Erasmus School of Health Policy & Management

Crisis management during Covid-19

Responses of nursing home directors

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Introduction

- The Covid-19 pandemic came as a surprise
- Character of a long-shadow crisis (Boin et al, 2017), a low-chance, high-impact crisis (McKenzie and Lloyd-Smith, 2020): high level of uncertainty, extreme urgency, exceptional magnitude, prolonged impact (Steen and Morsut, 2020, Boin and 't Hart, 2003, Nohrstedt et al., 2017)
- A 'silent disaster' in nursing homes

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ts Discussion/Conclusion

Research aims and research questions

Research aims

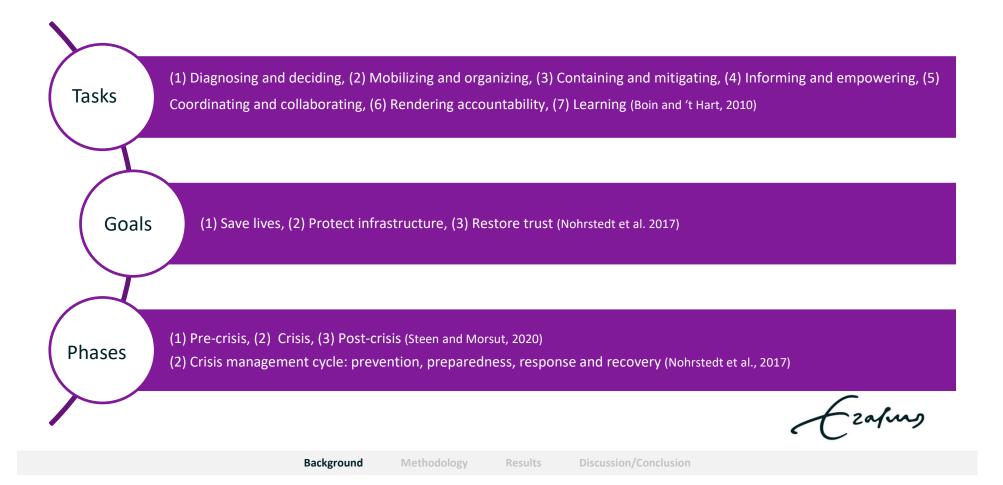
- Conceptualize crisis management in nursing homes
- Explore the temporal character of responses of the crisis manager

Research questions

- Which tasks do crisis managers perform in the Covid-19 crisis?
- Which goals are pursued?
- How do these tasks and goals change during the crisis?

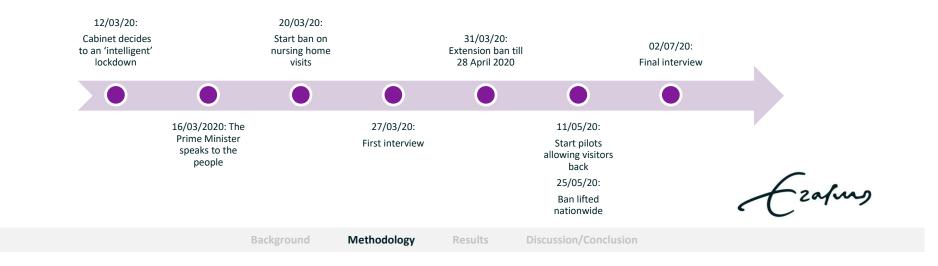
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Conceptual model

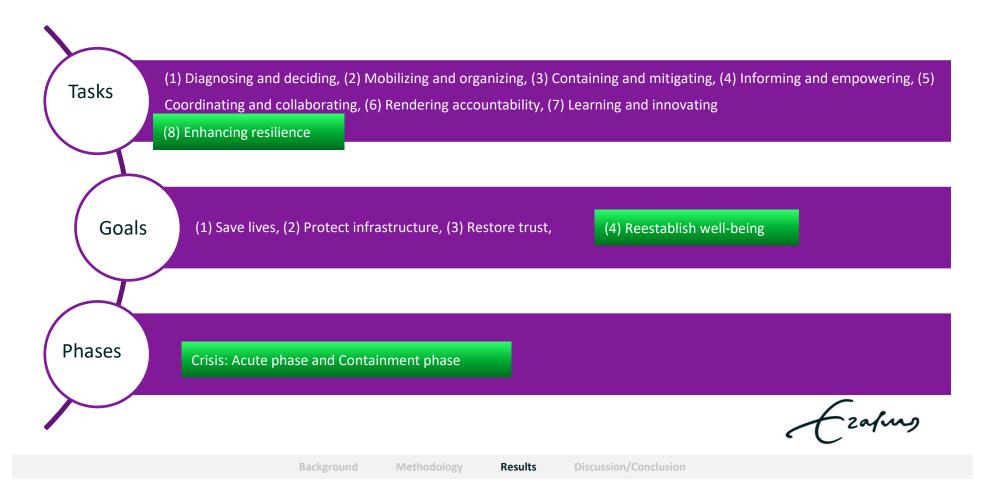


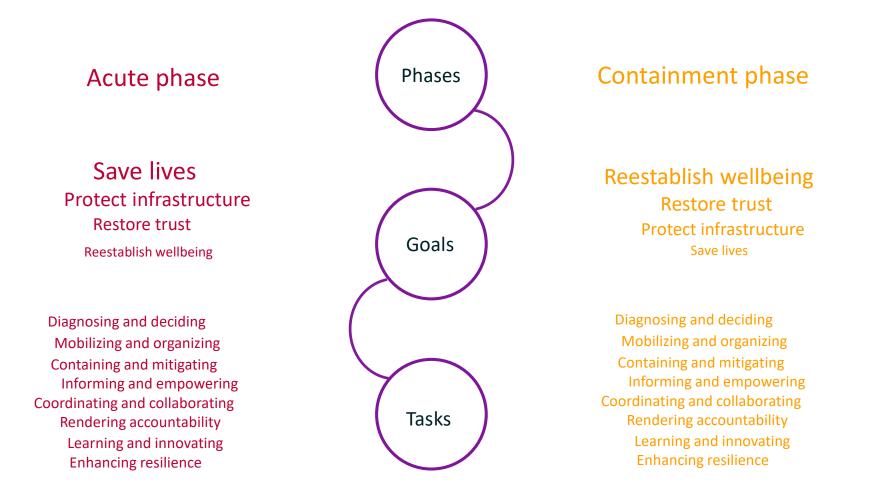
Methods

- Setting: Dutch nursing homes, some regions severely affected, others less
- Interview study with longitudinal design covering 'the first wave'
- Unit of analysis: tactical, functional responses of nursing home directors
- 7 nursing home directors, 47 interviews
- Abductive approach (Gehman et al. 2017)



Revised conceptual model





Background M

Methodology Results

Discussion/Conclusi

A new goal identified: reestablish well-being

What really matters to older adults in the last stage of life



Quote 1: The impact of a total lockdown on older adults and their relatives

"A 97-year-old lady had told the nurses, why her daughter was no longer allowed to come by. Has she done something wrong? And yes, that is extremely distressing." (CEO6, 7 May)



Quote 2: Felt responsibility of staff bringing the virus indoors

"It is also true that current contaminations come in through healthcare workers, because clients are no longer allowed to have contact with their families. So basically the only contact they have with the outside world is through healthcare staff. A number of nurses and carers were not pleased with this observation. They said: we do our very best, we run risks and now we will soon also be blamed for people dying" (CEO6, 23 April)

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A new task identified: Enhancing resilience

Meaning derived from the data:

- Updating, stretching, adjusting protocols to the situation
- Engaging in preparatory practices
- Enabling the organization to deal with threats

Quote protocol safe admission:

"It's actually this protocol which has given rise to a debate, because in the middle of the crisis safety of the location was very important whilst clients needed the vacant places badly. And now we notice that the protocol is loosened every two or three weeks based on newly available insights." (CEO5, 30 June)

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Discussion/Conclusion

Example of a task in the acute phase and in the containment phase: Mobilizing and organizing PPE

Quote 1 Acute phase: Panic buying of masks

"... But then we could buy 100,000 masks somewhere while we were directing VWS to buy them for us...... And then you actually witness the same as with hoarding: people go for themselves." (CEO4, 18 April)

Quote 2 Containment phase: Well-considered sourcing of aprons

"...Every time I read in the app, 'oh, I have a shortage of aprons, can somebody help me?' The nice thing I saw happening yesterday is that a colleague said 'oh, I still have a pile lying around, for \notin 6 each you can take them over'. And the other said 'oh, I think that's too expensive'." (CEO4, 5 May)



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Results

Tentative conclusions

- 1. We identified two phases in crisis management: (1) *acute phase*, (2) *containment phase*.
- 2. In the acute phase the crisismanager relies on *improvising* (McKenzie and Lloyd-Smith, 2020), in the containment phase on *adapting*.
- 3. In the acute phase it's *act, act, act* (McKenzie and Lloyd-Smith, 2020), in the containment phase it is *act & reflect*.
- 4. The crisis manager faces *moral dilemmas* in cases of conflicting goals.
- 5. <u>Enhancing resilience</u> is the overarching task of the crisis manager.

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