main finding is that both middle and senior managers use 16 SMTs at various stages of strategic management process to respond to the changing internal and external environment during the pandemic. SMTs were used most intensively in the strategic analysis phase. At this phase, with the reengineering, which is the most used tool, and non-emergency health services were postponed, workflows were renewed, and many services were digitized.

Conclusion: By using different SMTs in their decisions, managers can gain strategic advantage for their purposes. While supply chain management is a tool used only by the purchasing unit manager, reengineering can be a tool that every manager uses to adapt to the environment. Being aware of these tools by managers at all levels and diversifying them will enable them to make better managerial practices.

Keywords: Normative Model of Strategic Management, Strategic Management Tool, Qualitative Research, Hospital Management, Covid-19

Değişen Çevrede Stratejik Yönetim Araçlarının Kullanımı: Covid-19 Döneminde Bir Türk Üniversite Hastanesinde Nitel Bir Vaka Çalışması

ÖZET

Amaç: Bu çalışma, bir hastanenin yöneticilerinin Covid-19 (pandemi) döneminde değişen çevreye ayak uydurmak için yönetsel uygulamalarını incelemeyi amaçlamaktadır. Yazarlar stratejik yönetim araçlarının (SYA) kullanımını, Normatif Stratejik Yönetim Modelinin (NSYM) teorik zeminine yerleştirerek, bu hastanenin yöneticilerinin baş döndürücü değişime ayak uydururken neler yaptığını daha iyi anlamayı ve araştırmayı amaçlamaktadır.

Yöntem: Bu keşifsel, nitel ve tek durum çalışmasıdır. Veriler, hastanenin 12 orta ve üst düzey yöneticisi ile ortalama 50 dakika süren derinlemesine görüşmeler yoluyla yarı yapılandırılmış bir form aracılığıyla toplanmıştır. Veriler önceden belirlenmiş temalar doğrultusunda tümevarımsal içerik analizi ile değerlendirilmiştir.

Bulgular: Ana bulgu hem orta hem de üst düzey yöneticilerin, pandemi sırasında değişen iç ve dış çevreye yanıt vermek için stratejik yönetim sürecinin çeşitli aşamalarında 16 SYA'yı kullandığıdır. SYA'lar en yoğun olarak stratejik analiz aşamasında kullanılmıştır. Bu aşamada en çok kullanılan araç olan değişim mühendisliği ile acil olmayan sağlık hizmetleri ertelenmiş, iş akışları yenilenmiş ve birçok hizmet dijitalleştirilmiştir.

Sonuç: Yöneticiler, kararlarında farklı SYA'ları kullanarak amaçları doğrultusunda stratejik avantaj elde edebilirler. Tedarik zinciri yönetimi sadece satın alma birimi yöneticisi tarafından kullanılan bir araçken, değişim mühendisliği her yöneticinin çevreye uyum sağlamak için kullandığı bir araç olabilir. Her seviyedeki yöneticinin bu araçlardan haberdar olması ve çeşitlendirmesi daha iyi yönetsel uygulamalar yapmalarını sağlayacaktır.

Anahtar Kelimeler: Normatif Stratejik Yönetim Modeli, Stratejik Yönetim Aracı, Nitel araştırma, Hastane Yönetimi, Covid-19

Today, it has become mandatory for organizations operating in a dynamic environment to adopt a strategic management approach to continue their existence (1). As a service organization, the environmental risks and the challenges faced by managers due to the complex nature of hospitals already showed the necessity of a strategic management approach in this sector (2). However, with the emergence of the pandemic in 2019, the staggering change experienced in every field on a global scale showed its first effects on health systems and the organizations involved in it, and hospital managers who had to cope with this challenging environment had to make new strategic decisions to adapt to this situation. The change experienced with the strategic management approach, which can be defined as a series of managerial decisions that guide the direction, scope, and performance of an organization in the long term and provide a competitive advantage in a changing environment, also reduces risks, and guarantees a stable future (3, 4). Hospitals as an organization also make a difference to the extent that they can transform and implement these strategies in response to internal and environmental changes. Ridder et al (5) draw attention to the fact that hospitals must adapt to the competitive environment by extensively reorganizing their processes, structures, and cultures. At this point, tools that we can define as techniques, models, technology, methodology or approach that help managers in making strategic decisions are designed (6). These methods and techniques, called SMTs, do not make strategy: it is the role of managers. However, they serve a useful purpose in presenting information in different ways so that new insight can be gained and can be included in all stages of the strategic management process. There is no right technique for all occasions, and the manager's first task is to select approaches that are relevant and potentially helpful (7). According to many authors, many SMTs will enable decision making in strategic management, but there does not seem to be a clear distinction as to what these tools are and their quantity (8, 9). Grint (10) emphasizes that at least one new approach to transformation has emerged every year in the last four decades. When the empirical studies carried out in health institutions for the last 10 years are examined, it is seen that most of them examine the level of use/knowledge/satisfaction of SMTs. In their studies, Özzeybek and Seyhan (11) 13, Cagatay and Ozturk (12) 17, Demir and Ugurluoglu (1) 16, Cınar et al. (13) 13, Jaworzynska (4) 6, and Bicer (14) referred to 16 SMTs. Bicer's study addressed the same 16 SMTs using the questionnaire in Demir and Ugurluoglu's study and is therefore not shown in Figure 1. It is seen that the studies in Figure 1 jointly examine 3 tolls: MV,BS, and SP.
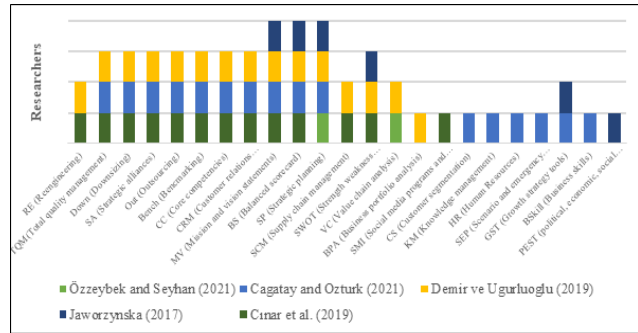

Figure 1: Most Examined SMTs in Empirical Studies in Healthcare Institutions.

Managers who use SMTs that can change according to the structure and objectives of the organizations can be classified as a senior-top, middle, and lower-level managers according to their hierarchical structure (15). According to the traditional understanding, although strategic management is often seen as the job of top-level managers, mid-level managers, who are limited in providing coordination between top management and lower management, have become a valuable organizational resource with new management understanding and they have started to take more roles in developing new ideas, shaping the resources of the enterprise, and influencing innovations strategically (16). Mid-level managers, who have more knowledge on both internal and external environmental operations due to their position, help to align the actions in organizations with the strategic intentions of the management by transforming broad directives into harmonious operational plans and programs thanks to this information (17). Moreover, as Quinn (18) notes, there may be significant discretion for mid-level manager influence in implementing strategy since the strategy is likely to be modified to incorporate new information as it presents itself. This study aims to examine how the senior and mid-level managers of a hospital make managerial practices despite the changing environment during the pandemic. In line with this main purpose, answers were sought for 2 questions; 1) Which SMT did the managers use at which stage of which NMSM? 2) How did they use the SMTs?

Methods

Design

This study was conducted as a qualitative research using a single case approach. Case study research supports our understanding of real-world phenomena and assumes

that this understanding covers relevant contextual conditions (19). The study was carried out in a university hospital that provides service in the province of Istanbul, where the highest responsibilities in service delivery and the highest number of cases were observed during the pandemic period. Because managers working in such a hospital were more likely to give comprehensive answers to our research questions about strategic management. The purpose of the interview was to explore the interviewee's perspective in depth through open-ended and exploratory questions.

Participants

Participants of the research are mid-level and senior managers working in a university hospital in Istanbul and were selected by purposeful sampling method. Purposeful sampling is widely used in qualitative research for the identification and selection of information-rich cases related to the phenomenon of interest (20). The research was carried out with 12 managers who accepted the interview and took part in the strategic management and planning processes of the hospital. The human resources policy of the hospital was taken into consideration in the selection of the participants and the distinction between senior and middle-level managers was made accordingly. Two of the participants are senior managers, and ten are middle-level managers. The age ranges range from 30 to 50, with 8 males and 4 females. Carrying out qualitative research, adequacy of sample size is a key marker for the research's quality. However, there is no consensus for the exact size of a proper sample (21). The debate among writers on this topic is that too many interviews are too large to be managed and analyzed, and too few interviews will be inadequate. The consensus among the authors on this issue is that the number of samples may vary according to the purpose and design of the study, and there is no ideal sample size. We studied with 12 participants (sample) where the codes reached ideal saturation according to Boddy (22).

Data Collection

Data were collected between August - November 2021 using a semi-structured form with an interview technique. In the preparation of the form, a literature review was made, and a draft form was created based on the theoretical ground of NMSM (23). Afterwards, the draft questions were finalized [Table1] by taking the opinions of 4 academicians and 1 researcher working in the field of qualitative research methods and strategic management. Each interview lasted an average of 50 minutes.

Table 1. Research protocol		
Theme	**Questions**	**Display of the questions in NMSM**
1. Situation Assessment	1.1 How did you evaluate the situation of your I (institution)/ U (unit) in the health sector during the pandemic period?	**Phase 1: Where are we now?** (Evaluation of current position identification of strategic issues)
2. Strategic Analysis	**1.1** How did you create alternatives for your I/U in an uncertain period like the pandemic? **1.2** How did you determine your priorities while making the evaluation? **1.3** How did you evaluate the alternatives you chose? **1.4** How did you choose the strategy that you would put into practice for your institution/unit during the pandemic period?	**Phase 2: Where are we going?** (Generation of strategic alternatives evaluation of strategic alternatives Selection of a specific strategy)
3. Strategic Implementation	**1.1** How did you create detailed plans for the strategy you decided to implement regarding your I/U during the pandemic period? **1.2** What method did you follow to monitor the performance of the strategies you implemented? **1.3** How accurate were the assumptions on which you built your strategic plan?	**Phase 3: How do we get there?** (Development of detailed plans to achieve the strategy Implementation of the strategic plans. Monitoring of strategic performance)
Source: The authors.		

Data Analysis

In this study inductive content analysis method was used. With this method identified concepts, categories and themes will serve as the basis for reporting content analysis results (24). The Miles and Huberman formula was used to evaluate the consensus between the researchers on the themes for the study's reliability. According to this coefficient of the agreement was calculated as 0.86 (Suggested score is over 80) (25).

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Introductory questions, which constitute the first questions of the interview form, were not included in the coding, and were prepared in a way to warm up the participant. Here, the participant was explained the expressions, and it was tried to ensure that there was no ambiguity for the main questions. Participants were coded as follows according to the departments they worked in: P (purchasing), IT (information technologies), IS (Inpatient services), Q (Quality), OS (Outpatient services), GA (General accounting), CM (Corporate Marketing), NS (Nursing services), SS (Support services), HR (Human resources), PR (Patient rights), LS (Laboratory services)

Results

In this study, it was determined that participants used total 16 SMTs at different phase of strategic management and they stated that they use SMTs most intensively during the strategic analysis phase.

Use of SMTs in the Situation Assessment Phase

During the situation assessment phase, the participants stated that they used 4 SMTs: SP, SWOT, PEST, and Porter's 5 forces. In this phase, a total of 34 expressions related to the use of SMTs were identified and some key expressions showing which SMT the expressions would be coded for in line with the answers of the participants were shown as Illustrative Quotes [Table 2].

SP tool has been used to the most intensively and closely monitor the market, to make a warm analysis, to have foresight, to make backups in suppliers, to update products that are not in the critical product list in the purchasing area in this phase. In SP, for IS and OS, it is necessary to act quickly and in line with the possibilities available, to adapt the personnel according to the change of the patient group, to make constant observations, and the plans adapted to the available resources. In the SWOT tool, managers in all units said that they made an internal evaluation. With the PEST tool, the managers said that they evaluated their environmental positions, used online systems to prevent the problems experienced, worked with the latest technology products in the hospital, and provided a rapid transition to every new factor in environmental changes. With Porter's 5 forces tool, the managers said that they first assessed the immediate environment, that they did not make any changes in the payment methods for the stock purchases, and that they continued to work with maturity in this period. They said that the understanding and communication of generating income from the public has changed, and that they are arranging the works according to national and international regulations.

Table 2. How did the participants use SMTs during the situation assessment phase?		
SMTs and number of expressions	**Participant**	**Illustrative Quote**
SP (14)	**P**	"..........a purchasing manager should not only be a person who orders and **monitors the products, but also a buyer should be able to follow the market and make a warm analysis...**"
	NS	"..We tried to identify our shortcomings according to the evaluations. **We planned what we could do against the opposite situations that might happen....**
SWOT (10)	**HR**	"…..**We made internal evaluations**, tried to identify the situations that could be more beneficial to us and the situations that could create a disadvantage, and tried to make our moves accordingly…."
	SS	"**We made internal evaluations**. As the support team, we are active in all areas from the dining hall to cleaning. There were many routine tasks such as cleaning the elevators …"
PEST (6)	**GA**	**How was the market in this situation and how are we according to them? How much did they get, and how much did we get? What can we do if their technology is more suitable for us or not?** These are our competitive strategies."
	CM	"**We took the regulations into account in our evaluations.** We comply with the predictions and instructions of both the WHO and our health authority. I can also say the same for international patient transfers..."
Porter's 5 force (4)	**GA**	As an institution, we made stock purchases. **There have also been changes and increases in many products we buy per patient. We are working with the term. Our aim in these bulk purchases was to make the payments like the routine operation, and that was it.**"
	CM	"**While evaluating, we were aware that some things had changed. If we consider it as the private health sector, communication with the public has changed. We have entered a different period in which the understanding of generating income from the public has changed,** the health expectation is shaped on the patient's side…"
Source: The authors.		

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Use of SMTs in the Strategic Analysis Phase

During the strategic analysis phase, the participants stated that they used 6 SMTs: RE, Bst (Brainstorming), Bench, SEP, CSF (Critical success factors), and CUA (Cost-utility analysis). In this phase, a total of 94 expressions related to the use of SMTs were identified and some key expressions showing which SMT the expressions would be coded for in line with the answers of the participants were shown as Illustrative Quotes [Table 3].

With RE, all managers stated that very different concepts and processes entered their working life: remote research, remote meetings, remote training, remote patient examination etc. They also said that the system of tracking the entries of the personnel with the fingerprint system was removed and they switched to the card system. Another RE action is related to the priorities of inpatients. Half of the bed resource allocated for chronic patients was allocated to the new priority, namely pandemic patients.

SMTs and number of expressions	Participant	Illustrative Quote
Table 3. How did the participants use SMTs during the strategic analysis phase?		
RE (29)	P	"We talked about how many junk products **have become important. So we changed the classification tables of our suppliers….**"
	IT	**"We tried to make your online connections more qualified and secure,** as well as the connection we made with our other branches, and **we also carried out different activities to enable our patients to access our health services online."**
	IS	"Considering that we reserved 100 beds for chronic patients, we later increased this number to 50. **This was a change we made in our hospitalization strategy.** Of course, this would not have happened if the number of cases had not increased…"
	Q	"We started using Zoom, **we started doing what we normally do physically online."**
Bst (23)	IS	"…..We tried to look at the decisions we will implement from multiple perspectives, not from a single direction. **Everyone expressed their opinion on the decisions to be taken within this scope."**
	Q	"When the first case was announced in Turkey, a meeting was held with the top management. **Top managers came together and we started talking about how we will manage these patients……."**
Bench (22)	CM	"….Although we are taking care of a small number of patients, we have reached high turnovers because we are a comprehensive hospital. **Maybe while the turnover losses in other hospitals were 40-50-70 percent, it was below 20-25 in our hospital….."**
	IT	**"….We have heard that** many hospitals implement remote patient examinations with applications such as WhatsApp and facetime. However, we are using a safer communication method over the hospital line……" "We shared and discussed with people we work in **how can we serve our patients remotely, what are other institutions doing in this regard…"**
SEP (12)	P	**"…Along with the primary agreements, we also agreed with another alternative company in case the current supplier could not bring the product to us,** and we went to such a practice by giving 70 percent of our agreement to the first company and 30 percent to the second company…."**
	NS	**"…There is no disruption in the lack of equipment, if there is no personnel, who can take care of it, how long should the test be given or what are the vaccination processes. We quickly identified these process flows** and provided site management accordingly…"
CSF (5)	P	**"We have some criteria that we determine when choosing our suppliers;** the delivery speed of the products, the ease of maturity they provide us, the quality documents of the products they sell to us…."**
	HR	"We have determined it according to our current business structure and field requirements. **We have made a list of what are the most important factors for a situation and this way our priorities have been shaped…."**
CUA (3)	IT	"…..There are many costs such as food expenses in the institution, air conditioning in the environment, lighting or cleaning the environment. **He saw that these costs can turn into an environment where we can save."**
Source: The authors.		

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Administrative, clinical, and technical managers in different units came together and stated that they conveyed the situations in the units to each other, and that they used the Bst. tool by evaluating the need for the service, personnel or material needed by a unit. By expressing that they completed the tests faster than other institutions, they showed us that the Bench. was used. In addition, all other managers stated that they constantly compare themselves both among the units within the hospital and with similar units of other hospitals. They mapped the workflow processes by using the SEP tool and that they reviewed the strategies implemented by all departments for emergencies. With the CSF tool they stated that while purchasing a product, they consider factors such as ensuring the fastest delivery and adequately meeting the current need. They made backups of personal protective equipment such as masks and visors to be prepared for emergency surgeries. According to them they achieved more successful results by focusing on some critical factors instead of focusing on many things during the pandemic period. In the statements they conveyed through CUA, it was seen that the pandemic period could turn into an environment where costs could be saved. They also stated that they agreed with the companies and made a commitment to them at the beginning of the pandemic period in order not to increase the costs in the field of purchasing.

Use of SMTs in the Strategic Implementation Phase

During the strategic implementation phase, the participants stated that they used 6 SMTs: CRM, TQM, BS, SMI, SCM, and Bud (Budgeting). In this phase, a total of 67 expressions related to the use of SMTs were identified and some key expressions showing which SMT the expressions would be coded for in line with the answers of the participants were shown as Illustrative Quotes [Table 4].

Table 4. How did the participants use SMTs during the strategic implementation phase?		
SMTs and number of expressions	**Participant**	**Illustrative Quote**
CRM (28)	IT	"If we say specifically for the pandemic period, we have worked on service alternatives for patients outside the hospital and **we have progressed by planning them, as I said, we are a hospital, we work patient-oriented so that they are happy…**"
	IS	"We took COVID-positive patients and **measured the satisfaction rates of these patients.** Satisfaction was about %80. **We also measured the dissatisfied part, and there we got more data about the lack of information.**"
TQM (23)	IS	"**We conducted research with the quality department in patient transfer processes.** We tried to provide maximum service by moving the patient around the hospital at a minimum level….
	OS	" ..Yes, conditions have changed. But **our priority was to create a quality service and a satisfied patient group.**"
BS (6)	CM	"….We draw **a road map for ourselves within the framework of patient satisfaction, loyalty management and other tools. In the roadmap, we create some algorithms both in Turkey and abroad, taking into account the branch and physician-based, number of patients and turnover-based profitability….**"
	SS	"**…We tried to measure each area. Are the employees satisfied, are there many financial losses, do our patients leave satisfied?** The results of such outputs became our starting point."
SMI (5)	CM	"**Informing was made using the power of social media.** Of course, the rapid spread of misinformation is another point."
	NS	"We had a pregnant school where we did face-to-face training. We started doing it online…………. **We also used the effective power of social media here.** In this way, we reached the patients who needed more."
SCM (2)	P	"What kind of changes took place in this period; we have experienced the advantage of implementing a **sustainable purchasing strategy with our suppliers…**" "……Purchasing is a very important department. **We are living in a period where the concept of winning once buying feels more important.**"
Bud (2)	GA	"…I think we have declared that we are strong in the sector by continuing our investments in this period. For this, **we have taken our steps more carefully by reviewing our financial resources many times.**"
	CM	"….Of course, the **price research we have done also has an effect. Because if we had spent our financial resources in one direction, the pandemic period would have caused us serious losses.**"
Source: The authors.		

In this phase most intensive tool was **CRM**. All the managers stated that they are trying to implement reassuring strategies for the anxiety of the potential patient group during the pandemic period.

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According to them the way to ensure patient satisfaction is possible by providing a quality service. Also they said that they ensured that the patient receives more satisfactory service by taking the patient around the hospital the least, and that this had a good effect on the satisfaction measurements. All the executives stated that efficient workflow processes can only be possible if a quality service is provided, and they said that the **TQM** tool is an indispensable method in implementation and evaluation decisions. By using the **BS** tool, the managers stated that all departments advance the workflow together, they deal with all kinds of initiatives separately in terms of financial, internal business processes, employee and patient satisfaction, but they continue by combining them on a common denominator and thus they gain benefits. In addition, they stated that they created roadmaps for each of the patient groups to reduce the number of physician or branch-based patients and turnover losses in national and international platforms. That they saw the benefit of the internet by starting online trainings such as pregnant school. They benefited from the power of social media and used the **SMI** tool to reach more individuals both in online training and in conveying the stages of the pandemic process. They increased their stocking activities with the onset of the pandemic. Emphasizing the importance of the concept of earning while buying, the managers expressed reflexively that they took successful steps because of the agreements they made and that they used the **SCM** tool. With the **Bud** tool, the managers stated that they did not spend their financial resources in a single direction, and that the turnover losses were much less than other institutions thanks to the price increases they made. Also they reduced income loss by continuing the transactions of chronic diseases with countries where patient transfers are open.

Discussion

Hospitals, which are complex and must adapt very quickly to environmental changes to survive, are the first organizations to face the staggering change created by the pandemic. Hospital managers, who have adopted the strategic management approach that focuses on the environmental compliance of organizations, have been able to gain advantage in this process by using various SMTs (4, 26). Considering strategic management as a process, SMTs can be used at all stages by managers: situation assessment, strategic analysis, and strategic implementation (9). In studies in the health sector, many authors have focused on how much SMTs are known/used by managers, namely the quantitative dimension (1, 14, 11, 13), while others deeply examine one tool using (26, 27). To our knowledge, this is the first qualitative study to investigate the "how" as well as "how much" middle and senior managers in hospitals used existing strategic management tools during the pandemic period.

The first question of this research was which (how much) strategic management tools the hospital administrators used. As a result of this study, it has been determined that in the changing environment created by the pandemic, senior and middle managers act together in strategic practices and use 16 different SMTs at various stages of the strategic management process. It is thought that this harmony between managers at different levels contributes to managerial success in adapting to the changing environment. Because one of the most important obstacles to the change and placement of strategies in different conditions is that middle and senior managers do not adopt this behavior and there is no cooperation between them (28). SMTs used in hospitals may different (2). So, managers can use different SMTs in different hospitals and in various situations. For example, many studies conducted in a stable period indicates that RE is one of the least used and known SMTs by managers (1, 13, 14). Since our study was conducted in a period of intense change, it is thought that the most used tool is RE.

With the second question of our research, namely how SMTs are used, we presented a lot of evidence in the results. To give a few striking examples of the results; it has been observed that some health services have been postponed making room for pandemic patients. It was found that care was taken to make this change without harming existing patients and without disrupting the service to be provided to them. Because one of the most challenging issues for hospitals during the pandemic period was to provide uninterrupted treatment of chronic diseases such as cancer (29). In another example, managers state that online working principles, online trainings for both patients and staff, and remote patient examination practices are carried out with the RE tool.

Limitations
The limitation of this study is that the data were collected during the 4-month period of the pandemic in Turkey and based on the self-report of the managers who accepted the attend interview. In addition, since this study is a single case study, it does not claim to generalize.

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Conclusion

Consequently, this study has shown us that both middle and senior managers actively use total 16 SMTs at every stage of the strategic management process during the pandemic period. This study revealed that while RE is the most used tool by managers at all levels in a changing environment, SCM is used only by the purchasing manager. In line with this result, it can be said that SMTs strengthen the hand of both senior and middle managers in hospitals where strategic management is adopted. For this, it will be beneficial for managers at all levels to learn these tools and share their experiences with each other. Because managers can gain an advantage by using different SMTs in different decisions, just like a golf club.

Declarations

Ethics Committee Approval

The study was approved by The Ethics Committee of Istanbul Medipol University Non-Invasive Clinical Research (Number: 941/ 24.12.2020). Additionally, Ministry of Health COVID-19 Scientific Research Approval was received on 7 November 2021.

Informed Consent

Written informed consent was obtained from all participants who participated in this study.

Declaration of Interests

The authors have no conflicts of interest to declare.

Authors' Contributions

Establishing the main idea and hypothesis of the study: A.P and S.A.A; Designed and conducted the analysis: A.P and S.A.A; Collected the data: A.P; Contributed data analyzing: A.P and S.A.A; Wrote the paper: A.P and S.A.A; Execution of the project in which the research article is published: S.A.A.

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