

Anticipation, preparation, resilience: Key lessons for organizations responding to COVID-19

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Kathleen Sutcliffe, an expert in organizational theory, gives low marks to public and private sector organizations for how they've responded to the coronavirus outbreak. Credit: Johns Hopkins University

Kathleen Sutcliffe has built a career on examining the ways organizations behave, especially when facing the unexpected.

Relatively few people anticipated the outbreak of COVID-19, a novel [coronavirus](#) that has infected more than 250,000 people and caused more than 10,000 deaths, driven millions of people indoors on urgent recommendations of social distancing, and unleashed bull markets around the world.

Talk about your great unexpectations.

Sutcliffe—a Bloomberg Distinguished Professor who holds appointments at the Carey Business School, School of Medicine and School of Nursing—says the current crisis might not have been prevented outright but would have been better contained if public and private organizations had made a routine practice of the approaches she has highlighted in her research—namely, always anticipating and preparing for a crisis, and then reacting to it with intelligence and resilience.

In your recently published book from Oxford University Press—*Still Not Safe: Patient Safety and the Middle-Managing of American Medicine* (co-authored with Robert Wears)—you noted the continuing prevalence of medical mishaps in the health care system. How concerned are you that the COVID-19 outbreak will stress the system beyond its capacity?

Certainly COVID-19 is going to tax health care systems in unexpected ways. Performance and production pressures increase the possibility that

health care professionals are going to miss things in their everyday caregiving situations. If there are added burdens on people because they don't have resources such as personal protective equipment, have to work overtime, and generally are stressed out and exhausted, that could have unintended consequences on the care that is given and possibly increase the number of medical mishaps.

However, I do want to say that, as studies have shown, nurses, especially on the front lines, are incredibly resilient. Sometimes that resilience is good because it enables them to improvise and catch errors in the making. But sometimes it can be a negative thing because it means that the organization will not get the information it needs about the types of resources that are lacking and how people's work is affected by pressure situations. In that way, the organization never learns.

People providing health care don't intend to mess up. But when they're in the course of doing work, particularly during such a stressful period as this, they might overlook a lot of small signals that are relevant to a patient's care.

What are the most important lessons that health care systems around the world might take away from this crisis?

Not just health care systems, but all kinds of significant organizations, need to operate through a mindset of anticipation and prevention, and of resilience. Efficiency isn't the only virtue, especially the kind of efficiency that means cost-cutting. You also need resources devoted to anticipating and preventing crises. Those lean models serve companies and shareholders well, but you also need to think about the people you're trying to serve. You can't always be as lean as you want. You need some redundancy and reserve capacity.

For example, after the 1993 [terror attack](#) on the World Trade Center in New York, the New York Board of Trade invested a lot of money in a back-up facility in Queens, away from their usual location at the World Trade Center. They got a lot of flak for that because of the high cost. Critics said, "Why are they spending money on a backup facility that isn't being used and doesn't help in their daily operations?" The critics saw it as a redundancy. In fact, not long after the 9/11 attacks, the exchange was up and running, thanks to that preparation, while other financial entities in the city were still on their knees.

As an organization expert, would you offer an opinion of how our leading organizations—in both the public and private sectors—have handled the COVID-19 outbreak?

They don't get high marks from me, at least so far. Something that drastically harmed our capacity to anticipate and prevent a lot of the damage from the COVID-19 outbreak in the United States was the administration's disbanding in 2018 of the global health security unit of the National Security Council. That unit was created expressly for crises such as this. We've also seen cuts in CDC funding, as well as the departure of many CDC scientists.

And looking at the private sector, it's equally concerning [pharmaceutical companies](#), to cite one example, have left their supply chains so thin. The public relies on these companies, but they haven't had enough foresight to consider and anticipate that things can go wrong. Sometimes very wrong.

The economic impacts of the [#COVID19](#) pandemic continue to grow. To talk about what we might expect to come, [@JohnsHopkinsCCP](#)'s [@SDesmon](#) spoke with [@KathleenDay](#),

an expert in the history of financial crises.

Provided by Johns Hopkins University

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