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Organizational Resilience: An Exploratory Study on Eldercare and Support Responses to COVID-19

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Organizational Resilience: An Exploratory Study on Eldercare and Support Responses to

COVID-19

by

Darren G. Franklin

A Dissertation Submitted in Partial Fulfillment of the Requirements for the Degree

Of

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ACKNOWLEDGEMENTS

Sankofa: In order to know where you are headed, you must know and acknowledge from whence you have come. This work is dedicated to my maternal grandmother, Missouri Ann Graves Winfield from Brunswick County Virginia, who, although she had the aptitude, could not attend college because she was required to stop her education to help take care of her younger siblings and the general household. My grandmother came from a lineage of enslaved and formerly enslaved human beings, who became sharecroppers and eventually landowners in the Jim Crow South. She passed onto future generations what it means to push through adversity, and people's opinion of who you are and how you should show up in the world, in order to reach your fullest potential. This work is also dedicated to my mom, who, despite having physical challenges as a child and adult, persevered and made a career out of social service to others, and who later married my dad who stepped into my life at the age of seven, raised and cared for me, and who taught me what it means to sacrifice for others, particularly your family. To my village who have held me down and encouraged me over these last three years as I pursued this degree, I appreciate you. Saving the best for last, I dedicate this work to my wife, Tamara Gibbs Franklin. Thank you for being patience with me through this journey, for loving me, and giving me the grace and space to accomplish what you knew (even better than me) I could do.

One of the criteria for me being interested in Georgia State University's DBA program was the high quality of the professors who choose to teach there. I am grateful to all of my amazing professors I have worked with in completing this program. I want to thank Dr. Lars Mathiassen for his eclectic way of seeing people, his wisdom through words, and his encouragement throughout these three years.

I want to also acknowledge all of the work that goes into operating a DBA program as robust as this one, and so I am thankful to Dr. Louis Grabowski, Stephanie Urbas and Jorge

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Lastly to the best cohort ever, I appreciate having had this adventure with you all. It is unbelievable to me that we started this program, in 2020, at the outset of a worldwide pandemic that most everyone thought would only be with us for a short time, but ended up impacting our entire lives, including academically, throughout our entire DBA journey. Here's to perseverance and to you!

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LIST OF ABBREVIATIONS

AL – Assisted Living

EL – Every Level of Care

IL – Independent Living

MC – Memory Care

OL – Organizational Learning

OR – Organizational Resilience

SN – Skilled Nursing

ABSTRACT

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Unexpected events are part of the nature of business for organizations as they operate in a world awash with uncertainty. Businesses must be able to successfully navigate incidents that seek to threaten their viability, create ways to survive, and, at times, take advantage of the opportunities these disruptions bring and thrive, despite these events and their operational effects. Organizational resilience is a dynamic-capability and is also a vital component that supports entities managing their way through disruptive events and, at times, even making the most of them by way of lessons learned and/or the development or enhancement of their organizational capabilities. In this study, I empirically examine, using a conceptual model, how the focus organization moved through the three phases of Organizational Resilience - Anticipation, Coping, and Adaptation - as it responded and adjusted over time to the pandemic. In this study, I extend an earlier study I co-authored focusing on Duchek's organizational resilience model's application to the higher education sector to the eldercare sector and examine the processes through which a particular facility moved through each phase of the model as they responded to the COVID-19 pandemic in ways that allowed them to continue operations. I employ a qualitative, exploratory case study approach to examine the levels of support they provided their senior customer base and the pandemic's implications on both administrators and

residents. I extend the nascent body of research on organizational resilience through a business management lens. Practically, I also highlight important lessons that might assist eldercare practitioners in planning for, responding to, and moving through other potentially disruptive events that could significantly threaten and adversely impact their operations so that they might be better positioned to successfully manage future adverse experiences.

INDEX WORDS: Organizational resilience, resilience process, resilience capacity, resilience capabilities, eldercare, long-term care

I   INTRODUCTION

"At some point in its existence, every organization will face some type of disruptive crisis." (Seville, 2016)

In the business environment, unexpected events are inevitably a part of an organization's reality. These types of events range from natural disasters to health-related epidemics and terrorist events, as well as economic, socio-political, and other matters. Disruptive events can threaten organizations' very being as they consider and/or execute responses to move through them and as they identify essential lessons and how to carry them forward from unexpected phenomena. More specifically, in order to survive and even thrive despite these types of events and their effects, a fundamental challenge for organizations is how to successfully navigate these incidents that seek to threaten their viability, livelihood, and even their continued existence. In other words, resilience is a necessity in supporting entities successfully managing their way through these disruptive events and, in some cases, coming out stronger than before an event occurred, as inherent many times in resilient practices are the creation of organizational and/or dynamic capabilities and other advantages that can strengthen an organization's position for having gone through a disruptive experience (Lengnick-Hall et al. 2011). Madni and Jackson believe that, in contrast to robustness, flexibility, or agility, organizational resilience (OR) includes an entity's ability to exit unexpected events stronger by embedding lessons into the business's operations (2009).

For businesses, although they might not be able to specify what type of event might interfere with their operations, they must understand the need and work proactively on their ability to consistently scan their environments and offensively prepare for whatever matters that surface that could impede their everyday operations. For disruptive events, it is not simply a matter of if they will happen but when they will happen. Further complicating matters is the fact

that businesses cannot always predict the exact timing, what kind of event they will experience, and what exactly might be needed to respond in order for them to maintain adequate operations (Duchek, 2020). For these and other reasons, organizations must invest in developing resilience so that they are not entirely caught off guard, and they can stay viable even when functioning in and working through difficult times.

I.1   Research Motivation

Most recently, in 2020, the major disruptive event that stunned the entire world was COVID-19. Worldwide and as of March 2023, over 6.8 million people had died from COVID-19 (Smith-Schoenwalder, 2023). According to the World Health Organization, as of April 4, 2023, in the United States alone, there have been over 1.1 million known deaths related to the virus, the highest of any country. For many reasons, one of which is inconsistent reporting by health officials given the strain on healthcare systems, these numbers are considered undercounts, with some experts believing fatalities are double the number officially reported. Immunity across the country has increased, but still, each day, 300 people die from the virus (Smith-Schoenwalder, 2023). In the United States, 75% or approximately 825,000 of the 1.1 mill fatalities were individuals over the age of 65 (World Health Organization).

The broad and far-reaching impacts of COVID-19 affected every single system in this country. Most, if not all, sectors were grossly unprepared for such an event as the pandemic and its far-reaching effects that spanned the education, financial, supply chain, transportation, government, and, of course, the healthcare sector, given the human implications of the virus. For healthcare, strategic and other operational plans became immaterial as the pandemic's effect prompted them to quickly make decisions and implement changes to their operations to continue caring for their respective communities while working to keep safety at the forefront of their decisions – all while coming to terms with an ambiguous, new, and constantly developing

operational environment. In particular, healthcare-related institutions' decisions are matters of life and death – they were required to quickly make choices to handle the dramatically increased volume of infected patients in a system that was dramatically strained in being prepared to handle the effects of a worldwide and nationwide pandemic. And these decisions had to be made in ways that put the safety of those in their care as well as the safety of their staff at the highest level of priority, at times while not having an adequate cadre and array of necessary resources to do so. Healthcare entities, and specifically those caring for and supporting some of the most vulnerable seniors during this period, required a level of OR to respond to the ongoing effects of the pandemic in ways that kept them well-positioned to serve their communities and position their administrators and staff to do the same. These organizations needed to be able to stay operational while also strategizing how to keep safe as possible both the communities they served as well as; all in alignment with a dynamic public health environment at the local, state, and national levels.

Given the complexities of COVID-19's implications on the nation's elderly population, particularly in the context of senior living communities, in this study, I examine this disruption and the associated changes and lessons learned during a particular senior-living organization's response to this worldwide disruptive and unexpected event which fundamentally impacted every person, every organization and every system in the United States and beyond. Further, personally, my own mother is aging, and my four siblings and I have started discussions on what care and support she might need as she continues to progress into her senior years. Given the medical advancements in this country, her life expectancy is greater than most women in her prior family generations, and we want to ensure she has the support she may need.

According to research done as recently as 2020, organization resilience is described as an entity's aptitude in detecting possible risks, adequately managing these adverse events in the short term, and then further and longer term, successfully adjusting or adapting operations due to the changes necessitated by way of disruptive events as they seek to normalize as best as possible their environments (Duchek, 2020). Further, OR's adaptation component allows the possibility for an entity to emerge from crises more potent than before they encountered the events (Madni and Jackson, 2009).

OR has been explored extensively via other foci such as crisis management, continuity of operations, supply chain, and other disciplines. However, current research on OR through the lens of business studies is relatively nascent and evolving (Duchek, 2020). OR for various facets of healthcare has also been explored, but, to my knowledge, the literature does not substantially cover an examination of eldercare operations relative to COVID-19 using Duchek's conceptual model that includes combined process phases Anticipation, Coping, and Adaptation, all with supporting organizational capabilities. With that stated, given the paucity of studies within a business management context that applies OR to the eldercare sector, the research gap I will explore is extending OR in this manner and in light of the COVID-19 pandemic.

Overall, this study's purpose is to apply and extend Duchek's OR model beyond its current conceptual examination to empirical research that supports a better understanding of OR relative to healthcare, specifically eldercare, amid COVID-19 and the identification of lessons that might be helpful to this sector. In this vein, institutions could be better prepared for unexpected events in the future, particularly related to their ability to continue support and/or for their elderly residents through these types of events.

I.2   Research Question

Given the area of concern and research gap I wish to address in this study, the research question for this study is: **How did the COVID-19 pandemic impact eldercare operations?**

II   THE LITERATURE

At its inception, rigor in empirical research starts with a strong grounding in related literature, discovering a relevant gap in the literature, and crafting research questions that address the gap (Eisenhardt and Graebner, 2007). My literature review began with an exploration focused on disruptive or unexpected events, given my interest in extant research investigations of methods that bolstered organizations' ability to effectively respond to significant adversities such as the pandemic, which I and we all are still living through. Researchers describe these events in various ways, such as rare events, surprises, catastrophes, or crises (Duchek, 2020). I also discovered that most often, the concept of disruptive events was not present in the research as a stand-alone subject matter, but, instead, a significant amount of literature that referenced these types of events described them within the context of OR. Thus, my literature review topic of interest became OR.

II.1   Literature Search

In line with the area of concern and purpose of this work, I performed a comprehensive literature review in order to surface extant academic research relative to my topic of interest, explore various methodological options to pursue and identify novel, interesting gaps I wished to explore.   The researcher performed a web-based search using EBSCO and Web of Science databases. Keywords used either individually or as part of a phrase included disruptions, disruptive events, unexpected events, organizational resilience, and resiliency. I used the relevant keywords in various combinations, which generated significant studies from database searches. Those that the researcher deemed relevant to this study were included in the literature review. The inclusion or exclusion of the literature to this review was based on the criteria that: (1) related to the topic of the study, (2) were from recognized academic journals and/or from

respected associations and organizations, (3) were originally published in English, and (4) were

published from 1990 to 2022 to ensure I captured as many relevant articles as possible.

Table 1 below summarizes a sample of the scholarly papers identified as a result of this

work.

Table 1 Summary of Key Literature

Article	Method	Research Focus	Major Findings
Duchek, S. (2019). OR: A capability-based conceptualization. Business Research, 13(1), 215-246.	Conceptual	Capabilities-focused production of organizational resilience	Organizational resilience is a meta-capability and process that includes the phases Anticipation, Coping and Adaptation, supported by drivers for each phase and organizational learning
Hillmann, J., & Guenther, E. (2021). Organizational resilience: a valuable construct for management research? International Journal of Management Reviews, 23(1), 7-44.	Literature Review	A review of extant research focusing on organizational resilience as a construct, and covers both conceptual and operational issues. Authors aimed to add clarity to the concept of organizational resilience.	Although some progress has been made in exploring organizational resilience determinants, more empirical research is needed.
Linnenluecke, M. K. (2017). Resilience in business and management research: A review of influential publications and a research agenda. International Journal of Management	Literature Review	Explores gaps in organizational research through the lens of business management.	Resiliency research has been conceptualized differently throughout various research lenses, with several forms of definitions offered. Similarities between these streams

Reviews, 19(1), 4-30.			have not been examined.

II.2   Overview of Prior Studies

OR has deep roots in ecology, in which the concept has gained significant recognition, particularly via the works of Dr. Crawford Stanley "Buzz" Holling, a Canadian ecologist and Emeritus Eminent Scholar and Professor in Ecological Sciences at the University of Florida. Through the scope of ecological studies, resilience is viewed as "the ability of an element or a system to return to a stable state after being disrupted or changed" (Gunderson, 2000), and holistically, ecological definitions include the ability of a system to maintain stability under taxing conditions which threatens its survival (Khan et al., 2019).

OR has also been covered in other domains, such as crises management; however, the concept of a resilient organization only surfaced in business and management literature starting in the early 2000s as studies began to consider what it means for a business to be able to manage through uncertainties, threats, and shocks (Boin et al., 2013).   Over a number of years, how to manage an array of crises and disasters has become a significant concern for both researchers and practitioners alike.

Also, OR is a reasonably new idea and nascent in business management research. From as far back as 2013, authors called for more empirical research on resilient organizations as they believed that not much is known about the causes of resilience or how it can be realized (Boin et al., 2013). Fast forward to 2020, and studies continue to call for more empirical work to be done in order to explore precisely how OR is formed, formulate a standard definition, and understand

how it looks in practice (Duchek, 2020). To date, there still is not a substantial body of empirical research on OR using a business management lens. Further, the literature that presently exists is primarily theoretical in nature, with calls for examinations that help to extend OR both conceptually as well as empirically.

Related to current OR literature in business management literature, Duchek (2020) identifies three primary ideas that surfaced in business research between 1998 – 2015, recognizing OR as 1) resistance and recovery, 2) adaptation, and 3) anticipation.

Researchers that have explored OR as resistance and recovery believed resilience to be a foundational aspect that allows an organization to react productively to change that interrupts "… the expected pattern of an event without engaging in an extended period of regressive behavior" (Horne and Orr, 1998). In the context of extreme weather, others defined OR as an entity's ability to absorb the effects and then bounce back (Linnenluecke et al., 2012).   Moreover, OR in terms of recovery, has been described as the ability to recuperate and return to a sense of normality (Boin and Eeten, 2013). In summary, these researchers believed a focus on dealing effectively with adverse events and then swiftly returning to normal operations was at the heart of resilience (Duchek, 2020).

Those researchers that understood OR as adaptation described it as the ability for self-renewal over a period of time via innovation (Reinmoeller and van Baardwijk, 2005), "the maintenance of positive adjustment under challenging conditions such that the organization emerges from those conditions strengthened and more resourceful (Vogus and Sutcliffe, 2007), and as "…a firm's ability to absorb effectively, develop situation-specific responses to, and ultimately engage in transformative activities to capitalize on disruptive surprises that potentially threaten organization survival" (Lengnick-Hall et al., 2011). For these authors, the focus was on

organizations possessing particular abilities that allowed them to "adapt, integrate, and reconfigure internal and external resources and competences to match the requirements of changing conditions" (Teece et al., 1997).

Yet other studies highlighted organization resilience as anticipation. Somers understood it to be "…more than mere survival; it involves identifying potential risks and taking proactive steps…to ensure that an organization thrives in the face of adversity" (2009). The idea of OR as anticipation was also captured as "prevent(ing) budding problems from escalating into a full-blown crisis or breakdown" (Boin and Eeten, 2013). Lastly, other research described OR as "the incremental capacity of an organization to anticipate and adjust to the environment" (Ortiz-de-Mandojana and Bansal, 2015). For these scholars, the core of the anticipation notion involves an organization's capacity to always be ready for any possible event – to be on the offense rather than the defense, which resistance, recovery, and adaptation address (Duchek, 2020).

Overall, prior OR research, from a business management view, has concentrated on characteristics, resources, or activities that help to differentiate resilient organizations from others that are as resilient, but it still is not known how resiliency might be achieved in practice (Duchek, 2020).

II.3   Current Research

Bringing together many aspects of previous research from various disciplines in efforts to better understand resilient organizations, Duchek outlines a conceptual model that depicts OR resilience as dynamic and a process that includes capabilities starting with anticipation, moving to coping, and then to adaptation. Also included are drivers that support each capability – resource availability, social resources, and power and responsibility. Figure 1 below shows this process model.
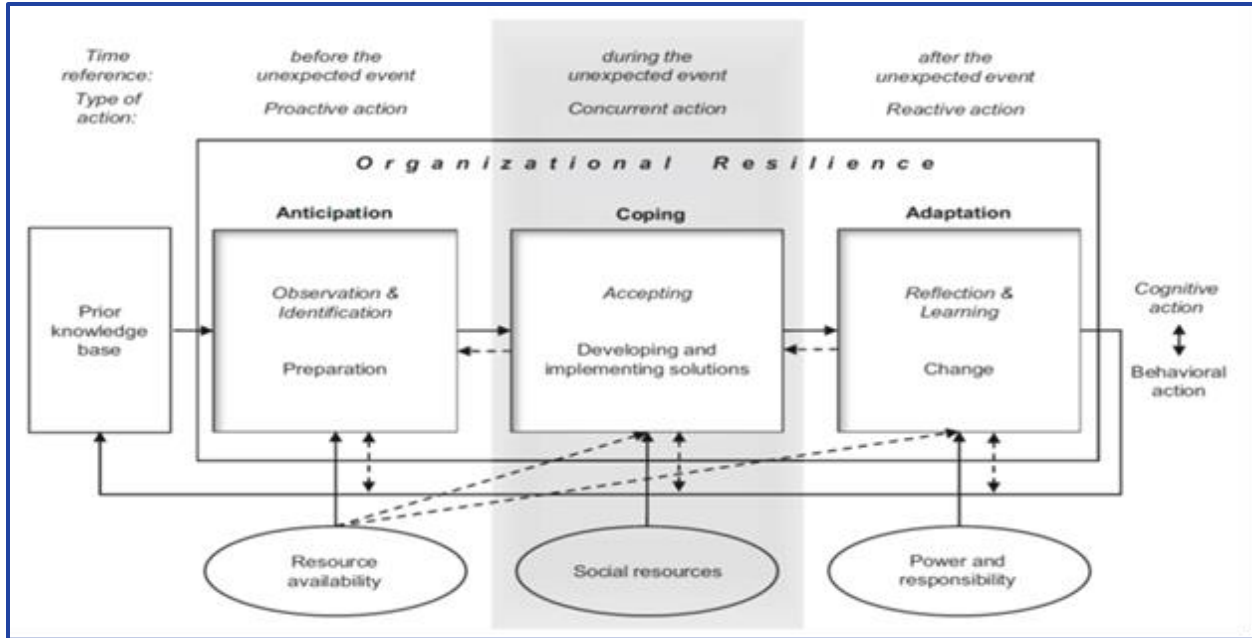
Figure 1 A Capability-Based Conceptualization of Organizational Resilience (Duchek, S., 2020)

Effectively, OR is defined as "…an organization's ability to anticipate potential threats, to cope effectively with adverse events, and to adapt to changing conditions" (Duchek, 2020). This is the definition that I use in my study. Authors Hillmann and Guenther support this definition in that they believe 1) OR is the skill of maintaining functionality, bouncing back quickly from adverse events by mobilizing and accessing necessary resources, 2) resilient actions, resources, and capabilities permit and determine OR, and 3) the outcome of an organization's resilient response to adversity is learning and growth (2021). The three phases, which include some back-and-forth interaction with each other and supporting drivers which help in the execution of actions relative to each phase, form the meta-capability of OR. OR can be developed through this interactive process in ways that form the groundwork for businesses to mature healthily and beneficially so that they can successfully respond to matters that threaten to interrupt operations or, at worst, extinguish these entities altogether while simultaneously building their "resilience muscles" for any future disruptions.

III RESEARCH GAP – THEORETICAL AND PRACTICAL OPPORTUNITIES

"Every researcher adds a brick…(to the body of knowledge related to their focus of inquiry)". Dr. Mark Keil, Regents' Professor and the John B. Zellars Professor of Computer Information Systems, J. Mack Robinson College of Business, Georgia State University

One area literature presents as a research opportunity is a call for more empirical research focusing on how entities notice and prepare for, accept and respond to, and are intentional in understanding and gaining from unexpected events in ways that shore up their OR capacity and from a business management perspective (Duchek, 2020; Boin et al., 2013). In this study, I include this as the primary focus for my theoretical contribution to OR research, my "brick" if you will, in addressing this gap as I empirically test the application of Duchek's resiliency model to my focus entity's responses to and movements through the pandemic; thus extending the body of empirical research on unexpected events and OR as well as OR research related to the eldercare sector, which is sparse. Further, I propose an extension to Duchek's conceptual model, particularly to the coping phase. Finally, I add to the practical body of knowledge to support these institutions' and this business segment's use of lessons highlighted from this study to better plan and prepare for future disruptive events in ways that inform the enhancement of their resiliency capabilities.

For purposes of the summarization of my research design, I include the following table.

| Theoretical and Practical Contributions

To Theory (CF)
To Area of Concern (CA)
To Practice (CP) | Contributions to P and A, and possibly also F and M. | CF and CA: One area that Duchek (2020) points out as a possibility for future empirical research is focusing on how entities notice and prepare for, accept and respond to, and are intentional in understanding and gaining from unexpected events in ways that shore up their resiliency capacity from a business management perspective. In this study, I include this as the primary focus in addressing this theoretical gap in Duchek's work as I empirically test the application of her conceptual framework to the healthcare sector, particularly eldercare; thus extending the body of empirical research on unexpected events and organizational resilience in support of these institutions as they moved through the phases of the resilience model and built their resilience capacity. I also offer an addition to the resiliency model.

CP: Further, I also add to the practical body of knowledge to support these institutions' use of lessons and insights highlighted from this study to better plan and prepare for future disruptive events. |

Engaged Scholarship Approach

  Engaged scholarship involves an applied practical method used to examine complex

social matters and employs the diverse perspective of key stakeholders (Mathiassen, 2017). This

approach aims to link theory and practice by contributing both to practical problem-solving and

new scholarly discoveries (Mathiassen, 2017; Van de Ven, 2007). Figure 2 shows this model that

helped to inform my research design.
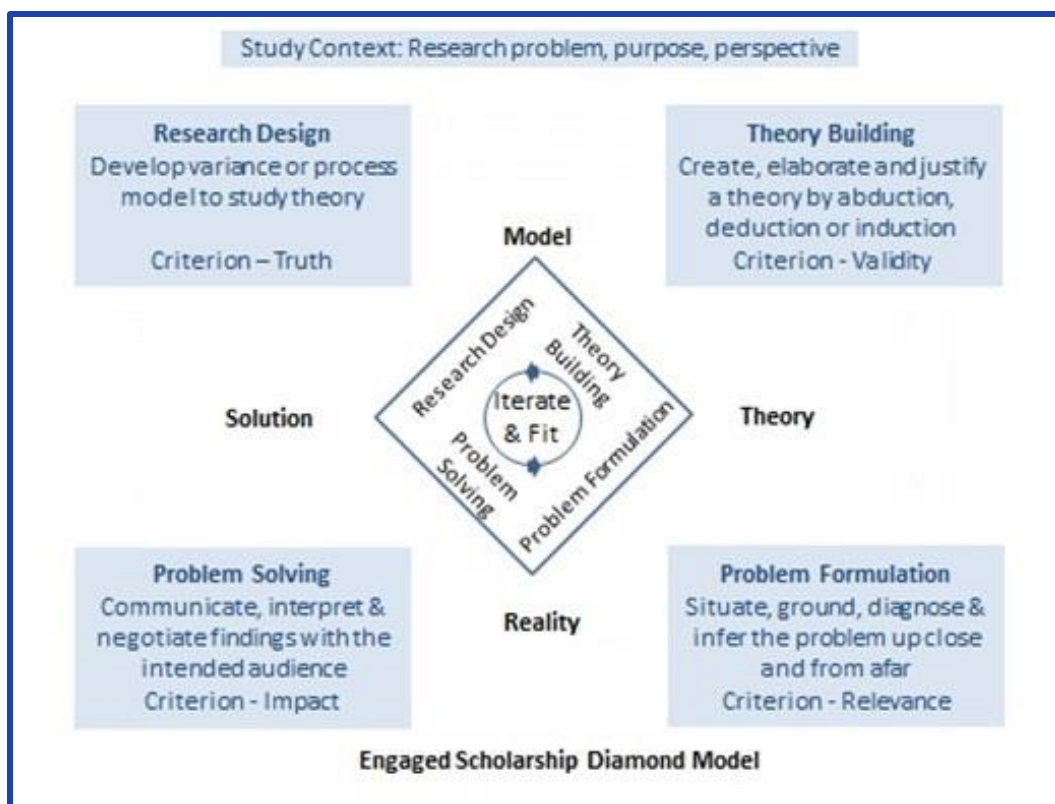
Figure 2 Engaged Scholarship Diamond Model (adopted from Van de Ven 2007)

  Engaged scholarship is grouped into four categories: informed basic research,

collaborative basic research, design and evaluation research, and action-intervention research

(Mathiassen and Nielsen, 2008; Van de Ven, 2007). Informed basic research is used to describe,

explain, or predict a social phenomenon and is supported by inside informants and stakeholders'

guidance; researchers control all research activities. Collaborative basic research is similar to

informed basic research; however, it requires greater power sharing and collaboration among researchers and stakeholders; researchers split activities and share those activities together to achieve mutual research objectives. Design and evaluation research aims to highlight normative knowledge associated with designing and evaluating policies, programs, and models for solving practical problems in a   profession. Action-intervention research utilizes interventions to examine the problems of a specific client and allows the researcher to contribute to academic knowledge, and it emphasizes an iterative process of purposeful intervention and diagnosis of responses to such interventions. The action-intervention research approach includes interaction, training, and consulting by investigators with individuals from and in the stakeholder's setting.

This study utilizes an informed basic research approach guided by the researcher's collaboration with the focus organization and includes stakeholder informants as the primary data source. The researcher's use of this approach also supports describing, explaining, and predicting the social phenomenon of focus, OR in an eldercare setting, by asking a "how" research question in line with case study design (Yin, 2018). Figure 2 outlines the components of the engaged scholarship framework for this research.

The organization of focus for this study has been anonymized, as well as the informants given the prominence of attention in various lights on the eldercare and healthcare sector at large in the media during the brunt of the country's responses to COVID-19. As a matter of record, the focus organization is in the country's Eastern region, and on a campus of approximately 30 acres, with buildings totaling over 1 million square feet. Additionally, the organization offers several levels of care and support for its elderly residents – independent living, assisted living, skilled nursing, and memory care. All residents, as they are able to do so, can take advantage of the many benefits (such as an indoor swimming pool, many dining options, fitness classes, art

classes, cultural events, and more) that the campus offers its residents. All residents live in their own private quarters, regardless of the level of care or support they receive. Independent living is just that – seniors living in their own residences on the campus who need and/or receive little to no routine care from staff. Elderly independent living residents primarily opt to live in this type of community in preparation for the expectation that, at some point, they will most likely need to progress through the continuum of care (from independent living up to memory care) as they continue to age. Assisted living involves some level of care needed for the resident, whether physical or related to some degree of cognitive decline; residents continue to have a higher level of independence compared to skilled nursing and memory care. Skilled nursing is primarily short-term care for residents that may need focused attention, as in the case of post-surgery. Memory care is the highest level of care, and these residents require the greatest amount of time, attention, and protocols for safety and security. The total number of residents is close to 400 currently in the focal organization. Currently, all available residences are fully occupied except for two units. The corporate office plans to expand the campus to allow for more residents and a large, unused portion of the 30 acres has been indicated for this expansion in prior years.

IV   THEORETICAL FRAMING

The dynamic capability of OR is an entity's ability to proactively scan for possible risks, once realized, adequately deal with these unexpected events, successfully adjust operations, and then distill valuable lessons that come from having gone through this process and that come by way of these disruptive events. The phases are Anticipation, Coping, and Adaptation. As outlined, the three phases are separate but interconnected as an organization moves through expectation, realization, and response, then intentional learning from an unexpected event. (Duchek, 2020) Further, organizational capabilities support progression through each phase.

Anticipation includes the capabilities of observation, identification, and preparation. Activities that support this phase of OR include the wherewithal to foresee an event forming and shoring up adequate information and resources while you prepare for its realization. Since organizations cannot adequately prepare for the unexpected, an organization building its anticipation capability needs to act instinctively and make in-the-moment calls. Resilient firms can detect potential threats faster and more effectively so that they can act quicker than others who might stay longer in the "wait and see" stage (Madni and Jackson, 2009). Drivers include resource availability in terms of finances and staff to develop recovery plans and time for staff to scan the environment for possible disturbances (Duchek 2020).

Coping includes the capabilities of acceptance, creating, and implementing solutions. Essential for this phase is the need to be able to accept and not deny the reality that a disruptive event has occurred to be agile enough to craft and implement innovative responses promptly to mitigate further consequences for not swiftly acting. Drivers include financial resources as well as social resources that include information sharing, resource exchange, cross-

functional collaboration, actions to address events, shared goals, knowledge, mutual respect, and a learning-oriented culture (Duchek, 2020).

Adaptation includes the capabilities of reflection learning and change: Being intentional on a focus of reflection and cultivating takeaways in ways that lead to organizational change and maturation in the area of resilience is at the heart of this capability. This newly gained knowledge, in turn, acts as an antecedent for Anticipation as it becomes part of an organization's knowledge base and ability to develop its resilience offensively. And so, there is also an organizational learning component to resilience (Duchek, 2020). OR serves as a mechanism for organizational learning and, over time, leads to organizational self-development (Lombardi et al., 2021). This interplay of OR and OL, leads to OL being a precursor for OR, which relies on past knowledge that reinforces future learning (Vogus and Sutcliffe, 2007).   In this way, OR and OL serve to support each other. Further, OL can occur across every OR process stage throughout disruption (Duchek, 2020; Evenseth et al., 2022). Drivers for adaptation include power and responsibility as well as financial resources, and leadership is needed to foster an environment of OL via knowledge use and resource allocation to support this use. Decentralized power and decision-making, self-organization, and ownership of organizational development are the remaining drivers that support the adaptation phase (Duckek, 2020).

V   RESEARCH DESIGN AND METHODOLOGY

The researcher used a qualitative research method, an interpretive/constructivist paradigm, and a single-case study approach to examine the OR of an eldercare facility that offers four levels of care – independent living, assisted living, skilled nursing care, and memory support – all within a campus totaling over 1 million square feet. According to Merriam and Tisdell (2016), philosophically, an interpretive/constructivist method considers that reality is produced in social contexts and that there is no lone, observed reality but various understandings of a phenomenon. This particular paradigm relies on individuals' meaning of what is being studied. Most often, people's interpretations of matters are formed through historical and cultural norms that are foundational to how they understand the world, including their interactions with others. As a researcher, I aim to make sense of the world in which I and others exist, and these meanings are subjective, varied, and many (Creswell and Creswell, 2018).

Qualitative research is best suited for studies focused on gaining insight into how people understand and give meaning to their lives, experiences, and the world in which they live (Merriam and Tisdell, 2016). Qualitative research is further explained as:

> *"...an effort to understand situations in their uniqueness as part of a particular context and their interactions. This understanding is an end in itself, so that it is not attempting to predict what may happen in the future necessarily. Still, to understand the nature of that setting – what it means for participants to be in that setting, what their lives are like, what's going on for them, what their meanings are, what the world looks like in that particular setting – and in the analysis to be able to communicate that faithfully to others who are interested in that setting…analysis strives for depth of understanding (Patton, 1985)".*

Given the characteristics of qualitative research, I chose this method for this study, especially considering that I aimed to seek out and compile "rich data" from the contributors related to their lived experiences and explore the processes of the organization's resilience, as

observed by the interviewees. Epistemologically, in contrast to the positivist approach used in quantitative studies, social constructivism observes knowledge as being created through consistent interaction with others as human development is socially based (McKinley, 2015). In that way, social "realities" can be many based on context, communication, and understanding, all of which form methodology in qualitative research (Walker, 2015). Further, qualitative studies have been shown to provide meaningful contributions to understanding the idea of resilience, which have explored lived experiences, phenomenological interpretation, and more (Ungar, 2003).

In addition to facilitating in-depth analysis, case studies also enable holistic investigation of complex social phenomena wherein researchers observe the intrinsic characteristics of real-life events (Yin, 2009). Unlike experiments, case studies do not separate the phenomenon from its actual context by attempting to understand the phenomenon in its natural context (Yin, 2009). This, in turn, facilitates close cooperation between the researcher and the participants while allowing the subjects to express their views (Baxter and Jack, 2008).

Yin explains that "how" and "why" questions indicate the use of a case study approach as an optimal research method, as these questions are concerned with how organizational activities develop and/or change over time versus the number of instances of changes or activities (2018). Case studies extend beyond a narrative account as they are in-depth inquiries into some form of occurrences ''which the analyst believes exhibits (or exhibit) the operation of some identified general theoretical principle (Mitchell, 1983)".

Further, Yin (2014) describes case studies as either exploratory, descriptive, or explanatory. For exploratory case studies, researchers primarily focus on defining another study's research questions and hypotheses. Descriptive case studies allow researchers to fully explain in

detail and context the focus of the study. The purpose of the explanatory case study is for the researcher to explore and describe causal links for particular matters, events, or phenomena (Yin, 2014). With this guidance in mind, I chose the exploratory method for my study.

Moreover, my chosen research design is exploratory in nature and a single case, a senior living organization, which is also the unit of analysis. Yin (2014) describes five different scenarios that support single case studies – when the focus of the case is critical, unusual, common, revelatory, or longitudinal in nature. Given the unusual and once-in-a-lifetime nature of the pandemic and the opportunity it presents to study OR from the senior-care perspective, a single case study is appropriate. Also, the pandemic presents an opportunity to add to the current body of research inquiry on the impact of disruptive events within the framing of OR; thus, a single case study for this work is dually supported (Yin, 2018; Samaddar et al., 2006). Further, single case studies are significant when the purpose of a study is to extend or negate the current understanding of a body of knowledge (Yin, 1994; Sammadar et al., 2006).

V.1   Data Collection - Interviews

The researcher collected data using an exploratory approach and using Duchek's OR framing inductively to allow for themes and patterns to emerge in line with the application and empirical testing of the model.

Before starting the data collection process, given that I would be conducting interviews, I created interview materials to include an interview protocol, informed consent form, and interview questions for both interviewees – administrators and residents. See appendices for these inquiry-related resources. I then applied and received the approval of Georgia State University's Institutional Review Board to proceed with my research work.

A primary data source for case studies comes by way of interviews (Yin, 1984). These interviews should be with those knowledgeable about the subject matter and are characterized as

critical informants (Mikkelsen, 1995). In this study, my examination focuses on a business home to senior residents. Interviews with key informants were done with employees that worked in the different levels of care, called a continuum of care, offered by the organization – independent living, assisted living, skilled nursing, and memory care – as well as residents from various levels of care and/or support.

Only individuals that worked or lived on campus participated as part of the data collection phase of this study. In choosing interview participants, I used purposeful sampling to gather as much information as possible from those with specialized experience and knowledge germane to the heart of this study, its area of concern, and research question. Interviews included 15 individuals total –well-experienced administrators and as well as residents who are actively engaged in representing the interests of residents in this community, which is also their home. Together, these 15 individuals span the entirety of the levels of care and/or support the facility offers. Table 3 below shows the interviewees by the level of care/support.

Table 3 Interview Matrix by Level of Care/Support

Level	Number of Interviewees
Independent Living (IL)	3
Assisted Living (AL)	2
Skilled Nursing (SN)	2
Memory Care (MC)	4
Every Level (EL)	4

The interview questions covered the time period from when the pandemic was predicted to arrive in the United States, approximately March 2020 through March 2023, when the

interviews concluded – a total of 36 months. Data collection methods included the use of semi-structured interviews with staff and residents and were directly related to and guided by the research concern, literature, conceptual model, and research question. Interviews lasted no longer than 90 minutes each.   However, the interview process was adapted as necessary, as I moved through the questions, received responses, and then asked follow-up questions or even bypassed some pre-formatted questions during my dialogue with the interviewees. The researcher also followed up with questions regarding drivers that support each OR phase. This method helped the researcher to customize each interview based on the interviewee's expertise and/or experience and allowed me to examine interesting and unanticipated subject matter that surfaced during interviews. Using additional probing and supplementary questions supports qualitative research's fundamental aspect and attribute – obtaining rich, contextual information. Interviews continued until data saturation was obtained and occurred from January 2023 to March 2023. Saturation occurs when the researcher begins to hear redundant responses in interview questions, and no new insights emerge, thus calling for an end of interviews (Merriam and Tisdell, 2016).

Interviews were executed privately, either in person or via Zoom technology, and audio recorded with participants' consent. When using Zoom technology, interviewees were not required to have video cameras on during the interview if anonymity was requested. Participants were free to share as much or as little information as they wished. They also could have decided not to answer questions or stop the interview at any time, although all interviewees answered each question and completed their interviews. In line with maintaining anonymity and confidentiality, each interviewee has been designated with an informant identifier, and no names or other methods of descriptions of interviewees are used in this study. Afterward, interviews

were transcribed using Otter automated transcription service. I then reviewed the transcripts and made corrections as necessary so that the interviews were accurately finalized. I was the lone principal investigator. Access to participants' interview recordings and transcripts was strictly limited to the researcher.

Additionally, I used memos/notes during interviews and afterward to capture as much data as possible, help organize the data, note any follow-up questions or ideas, and flesh out possible coding that surfaced.

The recorded audio files from each session are saved for the duration of the research study. The recordings are also kept in a secured, password-protected shared drive folder for only the researcher to access. At the end of the research study, the recordings will be deleted, and the redacted transcriptions will be kept for possible future research.

V.2   Data Collection – Other Sources of Data

In addition to data collected via interviews, I also visited and spent several days working out of the facility to do the in-person interviews. My observation work included attending a resident and leadership council meeting and a leadership team meeting and touring the facility and campus.

Lastly, I collected records that included information about the facility in normal times, such as operations plans and financial documents, as well as the budget enacted in order to continue operations during the pandemic. Further, I attended leadership meetings and spent time over several weeks onsite at the facility, making observations of operations related to the topic of interest. I found that my time onsite as well as the records and documents I compiled supported and confirmed information shared with me by informants such as the increased resource investment of incentive pay to retain staff, the structural changes needed to help mitigate the spread of the virus as well as updates made in response to the pandemic that allowed the facility

to continue serving its elderly population while keeping their, as well as the safety of their staff as the number one priority. In line with supporting the internal validity of this study, the triangulation of data via three different sources – 1) collection of documents, 2) interviews, and 3) onsite observations - allowed the researcher to cross-check information, which, according to Merriam and Tisdell helped to counter notions of the findings being the result of "…an artifact of a single method, a single source, or a single investigator's blinders." (2016)

Finally, due to the controversial nature of how media highlighted eldercare facilities during the thrust of the pandemic, the focus organization required me, and I agreed to sign non-disclosure and confidentiality agreements. The focal organization and I also agreed that I would anonymize this study given the aforementioned concern.

V.3   Research Design - Summary

The main components of the design for this study, including methodological elements, follow in Figure 3.
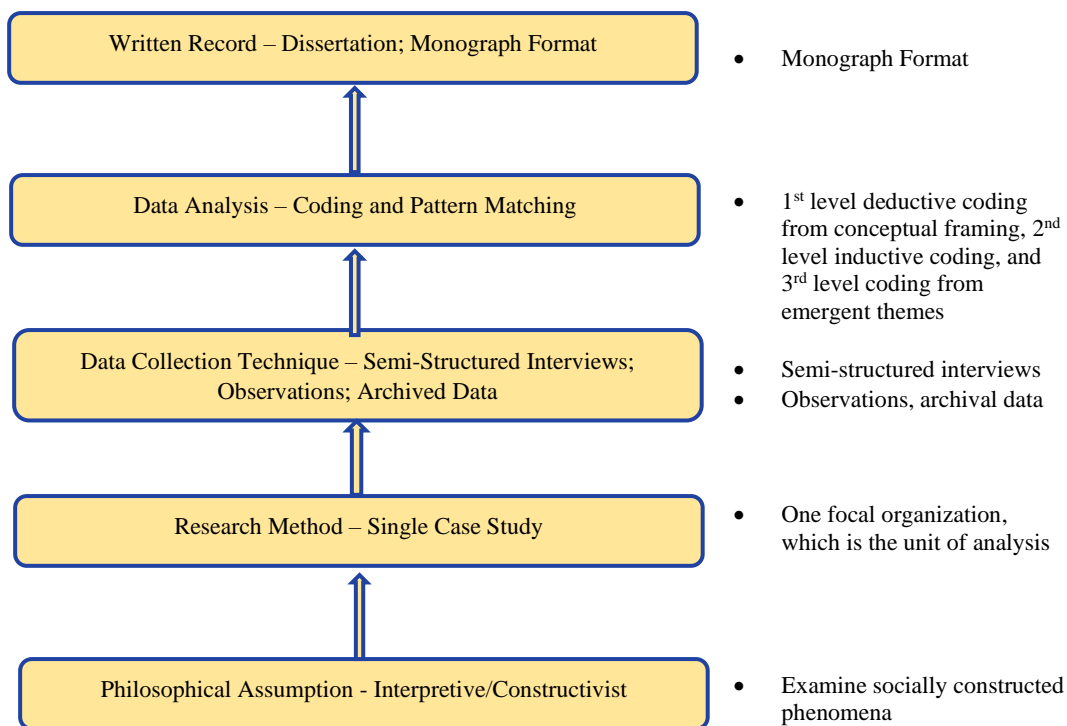
Figure 3 Research Design Components (as adopted from Myers, 2019)

V.4   Data Analysis

In my study of the focus entity, I examine how the organization moved through each phase of Duchek's model from the perspective of both administrators as well as residents and the effects relative to the onset, actual occurrence, and then the organization's longer-term reaction to the pandemic of COVID-19. Post my data collection and transcription, my data analysis work began. Miles et al. offer that conceptual frameworks help qualitative researchers condense, organize, analyze, and write up findings about their subjects of interest (2020). I used Duchek's conceptual model to support these portions of my research work. The authors also believe that, in essence, coding is data analysis. They explain that "…coding is a heuristic…a method of discovery", and that coding is a data condensation tool that helps researchers to surface the most

salient data, organize information into like categories, and prepare it for interpretation. (Miles et al., 2020)

A priori codes can come from a literature review, research questions, problem areas, and conceptual framework (Miles et al., 2020). To start, for first-level coding and deductively, I used Duchek's framework (three phases as well as the drivers for each phase) and my research question as guides in both my data collection and initial analysis, using each phase – anticipation, coping, and adaptation, as well as the drivers for each phase. Inductively, and continuing my initial analysis work at a second level, specifically textual coding, lessons and other insights surfaced that were outside of the OR conceptual framing. Lastly, in third level coding, I reviewed the data to pull together the data into summarized groups and/or themes; according to Miles et al., executing analysis in this manner allows researchers to segment information into categories or themes, causes or explanations, relationships among individuals, or concepts or theoretical constructs (2020).

VI RESULTS

The primary purpose of this study was to empirically apply Duchek's OR model to the eldercare sector of healthcare, thereby extending this body of research to this sector in order to explore its application empirically and well as to highlight lessons that could assist these and other types of organizations improve their readiness for future disruptions.

First-level, deductive, and second-level inductive coding resulted in references as noted in Table 4, which are findings by occurrence and categorized by each level of care or support.

Relative to Table 4's references, I noted variability in the frequency of references for different levels of care. For instance, the deductive references totals for AL, or assisted living, totaled 22, and for MC, or memory care, the sum was 8. In looking at the data for these two levels of care I noted that assisted living, in which elders have less living and mobility restrictions, required much more operational responses and adjustments as a result of the pandemic as compared to memory care, which as a matter of practice due to the high level of physical and cognitive issues of residents, already had many protocols in place and required fewer operational changes than assisted living.

In summary, references in Table 4 include those related to the model's framework, lessons, and additional findings from analysis gathered from interview data.

Third-level analysis of first and second-level coding resulted in further refinement of the data into key themes. This third-level coding, shown below in Tables 5 and 6, enhanced the distillation of patterns in the data.

Table 4 First and Second-Level Deductive/Inductive Coding

	AL	EL	IL	MC	SN	Totals
Deductive References						
Anticipation	1	3	0	2	6	12
Anticipation Driver - Resources	0	1	0	0	0	1
Coping	16	10	10	3	11	50
Coping Driver - Resources	5	13	1	3	0	22
Adaptation	0	0	5	0	0	5
Adaptation Driver -Power and Responsibility	0	0	0	0	0	0
Adaptation Driver -Resources	0	0	0	0	0	0
Deductive Reference Totals	**22**	**27**	**16**	**8**	**17**	**90**
Inductive References						
Better Coordination	0	2	1	0	0	3
Communication	2	4	1	0	0	7
Compassion	0	0	0	0	0	0
Corporate Leadership	2	9	1	7	2	21
COVID and Incentive Pay	1	0	0	2	0	3
Customized Solutions	0	0	6	0	0	6
Isolation	0	2	1	1	3	7
Leadership Burnout	1	0	0	1	0	2
Lessons Learned	3	4	8	4	7	26
Loss of Community	1	0	1	0	1	3
New IKF leadership	0	6	2	0	0	8
New Opportunities for Healthcare Works	0	0	0	0	0	0
Normalizing and Moving Forward	0	4	0	0	0	4
Other Disruptive Events	0	3	0	0	0	3
Self Care for Staff	0	0	0	0	1	1
Social Anxiety and Health Concerns	0	9	2	3	4	18
Staff Burnout	0	1	0	0	0	1
Staff Mental and Emotional Health	0	3	2	0	3	8
Staff Motivation	0	0	0	1	0	1
Staff Stress	0	0	0	0	3	3
Staff Support	0	5	0	2	0	7
Technology	2	4	7	1	0	14
Toll on Residents	0	0	0	0	3	3
Toll on staff and industry	0	1	0	0	4	5
Uncertainty	0	1	2	0	0	3
Voices of Residents	4	4	26	0	2	36
Worker Shortages	0	0	0	0	0	0
Inductive Reference Totals	**16**	**62**	**60**	**22**	**33**	**193**
Grand Totals for Inductive and Deductive References	**38**	**89**	**76**	**30**	**50**	**283**

AL:Assisted Living, EL: Every Level, IL: Independent Living, MC: Memory Care, SN: Skilled Nursing

Table 5 shows themes identified in the data that align with Ducheck's conceptual model of OR.

Table 5 Third Level Coding: Deductive Themes Aligned with Conceptual Model

Anticipation
- The organization lacked time to prepare for the pandemic
- The organization did not have in place environmental scanning and adequate emergency planning

Coping
- Onsite leadership took early and aggressive action that saved lives
- The availablity of adequate resources for increased pay and other incentives was key in retaining staff
- Social resources including cross-functional coordination, coordinated responses, shared goals, creative methods in communicating and sharing information, mutual respect, learning-oriented culture - were integral parts of implementing responses to the pandemic

Adaptation
- Unlike prior leadership, new onsite leadership encourages input from residents
- The organization is now open to new methods of communicating, and sharing information
- More work needs to be done in the area of corporate leadership listening and learning from onsite leadership and administrators

Table 6 below goes beyond examining data that coincides with Ducheck's model and highlights critical, practical insights of note relative to the organization's overall resilience. As part of my theoretical contribution, I also offer an extension to the model's Coping phase, which is the importance of having leadership present to support staff during disruptive events actively. I go more into this finding in the discussion section.

Table 6 Third Level Coding: Researcher's Inductive Themes

General Findings

- Leadership delayed adequately paying staff until being forced to due to the need to retain staff
- Organizations can accelerate innovation at any time they chose to do so; it is a matter of priorties
- In addition to caring for residents, healthcare staff also need to focus on their own self-care
- Mental health and emotional resources for staff are necessary as part of an eldercare organization's responses to disruptive events
- Investments in technology enhancements are needed in advance of crises
- Organizations need to dedicate intentional time and space for staff and leadership to process and learn from unexpected events such as the pandemic

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Novel Finding

- Extension to Coping Driver: Leadership presence and active support to staff is a crucial resource needed during responses to disruptive events

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Overall, data analyses showed that, in alignment with most of the globe, the focal organization did not foresee and proactively plan for a worldwide pandemic. Little was done to ready for its arrival. As such, anticipation's references were minimal as compared to the coping phase, which had the greatest number of references given that a large amount of planning and preparation, along with crafting and implementing solutions, happened in the coping phase. Further, adaptation had the least references for the deductive portion of the analysis. From the inductive part of the analysis, lessons learned and the need for residents' voices to be a part of decision-making at the organization outpaced other inductive references.

More specifically, and in consideration of my research question and the three phases of OR, I identified the following in the data:

VI.1 Anticipation

The ability to anticipate events allows an entity to recognize when disruptive events might be forming and start any preparations that might be needed should the event materialize and be realized by the entity.

Further, anticipation is proactive and includes observation, identification, and preparation capabilities. Its drivers include resource availability in the sense of time allotted for preemptive environmental scanning and preparing for disruptive events and finance and human resource availability to support the development of offensive recovery plans.

For this study, and as indicated by the data, there was very little time for any organization to prepare for the onset of COVID-19. If they had not already been ready for such effects as the pandemic brought to their front door and beyond, they ended up in more of a reactive posture versus a proactive stance in bracing for the impact of the pandemic to hit the organization.

> *"Well, I think I definitely think we were caught off guard at every level. (And), we didn't think it was going to last very long. (Informant A)*
>
> *Well, yeah. As we all learned, it was kind of a train wreck in slow motion. We learned more and more as the days and weeks went on about how serious this might be, could be would be. And, I know that the management here, I can imagine that the management here, also went through that same evolution from our standpoint, as residents here at the time (Informant L)".*

Resilient firms can detect potential threats faster and more effectively so that they can act faster than others who might stay longer in the "wait and see" stage (Madni and Jackson, 2009). Although the organization has done some work relative to emergency planning and has invested in financial planning, it does not have a culture of proactively dedicating time, people, and efforts to scanning the various environments applicable to its line of business for potential threats. Comments by interviewees point to this limited scope of planning.

"Yeah, yeah. I mean, we have like for emergency preparedness, we have a huge red binder that every leadership staff person has. So in any event of whether it's a hurricane or active shooter or fire or, you know, whatever happens, there is a policy put in place, and everybody has access to get to that policy, a hard copy of it, as well, as you know, on in our drives. I mean, there is manager on duty trainings where because every weekend, but I mean, as far as like planning for future stuff, financials, I mean, yeah, definitely (Informant M)".

"I would say they have a planning focus, but I don't think they do a good job (Informant K)".

Due to the organization's insufficient anticipatory capability, including insufficiency in its foresight and planning for the onset of the pandemic, there was no time to think through the positioning of the best mix and optimal utilization of resources. In reality, institutions may not always have time to get ready. In turn, they must stay ready and nimble enough to plan responses when they detect the possibility of experiencing an unanticipated event. This lack of capability development for anticipation was highly apparent in this initial phase of the model and in the coping phase, where most of the organization's planning happened.

VI.2 Coping

In light of the nature of the pandemic and such a short lead time in preparing for it, as indicated by Table 4, references for the coping phase were the most prevalent. Further, from the data, many activities that occurred in the coping phase, in theory, should have happened in the anticipation phase but did not, given the need for the organization to bolster its anticipation capabilities as well as the abbreviated window of time prior to the pandemic's impact on the country.

A primary component of coping is accepting the reality that something out of the ordinary has occurred. Another aspect is creating and putting into place responses that seek to

stabilize the organization in its efforts to counter the effects of an event. Coping, as described by

Duchek in terms of the time sequence of the phases, is concurrent and involves actions that

happen in the immediate to short-term once the event is realized (2020). It also includes an

organization cognitively accepting the fact that something out of the ordinary has occurred and

that the development and implementation of solutions are needed. Financial resources, as well as

social resources by way of the organizational actors involved and for addressing events,

information sharing, cross-functional collaboration, and mutual respect, are some drivers for this

OR phase (Duchek, 2020). In essence, coping became an essential factor during the pandemic,

and there was little space for individuals to resist change or maintain the status quo.

For the focal organization, being a senior living/care/support community, it became

imperative for onsite leadership to take quick action to prioritize not only the health of the

elderly residents but also the staff (as well as their families). Several respondents agreed that the

organization's planning and reactions in the coping phase were aggressive in ways they believed

helped to put saving lives at the top of their priorities, resulting in minimal COVID-related

fatalities.

> *"I would say in terms of keeping staff and residents safe…I feel like the*
> *community did a phenomenal job. During the actual height of the crisis,*
> *we only had five residents die of COVID, which considering our*
> *population and considering the rates of death at communities five miles*
> *from here, is extraordinary. Our executive director at the time, she's no*
> *longer here, was extremely proactive in putting policies and procedures in*
> *place early on, in really locking things down early on, such that I think we*
> *were much, much better equipped in terms of protecting this community*
> *from COVID. I think the organization did an exceptional job. And also,*
> *she was very good at updating staff on trends -- what's happening, what*
> *should we watch out for now. I felt like there was a lot of information that*
> *was shared. And for me, information just makes me feel better. So I found*
> *that helpful (Informant B)".*

> *"I don't know how many cases there were…but it wasn't many. And the only deaths that I know have occurred in assisted living in a little mini outbreak…they get very high marks. They did brilliantly at getting us an onsite immunization clinic as soon as the vaccine was available. So we were all we all had our shots about as soon as anybody possibly could, and that drive has helped a lot (Informant E)".*

> *"We had one of the earliest COVID clinics here than any of the other retirement communities because our executive director; that woman had a lot of contacts. So we gave people -the staff and the residents -COVID boosters and the shots here (Informant D)".*

Weick (1993) also writes about the notion of bricolage, which means an organization can improvise and craft creative solutions in the context of OR. This creativeness is crucial as an entity develops and then takes responsive actions in the coping phase. These factors were evident in the data the researcher captured from interviewees relative to this phase of OR and as noted below.

> *"There are ways in which they responded incredibly creatively, I have to say, to COVID; here's what they did…They have a closed-circuit TV channel right. They realized that. I mean, this place has all these programs. Right? And you saw the Cultural Arts Center, I'm sure. Of course, all of that was closed…(so) they figured out how to do a computer feed to that closed circuit TV, and they got a computer, and they got every content provider they could find, and they did a corporate subscription…so we had Prime, and we had Hulu, and we had the Metropolitan Opera. Then they began streaming stuff through the closed-circuit TV so that instead of seeing a concert, having a concert here (on site), you saw a video of a concert, or you saw a live concert…and then they also implemented Zoom like crazy and trained people on Zoom. Yeah. And so, I mean, they used technology to make connections and to do the social stuff. And that was creative and very admirable…I think that was just remarkable (Informant C)".*

The administrators also created a 24-hour COVID hotline and email for residents and their families to use for them to get updated information about COVID and its effects on the community. This action coincides with the driver of information sharing and the concept of bricolage.

> *"And honestly, I think we did a great job of communicating. I actually became in charge of the COVID hotline. I had a direct phone number that residents could call and a direct email for their families. It was on the website for families, and this became my entire job for over a year (Informant D)".*

The coping capability also includes a mix of sensemaking and taking action (Weick et al., 2005). There is an iterative pattern of feedback between the interaction of these two concepts as responses are created, implemented, and then coordinated (Duchek, 2020) as more is learned over time about what is necessary for devising solutions. This sensemaking activity was experienced by those interviewed and described in the following excerpts.

> *"As we all learned, it was kind of a train wreck in slow motion. We (residents) learned more and more as the days and weeks went on about how serious this might be, could be, and would be. And, I know that the management here… also went through that same evolution from our standpoint, as residents here at the time, and certainly, as we look back on it, they took a rather aggressive stance on keeping us all safe. And in a nutshell, we've all been impressed, relieved. I and my wife have been impressed with how aggressive they were in managing the different aspects and trying to keep us as free from the virus as possible. And looking back at it, they were very successful. We had very little, a very few incidents here of COVID, certainly in the early part of the pandemic (Informant L)".*

As the time of the pandemic's effects and the time it lasted increased, however, some residents believed the initial restrictions and decisions made by leadership to be too harsh over

time. Residents wanted more input in managing their individual risk, particularly as the

pandemic waned and opportunities for more customized responses increased.

> *"I feel like initially there was a lot of support. I do know, as the pandemic went on, there was more pushback from some residents, some families about it's too restrictive. This was more I guess, getting into maybe 2021 or something that you've got to open us up more. But I don't think that's an issue unique to (this facility) or if that's something the whole country and the whole world is struggling with. How do we manage it? I think that there were complaints that, you know, we (residents) need to make our own choices in terms of risk assessment. But that came much later in the pandemic. That was not the case right away, I think. I would even say maybe the first year there was a lot of support for what was done and recognition that we were in much better shape than either of our sister communities and any of the communities nearby but yeah, I think that shifted as time went on (Informant B)".*

In line with this phase's social resources of shared goals, mutual respect, and cross-collaboration, informants shared that staff corralled together , realizing that neither job title nor job level mattered; this particular crisis required them to discard these things and work together as one team.

> *"No, one's job was bigger than any(one else's). Everybody was the same. Like, let's get it done (Informant H)".*

> *"I was like you need me to help with something? It was one of those points where anyone who was nonclinical became clinical because they needed the help. And so I'm like, tell me who to flip? You tell me to wipe? I'll do it. Yes, right show me and I'll do it. We just did whatever we had to do to take care of residents. It was just teamwork (Informant G)".*

> *"No, one's job was bigger than any other. Everybody was the same. Like, let's get it done. These residents are counting on us to get them through this. The ones who aren't sick, how can we stop them from getting sick? The ones who are sick? How can we stop them from spreading the virus (Informant F)".*

Financial resources indicated as necessary in the model in this phase were robust and strongly supported the organization's responses in making the essential infrastructure modifications needed on campus.

> *"We had one gentleman come back with COVID; we had to open a COVID ward (Informant D)."*

The importance of retaining staff during the pandemic was also noted in responses, including the continuation of pay when staff was affected by the virus, including meals delivered to their homes for the staff members and their families.

> *"One thing I think that they did very well is pay close attention to the staff because they recognized and realized how important the staff were to the operations; the safe operations of this facility. So for an example, when a staff member did come down with COVID, of course, they had to isolate. And management made it very clear to them that they were on full salary while they were out. And they delivered meals to not only the staff, but made meals available to the family of the staff person that had to isolate at home. Now, that was very aggressive and expensive, but I thought it a forward-thinking idea. I applaud them for doing that. And I can assume that it paid off for them, and created a level of loyalty amongst the staff, and made them want to return once they got healthy. The converse could have been true, and the staff could have just said, this is a scary place, I'm out of here. I'm gonna go hide under my mattress. But I think the signal was sent to the staff that the organization was going to take care of them, to the best extent possible. And so I think that was a very, very positive thing (Informant L)".*

> *"(COVID pay for staff)…went on for quite some time as an incentive to come to work because it gets much harder when you have staff that are calling out. And needing to find people to fill in. So that was definitely something we did and our staff were very loyal. I have to say that it was really impressive that our staff did stay and work additional shifts and pick up additional shifts where they could, so that was really a big important way how we got through it (Informant A)".*

Availability of financial resources also boosted increased communication methods for residents and their families and the organization's ability to procure critical supplies in light of necessary safety precautions.

> *"We had a lot more resources than some of my colleagues (at other facilities) that did not. And I thank God every day I was here because I at least felt that we could (do the things we needed to do). We had resources; we could do the video calls, we could call families and give them updates, we had the supplies, we had the staff, you know (Informant N)".*

VI.3 Adaptation

The abilities of an organization to reflect, learn and then use those lessons toward change in ways that better prepare organizations for future disruptive events are all factors at the heart of adaptation. Adaptation is conceptually defined in OR literature as reactive in that it involves actions post the effects and responses to a disruption (Duchek, 2020). It involves reflection, learning, and change. Drivers include power and responsibility coming from leadership which fosters organizational learning throughout the organization (Duchek, 2020). Adaptation is an ongoing process involving deep contemplation that leads to lessons that an entity should take forward to strengthen its resilience further. The adaptation phase intends for leaders to invest adequate resources into setting an environment that produces lessons in efforts that prompt organizational change going forward in ways that strengthen its operations and resiliency.

Currently, and most recently, President Biden signed into law a bill ending the COVID-19 emergency in the country (Carvajal, 2023). Many are now calling this major disruptive and unexpected event an endemic instead of a pandemic, given the expectation that it will continue to affect our lives for the foreseeable future in some manner, but certainly not as it has over the last three years. In developing resiliency in an organization, a hope is that entities position themselves to take advantage of and utilize experiences, gleaning profitable lessons from

disruptions as a competitive advantage or, at the least, as an antecedent to the anticipatory phase of the OR model so that their resiliency efficacy increases as a result. As indicated in the coding matrix, Table 4, out of all three phases, adaptation contained the least number of references.

Once organizations exit a disruption, they often return to "business as usual." A level of intentionality is required to pause and allow space, time, and resources to support an organizational norm and cultural expectation of extracting valuable lessons resulting from going through an event. This reversion is a reason for the minimal references relative to this phase, as some stakeholders interviewed believe the focal organization has some work to do in this area.

> *"I don't feel like we've done a lot of processing…that's not typical of a lot of people. But I don't feel like we ever really, or at least I don't remember sitting down and really doing an overview of the entire, I don't know, two and a half, almost three years now of what we did, what worked, what didn't work. I don't think, even at a corporate level, that that has been done (Informant B)".*

> *"I don't feel like as an organization, we ever really sat down and talked about what worked, what didn't work. Instead, what happened is half the leadership team left (Informant B)".*

> *"I've probably said 100 times; we need to have like a post COVID, you know, support group… Just to talk about our different experiences (Informant K)".*

Thus, the work in this area for the organization studied continues, and, per the model, leadership is needed to culturize the entity's ability to learn from the pandemic. There is some good news, however, as new onsite leadership is in place and is setting up an environment of learning open to input that helps inform shared decision making, particularly from residents, which can support needed change. Cheese (2016) states that if organizational actors believe they have some responsibility for the entity's growth, it is more probable that they will be open to change by acting as a sensor for change and helping to find new solutions. The following

respondents spoke to the new leadership and the forward movement toward actions supporting

learning and organizational change.

> *"She's relatively new. I think (the new onsite director) is much better at listening to everybody… And again, she does not come out of a nursing home background. She was in social work then into elderly living. And she did technology even before she did social work. So she's more balanced, and much, I think much more willing to listen to us…so that I think that really helps (Informant E)".*

> *"I will say though that the signs from the new administration, the new leaders are…more positively inclined toward inclusion of residents in at least in brainstorming and evaluating alternatives. It's not perfect. They're learning, but they're totally open (Informant C)".*

> *"(As a resident committee leader) I get to meet once every two weeks with the new onsite leader, and I can bring up anything I want (Informant E)".*

I detail lessons and other findings from my data analysis in the following Discussion

section.

VII DISCUSSION

The researcher's purpose for this body of work is based on the fact that unexpected events are a part of the nature of business for organizations as they operate in a world awash with uncertainty. Businesses must be able to successfully navigate incidents that seek to threaten their viability and also create ways to survive and, at times, thrive, despite these events and their effects. OR is a necessary component that supports these entities in managing their way through these disruptions and, at times, have the ability to make the most out of them.

The research question that guided this study is: **How did the COVID-19 pandemic impact eldercare operations?**

As called for in the business management literature related to OR and using the research question above, the researcher empirically tested the application of Duchek's OR conceptual model (2020), which also offered a framework to surface actions, as well as garner lessons and insights relative to components that foster the development of OR. In conducting my research, I examined these mechanisms through interview analysis to determine how organizations respond to unforeseen developments in their environments and how they prepare for these events, accept and then learn from them. In other words, in essence, and in line with the call from past research for examination of how entities actually build resilience, I explored specific actions and activities my focal took that enhanced their resiliency and ability to respond effectively to the pandemic. I also studied how their actions corresponded to the definitions of each phase and the drivers that support actions in each phase of Duchek's OR model. Further, I sought to highlight lessons and other insights that will help inform practitioners in the field of eldercare in their work and in their efforts to operationalize techniques that enhance their OR capabilities.

VII.1 Key Insight 1: Comparison of Two OR Studies

In line with my previous co-authored study focusing on the application of Duchek's OR model to the higher education sector,

Organizational Resilience in Higher Education: Preparation for, Reactions to and Lessons Learned from Unexpected Events

(Newkirk et al., 2023), I make the following comparisons among the two studies, organized by OR phase. Table 5 compares my

former OR study, which focused on the higher education sector, to this current study, which has an eldercare focus.

Table 7 Comparison of OR Studies on Higher Education and Eldercare Sectors

OR Phase	Earlier OR Study: Higher Education Focus	Current OR Study: Eldercare Focus	Comparison Summary and Key Insights
Anticipation	1. As within the initial industry of study identified by Duchek, the three phases have some levels of distinction. There is also, however, much overlap that could be determined by interpretation. In our study and during the COVID-19 pandemic, the overlap was more evident between higher education's anticipation and coping phases. A majority of participants agreed that there was little time for the Anticipation phase. Institutions had little time to see the	1. There was very little time for any organization to prepare for the onset of COVID-19. If they had not already been ready for such effects as the pandemic brought to their front door and beyond, then they ended up in more of a reactive posture versus a proactive stance in bracing for the impact of the pandemic to hit the organization. Due to the organization's inadequate anticipatory capability, including insufficiency in its foresight and planning for the onset of	1. As was shown in both studies, a key factor in the anticipation phase is for businesses to stay ahead of possible disruptions by intentional and offensive surveillance of their respective environments. Across the United States and the world, at large, most organizations were caught off guard by the pandemic. Per Duchek, businesses cannot always predict the exact timing, what kind of event they will experience, and what exactly might be needed to respond in order for them to maintain adequate operations (2020). For these and other reasons, organizations must invest in developing resilience so that they are not entirely caught off

	pandemic coming and brace for its impact. Due to the transient nature of this phase, there was not adequate time to foresee the pandemic and plan for it as best as possible to utilize resources and institutional capabilities optimally. This was a consistent sentiment across all case classifications. For instance, most planning, per Administrators, took place in the coping phase.	the pandemic, there was no time to think through the positioning of the best mix and optimal utilization of resources. In reality, institutions may not always have time to get ready, so, in turn, they need to stay ready and nimble enough to plan responses when they detect the possibility of experiencing an unanticipated event. This lack of capability development for the anticipation was highly apparent in this initial phase of the model as well as in the coping phase, where most of the organization's planning actually happened.	guard, and they can stay viable even when functioning in and working through difficult times.
Coping	2. Given the nature of the pandemic and such a short lead time in preparing for it, the Coping phase was more pronounced within the higher education sector. Also, due to the short window to prepare for the onset of the pandemic in the U.S., most activities at the outset occurred in the Coping phase.	2. In light of the nature of the pandemic and such a short lead time in preparing for it, and as indicated by Table 4, references for the coping phase by far were the most prevalent. Further, from the data, many activities that occurred in the coping phase, in theory, should have happened in the anticipation phase but did not, given the	2. While not every matter can be planned for, businesses still must be intentional about and dedicate adequate resources to create or enhance their ability to remain consistently ready for possible, disruptions (Duchek, 2020)

		need for the organization to bolster its anticipation capabilities as well as the abbreviated window of time prior to the pandemic's impact on the country.	
	3. Coping became an essential factor during the pandemic, and there was little space for individuals to resist change or maintain the status quo. Those who were hesitant to change tended to exit the industry, as indicated by some faculty who chose to retire rather than adjust to new modalities of delivering classes to students.	3. Per one informant, her mom, a nurse, who had practiced nursing for over 40 years, retired, along with many other healthcare workers, due to COVID as they opted out of the actions necessary to adjust to the effects of the pandemic.	3. Staff's individual resilience is a key factor in organizational resilience.
	4. Information technology changes moved quickly. Faculty leaned heavily into ramping up their professional development in efforts to support the transition to a fully online learning environment, for instance.	4. The eldercare entity of focus pivoted to using a computer feed to enable their closed-circuit TV channel for programming and updated communications to their hundreds of residents. They also implemented Zoom across the campus in order to support communication as well as to offer classes, support groups, and more. This Zoom implementation	4. Technology investments both in terms of infrastructure but also ensuring employees are well trained are key factors in the coping phase, especially in today's technologically advanced society in which the pandemic has normalized the use of technology to support the social resources needed to respond in sufficient ways.

		also included training for residents.	
Adaptation	5. The most significant change for most higher education institutions was the work involved and the effects of shifting to fully online learning. According to one faculty member, a major lesson for this sector is that "the pandemic proved was that we can get the job done in a remote work environment." In order words, even institutions, which are traditionally known as slow to change and/or evolve, can do so and do so quickly.	5. Informants surfaced concerns that the institution and the healthcare industry, at large, had to wait until a pandemic to be forced to make changes, as well as innovate. The premise is that if they did it during the pandemic, they could have done it before then, voluntarily. One example was the increase in pay for healthcare workers, via incentives, in retention efforts.	5. Leaders must be intentional about establishing a culture of learning as a matter of practice within their organizations. If innovation and change can happen as a result of an occurrence such as the pandemic, then it stands to reason that it is possible for the innovation and changes that businesses were "forced to do" can also happen by means of a standard of learning and change in normal times.

VII.2 Key Insight 2: Resourced-Based View of a Firm

Resource-based view of a firm theory states that organizations dedicate resources to certain areas of its business and ahead of its competition, in order to produce competitive advantage. (Barney, 1991)

As stated in the results, the focal organization had done some work in the area of emergency preparedness and response, but is limited and constrained by its definitions or types of emergencies planned for, as well as coping and adapting to events beyond its current scope of crises. For instance, informants noted that they are aware of policies that cover such adverse events as fires, active shooters and extreme weather conditions, but nothing was indicated in the data that is remotely related to an emergency such as COVID-19, which extended beyond a singular, shorter-term event, given its extended nature and the ongoing and varied responses necessary as the pandemic evolved and remained much longer than expected.

Given the realization of the pandemic, which, in essence, was and is an emergency that has spanned over a number of years, the organization needs to expand its current definition of emergency to give attention to managing operations for longer-term crises in its planning and reactions to these types of events. Expansion of its definition of what constitutes an emergency to include considerations for time-span will allow the organization to move beyond a single incident to cover events that require an exorbitant amount and, because of their protracted nature, timing of investments of resources such as finances, staff and technology, as part of planning for, as well as immediate and more extended responses to, these types of prolonged hazards to its operations.

Additionally, the organization is currently under-invested in its organizational surveillance proficiencies, which allow for entities to constantly scan their environments in order to anticipate phenomenon that indicate the possibility of operational disruptions.

In light of resource-based view theory, the focal organization needs to make investments in its anticipatory capabilities, which include concentrated efforts to enhance its emergency preparedness. Relatedly, Key Insight 3 also calls for an extension of Duchek's OR model which necessitates investment in leadership resources to add to these capabilities to the Coping phase.

VII.3 Key Insight 3: Extension of Duchek's OR Model: Leadership Capabilities

In addition to a host of similarities among the two studies I have authored which focus on OR, other interesting key insights are related to the human implications of an unanticipated event as staff, who are part of a business's organizational system, are an integral factor that require leaders' attention in various ways, as organizations act out their resilience capacity. This is particularly important in eldercare and support, which involves aspects of healthcare; a sector that was under a tremendous amount of pressure via the pandemic. A stream of references in the data indicated the need for top (or corporate) leadership's physical presence, support and active engagement alongside staff during an unexpected event. For instance, a need for leaders to be compassionate as staff carry out actions necessary to respond to unexpected events, while at the same time grappling themselves, individually, with the impact of these types of matters. Per Xiao and Cao (2017), personal characteristics such as confidence, optimism, faith, and belonging contribute to individual resilience and these attributes can either be strengthened or diminished by leaders and organizational culture they create and/or support.

Further, more than several informants noted the absence of the physical presence of corporate leadership, and felt that they left onsite administrators and front-line staff to tackle the pandemic's effects by themselves. This resulted in staff not feeling fully supported – particularly emotionally. Several others mentioned that the corporate office was less than two miles away from the campus, and corporate staff chose to work from home, leaving onsite administrators and staff as the ones "at ground zero." Based on this data from the inductive analysis of Duchek's

—

model, ***I propose an additional proposition, for the coping phase, specifically regarding resources that drive organizational resiliency: Leadership capabilities during the coping phase positively influence the resilience of organizations.***

DeKlerk (2019) supports this notion in research on "being-centered" leadership. This type of leadership encourages sensemaking, a key component per Duchek (2020) to the coping phase, as mentioned before. Being-centered leadership is described as four characteristics: authentic leadership, emotional intelligence, transformational leadership, and servant leadership. In line with the notion of leadership's lack of support and/or presence at ground zero during the pandemic, as indicated by respondents' comments regarding corporate leadership, an additional category of social resources is needed for organizations as they cope with disruptive events.
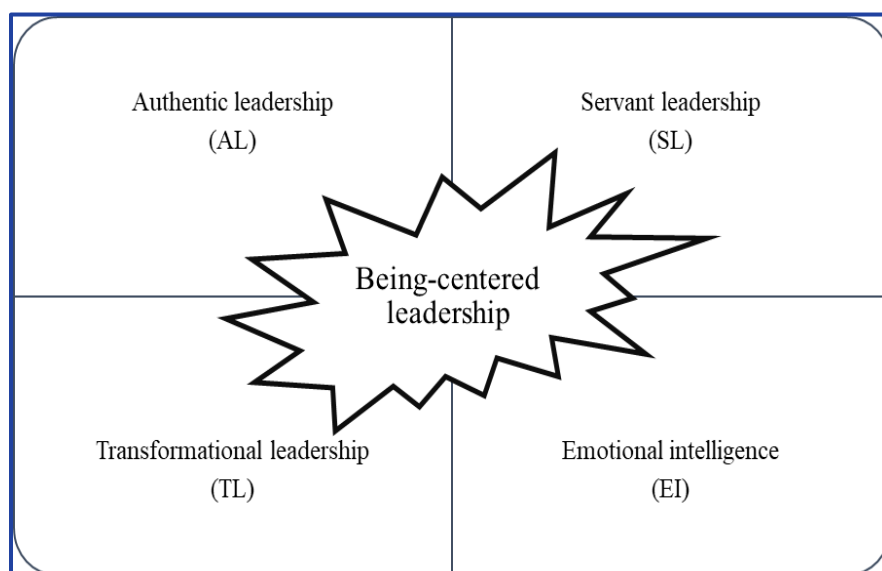

Figure 4 Being-Centered Leadership (Adapted from DeKlerk, 2019)

Interestingly, the view of considering the human aspects of organizational resiliency as surfaced in my prior study as the need for empathy, understanding, and compassion as everyone dealt with significant operational changes. (Newkirk et al., 2023)

VII.4 Contributions - Theoretical and Practical

Theoretical contributions include the application of Duchek's OR model to the business of eldercare, which is a part of the healthcare sector. This current study is an expansion of my initial study, mentioned earlier in the discussion section, and focused on the higher education sector. This examination addresses a gap found in the literature on OR, related to the need for empirical testing of the relevance of the conceptual model in ways that help to understand how OR is built. Furthermore, as part of theoretical contributions, I offer an extension of the conceptual model used in this research to include more focus on the social aspect of OR, particularly the need for leaders, as they guide their businesses through the creation and implementation of solutions to unexpected events in the coping phase, not to lose sight of their staff's humanity; but to be intentional in offering the emotional support and resources staff may need to bolster their individual resilience, which in turn serves to bolster the organization's resilience. By way of practicality, I also offer a leadership example that entities might consider in these efforts.

Another practical contribution I include is a need for organizations to intentionally develop their environmental surveillance abilities, which corresponds to the anticipation phase. This need is highlighted in the fact that both sectors I studied – higher education and eldercare – were grossly underprepared in their scanning abilities to ready themselves in nimble ways for the onset of the pandemic. Their under-preparedness speaks to the need for businesses to "stay ready, so they do not have to get ready," as the adage goes. Also, having a solid information technology infrastructure that includes ongoing and consistent employee training is key in responding to operational disturbances. Further, I highlight the need for expanding the definition of emergency to include incidents that have a protracted time span. Lastly, organizations should not wait until they experience unexpected incidents to be forced to innovate and make changes,

including dedicating resource investments that help to create a strong resiliency foundation, as waiting weakens both their ability to respond effectively once they realize an event, as well as their longer-term resilience muscles.

VII.5 Limitations

Researchers have offered other OR frameworks, but I chose to base this empirical research on Duchek's, which focuses on a process model supported by organizational capabilities in efforts to produce the meta capability of OR. In this light, results align with this particular model, and other models may have outcomes different than those produced by this study.

Also, OL has been mentioned in this study as an antecedent to OR and an integral part of each OL phase. I did not explore the complexities of OL and how those might be addressed relative to an organization bolstering its OR.

Further, this study is a single case study with a narrow focus on one senior living facility. Focusing on multiple entities and other sectors might have different results than the conceptual model used.

VII.6 Future Research

Given the emergence of OR study through an organizational management lens, more empirical research is needed to understand further several facets mentioned in this study. For instance, I mentioned a relationship between OR and OL. Further research could explore this relationship in-depth to include capabilities that positively or negatively influence how they reinforce each other, what resources support this relationship, and the types of various forms of OL and their influence on OR, such as intraorganizational, inter-organizational and ambidextrous learning.

APPENDICES

Appendix A - Interview Protocol

Darren Franklin | dfranklin18@student.gsu.edu

Organizational Resilience: An Exploratory Study on Healthcare Responses to COVID-19

Interview Protocol

I am taking a qualitative, exploratory case study approach, examining an organization that focuses on 4 different levels of care for its customers – independent living, assisted living, skilled living and memory care -- including the actions of the respective employees and/or residents and possibly other stakeholders relative to the onset, actual occurrence, and then longer-term reaction to the COVID-19 pandemic.

Semi-structured interviews will be conducted with individuals from various departments and aspects of the organization's operations. Memos and notes will be used as well. Follow-up interviews will be conducted for any matters that need to be revisited. Questions will be centered around actions before, during, and after the pandemic and lessons learned that will be taken forward.

The interviews I will conduct to gather data will last approximately 60 minutes and will be recorded. Surveys with the same interview questions may also be used and sent post the interview to supplement data collection.

Participants from the following areas and aspects will be invited to participate in an interview or other data-gathering efforts for the study (Independent Living, Assisted Living, Skilled Nursing, and Memory Care) and possibly other stakeholders as well. Interviews and other data collection activities will be with individuals from various departments and aspects of operations to gather information and gain a sense of the impact of the pandemic on operations. A maximum of 40-50 individuals will be interviewed/surveyed.

The interviewers will be in a space to ensure that outside individuals will not hear the conversation during the interview. Interviewees will not be required to have video cameras on during the interview if anonymity is requested. The discussion will be recorded with the participants' written and/or verbal consent. Several questions related to the research study will be asked during the interview. Participants are free to say as much or as little as they want. They may also decide not to answer any question or to stop the interview at any time.

The recorded audio from each session will be saved for the duration of the research study. The recordings will be kept on a secured, password-protected shared drive folder for only the researchers to access. Each session will be transcribed. At the end of the research study, the recordings will be deleted, and the redacted transcriptions will be kept for future research analysis.

Appendix B - Administrator and Resident Interview Questions

The following semi-structured questions were be used to guide the interviews. All questions may not have been used depending on the interviewee's responses and/or background. Appropriate follow-up questions were used as needed depending on the interviewee's responses. All follow-up questions were along the same scope of questioning listed in this document.

Administrator Interview Questions

1. Can you state the name of your organization and your current position at the organization?
2. How long have you worked in your current position and for the organization?
3. What is your unit responsible for?
4. Prior to COVID-19, had you experienced any other major disruptive or unexpected events that impacted its operations? If so, can you describe the event and its affects on operations.
5. Relative to the prior question, if applicable, what lessons did the organization or you learn from this event, if any? Where those lessons embedded in the organization's operations? If so, how?
6. How did you/your unit prepare for COVID-19 "hitting" the U.S.? What were the specific actions that you/your unit took?
7. Once COVID-19 hit, how did you/your unit manage this disruptive event? What were the specific actions that you/your unit took?
8. What factors played a crucial role in your organization's preparation for COVID-19?
9. Can you contrast how you/your unit operated pre-COVID-19 as opposed to post-COVID-19?
10. As the pandemic stayed with us for longer than expected, can you talk about how you/your unit adapted over time to COVID-19?
11. What factors played a pivotal role in "normalizing" operations post the initial reactions to COVID-19?
12. In your opinion, is your organization well-resourced to anticipate, respond to and learn from disruptive/unexpected events (human, financial, etc)?

13. What specific actions and/or lessons did you learn and what lessons might you or your unit take forward?

14. How do think those actions/lessons might better prepare you/your unit for future disruptive events?

15. As it relates to actions taken in response to COVID-19, is there anything you would or would not do again?

16. What do you think a "new normal" might look like for you/your unit/your organization?

17. Is there anything else you would like to add overall?

Resident Interview Questions

1. Can you state the name of the campus and your level of service?
2. How long have you been a resident here?
3. What actions did the organization take in anticipation of responding to the pandemic?
4. Once COVID-19 hit, how did you and other residents cope with this disruptive event? What were the specific actions you had to take?
5. What changed at the facility as a result of how you accessed services and the other benefits at the facility?
6. How did you adapt over time to COVID-19?
7. How did the organization adapt over time to COVID-19?
8. What factors played a pivotal role in the organization "normalizing" for you and others post the initial reactions to COVID-19?
9. What specific actions and/or lessons did you learn, and that you will take forward?
10. How do think those actions/lessons might better prepare you for future disruptive events?
11. How do you think those actions/lessons might better prepare the facility for future disruptive events?
12. As it relates to your actions taken in response to COVID-19, is there anything you would or would not do again?
13. As it relates to the facility's actions taken in response to COVID-19, is there anything you think should or should not be done again?
14. What do you think a "new normal" might look like for the organization?
15. Is there anything else you would like to add overall?

Appendix C - Informed Consent Form

INFORMED CONSENT FOR RESEARCH STUDY INTERVIEW, AGREEMENT TO PARTICIPATE FORM

Organizational Resilience: An Exploratory Study on Healthcare Responses to COVID-19

Principal Investigator (PI) | Satish Nargundkar | snargundkar@gsu.edu
Student PI | Darren Franklin | dfranklin18@student.gsu.edu

Research Study Description:

The impact of COVID-19 on healthcare institutions has been seen across the world and in every area. The purpose of this study is to explore the impact of the pandemic on various aspects of healthcare, specifically on an organization that focuses on the support and care for seniors. The study will highlight lessons for this part of the healthcare sector to account for and learn from disruptive events such as the current pandemic as a part of organizational resilience.

Procedure and Risks:

I am requesting that you participate in an interview related to this research study. The interview will be happen via Zoom or in person; whichever format you agree to. The time needed for this interview and any needed follow-up will not exceed 2 hours. The interview will be recorded only with your written and/or verbal consent. You will not be asked to state your name on the recording. Several questions related to the research study will be asked during the interview. Please feel free to say as much or as little as you want. You can decide not to answer any questions to stop the interview at any time.

If you choose, the recordings and recording-transcripts (or copy of notes taken) will be kept confidential, without any reference to your identity, and your identity will not be revealed in any reports written from the interview.

There are no known risks associated with participation in the study.

Benefits:

Ideally, this study will help healthcare-related organizations to be better prepared for various types of disruptive events.

Cost Compensation:

Participation in this study will involve no costs or payments to you.

Participation and withdrawal:

Your participation in this study is completely voluntary, and you may refuse to participate or withdraw without penalty at any time. You may withdraw by informing the researcher that you no longer wish to participate (no questions will be asked). You may skip any question during the interview but continue to participate in the rest of the study.

Confidentiality:

Upon your request, your responses to interview questions will be kept confidential. The recording and transcript will be used for the purpose of completing data analysis relevant to the research study. Your personal information collected will not be used in any publications, external articles, or presentations. The recording will be erased upon completion of the research study or no later than May 30, 2023. The transcript, without your name, will be kept until on file as part of the data analysis for future reference, if needed. If you agree to join this study, please sign your name on the following page.

Contact Information:

For additional information regarding this research study, contact the PI: Satish Nargundkar, Ph.D. at (snargundkar@gsu.edu) Georgia State University.

Appendix D - Agreement to Participate Form

AGREEMENT TO PARTICIPATE

I, _____ , agree to be
interviewed for the study described on the previous page.

I certify that I have been told of the confidentiality of information collected for
this project and the anonymity of my participation (should I choose to remain
confidential); that I have been given satisfactory answers to my inquiries
concerning project procedures and other matters; and that I have been advised
that I am free to withdraw my consent and to discontinue participation in the
project or activity at any time without prejudice.

I agree to participate in an <u>electronically recorded</u> interview for this study. I
understand that such interviews and related materials will be kept completely
confidential if I choose, and that my identity will not be used in any external
publications or presentations.

I agree that any information obtained from this research may be used in any
way thought best for this study.

☐   I agree to be identified by name in the project and related materials.

☐   I wish to remain confidential in the interview and any related materials.

Name (print):

_____

Signature: _____

Date: _____

If you cannot obtain satisfactory answers to your questions or have comments
or complaints about your treatment in this study, contact: Satish Nargundkar,
Ph.D. at Georgia State University (snargundkar@gsu.edu).

Appendix E - Contact Summary Form

Contact Type:	Date:
Permission to Record:	Time:
Area of focus:	Notes By:

Question   Information

Experience	
Role and Relevance	
Overall impact of the COVID-19 pandemic	
Anticipating disruption	
Coping with disruption	
Adapting to disruption	
Lessons Learned from disruption	
Additional Information	

1.   What were the main points that stuck out during the interview?

2.   What was intriguing, surprising, of disturbing?

3.   Which phase of disruption did the participant spend the most time on?

4.   Are there any adjustments that need to be made to the interview protocol based on the

    interaction?

REFERENCES

Barney, J. (1991). Firm resources and sustained competitive advantage. Journal of

    management, 17(1), 99-120.

Baxter, P. and Jack, S. (2008) Qualitative Case Study Methodology: Study Design and

    Implementation for Novice Researchers. The Qualitative Report, 13, 544-559.

Boin, A., Comfort, L. K., & Demchak, C. C. (2010). The rise of resilience. Designing resilience:

    Preparing for extreme events, 1, 1-12.

Boin, A., & Van Eeten, M. J. (2013). The resilient organization. Public Management Review,

    15(3), 429-445.

Carvajal, N. (2023, April 11). Biden signs Bill Ending Covid-19 national emergency | CNN

    politics. CNN. Retrieved April 11, 2023, from

    https://www.cnn.com/2023/04/10/politics/covid-19-national-emergency-end-

    biden/index.html

Cheese, P. (2016). Managing risk and building resilient organisations in a riskier world. Journal

    of Organizational Effectiveness: People and Performance.

Creswell, J. W., & Creswell, J. D. (2018). Research Design: Qualitative, Quantitative, and Mixed

    Methods Approaches. SAGE Publications, Inc.

DeKlerk, J. J. (2019). Leading transitions in traumatically experienced change–a question of

    doing or being? Journal of Organizational Change Management.

Duchek, S. (2019). Organizational resilience: A capability-based conceptualization. Business

    Research, 13(1), 215-246.

Eisenhardt, K. M., & Graebner, M. E. (2007). Theory building from cases: Opportunities and

    challenges. Academy of management journal, 50(1), 25-32.

Evenseth, L. L., Sydnes, M., & Gausdal, A. H. (2022). Building organizational resilience through organizational learning: A systematic review. Frontiers in Communication, 7, 837386.

Gunderson, L. H. (2000). Ecological resilience—in theory and application. Annual review of ecology and systematics, 31(1), 425-439.

Hertz, R. (1997). Introduction: Reflexivity and voice. In Hertz, R. (Ed.), Reflexivity and voice (pp. vi–xviii). Thousand Oaks, CA: Sage.

Hillmann, J., & Guenther, E. (2021). Organizational resilience: a valuable construct for management research?, International Journal of Management Reviews, 23(1), 7-44.

Horne, John F., and John E. Orr. 1998. Assessing Behaviors that Create Resilient Organizations. Employment Relations Today 24: 29–39.

Khan, T. Z. A., Farooq, W., & Rasheed, H. (2019). Organizational resilience: a dynamic capability of complex systems. Journal of Management and Research, 6(1), 1-26.

Lengnick-Hall, C. A., Beck, T. E., & Lengnick-Hall, M. L. (2011). Developing a capacity for organizational resilience through strategic human resource management. Human Resource Management Review, 21(3), 243-255.

Linnenluecke, Martina K., Andrew Griffiths, and Monika Winn. 2012. Extreme Weather events and the critical importance of anticipatory Adaptation and organizational resilience in responding to impacts. Business Strategy and the Environment 21: 17–32.

Lombardi, S., e Cunha, M. P., & Giustiniano, L. (2021). Improvising resilience: The unfolding of resilient leadership in COVID-19 times. International Journal of Hospitality Management, 95, 102904.

Madni, A. M., & Jackson, S. (2009). Towards a conceptual framework for resilience engineering. IEEE Systems Journal, 3(2), 181-191.

Mathiassen, L., & Nielsen, P. A. (2008). Engaged scholarship in IS research. Scandinavian

     Journal of Information Systems, 20(2), 1.

Mathiassen, L. (2017). Designing engaged scholarship: From real-world problems to research

     publications. Engaged Management Review, 1(1), 2.

McKinley, J. (2015). Critical argument and writer identity: social constructivism

as a theoretical framework for EFL academic writing. Crit. Inq. Lang. Stud. 12,

184–207. doi: 10.1080/15427587.2015.1060558

Merriam, S. B., & Tisdell, E. J. (2016). Qualitative research: A guide to design and

     implementation, 67(1), 73-104.

Mikkelsen, B. (1995). Methods for development work and research: a guide for practitioners.

     Sage Publications India Pvt Ltd.

Miles, M. B., Huberman, A. M., Saldaña Johnny. (2020). Qualitative Data Analysis: A methods

     sourcebook. SAGE.

Myers, M. D. (2019). Qualitative research in business and management. Qualitative research in

     business and management, 1-364.

Newkirk, B., Franklin, D., Nargundkar, S. (2023, February 15). Organizational Resilience in

     Higher Education: Preparation for, Reactions to and Lessons Learned from Unexpected

     Events. Decision Sciences Institute. Retrieved April 17, 2023, from

     https://decisionsciences.org/publication/proceeding/2022-annual-conference-of-the-

     decision-sciences-institute/

Ortiz-de-Mandojana, Natalia, and Pratima Bansal. 2016. The long-term benefits of

     Organizational resilience through sustainable business practices. Strategic Management

     Journal 37: 1615–1631.

Patton, M. Q. (1985). Quality in qualitative research: Methodological principles and recent

    developments. Invited address to Division J of the American Educational Research

    Association, Chicago.

Reinmoeller, Patrick, and Nicole van Baardwijk. 2005. The link between diversity and resilience.

    MIT Sloan Management Review 46: 61–65. Respond productively to significant change

    that's disruptive without an extended period of regression.

Samaddar, S., & Kadiyala, S. (2006). Information systems outsourcing: Replicating an existing

    framework in a different cultural context. Journal of Operations Management, 24(6), 910-

    931.

Seville, E. (2016). Resilient organizations: How to survive, thrive and create opportunities

    through crisis and change. Kogan Page Publishers.

Seville, E. (2018). Building resilience: how to have a positive impact at the organizational and

    individual employee level. Development and Learning in Organizations: An International

    Journal.

Smith-Schoenwalder, C. (2023, March 10). Three years into the pandemic: Who's dying from

    covid-19 now? USNews.com. Retrieved April 6, 2023, from

    https://www.usnews.com/news/the-report/articles/2023-03-10/three-years-into-the-

    pandemic-who-is-dying-from-covid-19-now

Somers, Scott. 2009. Measuring resilience potential: An adaptive strategy for organizational

    crisis planning. Journal of Contingencies and Crisis Management 17: 12–23. OR is the

    capability to self-renew over time through innovation.

Teece, D. J., Pisano, G., & Shuen, A. (1997). Dynamic capabilities and strategic management.

    Strategic management journal, 18(7), 509-533.

Ungar, M. (2003). Qualitative contributions to resilience research. Qual. Soc. Work

2, 85–102. doi: 10.1177/1473325003002001123

Van de Ven, A. H. (2007). Engaged scholarship: A guide for organizational and social research. Oxford University Press on Demand.

Vogus, Timothy J., and Kathleen M. Sutcliffe. 2007. Organizational Resilience: Towards a theory and research agenda. IEEE Systems, Man, and Cybernetics 2007 Proceedings 2007: 3418–3422.OR as the entity's ability to absorb the impact and recover from a disruptive event.

Weick, K. (1993). The Mann Gulch Disaster: the Collapse of Sense-Making in Organizations. Administrative Science Quarterly, 38(4), 628-652.

Weick, K. E., Sutcliffe, K. M., & Obstfeld, D. (2005). Organizing and the process of sensemaking. Organization science, 16(4), 409-421.

Walker, C. A. (2015). Social constructionism and qualitative research. J. Theory

Construct. Test. 19, 37–38.

World Health Organization. (n.d.). World Health Organization. Retrieved April 5, 2023, from https://covid19.who.int/more-resources

Xiao, L., & Cao, H. (2017). Organizational resilience: The theoretical model and research implication. In ITM Web of Conferences (Vol. 12, p. 04021). EDP Sciences.

Yin, R.K. (1984). Case Study Research: Design and Methods. Sage.

Yin, R.K. (2009). Case Study Research: Design and Methods. (Vol. 5). Sage.

Yin, R.K. (2014). Case Study Research: Design and Methods. (5th ed.). Sage.

Yin, R.K. (2018). Case Study Research and Applications: Design and Methods. Sage.

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Education

Doctorate in Business Administration, Georgia State University, Atlanta, GA
Master of Science, Executive Leadership, Champlain College, Burlington, VT
Bachelor of Science, Accounting, Champlain College, Burlington, VT

Professional Profile Overview

Darren Franklin is a seasoned executive with experience that includes proven skills and results in successfully crafting, implementing, and supporting vision, goals, and objectives, including strategic planning and implementation for entities with compelling missions. Further, Darren possesses skills in culture and organizational change initiatives and working in highly productive, cross-functional, collaborative environments of continuous learning and improvement. He has achieved success in oversight and management of areas such as international affairs and development, programmatic operations, domestic policy, communications, and public affairs, national stakeholder engagement, accounting, finance, budgeting, human resources, and other mission support activities. Darren brings a keen awareness of self and others to bear in his work, incorporating facets of emotional intelligence that acknowledge the human aspect of work. He also believes in and supports equity, particularly through the lens and incorporation of diversity, equity, and inclusion in the facets of work that he leads and/or oversees. Lastly, Darren also serves as an adjunct professor in several areas of business.

Darren's select career highlights include establishing, both in-county (Vietnam) and the United States, an academic fellowship program that recruited top STEM graduate students from Vietnam to study in the U.S. for their masters and terminal degrees, with a stipulation that required them to return to their country of origin to invest their skills gained abroad. Currently, Darren leads a team of 200 employees located nationwide, and oversees the strategic recruitment, assessment, and placement of volunteers for Peace Corps service worldwide. To date, his efforts and strategies have resulted in the sending of volunteers to 52 posts worldwide and counting, post the evacuation of all volunteers and staff in 2020, due to the worldwide pandemic.

Conference Presentation

November 30, 2022: Organizational Resilience in Higher Education - Preparation for, Reactions to, and Lessons Learned from Unexpected Events. Brandi N. Newkirk, Darren Franklin, and Dr. Satish Nargundkar, Georgia State University. Presented at the Decision Sciences Institute.