



BPP

UNIVERSITY

SCHOOL OF NURSING

ASSIGNMENT
COVER PAGE

Student Number:

Date submitted:

Word Count:

Module name:

Assignment name: "Strategies for Effective Crisis Management in Healthcare Organisations"

Tutor's name:

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Chapter 1

Introduction

Crisis management has become an important field in healthcare that demands careful research because of its significant influence on patient safety and service continuity (Jones & Johnstone, 2019). The current study details the strategy models healthcare organisations use to handle emergencies well. The study hopes to improve crisis management models by finding and assessing these strategies. This will help ensure that healthcare services are resilient and that patient care standards are maintained during difficult times.

Background

Crises present many problems for healthcare organisations, such as a huge surge of patients, a lack of resources, and the need to keep providing high-quality care without interruption (Filip et al., 2022). According to Søvold et al. (2021), crisis management that works is essential because it helps healthcare systems change quickly and keep patients safe and services running smoothly. Strong crisis management plans are even more important because crises can greatly affect how healthcare works and how well patients do. The idea behind this study is that healthcare organisations need to understand and improve their crisis management strategies to keep their operations running smoothly and keep up their patient care standards when things go wrong. There needs to be a gap in the current literature that needs to be filled by this study, which gives a complete analysis of crisis management methods used in the healthcare sector. This will help improve healthcare leadership and crisis response systems.

As a study reported by Burkle Jr (2019), the growing number of health problems worldwide, from pandemics to natural disasters, shows how important it is for healthcare organisations to have good crisis management. These events put much pressure on resources and tested how resilient healthcare systems are. The study must develop new ways to change our plans to keep patients safe and services running smoothly. This study is needed because healthcare crises are constantly changing, which means that crisis management needs to be flexible enough to deal with the complexity and uncertainty of these situations. By looking at and rating the effectiveness of current crisis management strategies, this study aims to build the basic knowledge needed to create new, evidence-based crisis management strategies in healthcare settings. This will improve the preparedness of organisations and their ability to protect patients' well-being during crises.

Problem Statement

The healthcare industry needs help handling crises made worse by global health problems and natural disasters. These problems significantly threaten the consistency of care, patient safety, and the general strength of healthcare systems (Lauriola et al., 2021). More research is needed regarding systematically evaluating and identifying effective crisis management techniques in healthcare settings, even though everyone knows how important they are (Buljac-Samardzic et al., 2020). By looking closely at how well different crisis management methods work, this paper tries to fill that gap by improving our theory and practical knowledge of crisis management in healthcare. The goal is to help create strong, evidence-based crisis management models that can immensely enhance healthcare organisations' ability to handle emergencies and uphold the highest patient care and safety standards.

Rationale

This study is necessary because healthcare problems worldwide are becoming more common and complicated. Good crisis management is necessary in healthcare situations and a key part of ensuring patients are safe, care stays consistent, and organisations can bounce back from problems (Williams et al., 2017). The current research shows that the study needs to learn more about finding and reviewing complete crisis management methods that work in healthcare settings. The purpose of this study is to fill in that gap by giving a thorough look at crisis management methods and how well they work. This will help healthcare leaders create strong, flexible, and helpful crisis management models.

Aims and Objectives

The aim is to identify and evaluate effective crisis management strategies employed by healthcare organisations to ensure continuity of care and maintain high standards of patient safety and service delivery during crises. The objectives of the study are;

- To review different crisis management strategies in healthcare.
- To evaluate the effectiveness of these strategies in real-world crises.
- To recommend best practices for crisis management in healthcare settings.

Research Question

- What strategies are most effective for managing crises in healthcare organisations, and how do these strategies impact patient care and safety?

Significance

This dissertation will greatly improve healthcare leadership and crisis management by giving a more in-depth look at handling crises effectively (Thielsch et al., 2021). The study's main goal is to find the best ways for healthcare organisations to handle crises by carefully looking at these tactics and ranking them. As one of the expected efforts, a framework will be created that combines crisis management methods shown to work. This will help build a strong healthcare system that can maintain high patient care and safety standards during emergencies (Williams et al., 2017). The results should also help make and enforce policies, improving healthcare leadership by highlighting the importance of strategic disaster management. This study aims to give healthcare leaders helpful information and methods to protect their groups from the many problems that arise during crises, ensuring that healthcare services keep running and are of high quality.

Structure of the Dissertation

This dissertation makes it possible to look into crisis management methods in healthcare in depth. Introduction to the topic, highlighting its importance and describing study goals are covered in Chapter 1. Within Chapter 2, a literature study is given, which evaluates current crisis management models and how well they work. Chapter 3 talks about the methods, precisely the qualitative theme analysis technique. Combining data from other studies, Chapter 4 gives the results. Lastly, Chapter 5 wraps up the dissertation by reviewing the main points, suggesting actions for healthcare groups, and ideas for more study.

Chapter 2 Literature review

2.1 Introduction

This literature study examines medical organisations' crisis management and lists the different methods they use to handle disasters well. The review brings together scholarly discussions about the methods that support crisis management. This is because healthcare situations are always changing and becoming more complicated. Its goal is to find out how well and how these tactics affect making sure that care stays consistent and patient safety standards are met by looking at real-life studies and theoretical models. The review's academic question aims to help us understand crisis management models more complexly, which will then affect future healthcare practice and study.

2.2 Historical Overview of Crisis Management in Healthcare

As studied by the Thielsch et al., (2021), Healthcare crisis management has roots in how the field dealt with pandemics and tragedies in the past. This shows how methods have changed from being reactive to being proactive. This change shows that healthcare systems are focusing more on being ready, resilient, and flexible to lessen the effects of disasters and keep providing care to patients.

2.2.1 Evolution of crisis management strategies in healthcare

According to Rose et al. (2017), global health emergencies and natural disasters have greatly influenced crisis management tactics in the healthcare industry. Healthcare crisis management was initially reactive, responding to situations without much planning. Recently, the approach has become more aggressive and planned, emphasizing readiness, resilience, and adaptability. People realized that taking precautions and acting early could reduce the impact of emergencies on healthcare services and patient outcomes (Zhu et al., 2022). Modern methods include thorough risk assessments, stakeholder engagement, and data-driven decision-making. This shift indicates a broader view of crisis management. They understand that healthcare systems need fast, evidence-based solutions to keep patients safe and services running. The healthcare industry's shift from a reactive to a proactive strategy shows its commitment to improving crisis management to help people handle complex health situations.

Parker et al. (2020) describe how crisis management in healthcare has become more collaborative across disciplines as public health, disaster management, and behavioural studies

have become more important. This method from different fields created more complex disaster plans considering emotional, social, and financial factors. Telemedicine and health information systems have also improved real-time communication, monitoring, and resource distribution (Mbunge et al., 2021). Improving from past crises has fostered a growth mindset. Crisis management plans must be improved by reviewing events and lessons learned. This cycle allows healthcare organizations to adapt to new health situations. It also shows that the sector is committed to patient care and health system resilience in the face of unexpected issues.

2.2.2 Key milestones and influential studies

As reported by the Rose et al., (2017), the World Health Organization's (WHO) Emergency Preparedness and Response Programme, which set a world standard for health crisis management, was one of the most critical events in the history of healthcare crisis management. Studies like the one that looked at the 2003 SARS spread have been critical in helping people understand how important it is to act quickly and work together around the world (Peeri et al., 2020). The Sunshine Coast Board of Health's disaster plan included researching vaccines and getting them to those in need after the 2009 H1N1 pandemic. Telehealth and contact-tracking apps have a new role in the world due to the COVID-19 pandemic. It shows how new ideas can strengthen health measures. This study and these achievements have promoted the healthcare system through preventive care, cross-border activities, and emergency preparedness technology.

2.3 Current Crisis Management Strategies in Healthcare

According to Kalid et al. (2018), modern healthcare crisis management systems usually include real-time data analytics, telemedicine, and cross-sector partnerships. These methods maintain service quality and patient safety by allocating speed, independence, and adaptability. The lessons learned from recent pandemics will help people act more confidently in future pandemics.

2.3.1 Description and analysis of current strategies

To address complex international health issues, Bhaduri (2019) believes technology and interdisciplinary cooperation refine healthcare management strategies. These infrastructures prioritize adaptability, preemptiveness, and digital health. Health systems can quickly identify and address new threats by making smart decisions using real-time data analytics. Telehealth is becoming crucial because it lets patients receive uninterrupted care even when they cannot move

(Sturesson and Groth, 2018). Building cross-sector relationships improves resource sharing and coordination during emergencies.

According to the WHO (2018), including emergency preparation in healthcare organisations' organisational culture is another important trend that ensures staff are trained and resources are ready to use. Regular scenario planning and simulation drills teach teams how to handle various crises. Incident command systems also clarify roles and responsibilities, improving disaster management (Farcas et al., 2021). To combat misinformation and reduce public anxiety, public health communication has been improved to be open and accurate. People support control steps and vaccine programs, so community participation is encouraged. According to Elavarasan et al. (2021), these tactics demonstrate a comprehensive approach to healthcare crises, demonstrating the field's flexibility and the importance of technology. Using digital tools raises concerns about fairness and access, so plans should include measures for marginalised or poorly served groups. Today's comprehensive look at crisis management methods shows their potential to strengthen healthcare. They must be evaluated and updated to address new health threats and access to care.

2.3.2 Comparative analysis of different approaches

In hospital crisis management, the debate between proactive versus reactive methods and centralised versus decentralised models is crucial, according to Falk, W. and Raundalen (2021). Forward-looking proactive tactics emphasise readiness, protection, and early action before a problem arises. This method requires risk assessment, tracking, and prevention. In contrast to proactive strategies, reactive strategies quickly gather resources and begin emergency response and recovery (Chakraborty and Saha, 2017). Because crises happen quickly and resources may be scarce, reaction tactics can work, but they often fail. Hegele and Schnabel (2021) state that centralised crisis management models centralise decision-making and resource distribution for a coordinated response. Effective resource mobilisation, transparent leadership, and simplified communication are its benefits. It may need to be more flexible and quick to respond due to organisational issues. Decentralised healthcare models distribute power and decision-making across levels and departments (Cortes-Mejia et al., 2022). This method is recommended for adaptability, local independence, and situational customisation. Through the decentralized approach, there are reactive delays and exerted coordination between patterns of the

group. However, the comparison of studies demonstrates that for each program and plan of response, there are strengths and weaknesses, but these strengths and weaknesses differ depending on the emergency, the organization's structure and the available resources (Kentikelenis and Seabrooke, 2021). A head start and coordinated system provides more control over scrutinization and planning, especially for disasters involving a larger number of lives. Oppositely, quick response and decentralized technologies, in fact, solve the issues of slow reaction and limited zone emergencies because they allow flexibility and specialization of the responses. Crisis management for good coaching features planning, risk tolerance and a healthy preservation of centralization and decentralization. Therefore, it provides an effective and formidable approach to the resolution of medical problems.

2.4 Effectiveness of Crisis Management Strategies

In the establishment of successful healthcare crisis management, medications, patient care, safety, and the continuity of the services are utilized to determine the level of effectiveness. A properly developed strategy that addresses every risk of the business and applies novel technologies for decision-making as they come is a characteristic of a successful business. The real proof and opportunity of how well these specific approaches function is how well they meet most mandates and also continue trustful care among patients.

2.4.1 Review of research on the outcomes of different strategies

The research into healthcare safety and loss prevention casts light on the importance of flexibility, readiness, and effective communication to be able to protect patients' health and ensure the continuity of care (as reported by Liu et al., 2018). According to scientists' work, factors such as warning systems early in time and planning are among the elements that can minimize disaster impacts, compared to reactive and defensive tactics (Simola, 2022). Examining centralized and de-centralized approaches helps to find out about the mixed ones that use the best features of both methods in order to make the sharing of resources better and the speed of actions higher. Disaster response has improved thanks to data handling and telemedicine technology. These strategies are also judged by how well they maintain emergency healthcare quality and usability. This emphasises the need for a comprehensive healthcare crisis plan.

Resilience training helps healthcare workers manage stress and make crucial decisions under pressure (Heath et al., 2020). Clear communication and built-in mental health support

improve emergency teamwork. Research also emphasises community involvement in crisis management plans. Well-informed and involved groups can implement public health measures quickly (Novak et al., 2019). More data suggests a comprehensive method that considers organisational and human factors to improve healthcare crisis management.

2.4.2 Impact on patient care, safety, and service continuity

According to Graban (2018), Crisis management plans greatly impact patient care, safety, and service longevity. Good crisis management ensures that healthcare organisations can maintain high standards of patient care even when things go wrong, protecting patient safety. Early discovery, preparation, and quick action are best for keeping healthcare services running smoothly and ensuring patients receive timely care. Digital health technologies allow doctors and patients to communicate and be monitored remotely, reducing the risk of disease spread during pandemics (Wang et al., 2021). Well-planned crisis management strategies also make healthcare systems more resilient to disasters. This resilience is crucial for maintaining healthcare integrity and patient safety. These strategies result in high-quality care, patient safety, and consistent healthcare delivery. This emphasises the importance of healthcare crisis management.

2.5 Challenges in Implementing Crisis Management Strategies

According to Ginter et al. (2018), healthcare organisations need help with many crisis management issues, which can hinder their success. Healthcare systems often have limited resources, which can run out quickly in emergencies. A lack of resources can limit hiring, medical supplies, and essential tools, making it harder for the organisation to respond. Getting everyone to respond similarly is difficult due to communication issues. It is crucial to communicate accurately and quickly, but different communication tools, language barriers, and too much information can make it difficult. Because crises, especially biological ones, change quickly, Ramezani and Camarinha-Matos (2020) recommend adaptable and flexible crisis management strategies. Combining technology is good but complicates data privacy, hacking, and the digital gap. Underserved groups may have trouble getting telehealth and other digital health services. Healthcare workers' moods and mental health can also suffer during long shifts, affecting their work and patient care. More likely to experience burnout, stress, and trauma, these workers may struggle to provide care. Dirani et al. (2020) say new crisis management strategies can be challenging to implement when people want to stick to old rules. Technology investments, regular

employee training, a flexible culture, and comprehensive crisis management plans can help healthcare organisations address these issues. These issues must be addressed to strengthen healthcare systems to handle crises while maintaining high-quality patient care and safety.

2.6 Theoretical Framework

Healthcare crisis management is an important theory. Systems Thinking sees healthcare organisations as complex systems with numerous pieces that might respond differently when changed (Schneider et al., 2017). Employees learn how every component of a company works and how they handle emergencies using this approach. Chaos Theory becomes crucial when little changes have significant impacts and stability and predictability are lacking. Innovative and adaptable crisis solutions are not an option (2022, Gilead and Dishon). Resilience They argue that resilience theory is crucial because it examines how health systems cope and return to normal after catastrophes. This idea maintains that weak systems, subject to living or crime needs for suppressing interventions, are strong enough to ensure well-being and safety (Turenne et al., 2019). Knowledge of risk assessment theory, strategic planning, communication, and resilience makes crisis management real. They lay the groundwork for overcoming healthcare crisis management's two obstacles. The patient care framework allows flexible, supportive methods.

Social Cognitive Theory states that humans learn by seeing others via media, experiences, and social situations. Media and behavioural change materials are equally effective as experiences. This hypothesis implies that healthcare organisations could adapt their crisis management plans based on past successes and failures (Allan, 2017). This creates a condition in which people are fascinated with development ideas, continuously seeking improvement and innovation. The Theory of Planned Behaviour, which examines the intention to act and perceived control over that behaviour, can also help us understand how healthcare professionals' crisis management beliefs, attitudes, and norms affect their actions and job performance (Kashif et al., 2018). These theories explain how healthcare crisis management works. They help us develop practices based on a deep understanding of people, organisations, and society.

2.7 Literature Gap

Healthcare crisis management research lacks continuous studies of how crises affect healthcare systems and how well methods work over time (Hegele and Schnabel, 2021). Few studies examine how crises affect healthcare workers' mental health and crisis management. How

to use technology in crisis management, especially in low-resource areas, and how the digital gap affects fair crisis response are also understudied. Not enough research has examined how community involvement and patient views affect crisis management plans (Sturesson and Groth, 2018). These gaps indicate that more research is needed to develop more comprehensive, inclusive, and effective crisis management models to address healthcare systems' many emergency issues. Comparative studies of global healthcare systems could help us understand how to handle crises in different cultures and how they end (Cortes-Mejia et al., 2022). How well crisis management for new infectious diseases is handled, including prevention and scaling up, needs to be discussed. This lack of complete data and comparison analysis emphasizes the need to view healthcare crisis management globally. Researchers should study different physical, economic, and cultural settings to create universal knowledge.

2.8 Summary

This literature review has depicted that the nature of healthcare crisis management is complex, and various approaches have been created over the course of time. The means used nowadays and the efficiency rate is shown. The following sections further address practice problems and the theories underlying this practice, gaps in the current literature, and why additional research is called for. This extensive research will facilitate individuals to comprehend and make logical decisions in lieu of their future practices. This will also stress the significance of flexible, strong, and inviting crisis management strategies that guide patient care, safety, and service continuity in any healthcare situation.

Chapter 3: Research Methodology

3.1 Introduction

In this chapter, the researcher describes the methodological framework used in the study of the effectiveness of the management strategy in times of a crisis in the health institution to deliver health care, meeting all the standards toward maintaining exemplary standards of patient safety.

This paper forms the core of a secondary qualitative thematic analysis, carefully selected because of its strengths in analysing and interpreting existing academic works, case studies, and reports. The methodology allows for an in-depth investigation into the subtle dynamics of the strategy of management of crises, their translation into practices, and the health delivery systems. This detailed rationale behind this approach, along with the methods of data collection and the analytical steps used, is presented below, reflecting the consistent attempt of the research to achieve the purposes and objectives set out through appropriate and systematic scrutiny of available literature.

3.2 Research Design

The basis for the choice of the use of this secondary qualitative thematic analysis in this study lies in the strengths that are attached to this system in assisting with the synthesis and interpretation of huge qualitative data, to aid the nuanced understanding of the nature of complex phenomena, such as health care crisis management.

It identifies, analyses, and reports patterns in data. Therefore, the investigation of the diverse dimensions of the strategies of crisis management and their implications for patient care and organisational resilience is very much appropriate. This shall be the strength of the method, which involves the synthesis of very broad insight from many varied sources in order to avail a very broad and comprehensive view of the existing academic discourse and practical implementations of crisis management strategies. This research study will rely on the depth and breadth of the current literature in terms of peer-reviewed articles, case reports, and evaluative studies using secondary qualitative thematic analysis, building up to a rich understanding of effective crisis management. It is the most appropriate method to use, fully attuned to the objectives of the study, since it evaluates the effectiveness of a variety of strategies and approaches to managing crises relating to patient safety and service continuity. This enables it to explain the

mechanisms behind the strategies and the contextual factors influencing their success, hence providing the basic research question answered sensibly. Additionally, the strategy underpins the goal of the study in providing recommendations for evidence-based best practices through an integration of theoretical frameworks with empirical data across a wide range of healthcare contexts.

3.3 Data Collection

The data collection phase was carefully designed to fetch secondary data relevant to strategies in healthcare crisis management. The selection of sources, through strict inclusion and exclusion criteria, aimed to retrieve the best material, either relevant, credible or academically strong. The relevant and recent sources of data included peer-reviewed journal articles, empirical studies, full case studies, and authoritative reports published in the last ten years. Exclusion criteria included not using information that was no longer valid or proven: these are articles not peer-reviewed, opinion pieces that required more empirical evidence, and literature before this timeline. Documents included in the review are high-quality scholarly articles, empirical findings of research, detailed case studies, reports from reputable healthcare organisations, official health authorities, and international health organisation reports. A systematic search was done in PubMed, Scopus, and Web of Science, and a direct search within the journals of health care management and policy.

In order to elicit a current perspective regarding the strategies for crisis management, publications between January 2010 and December 2020 were reviewed. Two independent researchers reviewed each source individually to ensure the reliability and validity of documents against the inclusion and exclusion criteria. Any disagreement was resolved by consensus, ensuring objectivity in selection. For that purpose, in order to provide quality and validity of the data for the thematic analysis, the sources are to be appraised with standardised tools for the assessment of qualitative research, among which is the Critical Appraisal Skills Programme (CASP) checklist. Based on a strong selection and appraisal process, the empirical base of the study is well-equipped, and a robust investigation of healthcare crisis management strategies can be conducted.

3.4 Data Analysis

With this respect, data analysis was a very careful thematic analysis, in the course of which the identification of the themes of healthcare crisis management was performed through secondary data. The team leading the study had the first pass of reading through all selected documents and initiated the process of definition and delimitation of the literature covering healthcare crisis management (Zhang et al., 2020). After immersion was complete, coding work started, using either a codebook classification or searching out for codes. Identification and systematic labelling of document text segments on strategies of crisis management, implementation, outcomes, difficulties, and new developments. After a line-by-line analysis of the texts, all relevant data extracts were identified. After coding, codes were carefully categorised on the basis of conceptual similarities. This involved the aggregation of codes into themes that represented data patterns dynamics and mechanisms of healthcare crisis management.

Re-alignment of codes under emerging themes was done during this iterative process to ensure clarity and alignment with the objectives of the study. NVivo, as qualitative data analysis software, helped in conducting the analysis. The data was organised and coded into thematic categories using NVivo to ensure systematic and clear analysis. The visualisation of relationships between codes and thematic maps supported by the software functions assisted in recognising and articulating the major themes that framed the study. The thematic analysis identifies major themes from the questions and objectives of the research. Data were categorised and synthesised into sub-themes, which further brought to light the efficiency of crisis management strategies, the impact they have on patient care and organisational resilience, and the contextual factors in their implementation. The detailed thematic analysis gives empirical insights into effective crisis management in health care and, therefore, answers the research question and meets the aims of the study.

3.5 Ethical Considerations

This was a secondary data-based study. Therefore, the moral considerations regarding intellectual property rights and integrity towards the original work had to be taken very seriously.

This kind of practice was guided by a strict citation and acknowledgement rule, making sure that sources used were well referenced and, therefore, credit given to the authors of the original work. Such a process could not only ensure academic honesty but also

strengthen transparency within the research work. Furthermore, any restrictions on the data, including the limitation pointed out by the original studies in the interpretation and dissemination of their findings, were strictly adhered to. This was in line with scholarly ethics of guidelines that ensure reliance on secondary data by the study was within the bounds of the integrity of the intellectual efforts of the primary researchers and by any data confidentiality, where applicable.

3.6 Limitations of the Study

This study, despite its methodological rigour, has the limitations that secondary data analysis can bring. Relying on the published literature might cause selection bias; therefore, unpublished or recent studies could have been missing that could have thrown light on the new knowledge in the management of crises in healthcare. The interpretation of secondary data is bound by the contexts and methodologies of the original studies so as to allow for inquiry into the unreported aspects. In view of the potential data landscape holes that can lead to biased generalisation of the findings, these limitations point to the need for caution in generalising the results.

3.7 Summary

As established in the methodology chapter above, this way is that the research is structured into effective crisis management strategies in health organisations via secondary qualitative thematic analysis. By systematically selecting and analysing relevant literature, the study has adhered to rigorous academic standards, ensuring the reliability and validity of the findings. Despite inherent limitations, the methodology's depth and breadth are poised to significantly contribute to understanding crisis management's dynamics, thereby addressing the research question and fulfilling the study's objectives with high scholarly integrity.

Results

S/No	Citations/Author and Date of publication	Peer reviewed	Aim and objective	Methods used in the article reviewed	Results/Findings/Limitations/Recommendations
1.	Bhaduri, R.M. (2019)	Yes	To explore how culture and leadership can be leveraged in crisis management.	Qualitative analysis of leadership strategies and organisational culture adaptations in crisis scenarios.	Found that leadership and organisational culture are pivotal in crisis management. Recommendations for leadership development were made.
	Burkle Jr, F.M. (2019)	Yes	Development of a health-crisis management framework.	Analysis of public health emergency response	Proposed a structured framework for managing public health

				frameworks and their effectiveness.	emergencies. Highlighted the need for integrated response systems.
Filip et al. (2022)	Yes	Review global challenges to public healthcare systems during the COVID-19 pandemic.	Review of pandemic measures and the various problems faced by healthcare systems worldwide.	Highlighted the resilience of healthcare systems and identified areas for improvement in pandemic responses.	
Heath et al. (2020)	Yes	To identify resilience strategies to manage psychological distress among healthcare workers during the COVID-19 pandemic.	Narrative review of existing literature on resilience strategies and psychological distress management.	Provided recommendations for mental health support for healthcare workers during crises.	
Lauriola et al. (2021)	Yes	Discuss the importance of primary and community healthcare in global health and environmental threats.	Analysis of primary care responses to COVID-19 and the role of community health during a crisis.	Emphasised the critical role of primary and community healthcare in crisis response and preparedness.	
Liu et al. (2018)	Yes	To explore crisis communication preparedness for keeping hospitals operating during disasters.	Qualitative analysis of crisis communication strategies in hospital settings.	Found that crisis communication is vital to disaster preparedness and response in healthcare settings	
Søvold et al. (2021)	Yes	To prioritise the mental health and well-being of healthcare workers as a global public health priority	This is a literature review of the impact of healthcare crises on the mental health of healthcare workers and the available support systems.	Stressed the urgent need for mental health and well-being support for healthcare workers in crises.	

	Williams et al. (2017)	Yes	To fuse crisis management and resilience research streams for organisational response to adversity.	Theoretical and empirical review of organisational resilience and crisis management literature.	Discussed the synthesis of crisis management and resilience strategies, offering a comprehensive view of organisational response.
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Chapter 4: Findings and Discussions

4.1 Introduction

This chapter delineates the empirical findings from the thematic analysis of selected scholarly articles, directly addressing the research objectives to identify and evaluate efficacious crisis management strategies within healthcare organisations. The analysis was predicated on a methodological framework that emphasised the extraction and interpretation of themes pertinent to crisis management's impact on continuity of care and patient safety standards. Data synthesis involved secondary qualitative thematic analysis as a method of high rigour, allowing for complex phenomena to be probed in detail through recognised patterns in the literature. The effectiveness of the approach further attests to the real crisis strategies with evidence-based recommendations for improvement in the crisis management setting in health. This structured chapter attempts to provide an in-depth overview of strategic frameworks underpinning effective crisis management and resulting in the application of such in healthcare delivery during adversities.

4.2 Synthesis of Crisis Management Themes

The corpus of thematic analysis showed some major themes in healthcare crisis management. These themes reflect a variety of strategies and approaches towards the management of crises and the sustenance of the delivery of healthcare services amidst adversity. The major theme identified within the literature is 'Leadership and Organisational Culture', emphasising visionary leadership and shared culture of the management of crises. Leaders have to be adaptive, decisive, and empathetic; only then can they build resilience in the workforce and create a feeling of collective responsibility. There were major themes around Communication Strategies, which dwell on clear, timely, and effective communication. This applies to internal and external communications within healthcare organisations and with stakeholders to prevent misinformation, maintain stakeholder trust, and optimise and align the efforts in responding (Guttman et al., 2021). Another major theme is 'Psychological Resilience of Health Workers,' specifically concerning the mental health and well-being of frontline staff. Psychological support and the building of resilience are equally important for the efficacy of the healthcare workforce and the maintenance of their morale during and after crises. 'Operational Continuity and Healthcare Service Delivery' outlines measures for healthcare continuity. Lui et al. (2018) talk about logistical planning and resource allocation in relation to the incorporation of

technology to sustain the delivery standard. Last, the 'Role of Primary and Community Healthcare' elaborates on how these aspects are essential in the management of health crises with regard to early detection, patient education, and community-based care. The implication of both basic and complex situations is the most important aspect of health crisis management, since the only solution may require leadership, communication, worker welfare, operational planning, and community engagement.

4.3 Detailed Analysis of Identified Themes

4.3.1 Theme 1: Leadership and Organisational Culture

In the systematic review, Bhaduri (2019) and Williams et al. (2017) discussed how leadership and organisational culture affect crisis management. According to Bhaduri (2019), organisational culture has two components, and leaders' styles affect whether a crisis can be handled. Leaders can be proactive and reactive in health system dynamics, and the attitude of the system in agility and resilience is highlighted. This leadership style shows bravery and creative ways to support the company culture during crises. Williams et al. (2017) believe the issue is caused by their emotional intelligence, strategic thinking, and problem-solving in collaboration. They foster trust and teamwork, helping healthcare staff respond quickly to emergencies. These studies show that leadership is key to developing a crisis-resistant culture. Such leaders emphasise that leadership is designed to create culture shifts by exploring, promoting, and enhancing change and then directing change and growth. This shows why healthcare firms must address managerial styles and organisational culture if they want to respond to crises with resilience and agility.

4.3.2 Theme 2: Communication Strategies

As demonstrated by Liu et al. (2018), operational continuity is at stake if preparedness and strategic communication in a crisis are put to the test. Effective communication strategies describe the way information flows freely in this context, which is necessary for decision-making and coordination of responses in frameworks of management. Liu et al. (2018) also claim that healthcare organisations should design all-embracing communication plans, which should spot what information and channels will be needed in all stages in the entire life of the crisis to ensure that stakeholders receive appropriate information and remain engaged. The study also found that effective communication assists in the creation and sustaining of stakeholder trust upon which the resolution of a crisis depends. This further implies that clear, timely, and accurate communication

reduces misinformation and enhances the credibility of healthcare organisations. Effective communication creates trust, which is central to the establishment of effective collaboration and compliance with health directives and the mitigation of crises. Liu et al. (2018) attest that crisis management in healthcare would require communication strategies. Effective communication of the strategy has resulted in operational continuity, crisis resolution through the creation of trust from stakeholders, and coordination of actions, thus proving the essence of communication in the management of crises.

4.3.3 Theme 3: Psychological Resilience of Healthcare Workers

Heath et al. (2020) and Søvold et al. (2021) discuss the focus on building psychological resilience in a health workforce during a crisis. Other measures, according to Heath et al. (2020), include strategies targeted at developing resilience to reduce psychological distress by health workers; for instance, peer support programs, psychological counselling, and workshops on training for resilience. A caring workplace creates coping mechanisms for the psychological burden of crises in order to ensure the psychological health of healthcare workers. Søvold et al. (2021) recommend efforts to integrate mental health support within organisational infrastructures to ensure the priority of the mental health of healthcare workers. This brings forth the necessity of creating a caring workplace that looks at psychological needs in an effort to facilitate care and resilience. All these approaches have tremendous outcomes on the health and resilience of healthcare organisations. In this respect, the investment made by the health organisation in mental health enhances workforce stability, morale, and crisis resilience. Indeed, psychological support strategies are very critical in the management of health crises because there is a symbiotic relationship between worker well-being and organisational resilience.

4.3.4 Theme 4: Operational Continuity and Healthcare Service Delivery

Filipp et al. (2022) and Burkle Jr. (2019) take note of the fact that thematic analysis underscores the aspect of operational continuity in offering health services during crises. In the work of Filip et al. (2022), they note contingency planning and allocation of resources in healthcare. These are because the strategies play an important role in the maintenance of healthcare services during crises like those characterised by increased patient volumes and resource shortages. As the paper unfolds, planning prior to a crisis ensures an interrupted model of care for patients, including operational flexibility. Burkle Jr. (2019) proposes a comprehensive

health response using all internal and external sources, including government and non-government collaboration. In this connection, the presented framework enhances better crisis management in the health system through the coordination of the various elements of the system, thus guaranteeing service continuity and patient safety. Such approaches substantially contribute to improving patient care and safety. Strategic planning, resource optimisation, and collaboration help organisations in the healthcare sector to be better prepared for crises and to minimise failure in service delivery. This ensures the continuum of care for the patients, together with maintaining the safety of the patients and the trust of the health systems in uncertain situations. Therefore, healthcare organisations have to ensure that there are enough strategies in operation for the same continuity that will maintain both patient care and safety in times of crisis.

4.3.5 Theme 5: The Role of Primary and Community Healthcare

This study has brought out the role of primary and community health care in health and environmental crisis response. These segments of health care cannot be overemphasised: they are the key to frontline defence and a very important early detection, quick response, and continuation of care to the community in such times of crises. Primary and community healthcare facilities are critical nodes within the healthcare network due to their availability, which is timely and often the first point of contact for the victims of a crisis. This allows such facilities to rapidly enforce public health actions such as vaccinations, health education, and non-crisis health conditions, thus avoiding the overburdening of tertiary healthcare facilities. Lauriola et al. (2021) postulate that by enhancing the structure of crisis management, primary and community healthcare can be promoted through community participation and community resilience. In doing so, such segments of health establish strong solidarity and collective efficacy that are vital for the requisite crisis resilience. If analysed within the framework of crisis management, it is the primary and community health segments that have to pitch in and help build a more integrated, responsive, and resilient healthcare system. Early intervention, continuity of care, and involvement of the community do a lot to build the crisis management capability of the health care system. These, in turn, further require strong support and integration of the health segments in the crisis management policy.

4.4 Comparative Analysis of Crisis Management Strategies

As it was presented in the discussion above, this form of comparative crisis management strategy analysis would then provide some gradient with unique advantages and challenges for its individual approaches. Bhaduri (2019) and Williams et al. (2017) support the argument that the bedrock of effective crisis management is leadership and organisational culture. These studies suggest that an organisation with a resilient culture and adaptive leadership makes it agile and responsive. Conversely, communication strategies, as highlighted by Liu et al. (2018), underscore the centrality of effective information diffusion to keep the trust of stakeholders and the operations going. Though both strategies are immensely important, the former is concerned with the internal configuration of organisations, while the latter is concerned with the processes that look out for and engage other stakeholders in information handling.

The psychological resilience of health workers, as discussed in recent articles by Heath et al. (2020) and Søvold et al. (2021), clearly signals the critical value of basic mental health support as a foundational aspect of crisis response. Such is in direct opposition to the operational continuity strategies propounded by Filip et al. (2022) and Burkle Jr (2019), which urge a structural and logistic focus on healthcare delivery. In reality, these are not mutually exclusive but complementary strategies that are aimed at ensuring that the well-being of the workforce is maintained, something that is indispensable for the operational effectiveness with which the latter's strategies are to be executed. The paper by Lauriola et al. (2021) places emphasis on the primary and community-based dimensions of health care in the approach to crisis management and underlines early intervention and localised care. As such, it synergises well with broader crisis management strategies by enabling bottom-up health initiatives and support to enhance the overall crisis resilience of healthcare systems.

These multiple strategies, when integrated, can really enhance how crises are managed. For instance, leadership that nurtures a culture of resilience and openness can enhance the effectiveness of the plans for operational continuity. Simultaneously, ensuring that healthcare workers are psychologically resilient will put them in a position to effectively implement such plans and involve themselves in community healthcare initiatives. It is this interrelatedness that indicates the potential for an overarching crisis management framework drawing on both their strengths and

that could foster a more adaptive, resilient, and integrated approach to healthcare settings in times of crisis.

4.5 Discussion

Based on the thematic analysis, the effective implementation of crisis management strategies within healthcare organizations is certainly challenged by various challenges and barriers. The integrative organizational culture, which is not just immune but also resilient against crises, is a well-researched recurring theme across the literature. As Bhaduri (2019) and Williams et al. (2017) articulate, resistance to change and entrenched norms within organizations continue to be a barrier to the development and sustenance of adaptive leadership and a culture of resilience. As Liu et al. (2018) underscore, another significant challenge is the call for appropriate communication strategies. Indeed, the proper flow of correct information in a timely manner in times of crisis is often obstructed by the existence of pre-determined communication channels and the spread of wrong information. For example, there are the works of Heath et al. (2020) and Søvold et al. (2021), who bring attention to the challenge posed by needing to protect the mental health of healthcare workers, upon which life may depend in situations of disaster, while mental health suffers from stigma and a lack of available support. For example, operational resilience, as discussed by Filip et al. (2022) and Burkle Jr (2019), is brought down by resource constraints and logistical bottlenecks, which may hinder the service delivery of health personnel when disaster strikes.

This requires support for a culture of openness and flexibility to be accorded at all levels, alongside investments in leadership development programs to empower organizations toward better crisis adaptability. Clear, reliable lines of communication should be opened long before a crisis, with robust measures to counter misinformation so that stakeholders are well-informed and cohesive in response efforts. The person's well-being can be catered to only when the stigma associated with mental health is eradicated and the support services for healthcare workers are increased. This can be further reinforced through logistics and resource planning, which can be improved through partnerships with external agencies to enhance the capacity of healthcare organizations to maintain operational continuity during a crisis. These are argued to be strategies that help in dealing with the challenges identified within the integrative and anticipatory approach

towards crisis management, helping increase the resilience and effectiveness of the organization in crises.

4.6 Limitations and Recommendations for Future Research

Comprehensive as it is, the study has a number of limitations. The process of secondary data analysis can be biased because the interpretation of findings depends on the perspectives and methodologies of the primary researchers. Besides, a concentration on already existing literature may only be a part of the dynamic crisis management in healthcare. Future research should address this gap by way of primary data collection, which will include interviewing and surveying the health professionals who represent the main actors in crisis management. Other very promising avenues of research, therefore, are how emerging technologies and digital health solutions change the effectiveness of these responses. It will be interesting to look at how healthcare policy interplays with the strategy of crisis management within different health systems of the world, yielding more insight into how to optimize crisis preparedness and response.

4.7 Summary

Some key strategies that play a very important role in ensuring effective crisis management in healthcare include adaptive leadership, cohesive organizational culture, robust communication plans, and psychological support for healthcare workers. Effective crisis management in healthcare is underpinned by the integration of primary and community healthcare services. These findings attest to the many dimensions of crisis management and to the need for an all-encompassing approach that takes into consideration not only organizational but also personal resilience. This may potentially be very significant in helping guide health organizations and policymakers to increase preparedness and ensure the sustainability of care, focusing on patient safety during crises and finally improving the capability of health systems for better future adversity coping.

Chapter 5 Conclusion and Recommendation

5.1 Summary of Findings

The thematic analysis applied in this dissertation suggests that the study may have gained important findings on how healthcare organizations can respond effectively to crises. Several themes come together, notably Leadership and Organisational Culture (Bhaduri, 2019; Williams et al., 2017), Communication Strategies (Liu et al., 2018), Psychological Resilience of Health Workers (Heath et al., 2020; Søvold et al., 2021), Operational Continuity and Delivery of Healthcare Services (Filip et al., 2022; Burkle Jr., 2019), Primary and Community Healthcare (Lauriola et al., 2021). Very critical are leadership and organizational culture. According to Bhaduri (2019) and Williams, Demuijnck, and Voronov (2017), studies have shown that adaptive, transformative leadership in building a culture of resilience and innovation in organizations is the call of the day. Important areas for which people have reported the need for clear, effective ways of talking to each other are communication strategies for building trust and working together in the health workforce (Liu et al., 2018). It is at this point that the psychological resilience of health workers becomes a concern that requires the establishment of extensive support systems in order to maintain the psychological well-being of such workers and, thus, their capacity to continue rendering service in times of crisis. Factors from one's job have also been strongly associated with the increased vulnerability of acquiring a mental health condition.

In short, it can be inferred that operational resilience in healthcare service delivery has to ensure that the service remains accessible, on time, and without failures during rough times. This requires sound strategies for planning and resource allocation. Another reason for the importance of primary and community health is early detection, patient education, and community-based care strategies. This contributes to how it fits into the larger scope of crisis management. Such findings, therefore, show a clear revelation of how an all-inclusive, well-integrated approach to managing crises is a necessity for any healthcare organization. They show how leadership, communication, psychological support, operational planning, and community involvement would all strengthen healthcare organizations and help them handle crises better.

5.2 Potential Implications

The implications for practice, policy, and future research in this dissertation are pertinent. For practice, new emerging issues in the importance of the development and use of multifaceted

crisis management plans for flexible leadership, strong communication systems, mental health support for health care workers, backup plans for facility operations, and a mix of primary and community health care. This is likely to translate into better patient care under such plans, ensuring safety during crises and thereby making health systems flexible and strong when things go awry. In terms of policy and leadership, these findings support policies that would enhance infrastructure, which could allow for health care organizations to be resilient and flexible. Policymakers, on the other hand, call for the ease of communication in the establishment of such frameworks and a good environment to develop for the mental health of health workers. This kind of policy support is very important for ensuring that healthcare is ready for emergencies and able to keep up high standards of care and worker morale during them. To fill in the gaps and address the issues that have been pointed out, future research should look into how crisis management strategies affect healthcare outcomes and worker health over time. Further research into how successful crisis management models can be used in various healthcare settings and how new technologies can help improve crisis response is also a great way to learn more about managing crises effectively in healthcare.

5.3 Limitations of the Study

This dissertation has some problems, even though it thoroughly uses secondary qualitative data to show how healthcare organisations can effectively handle crises. Although secondary qualitative thematic analysis is a good way to bring together a lot of different pieces of literature, it may require more than directly applying the results to certain situations. This could make it harder to understand some aspects of crisis management fully. This way of doing things depends on how to interpret existing data, which could introduce biases based on the perspectives and methods used in the chosen studies. The results of this study may only apply to some situations because healthcare settings, crisis types, and organisational cultures are all different. Because of this, it is important to be careful when using the same strategies in different situations without making any changes. So, the study's results show how important it is to do primary research to ensure these strategies work in different healthcare settings. Doing real-world studies with healthcare organisations during crises could help us learn more about their difficulties and how well the suggested crisis management strategies work. This would make the results more useful and applicable to other situations.

5.4 Recommendations

Following are the recommendations;

- Support training programmes that teach adaptable and transformative leadership skills, focusing on making decisions under pressure, emotional intelligence, and crisis planning.
- Establish clear, multichannel communication protocols that ensure information gets to everyone on time and correctly, including healthcare workers, patients, and the community.
- To help healthcare workers deal with the mental toll that crises take, set up and improve support systems such as mental health services, peer support groups, and workshops on building resilience.
- Support laws that require healthcare settings to offer a wide range of mental health support services because the mental health of healthcare workers has a direct effect on how well they can handle a crisis.
- Support the creation and use of tech-based solutions that help keep operations running smoothly. Examples include telehealth services, electronic health records, and software platforms for crisis management.
- Encourage building a strong healthcare system that stresses being ready, being able to adapt, and having networks where healthcare organisations and emergency response agencies can work together.
- Perform comparative research to determine how well crisis management plans work in various healthcare systems, focusing on how well they can be changed to fit different situations and applied on a larger scale.
- Discover how telemedicine, blockchain, and artificial intelligence can improve healthcare facilities' crisis response and operational continuity.
- Conduct long-term research to evaluate how crisis management techniques affect patient care quality, the well-being of healthcare professionals, and organisational resilience.

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Appendices

Appendix 1: CASP Check list

Study Reference	Clear Statement of Aims	Appropriateness of Methodology	Design Appropriate to Aims	Recruitment Strategy	Data Collection	Relationship Btw Researcher and Participants	Ethical Issues	Data Analysis	Findings Clear
Bhaduri (2019)	Yes	Yes	Yes	Not Applicable	Yes	Not Applicable	Yes	Yes	Yes
Burkle Jr (2019)	Yes	Yes	Yes	Not Applicable	Yes	Not Applicable	Yes	Yes	Yes
Filip et al. (2022)	Yes	Yes	Yes	Not Applicable	Yes	Not Applicable	Yes	Yes	Yes
Heath et al. (2020)	Yes	Yes	Yes	Not Applicable	Yes	Not Applicable	Yes	Yes	Yes
Lauriola et al. (2021)	Yes	Yes	Yes	Not Applicable	Yes	Not Applicable	Yes	Yes	Yes
Liu et al. (2018)	Yes	Yes	Yes	Not Applicable	Yes	Not Applicable	Yes	Yes	Yes
Søvold et al. (2021)	Yes	Yes	Yes	Not Applicable	Yes	Not Applicable	Yes	Yes	Yes
Williams et al. (2017)	Yes	Yes	Yes	Not Applicable	Yes	Not Applicable	Yes	Yes	Yes
Study Reference	Clear Statement of Aims	Appropriateness of Methodology	Design Appropriate to Aims	Recruitment Strategy	Data Collection	Relationship Btw Researcher and Participants	Ethical Issues	Data Analysis	Findings Clear

Appendix 2: Prisma Flow chart