Crisis Management

The nature of managing crises

Master’s thesis within Business Administration

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Abstract

Purpose - The purpose of this thesis is to provide recommendations for commercial organizations when managing crises. By examining the ongoing operations of health care organizations the thesis will investigate the application of a similar structure toward commercial organizations.

Background - In the globalized a fast paced reality we operate in it is essential for organizations to be prepared for the unthinkable. This have been illustrated not only in reality, but also empathized by a vast amount of researchers. A survey made by Steelhenge, an international consultancy, argues that organizations are not sufficiently prepared for crises. Researchers have also notified this lack of crisis preparedness within organizations. We argue that being crisis prepared is an essential factor and responsibility for commercial organizations in modern society.

Method - In order to answer the research questions we have used a qualitative research method. The qualitative research method is further linked to the descripto-exploratory purpose, abductive reasoning and directed content analysis that provide a mixture of concept and data driven categories. We have conducted semi-structured, one-on-one interviews within health care organizations and commercial organizations. The respondents were chosen by a purposive and self-selecting sampling method.

Conclusion - The empirical study suggests that there are learning’s to be considered for commercial organizations by applying health care organizations operational structure. What can be concluded is that health care organizations rely on coordination between individuals or teams to solve multi-functional issues. Commercial organizations would implement CMT’s to use a similar structure with all the essential factors for efficient coordination.
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_________________________________________________________
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1 Introduction

This chapter introduces the reader to the topic of the research. It presents a general background and problem statement, followed by the purpose of the thesis. Designated research questions are further discussed in relation to the purpose and delimitations to the research is explained.

Modern organizations are faced with a higher frequency of different crises than ever before. All crises big or small have a toll on organizations; it could be financial, reputational, and emotional/public safety among others. There is therefore an advantage for organizations to make preventive actions so that crises that will affect the organization are mitigated or have limited impact. The question is no longer whether an organization will face a crisis or not, but when they will face one. Crisis management is therefore a developing research topic that has through the years seized bigger importance within organizations. When going through existing research on crisis management we identified a distinctive approach by examining and comparing how Swedish healthcare organizations operating structure can provide learning’s to commercial organizations management of crises. The nature of health care organizations daily operations reassemble the situations that commercial organizations face when a crisis emerge and it would therefore be interesting to research if there are any essential learning’s that can be applicable to commercial organizations.

1.1 Background

The financial crisis 2008, the Crimean crisis 2014 and the oil crisis in the Gulf of Mexico 2010 are some crises that have happen in the world during the last years, and within a globalized and fast-paced world these crises have an impact across international borders that affect a higher amount of individuals and organizations than ever before. However, a crisis could also be small but still have devastating effects on those involved. This could for example be machinery failure, union strike or the death of an employee. No matter what kind of crises that will occur they have two specific points in common: they inflict a cost on the organization and with a plan and a structure of how to handle the crisis damage can be controlled.
The first developed theory of organizational crisis was Charles F. Hermann (1963). He argues that an organizational crisis can be divided into three dimensions: ‘(1) threatens high-priority values of the organization, (2) presents a restricted amount of time in which a response can be made, and (3) is unexpected or unanticipated by the organization.’ Based on the nature of crises Ian Mitroff (1988) developed one of the first crisis management models to clarify how crises ought to be managed. He divides crisis management into five phases:

Signal Detection → Preparation/Prevention → Containment/Damage Limitation → Recovery → Learning (Mitroff, 1988). These five phases can be further separated into three broader segments, signal detection and preparation/prevention into a pre-crisis stage; Containment/Damage limitation into the crisis stage; and Recovery and Learning into the post-crisis.

<table>
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Figure 1 - Crisis stages
Source: Fredrik Holmgren & Karl-Rikard Johansson, 2015

The concept of crisis management is thus to identify, act on and recover from a crisis. Crisis management differs to risk management in that sense, risk management focus on calculated and estimated risks related to certain events before they happen (Young, 2001). Crisis management on the other hand considers not only the risk or probability of an event but also incorporates the actions necessary during and after such an event occurs.

Organizational crisis management has many different practices, some organizations see it as an essential part of the ongoing operations while others neglect or oversee its importance. Pearson and Mitroff (1993) argue that organizations can be ‘crisis
prepared’ or ‘crisis-prone’. The crisis-prepared organization spends time and money on planning and preparing for an eventual crisis. The crisis-prone organization acts only when they are facing a crisis. According to Pearson and Mitroff (1993) the latter is the most costly way to handle a crisis. However, according to Pearson and Clair (1998) this is not always the case. The Exxon Valdes oil crisis was not well managed, warning signals were ignored, and there were no plans or preparations for such an event and statements made by Exxon’s CEO distressed stakeholders. However, some financial analysts would argue that Exxon’s costs for handling the crisis where less than what might have been spent on crisis management preparations. This would imply that what is and what is not effective crisis management is sometimes hard to define or distinguish, (Pearson & Clair, 1998). According to Pearson and Clair (1998) the success of managing a crisis is based on the assumption that the organization should survive the crisis with minimal financial constraints. Other researchers, though, emphasize other factors such as social value and reputational assets that the crisis responses provide and protect (Mitroff, 2003 & Coombs, 2007).

One of the most well managed crises in modern history is by the pharmaceutical company ‘Johnson & Johnson’ during the Tylenol crisis. In 1982 seven people died after they used the company’s medical product, Tylenol, which was tampered and filled with cyanide (Skoglund, 2002). Johnson & Johnson reacted quickly and made a total recall of the medicine. In media Johnson & Johnson was praised for focusing on people’s health and lives instead of the company’s revenues. By taking control of the situation and being honest they soon got back their trustworthiness and could start selling Tylenol again.

A more recent case is the examination of SCA (Svenska Cellulosa Aktiebolag). Svenska Dagbladet, a Swedish newspaper, revealed that the chairman and top managers of SCA had used the company’s private jet for private matters. Furthermore the auditing firm, PricewaterCooper, which SCA had used for decades, is investigating the company’s actions. This unethical behavior within SCA faced a lot of criticism and a public prosecutor is further investigating the company whether this is a case of corruption or not. In early January 2015 the chairman announced that he was resigning from his position. The same month, on January 29th the CEO resigned after further disclosures of his private usage of the company’s private jet was put forth, for example that he gave
false information about how many times his wife had been traveling with him (www.svd.se). The crisis also had a chain reaction affecting some of the company’s stakeholders. As mentioned before PwC as the official auditing firm is now facing a lot of criticism for why they did not react to SCA’s behavior prior to the revealing news. Furthermore, in February 2015 it was revealed that the CEO of Nordea (Swedish Bank) is also being investigated for his involvement in the SCA case.

At the moment we do not know the complete aftermath of the SCA crisis. However, what we can conclude is that communication and transparency is an essential part of crisis management. The lack of communication from SCA has the perception of guilt and lack of remorse, which surely will have a negative impact on the reputational value of SCA. It is easy to make parallels to the well-managed Tylenol crisis, where Johnson & Johnson acted quickly and made appropriate responses to the crisis that was instead perceived as responsible and rightful. This case also tells us that organizations are under much higher supervision from media than ever before. This supervision makes it essential for organizations to have proper crisis management preparations.

Teamwork has in general become the cornerstone of organizational life; organizations rely on teams to deal with the increasingly complex environment. These circumstances are most obvious in multi-functional teams who engage in complex problems and organizational operations (Derry, DuRussel & O'Donnel, 1998). To handle a crisis effectively many researchers argue that organizations should have permanent Crisis Management Teams (CMT) (Mitroff, 1988). However, according to Waller, Lei and Pratten (2014) little or no attention in management studies is drawn to neither crisis management nor CMT’s. The CMT’s are responsible for the planning and preparation for potential crises and the management/communication plans suitable for appropriate responses. An example of a CMT could in a simple illustration be the individuals in an organization that are responsible for the evacuation plan of a building in case of a fire.

Some organizations operate within environments that have or display a similar nature like crises. The media, police, military, hospitals and emergency departments are constantly prepared for situations that are unexpected, unanticipated and have a restricted amount of time before a response have to be made, they handle these
situations on a daily basis. Perhaps commercial organizations have something to learn from how these organizations prepare for and manage these situations on a daily basis.

Looking further into emergency departments they share the same characteristics as companies are facing during a crisis, such as time stress, dispersed and complex information, multiple stakeholders and high stakes outcomes (Morey et al. 2002). Additionally, the most complex procedures must be conducted under these circumstances (Salas, Rosen & King, 2007) Furthermore, Heinemann and Zeiss (2002) argues that to reduce medical errors and providing high levels of patient safety, effective teamwork is a necessity. To solve complex issues of patient care the interaction between many specialists working together is required (Paulton & West, 1993). This have to be done in a rapidly changing and ambiguous situations, complex problems, information overload, severe time pressure, pressure to perform and where high stakes outcomes are commonplace. The nature of emergency medicine is that patients with worst conditions, the most critical cases, must be managed with less information available and with great time pressure (Salas, Rosen & King, 2007).

1.2 Problem Discussion

Previous crisis situations have been handled with mixed results, sometimes devastating ones. Due to lack of preparation and appropriate response strategies crises have escalated to more severe circumstances than necessary.

Organizations are now more than ever under constant supervision; their actions affect not only the organizations ongoing operations but also society as a whole. Media have always supervised the actions of politicians and governmental organizations. However, today’s commercial organizations play a similar role regarding societal impact. Their actions have therefore seized greater interest among media and the public. This would imply that commercial organizations have a greater responsibility and benefit to conduct appropriate crisis responses. Even though organizational crisis strategies are constructed for the interest of the organization it is inevitable to also benefit stakeholders and society with appropriate crisis responses.
Coleman (2006) examined the frequency of industrial accidents during the 20th century, in OECD countries. The crisis should have been economically significant, with a direct insured cost of $8 billion per year and affect the value of the company. Coleman (2006) concluded that the number of industrial disaster had indeed increased during the 20th century. There were 45 disasters in the 1970s, 54 in the 1980s and 105 in the 1990s (Coleman, 2006). Furthermore Boin and Lagadec (2000) argue that crises are becoming more complex in nature. This is due to a lot of long-term factors such as ‘globalization, increased mass-communication, social fragmentation and the hotly dissipation of state authority’ (Boin & Lagadec, 2000, pp. 185). In the future, according to Boin and Lagadec (2000), small disruptions will escalate even quicker due to more complex systems. Companies must therefore ensure that they are well prepared for future crises.

Steelhenge, an international consultancy who focus on preparing clients to respond efficiently to crises, conducted a survey on crisis preparation in 2014. The survey had the purpose to conclude how organizations prepare for crises by considering strategic ownership of plan development to efficient crisis management team preparedness. The survey concluded that there is a lack in crisis preparedness and crisis communication considerations among organizations.

As a governmental initiative in relation to ISO 22301, an international guidance document for crisis management, the British cabinet has constructed the crisis management standard BS11200 with an overview of what capabilities that would be desired for an organization to be crisis prepared. This compliment to crisis preparedness has been constructed to encourage organizations to take crisis preparations seriously and engage them into the discussion. Steelhenge survey findings would suggest that even though governments provide guidance documents for being crisis prepared organizations do not take these suggestions seriously. This poses a great problem to the importance and management of potential crises as they are as mentioned more complex than ever and may escalate to more severe circumstances than necessary.

PwC’s annual corporate directors survey (2012) further suggest that the increasing complex and uncertain circumstances that organizations face have increased the requirements from boards and stakeholders to develop readiness for the unthinkable. A
constant news cycle and the power of social media, information sharing has drastically accelerated. Videos, tweets, blogs and commentary can go viral in mere minutes, allowing customers, shareholders, regulators, and the public to immediately learn and form an opinion of the company’s response to a crisis. About 37% of directors would like to increase their time spent on the crisis management planning in the future. A more recent annual corporate directors survey (2014) suggest that 41 percent of directors want to allocate additional time to crisis management planning, an increase of 4 percentage points. A reason to this may be the increasing frequency of crises concerning commercial organizations or that crisis preparedness have previously been overlooked, 29 percent of directors say that they do not have a sufficient understanding of their company’s communications plan in the event of a crisis.

When considering crisis prevention and preparation the responsibility within organizations is held by designated individuals/top managers or the crisis management teams whose sole purpose is to consider crisis scenarios and how to properly respond to them (King, 2002). According to Mitroff (1988), crisis management is so sufficiently complex that organizations should have permanent, trained crisis management teams. This argument can also be drawn from the Steelhenge and PricewaterhouseCooper surveys where lack in crisis preparedness call for better and continuous crisis preparations.

Existing research on crisis management are to a great extent concerning appropriate response strategies and how organizations ought to manage crises, by examining organizations who encounter situations with a similar nature like crises we want to research and provide potentially new learning’s that may be applicable to how commercial organizations manage crises.

This information would be of potential value to commercial organizations that need guidance when constructing and enforcing proper crisis management procedures. Health care organizations specialize in handling situations that are unexpected and have a restricted amount of time before a response has to be made. Compared to commercial organizations that do not manage emerging crises on a daily basis they surely have
some lessons that can be considered from health care organizations operational structure.

1.3 Purpose

The purpose of this thesis is to provide recommendations to commercial organizations when managing crises by examining organizations that manage the similar nature of crises on a daily basis. By examining the ongoing operations of health care organizations, this thesis will analyze if there are any essential learning’s that can be applicable for commercial organizations. More specifically the thesis examine how health care organizations organize, compose and coordinate, and analyze if commercial organizations can make use of a similar structure.

1.4 Research Questions

To fulfill the purpose and approach the problem statement of this study we will answer the question:

- Based on the nature of managing crises; what can commercial organizations learn from health care organizations ongoing operations? Why?

To clearly argue why these learning’s or recommendations are of importance and make a connection between the two types of organizations we will answer the more specific questions:

- Why are health care organizations ongoing operations applicable to crisis management in commercial organizations?
- How comprehensive is the planning and preparation for potential crises?
- What are the procedures for containing a crisis?
- How do organizations reflect on previous crises?
1.5 Perspective

The perspective of this thesis is conducted from a commercial organizations point of view. The purpose of this thesis is for commercial organizations to draw learning from health care organizations ongoing operations so the perspective of these learning are for their specific considerations.

1.6 Delimitations

The thesis will focus on commercial organizations in Sweden and how they manage potential crises. The organizations differ in size and designated industries, these differences provide a wide set of perspectives but also limit the thesis in specific application. Instead the focus will be on finding more general recommendations that can be applied in a broader range of organizations.

The thesis also focuses on Swedish health care organizations and their emergency operational procedures. The operational procedures differ according to specific organizations and countries; the potential learning’s are therefore limited to the health care organizations in Sweden and their specific procedures.

The authors have also considered the different operational nature between health care organizations and commercial organizations. This would imply that a full integration of health care organizations procedures could not be applied to commercial organizations. Instead we limit ourselves by trying to find general recommendations that commercial organizations still can make use of in crisis situations.

1.7 Definitions

This section is used to clarify some concepts that might be confusing or be interpreted by the reader as similar. The concepts should correspond to what is central to the thesis or might be uncertain for the authors prior to writing this thesis.

ISO22301 - specifies requirements to plan, establish, implement, operate, monitor, review, maintain and continually improve a documented management system to protect against, reduce the likelihood of occurrence, prepare for, respond to, and recover from disruptive incidents when they arise.

The requirements specified in ISO 22301:2012 are generic and intended to be applicable
to all organizations or parts thereof, regardless of type, size and nature of the organization. The extent of application of these requirements depends on the organization's operating environment and complexity (Societal security, Business continuity management systems, Requirements, 2012).

**BS11200** – This standard defines crisis as an abnormal and unstable situation that threatens the organization’s strategic objectives, reputation or viability, and summarizes the key distinctions that make a crisis, as well as suggesting some potential origins and implications. BS 11200 then makes some recommendations for successful crisis management.

Guidance is provided for building a crisis management capability, and also covers aspects such as crisis leadership; decision-making; crisis communications; and training & exercising (Crisis management, Guidance and practice, 2014).

**Crisis** – The concept of crisis used in this thesis is based on Charles F. Hermans definition of a crisis, which implies that a crisis should be: unanticipated, short amount of time to act and threaten high priority values of the organization.

**Crisis Management Teams** - A crisis management team consist of a few individuals that have the responsibility to develop crisis management plans. The individuals are selected from different departments in order for the CMT to handle a wide array of crises scenarios.

**Health center** – Have specific opening hours during daytime. One of their main tasks is to detect and treat deceases before they become emergencies.

**Emergency clinics** – Is a part of the Health centers operation but is operating at other hours than the health center. The emergency clinics deal with patients that seek emergency treatment.

**Emergency departments** – Is responsible for the emergency treatment of patients at hospitals. Is most often divided into three sub-departments; medicine, orthopedics and surgery.
2 Theoretical Framework

This chapter begins with an introduction to the choice of theories. The chosen theories within Crisis management and Crisis management teams, Stakeholder theory, Attribution theory and Situational crisis communication theory are presented. Thereafter theories about teams and distributed cognition theory are further disclosed. The chapter will end with a discussion regarding the literature and previous research.

2.1 Choice of theories

The theoretical framework will be constructed by a combination of crisis management theories and theories on team coordination. The crisis management theories give a perspective on the essential functions and considerations of how crises are to be managed, a special emphasis will be on stakeholder considerations and response strategies that we believe are essential and the main focus within crisis management.

By considering team coordination theories and specifically the concept of shared-mental models we believe that a proper integration can be made towards commercial organizations. These theories can be applied to both organizational types according to the nature of crises and how to appropriately and effectively manage specific scenarios. These theoretical considerations can then be applied towards the empirical data to illustrate if the potential learning’s hold any value for managing crises within commercial organizations.

2.2 Crisis Management

This thesis will define a crisis in accordance to Charles F. Hermann (1963). As described in section 1.2 a crisis is something that: ‘(1) threatens high-priority values of the organization, (2) presents a restricted amount of time in which a response can be made, and (3) is unexpected or unanticipated by the organization’ (Hermann, 1963). The unpredictable and unanticipated nature of a crisis, the short amount of time to act and the high-priority levels of the crisis enforce organizations to engage in crisis management. During a crisis the organization and its employees, products and services, financial condition and reputation can be significantly damaged. The purpose of Crisis Management is to avert crises, or if a crisis does occur to effectively manage that event.
2.2.1 Crisis management teams

A CMT is essential for organizations to prepare for a crisis. Mitroff (1988) suggest that: ‘organizations facing complex and unpredictable environments should have permanent CMT’s’ (quote from: Waller et al., 2014, pp.208). The CMT’s responsibility is to develop crisis management plans (Dorn, 2000). The CMT should consist of people from the organization that together can handle any type of crisis (Coombs, 1999). According to Barton (1993) a crisis management team should involve people from all departments within the organization. The CMT may then be composed of people with different roles within the organization, like individuals from senior administration, technical operation, public relations and consumer affairs. This allows the CMT and the organization to effectively respond to the various challenges related to a corporate crisis (Barton, 1993).

Waller et al. (2014) argues that simulation-based training should be used to practice the team capabilities in crisis contexts.

Most often the CMT is composed of the top management team, this is due to the fact that during the time of a crisis authority is needed to make decisions and allocate resources. (Waller, et al., 2014). Watters (2014) give an example of CMT’s roles and responsibility. The roles that CMT’s should comprise of is a Crisis Leader, who have the overall responsibility; Business continuity manager that guide and advise the team; Support, which responsibility is to provide administrative support; Emergency service liaison that ensure that there is an ongoing good relationship with local emergency services; Facilities, are responsible for the security of the building services and infrastructure; Communication, ensure that the communication within the organization continue during the crisis and the communication to stakeholders are handled professionally; Human & Resource, have the responsibility to ensure the welfare of the staff; IT, maintain the critical IT services during a crisis; Business heads, ensure that there is minimal disruption in critical business activities.

2.3 Stakeholder theory

A stakeholder is a person or a group that has, or claim, ownership, rights, or interest in an organization and its activities (Clarkson, 1995). Hence a stakeholder is, for example, employees, customers, suppliers and stockholders. Freeman and Reed (1983) describes that stakeholder theory is that any action taken by management must be made in
consideration of the organization’s stakeholders. Furthermore Freeman and Reed (1983) propose two definitions of stakeholder: ‘The wide sense of stakeholder’ and ‘the narrow sense of stakeholder’.

- The Narrow sense of stakeholder is: *‘Any identifiable group or individual on which the organization is dependent for its continued survival’* (Freeman & Reed, 1983, p.91). This type of stakeholder group can also be called a primary stakeholder. This group of stakeholders is typically comprised of employees, shareholders, suppliers and customers. (Clarkson, 1995)

- The wide sense of stakeholder is: *‘Any identifiable group or individual who can affect the achievement of an organization’s objectives or who is affected by the achievement of an organization’s objectives’* (Freeman & Reed, 1983, p.91). Another definition of these stakeholders is secondary stakeholders. Media and a wide range of special interest groups are considered as secondary stakeholders.

Stakeholder theory is essential to consider in a crisis situation, since it is an event that can harm such stakeholders. Furthermore, a crisis often raise question about the organizations responsibility towards its stakeholder (Alpaslan, Green & Mitroff, 2009). Alpaslan et al. (2009) suggest that a greater emphasis on stakeholders may help organizations to recover from crises more successfully. This is dependent on the organizations assumption and knowledge about their stakeholders (Alpaslan et al., 2009). Moreover, organizations must also be aware of the fact that in a crisis situation the ‘wide sense stakeholders’, as Freeman and Reed (1983) defines them, are of importance. Alpaslan et al. (2009), however, call these stakeholders “discretionary stakeholders”. These stakeholders necessarily do not play a vital role in the organizations daily business but become dependent for the organizations, since they can cause significant damage to an organization. This implies that organizations must consider their secondary stakeholders in planning for and during a crisis situation. The issue here is that secondary stakeholders can range from terrorists to the inhabitants in a crisis area. Therefore it is hard to determine this group beforehand, since different crises affect different primary and secondary stakeholders.
### 2.4 Attribution Theory

Coombs (1995) argue that attribution theory is a useful framework for conceptualizing crisis management and the use of a wide repertoire of crisis response strategies. Attribution theory concerns how people judge the causes of an event, such as a crisis, based on the dimensions of locus of control, stability of event and controllability. Locus of control is categorized as external or internal, whether a crisis was caused from internal actors or external ones. Stability of events is determined if the event is constantly present or if there is a variety over time. Controllability refers to whether the actor can control the cause of the event or not.

These crisis situation factors that categorize a specific crisis affect the selection of an appropriate crisis-response strategy. The categorization of crises can be further divided into a table with the parameters of internal–external and intentional–unintentional. (Russel, 1982, Weiner, Perry & Magnusson, 1988)

Internal means that the crisis was done by the organization itself while external refers to an external actor being responsible, this parameter refer to the locus of control dimension. Intentional and unintentional considers if the crisis was committed purposefully or not, this parameter refer to the controllability dimension (Russel, 1982). Based on these four parameters Timothy Coombs have constructed four different crisis types; Faux pas, terrorism, accidents and transgressions.

![Figure 2 - Crisis types](image)

A faux pas is unintentional and external where an organization believes it is taking appropriate actions but is being perceived as inappropriate by an external actor. The crisis by definition might be protests or boycotts which would imply a cost or toll on the organization that can be defined as a crisis. Based on this type of crisis an organization can take on a crisis response strategy of distancing, nonexistence or vagueness where they would enforce their limited responsibility and unintentional nature of the situation. Terrorism is intentional and external and is designed to impact the organization directly or indirectly. Product tampering, robbery, sabotage are only a few acts of terrorism that may inflict an organization. Since the organization in an event of terrorism is considered as a victim a suffering strategy would be the appropriate crisis response strategy to pursue based on the attribution of external locus and uncontrollability. (Coombs, 1995)

Accidents are internal but unintentional and might be product defects or natural disasters among others. The unintentional nature of accidents leads to attributions of minimal organizational responsibility. The excuse strategy would be an appropriate crisis response strategy since there is no strong connection between the organization and the cause of the accident. (Coombs, 1995)

Transgressions are intentional and internal where an organization would be acting with low ethical standards and place the public at risk with dangerous products or violating laws among others. Since the organization has a clear connection to the cause and a crisis has emerged the strategy that would be appropriate would be mortification. The organization does not deny its clear responsibility but instead work to compensate and apologize for the crisis. (Coombs, 1995)

Based on the connection of the crisis nature and appropriate crisis response strategies organizations work to restore their image and reputation through crisis communication plans so that the actual impact on the organization is mitigated or reduced. (Coombs, 1995)
2.5 Situational Crisis Communication Theory

Coombs, (2007) further developed the situational crisis communication theory based on attribution theory as a framework to protect reputational assets. SCCT was constructed to anticipate how stakeholders would react to a crisis and how that reaction would impose a threat to the reputation of the organization. The anticipation of the stakeholder reactions also considers how crisis response strategies are perceived and thus what strategies that should be used to mitigate any negative impacts. SCCT centers on the examination of reputational threat level that a crisis presents, three factors determine the reputational threat: (Coombs, 2007).

(1) Initial crisis responsibility, stakeholders’ attributions of the organization’s control over the crisis. (Coombs, 1995)

(2) Crisis history, whether similar crises has been present in the past. (Kelley & Michela, 1980)

(3) Prior relational reputation, how well or poorly an organization has or is perceived to have treated stakeholders in other contexts. Making large profits on stakeholders’ expenses in the past would imply a negative or unfavorable reputation. (Porritt, 2005)

Crisis history and prior relational reputation have both direct and indirect effects on the reputational threat; they either intensify or reduce the attributions of crisis responsibility. Based on the concentration on crisis responsibility SCCT structure crisis types by crisis clusters (Coombs, 2007):
### Crisis Clusters

**Victim cluster: In these crisis types, the organization is also a victim of the crisis.**

(Weak attributions of crisis responsibility = Mild reputational threat)

- **Natural disaster:** Acts of nature damage an organization such as an earthquake.
- **Rumor:** False and damaging information about an organization is being circulated.
- **Workplace violence:** Current or former employee attacks current employees on site.
  - Product tampering/Malevolence: External agent causes damage to an organization.

**Accidental cluster: In these crisis types, the organizational actions leading to the crisis were unintentional.**

(Minimal attributions of crisis responsibility = Moderate reputational threat)

- **Challenge:** Stakeholders claim an organization is operating in an inappropriate manner.
- **Technical-error accidents:** A technology or equipment failure causes an industrial accident.
  - Technical-error product harm: A technology or equipment failure causes a product to be recalled.

**Preventable cluster: In these crisis types, the organization knowingly placed people at risk, took inappropriate actions or violated a law/regulation.**

(Strong attributions of crisis responsibility = Severe reputational threat)

- **Human-error accidents:** Human error causes an industrial accident.
- **Human-error product harm:** Human error causes a product to be recalled.
- **Organizational misdeed with no injuries:** Stakeholders are deceived without injury.
- **Organizational misdeed management misconduct:** Laws or regulations are violated by management.
  - Organizational misdeed with injuries: Stakeholders are placed at risk by management and injuries occur.

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Table 1 - Crisis Clusters

The first step for assessing the reputational threat and thus also identify the crisis cluster present is to determine the initial crisis responsibility. The more stakeholders attribute responsibility for the crisis to the organization, the greater risk should be for reputational damage, negative correlation (Coombs & Holladay, 1996). As a second step for assessment prior relational reputation and crisis history are analyzed for considering their impact on the perceived crisis responsibility. Unfavorable reputation further increases the attribution of crisis responsibility that crisis managers have to consider when determining their responsibility and thus also considering appropriate response strategies. The reverse would be true for a favorable reputation. Crisis history have similar effects but not as strong as prior relational reputation (Coombs & Holladay, 2001).

When the crisis type as well as initial crisis responsibility has been determined it is essential to use response strategies that best repair the reputation, reduce negative affect and to prevent negative behavioral intentions (Coombs, 2007). Crisis responsibility provides the conceptual link in SCCT between the crisis and the response strategies. An initial crisis response has to be provided through instructing information where crisis response strategies are identified and when they are to be used. Stakeholders are to be informed about what they need to know after a crisis have emerged (Coombs, 2006).

Instructing information concern three specific components:

1. Crisis basics, basic information about what has happened. Management benefit by being honest, up-front and communicative during a period of intense public scrutiny (Bergman, 1994)

2. Protections, what can stakeholders do to protect themselves against any harm. An example could be not to consume medicine that has been contaminated or manipulated for product tampering.

3. Correction, what the organization is doing to correct the problem. More specifically what strategy emphasis there should be in a given stage of the crisis. (Sturges, 1994)

When these ethical responsibilities to inform stakeholders have been made crisis managers establish the true, lower level of seriousness for the crisis and therefore reduce the amount of crisis responsibility attributed to the organization. The instructing
information might argue that the organization hold minimal responsibility or claim that the crisis is not as serious as stakeholders might perceive it to be (Coombs, 2006).

SCCT with its basis in attribution theory provides crisis managers with three basic options for using crisis response strategies (Coombs & Holladay, 1996):

1. Convince stakeholders there is no crisis.
2. Have stakeholders see the crisis as less negative.
3. Have stakeholders see the organization more positively.

<table>
<thead>
<tr>
<th>Crisis Response Strategies by Response Option</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deny response option - Convince stakeholders there is no crisis</strong></td>
</tr>
<tr>
<td>Attack the accuser: Crisis manager confronts the person or group claiming something wrong with the organization. (The organization threatened to sue the people who claim a crisis occurred.)</td>
</tr>
<tr>
<td>Denial: Crisis manager asserts that there is no crisis. (The organization said that no crisis occurred.)</td>
</tr>
<tr>
<td>Scapegoat: Crisis manager blames some person or group outside of the organization for the crisis. (The organization blames the supplier for the crisis.)</td>
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<table>
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<tr>
<th><strong>Diminish response option - Have stakeholders see the crisis as less negative</strong></th>
</tr>
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<tbody>
<tr>
<td>Excuse: Crisis manager minimizes organizational responsibility by denying intent to do harm and/or claiming inability to control the events that triggered the crisis. (The organization said it did not intend for the crisis to occur and that accidents happen as part of the operation of any organization.)</td>
</tr>
<tr>
<td>Justification: Crisis manager minimizes the perceived damage caused by the crisis. (The organization said the damage and injuries from the crisis were very minor.)</td>
</tr>
</tbody>
</table>
These options are used to determine appropriate response strategies to a given crisis and the initial crisis responsibility held by the organization. According to these three options various response strategies have been constructed within SCCT.

The more responsibility that stakeholders attribute to the organization the more the crisis response strategy must seem to accept responsibility for the crisis (Coombs & Holladay, 1996) By understanding the crisis situation and the attributed responsibility held by the organization crisis managers are in a better position to select crisis response strategies (Coombs, 1998). A matching process between the crisis clusters, type of crisis, and the response options, deny, diminish and deal, identify what strategy based on crisis responsibility will mitigate or reduce the reputational threat that the crisis pose.

Table 2 - Crisis response strategies


Deal response option - Have stakeholders see the organization more positively

Ingratiation: Crisis manager praises stakeholders and/or reminds them of past good works by the organization. (The organization thanked stakeholders for their help and reminded stakeholders of the organizations past efforts to help the community and to improve the environment.)

Concern: Crisis manager expresses concern for the victims. (The organization expressed concern for the victims.)

Compassion: Crisis manager offers money or other gifts to victims. (The organization offered money and products as compensation.)

Regret: Crisis manager indicates the organization feels bad about the crisis. (The organization said it felt bad that the crisis incident occurred.)

Apology: Crisis manager indicates the organization takes full responsibility for the crisis and asks stakeholders for forgiveness. (The organization publicly accepted full responsibility for the crisis and asked stakeholders to forgive the mistake.)
2.6 Team coordination

2.6.1 Distributed cognition theory
Distributed cognition is a theory developed within psychology by Edwin Hutchins, the theory derive that knowledge is not confined within the individual but also in the surrounding social and physical environment (Hutchins, 1995). Distributed cognition considers a system of different components where information is in a dynamic process interchanged between the components. The components can be the mental space of individuals or external components in the surrounding environment where coordination between internal and external structures is required.

Rouse and Morris (1993) distinguish the definition of humans’ mental models and the domains that define these mental models. They concluded that mental models are knowledge structures that enable individuals to describe, explain and predict behavior. DeChurch and Mesmer-Magnus (2010) further concluded that in a shared-knowledge approach, team-coordination is directly related to team member’s common or related knowledge, also known as shared-mental models.

Through team coordination researchers have linked shared knowledge to team effectiveness; Smith- Jentsch, Kraiger, Cannon-Bowers, and Salas (2009) argue that teammates with greater experience working together request and accept backup or help from each other more than those who have less experience of working together, Stout, Cannon-Bower, Salas, and Milanovich (1999) explored the relationship between team planning, shared mental models and coordinated team decision making and performance. Their findings suggested that effective planning increased the shared mental models among team members, allowed them to use efficient communication strategies during high-workload conditions, and improved coordinated team performance. Hence shared knowledge through coordination helps team members to maintain their effectiveness even during unusual or stressful circumstances since their mental resources are less constrained.

Knoblich and Jordan (2003) argue that interpersonal coordination occurs through for instance the prediction of other’s actions, this approach address the dynamics of a team where real-time or present effects shape both individual and team performance.
compared to inner mental processes in the shared-knowledge approach. The argument can be extended to a scenario where a team has predetermined roles and responsibilities but the environment forces the individual to redirect his or her decision. If a task has to be fulfilled by an individual who are not present the responsibility might have to be redirected to the next person who can fulfill that specific task. Thus team coordination and dynamics are formed within real-time coordination processes as they unfold across individuals.

2.6.2 Defining the concept of teams

Team and group are most often perceived as synonymous terms, researchers have suggested they are not the same. According to (King, 2002) there are three characteristics that are prevalent among teams. First, a team is a group of people with different backgrounds, knowledge and abilities. Second, a team work together in order to achieve a specific common goal. Finally, some team members are able to motivate the rest of the team members based upon their actions, attitudes and behaviors. This behavior becomes a cohesive and motivating force for its members. (King, 2002)

2.6.3 Homogeneity vs. Heterogeneity

Factors that affect a team, and needs to be considered when coordinating teams are homogeneity and heterogeneity. When the members of the team share similar values, psychological make-up, communication style, race, gender, attitudes, beliefs, abilities, skills, decision-making and task relevant information one refer to homogeneity (Salazar, 1997). Heterogeneity on the other hand is when there is diversity among individuals such as personality, values, attitudes, abilities, skills, race, gender, decision-making, communication style, and beliefs are held as important factors in reference to team composition (King, 2002). Homogeneous teams most often have unrealistic and poor team decision-making due to the fact that homogeneous teams are typically less goal and task oriented. Heterogeneous teams are more likely to promote diverse opinions and attitudes, freedom of expression and better decision-making (Gouran & Fisher, 1984). This would imply that teams are more likely to generate better ideas if the members are heterogeneous compared to teams whose members are homogeneous (King, 2002).
2.7 Literature Discussion

During the writing of this thesis we have discovered that there are a lot of research being made within crisis management. A majority of the sources are collected through web catalogues, such as ‘google scholar’, ‘scopus’ and the library web-catalogue. These sources are peer-reviewed. In addition hard copies are gathered mainly from the university’s library. As noticed, some sources are rather old and perhaps outdated. These sources have been used with caution. However, the majority of the older sources are the fundamental articles within their specific field. The most prominent researchers in the field of crisis management base their models and findings on studying real life cases and lessons drawn from own experiences. Mitroff for example studied the industrial crises during the 1980’s and constructed his first model on crisis management from that experience. Mitroff has become one of the most acknowledged researchers in the field and a lot of studies are based on his findings. Several researchers have studied CMT’s. They have argued that; yes, it is important with a CMT, however there is a lack of studies showing how a CMT function and coordinate.

Others, such as Coombs, used Attribution theory to create his SCCT model. Coombs is also a pioneer within the field of crisis management and have an extensive repertoire of published research. The research empathized in this thesis is his construction of the four crisis types based on the parameters of external-internal and intentional-unintentional, as well as SCCT. This thesis has continuously referred to Coombs based on the notion that his research represents essential functions and considerations within crisis management. Coombs have been referred to in an extensive amount of further research but his own-grounded theories were well suited for the purpose and interesting application of this thesis. Stakeholder theory is another theory that has been connected to crisis management and will be used for the purpose of this thesis. By looking into grounded team coordination theories we strive to comprehend how teams in general are composed and function. Team coordination theories provide a fundamental perspective on team coordination and are used in every aspect of team interactions.

By combining the theories of crisis management and group dynamics we can construct coding frames for the analysis that are essential to fulfill our purpose and answer the designated research questions. First by constructing interview questions that correlate to the theoretical background we can grasp how reality corresponds to theory, the data
collection will then be analyzed with coding frames of organization, planning and routines, communication and response strategies that both cover all essential information related to the research questions and is linked to the theoretical framework. These coding frames provide an opportunity to interpret the data from a more general perspective and identify a novel theory application or a fused theoretical structure where theories relate to each other. This relation can then be used to determine recommendations that correspond not only to specific theories but also to their interrelation, which would be a novel application in itself.
3 Method

In this chapter the method approach is introduced along with the methodology and the choice of research design. The method for collecting empirical data, sampling as well as analyzing data is further discussed. The chapter ends with a clarification of the research trustworthiness.

3.1 Introduction

Our specific purpose fall into the classification of descripto-exploratory research, a clarification of reality is essential to get a clear picture of the phenomenon that the research explores. When established the research will explore the phenomenon and will be open for new insight depending on the revealed data, this do not exclude the fact that the research have a predetermined direction of essential learning’s that can be open for further interpretation.

For this thesis we have chosen to use an abductive research approach when collecting empirical data and analysis. Meaning that we approach our problem by considering previous research and theory but apply them in novel ways, the contribution of our findings will therefore also be based on an inductive approach where the theory application can be analyzed. We do not limit ourselves by relying on expectations or previous research but also consider the empirical information somewhat unbiased for a possible novel application. The reason for such an approach is that both crisis management and team dynamics have grounded theories that are applicable to our specific purpose but the concepts of the thesis pose a possibility for new interpretations regarding recommendations and new knowledge about how reality ought to be. An Abductive research approach would support a descripto-exploratory purpose where crisis management and team dynamics in general terms have applied theories but an inductive approach for empirical interpretations provides an opportunity for novel theory application and possible recommendations or new knowledge.

The empirical data will be collected with qualitative interviews at several organizations or operations department. With qualitative interviews we can pursue things as they arise during the interview, this is essential because the complex environment that our
participants are active in call for different perspectives of reality to clarify how their operations are carried out. The daily operations also differ from one organization to another even though their engagements and operations are similar in nature. A cross-sectional approach for collecting the empirical data will be used since only one interview may be conducted with each respondent on the timeframe of writing this thesis. Since the questions and interest of the interviews concern the ongoing operations of each organization one might also argue that a longitudinal approach to some extent also is used.

The respondents have been chosen based on their position and experience within each organization, these people work at emergency departments, emergency clinics and commercial organizations. Their experience and knowledge of the ongoing operation at each organization have vital importance to the quality of the received information used for further analysis.

Based on the previous methods applied to the purpose, reasoning and data collection a qualitative content analysis have been used, the qualitative data analysis further supports the combination of descripto-exploratory purpose and abductive reasoning where the empirical data is analyzed based on concept- and data-driven categories.

3.2 Longitudinal and cross-sectional
A longitudinal research observes people and events over time. The benefits from this type of research are the capacity to study change and development. The cross-sectional research study people and events at a particular time (Saunders, Lewis & Thornhill, 2009). The authors believe that a cross-sectional approach will be sufficient to answer the research questions. We will only meet the respondent once; therefore a longitudinal research is impossible. However our cross-sectional study needs to cover all the three aspect when talking about crisis management; pre-crisis, crisis, and post-crisis. This implies that we cannot follow the theory of cross-sectional research to its full extent. Some questions will have a more longitudinal nature to cover the diverse aspects of crisis management. The authors will in that sense study people and events at different periods of times. However it is not a longitudinal study since the respondents will only
be interviewed once and it will therefore be impossible to study change and development over time.

### 3.3 Exploratory, descriptive and explanatory

The three main classifications of a research purpose are often explanatory, exploratory and descriptive (Saunders et al., 2009). A research project can have more than one purpose. Robson (2002) also argues that the purpose of a research may change over time. Explanatory studies establish causal relationships between variables. The purpose here is to study a situation or a problem in order to explain the relationships between variables. An explanatory study seeks to find out: What is happening, seek new insights and ask questions. An explanatory study is useful to clarify the understanding of a problem, for example if the nature of the problem is unsure (Saunders et al., 2009).

An exploratory study is conducted in three principal ways: First, a search for literature. Second, interviewing ‘experts in the subject’. Last, conducting focus group interviews. Doing exploratory studies the researcher must be willing to change direction as new results of data emerge and new insights appear to the researcher (Saunders et al., 2009). This does not mean that the researcher should not have a direction of the research, rather that the initial broad subject becomes narrower as the research progress.

Descriptive studies have the object ‘to portray an accurate profile of persons, events or situations’ (Robson, 2002, p.59). Descriptive studies can be a part of an explanatory research but more often an exploratory research. This is necessary to get a clear picture of the problem or phenomena that the research will explore (Saunders et al., 2009). This thesis is first describing the phenomena’s of crisis management, crisis response strategies, crisis communication and team coordination. Later on there will be an exploratory study, where these phenomena’s will be explored in reality. This implies that this thesis have a descripto-exploratory approach (Saunders et al., 2009).

### 3.4 Deductive, Inductive and Abductive research

In a deductive research, hypotheses are formed based on previous research and then tested by the collection of data or empirical work. This approach would imply that you form expectations based on other empirical data, theories and conclusions that you consider when analyzing your findings. Some possible limitations to deductive data could therefore be that the data findings are in line with what is expected and therefore
some information might be left out, you are somewhat controlled in your data collection O’Reilly (2009).

Inductive research on the other hand is the opposite where the empirical work is the foundation that moves towards the formation of a theory. Here researchers should ideally not have any major or predetermined expectations but instead use their findings to make unbiased conclusions. Information can be collected in a more informal depth and amount but on the other hand being without expectations and making unbiased conclusions are hard if not impossible O’Reilly (2009).

Deductive and inductive researches are the two extremes; in a mixed approach between the two concepts researchers refer to abductive research. Abduction, in combination with induction and deduction, makes it possible to perceive connections on a deeper level and to penetrate beyond the apparent and reveal a richness of meaning that reflects something of the real underlying dynamic processes and phenomena (Eriksson & Lindstrom, 1997). In abductive research new ideas emerge by considering expectations and restrictions, and by combining existing ideas in novel ways Raholm (2010). In that way abductive reasoning guides the creation of hypotheses, which theoretically is done through deductive reasoning and empirically through inductive reasoning (Eriksson & Lindstrom, 1997). Purely deductive or inductive reasoning provide insufficient insight to the process of new theoretical thinking, abduction is needed to center the imaginative work central to interesting theorizing (Locke, 2010).

3.5 Qualitative vs. Quantitative

According to Given (2008) ‘qualitative research is designed to explore the human elements of a specific topic, where specific methods are used to examine how individuals see and experience the world’.

Quantitative research is suitable to analyze the relationship between two variables or asking questions such as ‘how many’ or ‘what are the causes’ (Barbour, 2008a).

By using qualitative methods we can study how people understand concepts. This method is also suitable to study context. For our research this is suitable since we are looking for the particular context of a crisis situation. Furthermore qualitative methods can help us understand illogical behaviors (Barbour, 2008a). This is of interest for us
since in the field of crisis management people are put in complex situations where people’s actions sometimes are illogical (Barbour, 2008a).

According to Barbour (2008b) there are various ways of doing qualitative research, for example through focus groups, interviews, diaries or observations. One-to-one interviews are perhaps the most commonly used method. Quantitative studies also refer to the use of interviews, however; in that case they usually refer to more structured interviews. This implies that the interview is structured in the interest of the researcher. In qualitative research one will use open questions, which allows the respondents to be in focus and address the issues that are most important to them.

Since terms such as crisis management, crisis response and team coordination are hard to measure in a quantitative study a qualitative method will be suitable in our research. The method most appropriate for us would be qualitative semi-structured interviews, where we can pursue things as they arise during the interviews. This also gives room for the respondents to contribute with issues most salient to her or him.

### 3.6 Interviews

Since this thesis is doing a case study about organizations daily work in crisis situations we want to use semi-structured interviews as a way to discover and display multiple realities. People experience and interpret the same situations in different ways, and to get this insight interviews will be suitable (Stake, 1995). An interview is most often conducted at one-to-one basis, between the researcher and the respondent (Saunders et al., 2009). Interviews as such are most commonly constructed by meeting the respondent ‘face to face’ (Saunders et al., 2009). However, with modern technologies, such interviews can also be conducted via telephone, Internet or an organization’s intranet (Saunders et al., 2009).

When using semi-structured or structured interviews the researcher may also conduct the interview on a group basis, where the researcher explores the research topic through group discussions (Saunders et al., 2009). A semi-structured interview is a combination of a structured and unstructured method (Firmin, 2008b). During semi-structured interviews the respondents will dictate the direction of the interview rather than the interviewer (Barbour, 2008b). In this way the interviewer is able to pursue things as they arise during the interview.
There are several other noticeable ways of conducting interviews Saunders et al. (2009) categorize them as structured and unstructured interviews. A structured interview consists of relatively standardized identical questions that all of the participants must answer (Firmin, 2008a). These questions leaves little or no room for the respondents own thoughts. Structured interviews is used to collect quantifiable data, they are also referred to ‘quantitative research interviews’.

On the other side of this spectrum we have unstructured interviews. The unstructured interview is informal, and is used to explore in-depth the area that the researcher is interested in (Saunders et al., 2009). In unstructured interviews one will ask open-ended questions (Firmin, 2008b). The intention of the interviewer is to understand the participant’s perceptions, without imposing any of the researchers’ viewpoints onto the respondent.

The purpose of a qualitative interview is not to get yes or no answers (Stake, 1995). Therefore, an important factor is to construct open-ended questions that leave room for the respondents’ own thoughts. An open question is likely to start with the following words: ‘what’, ‘how” or ‘why’ (Saunders et al., 2009). Rubin and Rubin (1995, pp. 145-146) suggests that a qualitative interview should consists of three kinds of questions: Main questions that begins and guides the conversation, probes to clarify answers and examples, and follow up questions that relates back to the answers of the main questions. There could also be specific or closed questions, such as ‘how many people work in this group?’ However, here, the interviewer must avoid using leading question (Saunders et al., 2009). In general, the interviewer should during the session remain flexible and observant to issues that may emerge during the interview. The aspects described above will be thoroughly considered when conducting our semi-structured interviews.
3.7 Case Study

A case study is conducted by using multiple sources of evidence to investigate a particular contemporary phenomenon within a real life context (Robson, 2002). In a case study the boundaries between the phenomenon being studied and the context within it are not clearly evident (Yin, 2003). The case study approach is interesting since it enables the researchers to generate answers to the question ‘Why?’ as well as ‘What?’ and ‘How?’ (Stake, 1995).

The case study is suitable when conducting an exploratory or explanatory research. Data for the case study can be collected in several ways interviews, focus groups, surveys or observation are a few examples (Stake, 1995). The purpose of this thesis is of an exploratory nature and aims to investigate ‘Based on the nature of managing crises; what can commercial organizations learn from health care organizations ongoing operations? Why?’ With this type of purpose the authors believe that a case study will provide an in-depth understanding of the health care organizations by conducting semi-structured interviews. By conducting interviews it gives the researcher the possibility to give follow-up questions, if needed.

The case study will be conducted within health care and commercial organizations, but at different location. This can be referred to as a multiple case, since we can analyze and compare if the finding from the first organization applies on the second one. In a sense we are looking for specific similarities or differences between the two different organizations. However, the main reason for the study is to investigate if the structure of health care organizations is applicable to commercial organizations, therefore similarities would be more essential for the purpose of this thesis than differences. The models for how we structured our interviews can be found in the appendix. Table 4, found on pages 88-89, represents the questions for health care organizations. Table 5, found on page 90, represents the questions for commercial organization.
3.8  Sampling Method

‘Sampling is the link between the study and is a generalization to the wider population’ (Bloor & Wood, 2006, p.154). Sampling techniques can be divided into two groups, probability sampling and non-probability sampling. With probability sampling there is an equal chance for each case in the population to be selected, this refers to random sampling. This means that probability sampling is most often used in quantitative research (Saunders et al., 2009).

However, the research conducted in this thesis is using the non-probability technique, or non-random sample. This implies that the probability of each case being selected from the population is not known and it is impossible to answer the research question with statistics (Saunders et al., 2009). There are several sampling methods included in non-probability techniques, such as: Quota sampling, convenience, theoretical and snowball sampling (Bloor & Wood, 2006). Due to limited resources and time the cases studied will be the ones located in the area close to the authors’ location, which makes the study non-random. The researchers are going to contact the cases they believe can provide essential information for answering the research questions. This will make the researchers dependable on the availability of the selected cases; this is referred to as convenience sampling (Bloor & Wood, 2006).

Furthermore, the method used is also towards purposive sampling, which implies that we will contact participants relevant to the purpose of this thesis and collect data from those who respond (Saunders et al., 2009). Since the respondents are self-selected there is no way to know if their views are representative (Davidson, 2006). Problem with a non-probability technique is that there is no evidence that the selected cases are representative of the whole population, which makes it hard for the researchers to generalize the findings (Davidson, 2006). It will be important to take this into consideration when analyzing the data.

3.8.1  Selection of respondents

We have to make sure before the interviews that the respondents have the relevant position and experiences to answer our questions. Both health care organizations and commercial organizations have been interviewed to provide a broad spectrum of empirical data. The participants in the case study will be people working at commercial
organizations, emergency departments and emergency clinics in Sweden. We are doing a research within crisis management and the nature of the daily operations at health care organizations have a resemblance to the nature of managing crises. Commercial organizations have been interviewed to provide a perspective on how crisis management is currently considered.

Since access to health care organizations was limited we included this perspective to give more depth to the study. A few of the respondents have been contacted through private connections. However, they do not have a close relationship with the authors. We are going to select people with different roles and responsibility within these organizations. Hence, nurses and clinic managers will be interviewed at health care organizations. At commercial organizations different top managers will be interviewed. Due to accessibility of respondents we have only interviewed the people who replied and accepted our request to be interviewed, but the respondents contacted and interviewed all provide a specific perspective of how health care in emergency situations are provided and how commercial organizations currently engage in crisis management. We have chosen to make the interviews anonymous, since the majority of the selected respondents prefer this. A total of ten respondents have been interviewed, six within health care organizations since a more in-depth comprehension is desirable and four within commercial organizations where a more descriptive understanding was desirable. There was initially an intention to have six interviews within both organizational types, as the interviews were conducted we could conclude that the answers were somewhat similar and therefore choose to use ten interviews that gave us the best comprehension of the phenomenon. A presentation of the respondents and a description of their role in their organizations can be found in the appendix, page 87, table 3.

3.9 Data Analysis approach

The central step of qualitative research is the data analysis; whatever data collected it is the analysis that forms the outcome of the research (Schreier, 2014). The data analysis is one step in a series of steps that has been made; first secondary data has been collected from grounded theories, sampling decisions has been taken; data have been collected, recorded and elaborated leading up to the analysis (Schreier, 2014).
The secondary data or choice of grounded theories refer to the subject of crisis management and team dynamics that the thesis empathize, this was done to construct a descriptive understanding of reality at hand and how previous research refer to the subject. A case study approach with interviews was conducted regarding the problem at hand; the empirical or primary data from the interviews will provide essential information for analyzing and approaching the purpose with its designated research questions.

For our purpose one specific data analysis method has been chosen; qualitative content analysis. Within the method we have also chosen to use directed content analysis in relation to our descripto-exploratory purpose and abductive reasoning. A directed content analysis is used in correlation with existing theories or prior research where there is incomplete knowledge or description of a specific phenomenon (Hsieh, Hsiu-Fang; Shannon, Sarah E, 2005). Directed content analysis could be considered as deductive in nature but some researchers argue that qualitative research and directed content analysis can also be used for inductive reasoning, as well as a combination of them both (Daly, 2007).

Qualitative content analysis systematically describes the meaning of the qualitative data; it reduces data to the categories of a coding frame (Schreier, 2014). The reason for doing so is to focus on the selected meanings that relate to the research questions, the meanings are thus also related to the coding frames and categories.

The first step is to examine every part of the material that is relevant to the research questions. This step is done repeatedly and with possible coding frame alteration so that no essential information will be left out. These points illustrate the flexibility of this approach where concept-driven and data-driven categories are combined within the coding frame (Krippendorf 2004, Neuendorf 2002).
In a step-by-step illustration the qualitative content analysis (Schreier, 2014):

1. Decide on a research question
2. Select material
3. Build a coding frame
4. Segmentation
5. Trial coding
6. Evaluating and modifying the coding frame
7. Main analysis
8. Present and interpret the findings

With the constructed research questions we could specify the material that was essential to conduct our analysis. Based on these notions the coding frame had the main category of: Learning’s for commercial organizations, with the generated sub-categories of: nature of circumstances during operations, disposition of roles, effective practices and team coordination. When going through the empirical findings by using our coding frames we segmented the essential information under each sub-category. After this trial coding we modified our coding frames to better represent our essential findings and theory application. The main category of: Learning’s for commercial organizations was assigned the new sub-categories of: Organization, planning and routines, communication and response strategies. This newly applied set of coding frames could better represent the extraction of essential information towards our research questions and also our theoretical application. Based on this final categorization of the empirical data we could clearly conduct our analysis where the findings could in a more structured way, in accordance to our theoretical framework, provide a clear picture of our analysis direction. Only one modification was necessary for this thesis based on the notion that the data collected had similar findings and was not as extensive as a more common situation of using content analysis. It is still important to note that the use of content analysis provides a clear structure of how to extract the most essential information based on your empirical information base. This argument was proven in our research where the requirement to reassure our coding frames gave a critical perspective on the predetermined direction.
3.10 Trustworthiness

In the qualitative research the concept of validity and reliability cannot be addressed in the same way as in a quantitative research. Quantitative researchers, so called positivists, are questioning the trustworthiness of qualitative research. However, a framework has been established to measure the trustworthiness of qualitative research. The criteria’s for these measurements are credibility, transferability, dependability and confirmability. These concept will be explained in the sections below and also explain why these are applied to this thesis (Shenton, 2004).

3.10.1 Credibility

Positivist researcher addresses that one of the key criteria’s in quantitative research is internal validity. Validity is used ensure that their study measures or test what is actually intended. According to Merriam (1998) the qualitative researcher has an equivalent concept, credibility. To promote trustworthiness one of most important factor is credibility, (Shenton, 2004).

Shenton (2004) suggest that one way to ensure credibility when collecting data is that participants should have the opportunity to refuse. This will help to involve only the ones that are genuinely willing to take part in the study. Since the interviews in this thesis are done anonymous and there are no right or wrong answers, the respondent is encouraged to contribute with ideas and experiences without fear of losing credibility in the eyes of the organization.

Another step to increase credibility according to Shenton (2004) is triangulation. There are two different ways for triangulation. One of them is to use mixed methods in the data gathering. The other method suggested is to have a wide range of respondents. This will ensure that a single individual may have an effect on the result of the study. This thesis will fulfill that by having a wide range of respondents with sufficient knowledge and experience from different organizations (Stake, 1995).

3.10.2 Transferability

Quantitative researchers look for reliability, transferability is the equivalent for qualitative research. In quantitative research the purpose is to prove that the results can be applied to the wider population. In the qualitative research the findings are specific to
a small group of people. To demonstrate that the results of the study are applicable to other situations and population seems impossible (Shenton, 2004). However, there are a number of things that can be done in order to reach transferability in qualitative research. According to Shenton (2004) one of the most important things is being descriptive of the phenomena researched. This implies that it should be clearly stated which phenomena that is being researched, people and organizations involve, the geographic area and the time space. If this is well described, aspects and concepts of the findings can be transferred similar situations.

This thesis provides general theories and we have given a broad perspective of the problem. We will provide example of situations related to the problem investigated and information about the people and organizations involved in the study. This will give the reader the possibility to relate our findings to similar situations.

3.10.3 Dependability

Dependability, more known as reliability in quantitative research, is that if the same method and context where used again in another investigation the results should be very similar. This can be a problem in qualitative research due to the change of context of the phenomena addressed in the study (Shenton, 2004). Thus, to reach dependability in qualitative research, the thesis must clearly state the procedures in the entire research process. Regardless of the result of the research, other researchers can conduct the same investigation. (Shenton, 2004)

In our research each step is well described and explained, so that the reader of the thesis will get a clear picture of the entire process.

3.10.4 Confirmability

Confirmability is in the qualitative research equivalent to reliability and objectivity in quantitative research. Reliability and objectivity is used as measures to ensure the accuracy of the truth and meaning expressed in the study (Jensen, 2008). Steps must be taken to make sure that the findings of the study are the result of the participant’s experiences, and not from the characteristics and preferences of the researcher (Shenton, 2004). Shenton (2004) suggest that the researcher should admit his or her predispositions. The researcher must also account for any biases by being honest about them and use methodological practices to respond to them (Jensen, 2008).
In this thesis, weaknesses for selected methods have been acknowledge, as well as reasons for favoring one method against the other. We are also presenting, in our data analysis, a step-by-step procedure for how the questions in the study are selected and how we present and interpret our findings. This could be described as an ‘audit trail’, the step-by-step procedures enables the observer to trace the course of the research (Shenton, 2004).

3.10.5 Ethical considerations

‘Ethical practice is a moral stance that involves conducting research to achieve not just high professional standards of technical procedures, but also respect and protection for the people actively consenting to be studied’ (Payne & Payne, 2004).

When conducting the empirical data we have made some ethical considerations. First we had to construct a valid research design. This would imply that this thesis takes previous findings, method and theory into account (Sieber & Solomon, 2004). Since the subject of crises can be a very sensitive subject for commercial organizations it is important for us not to breach any confidentiality agreements (Burton, 2000). The confidentiality concerns the information about oneself, but also information about the organization (Kent, 2000). Any information that the participant does not want to disclose in the thesis have been removed and deleted from any oral or written records.

One should also recognize that an individual have the right to agree or not agree to participate in our study (Kent, 2000). Hence, all the respondents have been participating voluntarily and been notified beforehand that participation is optional (Sieber & Solomon). We have also been very clear and descriptive about the purpose of our study when contacting potential participants (Kent, 2000). No data has been invented, no lies about how successful our model has been has been stated, no findings have been suppressed and/or selectively reporting only those parts that that support their particular theoretical position (Payne & Payne, 2004). The results of the data collected have been presented truthfully (Kent, 2000).

We have also made several promises to the participants; they will be anonymous in the thesis, the organization they represent will be anonymous and to be careful with the information obtained (Kent, 2000). The thesis wants to comprehend the general, or broader, picture of the researched subject. Therefore it is not of our interest to publish
the real names of the individual or organizations participating in the study. This will neither have any impact on our final results, analysis or conclusions.
4 Empirical Result

This chapter presents a summarized version of the conducted qualitative interviews. It is divided into three different sections; an introduction followed by two separate sections where the two research areas or case studies are represented. The data is presented according to the different sub-categories of the interviews.

4.1 Introduction

As previously mentioned we have chosen to conduct a qualitative research in commercial organizations, emergency departments and emergency clinics. The commercial organizations provide a perspective of how crises are currently considered so that potential learning can be properly integrated from our intended emergency departments/clinics. The emergency departments/clinics contribute to the research because the nature of their daily work is similar to the nature of a crisis that one might face in commercial organizations. These organizations have been studied to research if there is something commercial organizations can learn from the organizing structure and daily operations.

The qualitative research was conducted by interviews. The interviews were individual and the respondents within the emergency departments and clinics are both managers and nurses. The reason for using different positions was to cover a diverse set of perspectives. Furthermore, the interviews was conducted at several different locations, this also contributed to more perspectives and diverse routinized operations. In the commercial organizations the CEO or the person in charge of crisis planning have been interviewed to create a descriptive reality of how crisis considerations are in these commercial organizations. The interviews have been concentrated in the area of Jönköping, Skaraborg and Norrköping in order to simplify and to be more flexible with face-to-face interviews. A few interviews were conducted via telephone; however, this has not resulted in any misguided effect on the outcome of the empirical findings.

Table 3 in the appendix briefly presents the participating respondents where their roles and responsibilities are described. Table 6 in the appendix more extensively presents a
summary of important comments from the respondents that have been directed towards each individual data category.

4.2 Swedish emergency department and emergency clinics

4.2.1 Organization

The difference between the emergency clinics, which is located at health centers, and emergency departments, located at hospitals, are: That the emergency clinics are most often located in smaller towns, which do not have an emergency department or a nearby hospital. The role of the emergency clinic is to take care of patients that need assistance that cannot wait and require a diagnosis of their current condition; hence emergency clinics deal with emergencies. The emergency departments at hospitals must handle the most severe cases. Therefore as Anna said, ‘the emergency clinic does not plaster, cut or inject any patients, if that is necessary we send the patient to an emergency department’ (Anna, health center executive). There are other cases that still needs essential and hasty assistance such as chest pains or infections that can be symptoms for further severe repercussions (Malin, nurse).

At the emergency clinic, the team often consists of a few nurses and one doctor. The doctor has the ultimate responsibility for the patients. This responsibility is conducted through supervision and guidance of the nurses when cases that are more severe demand his or her attention. According to Malin, ‘We have an easy accessible relationship with our doctors who attend to more severe cases’ (Malin, nurse).

A patient can contact or acquire assistance through three specific channels; booking an appointment, drop-in or by ambulance. This is where the first communication takes place and a comprehension of the patient’s condition is determined. It is important to have a clear structure when appointing a patient otherwise there may be confusion; drop-ins are therefore the channel of appointment that creates the most confusion (Katarina, Health center executive). Katarina argue that the previous appointment structure have been poorly constructed, ‘It is important to have a clear structure when appointing patients otherwise there may be an overload for the employees’. When a patient has been appointed he or she will meet a nurse, this is where a diagnosis is set and the priority of the patient is determined. Hospitals use a similar structure and mark
their patients with red, yellow and green according to their priority of required assistance. When determining the priority of the patient it is always the medical condition that is considered, meaning how threatening the condition is to the well-being of the patient. The factors when determining the severity of the patient’s condition have been constructed by the health centers individually. There is now a central undertaking to construct a system that can be used by all health centers so that the priority determinant of all patients are considered equal (Katarina, Health center executive).

If the nurse believes that his or her treatment is sufficient, the patient will not see the doctor. When a nurse meets a patient with a disorder that is beyond his or her ability, the patient will see the doctor for further treatment (Anna, health center executive; Katarina, Health center executive). If a patient is appointed through an ambulance there is pressure for clear communication since these are most commonly severe cases. Health centers and emergency clinics that have an ambulance service, some clinics that have a nearby hospital do not require an ambulance service, have an open channel of communication with their ambulances. There is a direct telephone line to a designated individual within the clinic that can attend to potential ambulance appointments (Katarina, Health center executive). According to Katarina ‘We always have a direct telephone line open with the ambulance so that they can reach me or a designated nurse instantly’.

The emergency clinic is a part of the health care’s operations. One should not oversee the importance of the health centers operations though. Anna tells us that the health centers operations are to detect deceases before they become emergencies. Anna, ‘we follow certain routines to detect potential complications such as high blood pressure that could result in a stroke’. Of course all emergencies cannot be prevented, such as a broken leg or a car accident. However, the health center may detect people with higher risk of getting heart failure or diabetes. These patients can get the treatments they need before it becomes an emergency (Anna, Health center executive).

An emergency department is divided into three sub departments, medicine, orthopedics, and surgery. ‘First and foremost the departments focus on their specific areas. But, in the case of an emergency the departments collaborate to contain the emergency’ (Andreas, nurse). Within each department the staff is divided into ‘care teams’ (Lisa, nurse). Everyone tries to stay in the same care team, but it happens that one needs to
cover up for someone else in another team. This implies that one will most commonly work together with the team for a longer period of time. A team consists of a doctor, nurses and assistants. The roles within the team evolve over time. Filip argues that ‘finding people for designated roles is most of the time an easy pick’ (Filip, Emergency department executive). Health centers also have designated departments that specialize within specific areas; the main two are diabetes and asthma. In these departments specialist teams operate and share knowledge with each other on a daily basis concerning their patients to provide the best service possible (Katarina, Health center executive; Malin, nurse).

4.2.2 Planning and routines

A normal day at the emergency department starts with a morning meeting. During the meeting important information is discussed and they reflect on the day before (Filip, Emergency department executive). The staff can bring up challenges they have faced; the meetings are very open and transparent. For Filip who is manager at the clinic a lot of his planning is to make sure that they have enough staff to be able to perform the daily operations. He needs to make sure that the right competence is at the right place (Filip, Emergency department executive). Filip, ‘I am in charge over the whole operations. One of my daily routines is to make sure that we have enough people at the department. We are treating humans so we cannot lack staff, and I need to make sure we have enough staff to perform the daily operations’.

As a nurse, the day starts with a briefing of the current patients at the clinic. It is important to plan the work with those patients so that, in case of an emergency, the team can re-organize quickly. After a shift of work they try to have a short meeting to discuss and analyze any essential events and scenarios (Lisa, nurse). In general terms, since they work in an unpredictable environment it is hard to plan too much (Andreas, nurse). Andreas feels that ‘90 per cent of the day are really hectic and there is no time for much planning’.

The nurses at health centers have a wide set of knowledge instead of specializing within a specific medical area. A lot of their work is done individually but they do have counseling with a doctor concerning planned appointments for specific patients so that any potential emergency or confusion is sorted out beforehand (Malin, nurse).
There are routines regarding how to prioritize patients, this process is referred to as a medical triaging. A common scenario is that there is a lot of patient that seek treatment at the emergency department, with minor disorders. Suddenly a patient can arrive with a very urgent disorder, the department’s needs to re-organize and prioritize that patient to contain the emergency (Andreas, nurse).

The nurses are the ones making the initial priority judgment with guidelines to consider when they set a diagnosis. This process is of utmost importance since the attention of doctors needs to be directed and utilized where it is needed the most (Katarina, Health center executive; Anna, Health center executive). Anna, ‘the nurses try to solve everything he/she can before a patient will meet a doctor. If the treatment provided by the nurse is sufficient the patient will not see a doctor’.

The emergency clinic follows certain quality requirements. They use this in both the planning stage and also when analyzing the daily operations. The quality requirements are very standardized but seriously considered, this is where they enforce that proper actions has been engaged (Katarina, Health center executive). Katarina, ‘We follow a set of quality requirements that are very standardized but consistently analyzed. We have meetings once a week about potential improvements and provided services’. As previously mentioned, nurses continuously work closely with a doctor for proper guidance regarding more complex situations. This working relationship gives different perspectives on a situation where the quality of the service provided can be better reassured. There is a huge amount of different educations/courses offered within Swedish medicine (Anna, Health center executive). Anna, ‘We have an extensive range of educational programs and courses that both nurses and doctors can participate in’.

According to Katarina they have continuous education in medicine, both internally where specific cases are taught within their facilities and external conventions or educational fairs. They also have educational themes where for examples experts in heart deceases pay an educational visit (Katarina, Health center executive). Katarina, ‘We sometimes outsource our educational needs; we refer to specific themes during these occasions. An example would be that someone who specializes in heart deceases pays an educational visit’.

According to Anna, ‘...at our health center a small group of nurses work within the emergency clinic’. Anna argues that they want to work with the same group of nurses in
order to make them feel comfortable and become accustomed to work in their environment (Anna, Health center executive). The traditional way of working within health centers is that patients have a ‘house doctor’, meaning that one specific individual assist a patient in all possible scenarios. This is no longer sufficient and the idea of having ‘house teams’ where a broader set of knowledge and perspectives can shed light on specific patients is becoming more of a reality today. When using teams one can conclude many advantages but the one that is empathized the most are shorter communication channels between the personnel (Katarina, Health center executive). Katarina, ‘the advantages of working within teams are the follow up of the patient and the shorter channels of communication’.

4.2.3 Communication

Overall the most important part of the work at an emergency clinic or an emergency department is communication. All of the respondents agree on and stress the importance of communication. By communication they first and foremost refer to the communication between the employees. According to Filip, ‘communication is the most important aspect of my work’. He needs to notice everyone in the staff and make them feel needed. He stresses that he always have an ‘open door’ policy, anyone should be able to talk to him, at any time (Filip, Emergency department executive). Although communication is the most essential part of the organization, it could be argued that most often it is the communication that fails. Filip argues, that ‘even how much I try to communicate my intended message to the staff it is never enough. One reason is that my staff works day and night shifts, so it is hard for me to attend to everyone’. Therefore, meetings, as described in the previous section, are of utmost importance.

Anna argues that it is important that everyone can talk with each other. ‘There are no dumb questions to be asked and no one should feel that they intrude by asking for help or answers’ (Anna, Health center executive). Andreas feels the same way, he does not feel that there are irrelevant questions to ask his supervisors: ‘We are responsible for someone’s life. So if I do not ask a question that is important to ask, even though it feels silly, the patient suffers instead’ (Andreas, nurse). However, the nurses’ interviewed also said that they feel they need to adapt their communication to different people and situations (Andreas, nurse; Lisa, nurse). It is of great importance that the guidance relationship between nurses and doctors has clear and transparent communication, as
this is an ongoing relationship. As the two parties get to know each other the communication becomes more clear and unique. It is important to have trust between the nurse and doctor so that there are no restrictions for continuous counseling, this trust is first and foremost based on knowing each other’s competence and knowledge level so that they know that proper information is provided and proper actions are engaged (Katarina, Health center executive; Malin, nurse). Malin, ‘the longer you have known or had a professional relationship with your supervisory doctor the more trust you have in his or her ability’.

As previously mentioned there are also meetings between the nurses and/or doctors to discuss and analyze specific cases and quality improvement within different intervals, Katarina argues that they have these every week (Katarina, Health center executive,). Anna mentions a similar structure, ‘We conduct a meeting every week about patients, improvements and the ongoing routines as well as additional questions brought up by the nurses and/or doctors’.

There are also essential information that needs to be communicated between the reception of an emergency department/clinic and the ambulance. The clinics always report beforehand when an ambulance is on the way what type of diagnosis that is set on the patient and what requirements are needed (Malin, nurse). Malin, ‘the communication that we have with an ambulance is; what we have done and what requirements that the patient need, such as medical attention and so on’.

As previously mentioned emergency departments who receive patients by ambulance have a direct telephone line with a designated individual who can attend to the urgent reception of an ambulance patient. There are meetings once per semester to talk about the proper procedures and possible improvements regarding the interaction between the ambulance and the health center. Both lines of communicating with the ambulance are important so that proper treatment can be provided quickly (Katarina, Health center executive).

The communication with patients is a big part of the daily communicative engagements. The first contact is most commonly by phone, this is where the medical respondent has to ask the right questions to determine the severity of the situation (Malin, nurse). If a patient is present for setting a diagnosis the nurses needs to be aware of how they
communicate these sensitive matters both to the patient and potentially family members. There is a confidentiality agreement that nurses and doctors have to sign so the actual communication provided to families is according to the patient’s wishes. According to the law the patient have the right to be informed about his or her disorder and treatment. It is though still important to consider how the information about the disorder and treatment is communicated so that no misplaced concerns and/or misinterpretations are perceived (Andreas, nurse).

To handle communicative situations with patients all nurses have completed a course in dialogue methodology so that they can properly communicate their intended information. Katarina, ‘all nurses have completed a course in dialogue methodology where communicative circumstances can include contexts that we do not necessarily think of’. i.e. one situation is that the traditional family of mother, father and two children are disappearing so there might be a more proper way of communicating to a non-traditional family. Furthermore how one should inform about proper medical attention such as the use of medicine also needs communicative considerations, this is done both in writing, orally and if necessary by home care where personnel attend to a patient in their homes. Individuals perceive information differently so nurses/doctors have to make sure that the information is fully comprehended (Katarina, Health center executive), (Malin, nurse).

In case of a potential epidemic such as Ebola where there are no proper or known procedures on a more local level there is a central support. This central support provides proper routines, equipment and information to the local departments/clinics so that they can respond if they were to face the occurrence of the epidemic. Katarina ‘when the news about Ebola was revealed the clinic got safety suits and masks the following day’. There is a great deal of confidence in the central preparations for such cases and information is quickly distributed (Katarina, Health center executive).

There is also a well-established web site that provides information both centrally and locally where nurses and doctors can take part of new information, new deceases/scenarios and local happenings amongst others. This is the portal of information where educational needs, proper procedures, organizational news and all necessary information to be up to date in the ever-evolving medical world are provided (Katarina, Health center executive). Katarina, ‘we have our own web page where we
provide essential information such as routines and procedures. There are also medical guidelines that are centrally distributed such as the case of Ebola’.

As an ending note there are also specific communicative relationships in the medical teams that differ in regard to location and size of the health center/emergency department. The internal communications among teams are educational in its nature where specific patients or cases are discussed (Malin, nurse). Malin, ‘people have different backgrounds and knowledge within the medical world so you have always something new to learn’. The communication within the team is sufficient according to Andreas, but the overall communication within the organization, as a whole needs improvement. Andreas sometimes feels that the top management needs to better communicate their message to the staff (Andreas, nurse). Andreas, ‘I sometimes provide suggestions to the top management...But the response on these matters are seldom if ever swift. I would personally prefer to receive a rejection than to get no answer at all’.

4.2.4 Crisis Response Strategies

The nature of the daily work at emergency departments and clinics are very uncertain and unpredictable. Can one be prepared for any possible scenario and can one predict all potential crises that may inflict the organization?

As previously mentioned there are certain organizational routines if an emergency would happen. There are for example collaborative procedures between the different departments if a patient (or patients) needs full attention for proper treatment. (Andreas, nurse).

Both Lisa and Andreas argue that they do keep in mind possible scenarios that could happen to a patient. The focus is, however, on the current well-being of the patient (Lisa, nurse), (Andreas, nurse). Andreas, ‘one needs to consider all possible risks of a patient’s disorder, but it is nothing that we get stressed about’.

Another aspect in their daily routines is the internal reporting system called ‘synergies’. The reporting system helps the emergency department to recognize mistakes, contain them and learn from them. The system was not developed to frame someone for his or her mistake (Filip, Emergency department executive). Filip, ‘We work with something called ‘synergies’, it is a tool to detect mistakes and mistreatments. The purpose of
synergies is to improve the organization, not to frame the person who is responsible for the mistake’.

Both small and bigger mistakes are reported to the system (Lisa, nurse). Lisa further explain that ‘nurses and doctors even report themselves if they made a mistake’. It is a tool to improve the organization both at a local level but also the general health care nationwide.

The weekly meetings conducted at emergency departments and health centers regarding different patients, how their treatments are executed and if any complications may arise help the nurses/doctor to get different perspectives and learn from each other’s expertise so that future patient responses can be improved (Katarina, Health center executive; Malin, nurse).

Emergency departments and health centers have a database that provide what is called different PM’s, these PM’s provide counseling as well as appropriate routines for a wide range of scenarios that may be encountered. These PM’s are constructed by a national counsel that oversee any new potential health scenarios and provide proper guidelines for how these ought to be handled. Malin, ‘we have a guidance support called PM’s where different routines are provided for appropriate treatment, these routines are based on the symptoms of the patient’. It is though important to keep in mind the difference between individual’s characteristics, such as the reaction to pain, so even though the standardized routines are utilized a subjective perspective is also necessary (Anna, Health center executive).

Even though individual emergency departments and health centers construct their own routines based on previous experience and expertise sometimes there are new scenarios to consider (Katarina, Health center executive). Katarina mentioned the revealing news of the Ebola epidemic and that proper routines and guidelines for handling such a scenario, if it were to present itself, was quickly published for all health centers and emergency departments. Proper equipment was sent and all personnel were informed about the epidemic. (Katarina, Health center executive) These matters that do not come along very often but have severe impact on the population require a reconstruction of the organization so that it can be handled appropriately. When the swine flu spread the health centers had to open vaccination receptions so that all patients that required
vaccination could take part of it. The working hours, allocation of resources and availability of nurses were flexible and had to be far more intense than what it usually would be (Malin, nurse). Malin, ‘we had to reorganize the organization; we got guidelines for who needed the most pressing assistance and had to work on hours not related to work. The resources were reorganized and priorities had to be determined, we only attended to emergencies within our daily operations’.

4.3 Commercial organizations

4.3.1 Organization

The commercial organizations that were interviewed had both differences and similarities considering their preparation and previous experiences with crises. These organizations differ in size and type of organization; the reason for this diversity was to acquire a wide range of how organizations prepare themselves for potential crises as well as the accessibility of relevant data. Different organizations face different as well as similar types of crises but the overall structure of preventing and preparing has a similar nature, it is therefore interesting for the purpose of this thesis to consider what these similar routines or preparations are or if they even exist.

In general the top leadership considers the crisis and risk considerations that are present, the extent of crisis preparation varies between the interviewed organizations (Pelle, Sales manager/Former CEO; John, Security manager). Pelle, ‘we consider scenarios that seem most relevant for our daily operations such as an economic downturn, other than that we do not attend to any scenarios that seems unlikely’. John, ‘we have a dedicated group of individuals at different levels and roles within the organization. They practice or are involved in real situation crisis management once a year’. Isabelle, ‘I would say that we have a broad repertoire of different crisis responses that are continuously used in our educational summits’. Preventing accidents and or potential day-to-day crisis scenarios are in some organizations considered by a safety officer who on a weekly basis goes through potential risk hazards and inform employees of the potential dangers. Some organizations consider insurances as the main risk reduction to a potential catastrophe or tangible loss for the organization, credit insurance is something that is used to ensure that the credits of sub-contractors are assured (Maja, Finance). Maja, ‘according to my understanding we use insurances as the main risk
reduction for potential crises, credit insurances is something from a financial standpoint that we have enforced recently’.

According to John, his organization works continuously with crisis management. John, ‘emerged situations are attended to at the organizations security center, located at our outsourced security provider, and to our red crisis group. The red group has the authority, knowledge and ability to activate crisis groups or parts/functions of the group. The red group is comprised of the CEO, market manager/CFO, HR manager and security manager’.

There are three types of groups within the crisis organization; red, yellow and green. The red group holds the ultimate responsibility and determines the level of engagement, the yellow group attends to more specialized scenarios and the green group attends to the less pressing ones (John, Security manager). Isabelle, further argue for continuous crisis preparedness where they have a designated group who attend to crisis scenarios. This group is also linked to a more central group comprised of department heads who work engage if their attention is necessary. Isabelle, ‘the preparedness is mostly built upon educational summits where different scenarios are engaged in and possible responses discussed and concluded’. The preparedness is based on educational summits that illustrate a crisis scenario from a real-life perspective where time pressure and incomplete information have to be dealt with. There are also prepared models that refer to planning, engagement and analyze of potential crises (Isabelle, Marketing & Communications manager).

4.3.2 Planning and routines

Crises are a phenomenon that is not on the daily agenda for some of the interviewed organizations; amongst sales, monthly figures, customer relations and other significant aspect of business crises are not of any significant consideration. The potential scenarios of financial constraints, economic downturn, layoffs and accidents are what these commercial organizations, when talking about potential crises, empathize (Pelle, Sales manager/Former CEO).

According to John; ‘the main priority is, if several crises occur simultaneously or evolve into different ones at the same instant, on human lives. The value of the
company, or more explicitly put the existence of the organization regarding keeping competent employees and economic stability is also considered’.

The board or leadership individuals within the organizations have the biggest knowledge and insight of crisis responses (Maja, Finance). There are no daily, weekly, monthly or even yearly meetings for the general employee population concerning potential crises and what responses the individuals within the organization should consider if a crisis occurs. Instead there is a confidence in the CEO and board on these matters even though no specific details have been distributed throughout the organization (Maja, Finance). As a security manager who is engaged in these specific matters John states that ‘we have continuous education for our specific groups and ongoing communication about the progress. We also have communication about the functions and necessities required with our outsourced security provider’. Isabelle, ‘we have groups for the specific purpose of handling crises, which is necessary when handling pressured situations like crises...these groups continuously undergo simulation based training’. The importance of potential learnings are also discussed and analyzed within the crisis groups where specifically the red and green group attends to potential improvements/learnings at their educational summits (John, Security manager). Isabelle further notes that they also have a model for how to analyze a specific situation, since they have not experienced any major crisis so far this model have not been used for its intended purpose so far (Isabelle, Marketing & Communications manager).

Recent crises and in particular the financial crisis 2008 was considered as unexpected and had a big impact on all the interviewed organizations. It was hard to determine whether the response that was made both by communicative means and organizational maneuvering should be considered as the most efficient one. There was no specific plan or strategy for the crisis, within some organizations, and a response had to be made as the crisis emerged (Pelle, Sales manager/Former CEO).

When looking back at the financial crisis 2008 it seemed to be a crucial lesson for most organizations to be prepared and consider the occurrence of a similar scenario; it was an essential lesson for the current survival and future coping with similar situations. Crisis scenarios are thus most commonly considered as they occur and not a part of any broad response repertoire where multiple scenarios have been discussed and analyzed. Other
more pressing matters that are far more shortsighted need attention (Pelle, Sales manager/Former CEO). Pelle, ‘we had no specific preparations for the financial crisis 2008; we just had to handle the situation as it hit us. I can say today that it was probably the best learning experience I have ever had. It is hard to say if we had an optimal response but we made it through and I will surely be prepared for a similar scenario in the future’.

4.3.3 Communication

The scenarios of financial constraints, economic downturn or layoffs among others though are not severe enough to encourage any confusion or interruption to the daily operations. Some information is not necessary to communicate so that any small obstacle grows into an internal crisis. The communicative planning process differs between the interviewed organizations both internally and externally. The larger organizations have more communicative considerations than small/medium sized ones (Pelle, Sales manager/Former CEO), (John, Security manager). Pelle, ‘Why should my employees go around and worry about a minor setback, their ongoing work and dedication is what gets us out of these setbacks and they would therefore not benefit from any concerns that are misplaced’. The larger organizations attend more to the communicative strategy, for instance where the responsibility is situated concerning public statements. John, ‘one person always make public statements, the market manager, the CEO is “put on hold” if any complications were to arise’. Isabelle mentions that they have communicative models that are to be applied in case of a crisis concerning both internal and external communication. Internally the communication within the group needs to be clear and dynamic; externally it is important with transparency so that the message is cohesive and trustworthy. There are though limits for how transparent one can be; information that could hurt the organization if it were to be disclosed must be constrained (Isabelle, Marketing & Communications manager).

It is further clarified within the SME’s that even though it would not be necessary to communicate any minor obstacles that the organization may face there has to be a general consensus if a crisis emerge and needs to be dealt with by the whole organization. Pelle empathize that teamwork and investing in competent and hardworking people is what makes this business run and survive any obstacle that the organization face (Pelle, Sales manager/Former CEO).
4.3.4 Crisis Response Strategies

The general knowledge and understanding within the interviewed commercial organizations regarding crisis responses are limited. For example, there is no specific briefing about scenarios such as natural disasters but people are certainly informed about the evacuation plan in case of a fire or how to prevent potential accidents (Maja, Finance). Maja, ‘I have not been provided with any specific information about such crises, natural disasters/terrorism, but on a more general level we do have briefings about fire evacuations and accident prevention’. There is a priority system where some scenarios are considered as more frequently appearing than others, proper procedures to handle these most commonly small reoccurring scenarios are therefore communicated. But terrorist actions such as product tampering are scenarios that no specific considerations are attended to (Pelle, Sales manager/Former CEO). Isabelle who attend to a greater repertoire of crises argue that they have a model illustrating how to prioritize crises and to determine which crises that are most relevant to be prepared for. The prioritized scenarios are then used in simulation based training to construct and review potential responses (Isabelle, Marketing & Communications manager).

When talking about financial damage to a company in case of a potential crisis some of the interviewed organizations empathize the use of insurances so that the damage is to some extent contained. Regarding stakeholder considerations there are no specific procedures on a general level but are instead attended to on the corporate level where press releases are published (Maja, Finance). John, on a corporate level, argues on the question about stakeholder’s information needs that ‘it depends on the crisis: priority is put in order on employees and their relatives/family, owners, sub-contractors/partners, and the public (press)’.
5 Analysis

This chapter presents the analysis of the empirical data in accordance to the theoretical framework. The theoretical application is divided into separate sections where potential learning’s are analyzed.

5.1 Organizational integration

This section is introduced with a comparison and integration of commercial and healthcare organizations where a striking resemblance of healthcare organizations daily operations reminds and suggests how commercial organizations can approach their own potential crises.

As noted in the empirical study the structure of daily work within the healthcare sector is focused on prevention, preparation, communication, providing healthcare services and learning/developing from case to case. An appointed patient can in a sense be described in accordance to Charles F. Hermann’s definition of crises; they present a restricted amount of time before a response can be made, they are unexpected or unanticipated before a communicative connection has been made and they threaten high-priority values of the organization where one patient’s mistreatment can create a viral word of mouth regarding the competence and quality of the services provided.

To put this into perspective we can make a general illustration where potential crises for commercial organizations are referred to as patients. If for example a healthcare organization receives a patient with a broken leg they have first and foremost a predetermined strategy and procedure to identify the leg as broken. Designated nurses/doctors are then assigned to the patient who can treat the injury properly; the nurses/doctors then use predetermined procedures and utilize the required equipment that is provided for the specific purpose of treating a broken leg. The patient is briefed about all the necessary information to make the healing process as smooth as possible. If the procedure is successfully executed a similar approach will be used in the future, if there were to be any complications these are discussed to prevent future reoccurrences.

If a commercial organization is a victim of terrorism such as product tampering by an external actor we can refer to this scenario as the patient. From a healthcare perspective one first need to identify or determine a diagnosis of the patient, have the organization
been exposed to a case of terrorism? If this were to be the case the organization must assign suitable personnel who can manage or treat this scenario most efficiently. Predetermined procedures, routines and equipment for how to handle such a scenario is put forth and utilized so that a crisis can be averted or mitigated. Stakeholders such as personnel, the public, subcontractors among others are briefed about what effect the scenario will have on the established relationships. If the crisis is handled properly a similar approach or proof that the already successfully established routines will be used in the future, if any complications have been encountered there will be a discussion about possible improvement for a potential reoccurrence.

This illustration have the intention to put a health care perspective on how commercial organizations should in accordance to health care procedures handle any potential crisis. It is important to note that commercial organizations sole purpose is not to focus their entire operations on crisis scenarios. Since crises are in modern society reoccurring more frequently and are more complex in their nature preparations still have to be considered so that the organization can keep focusing on their purpose of providing products and/or services.

Mitroff (1993) argues that organizations can be crisis-prepared or crisis-prone. As evident in the empirical study emergency departments and clinics are well prepared for a wide range of different scenarios. On a local level they have a clear structure of how one should prioritize patients, collaborate and deal with emergencies. If this would not be sufficient they get guidance from the central support, which was the case with the Ebola epidemic. The preparedness in commercial organizations is not, in general, as evident in comparison with the emergency department practices. Most often there are routines for evacuation plans in case of fire or to prevent certain accidents, but that is more or less the main focus of their crisis preparedness. A general view is that potential crises situations seem to be overlooked by commercial organizations with the argument: ‘that cannot happen to us’. Therefore commercial organizations are more towards crisis prone than crisis prepared; they deal with the crises as they emerge. This will in the long term inflict a higher cost on the organizations, according to Mitroff (1993).

Health care teams could be referred to crisis management teams where preparations for possible scenarios are established. The teams are, in accordance to the empirical results, assembled based on the need of a patient just like Coombs (1999) argue for the
composition of CMT’s. They also compose of different people with different knowledge and expertise based on the required assistance. As suggested by Watters (2014) CMT’s should consist of a crisis leader, just like health care organizations rely on a present doctor who holds the ultimate responsibility. The doctor provides guidance and proper information as a leader, this leadership is to a great extent based on trust and directed accountability towards his/her nurses.

The composition of heterogeneous individuals is specifically evident in health care organizations where a diverse set of knowledge and expertise is a necessity to solve multi-functional issues. The set of heterogeneous individuals seem crucial to promote better decision making and efficient practices, King (2002), as well as efficient responses to various challenges, Barton (1993). The same would be true for commercial organizations based on the nature of crises, a composition of heterogeneous individuals would be crucial to solve multi-functional issues such as crises. Teams put a diverse range of perspective on the scenarios and call for better response considerations.

According to Coombs (1995) there are four different crisis types: Faux pas, terrorism, accidents and transgressions. The four crisis types are divided on an axis of external or internal actors and one axis of unintentional and intentional (figure 2). This gives us four clusters of possible crisis scenarios. Within each cluster several different crises can arise. If commercial organizations were to have general strategies for each cluster one can argue that similar crises within the cluster can be managed the same or in a similar way. Based on the empirical study emergency departments are prepared for more or less all possible scenarios in the daily work, they have a planned strategy for scenarios in each cluster. According to Mitroff (1993) organizations should be well prepared for potential crises. It may seem hard to distinguish what ‘prepared’ actually means. It is difficult to plan for each and every possible crisis scenario that the commercial organization could face. However, based on the empirical findings, supported by the theory, this thesis would suggest that a commercial organization ought to have a strategy for managing crises within each of the four clusters presented above (figure 2).

It is understandable that an organization cannot plan for every possible crisis scenario, but we would argue that by planning within each of the clusters the organizations would be sufficiently prepared for a wide range of possible crisis outcomes. Being prepared for a wide range of scenarios also reduces the unpredictability of a crisis. This would imply
that commercial organizations, just like emergency departments, could further have a subjective approach to the crisis, which refers to the subjective approach nurses and doctors have towards a patient. Each patient, just as a crisis, is unique. Patient A do not react to pain in the same way as patient B, therefore the health care staff need to have a subjective approach to each patient. Put into the perspective of commercial organizations one cannot expect that each crisis will unfold the exact same way as it was anticipated or previously experienced. Having a subjective approach to crises makes the process of managing crises more flexible and customized from case to case, the intended reason for being subjective based on the general cluster preparation would be to leave as little as possible to chance and provide a qualitative approach for solving the individual situations.

5.2 Stakeholder theory application

In health care organizations all decisions must be made in accordance to the best interest of the stakeholders. First and foremost we are talking about the patient, or in commercial terms the customer, so that proper treatment is provided and the patient can recuperate without any major complications. Employees need to be confident in their knowledge so that they can provide quality treatment. Continuous education and sharing of information between the employee and databases/colleagues are essential to reassure proper procedures. The patient’s relatives are also considered when treating a patient, clear communication is most commonly sufficient. It is also important to note that health care personnel are under a confidentiality agreement where information cannot be communicated without the consent of the patient. The confidentiality agreement from a perspective of attribution towards the patient’s relatives is redirected to the patient who holds the ultimate responsibility of the information that is communicated further. Media is in a sense also considered based on the effort to provide quality treatment and continuous development/education, so that any negative picture portrayed of the organization can be countered with low attribution of responsibility.

Commercial organizations must also consider the effect a potential crisis have on stakeholders, the organizations interviewed though seems to have different plan or strategy considerations of how one should handle such a scenario. In the moment of an emerging crisis it is important for personnel to inform their subcontractors/customers about the impact on the current relationship between the two parties. Without proper
knowledge or understanding of the crisis this relationship might suffer and further damage will be inflicted on the organization. Employees must also be confident in the recovery and management of a crisis so that their daily operations are not affected, one approach is to not inform people about small problems but these might end up as more severe than initially diagnosed. People then needs to be crisis prone and handle the situation as it emerges without any specific direction of how to properly respond. The media can be a tool for commercial organizations to communicate that proper actions are being used to mitigate any potential crisis, the media reach a wide array of stakeholders to any organization and should therefore be used properly. From our empirical study there were some specific considerations for communicating efficiently within commercial organizations, for example stakeholder considerations in a crisis situation. From a health care perspective, based on our empirical study, clear communication could probably be sufficient to show and ensure stakeholders that the qualitative requirements the organization holds do not promote any concerns.

Based on these notions commercial organizations might have use or draw learning from how health care organizations attend to their stakeholders. Providing customers with the proper treatment or information about how the crisis will affect their relationship and attend to potential solutions for how this can be averted will not only save face but also business. By informing employees about proper procedures and/or information so that they feel comfortable when handling the effects of a crisis and can discuss solutions with other employees will provide efficient responses and a reassurance that everyone is knowingly working to prevent further impact. The media should be addressed clearly to avert any misinterpretations; this clear communication must also be backed on the fact that the quality requirements within the organization do not promote any concerns. If organizations have any type of attribution concerning responsibility; qualitative requirements and proper actions within the organization should mitigate any negative impact on the organization overall. If the media and other stakeholders are informed about the organizations clear routines, preparations and concerns there is no major evidence to portray the organization badly.

Shareholders are also one if not the most important stakeholder that a commercial organization must attend to in a traditional sense. Shareholders should be briefed about the situation and most importantly what is done to avoid or mitigate the impact, just like
health care personnel who report to their superiors about the treatment of a patient and what procedures that have been used. This information is then utilized to ensure that proper actions are engaged or that additional efforts need attention.

5.3 Distributed cognition theory application

To work efficiently within health care organizations it is important to have coordination between individuals with diverse expertise, this may be referred to as health care teams. The guidance of nurses when appointing a patient is crucial so that the patient can receive proper treatment. If the patient is redirected to a specialist the nurses must also make sure that the right specialists are informed and assigned to the patient. The assigned specialists differ based on the diagnosis set on the patient and it is therefore crucial that the nurse have clear evidence when setting a diagnosis. There is an open door policy between the departments, nurses and doctors so that help and communication is promoted. As the departments work close by there is a shorter channel of communication so that no information is misinterpreted and required expertise is easily accessible. This situation also provides a variety of perspectives on the specific case so that the decisions and actions that are engaged are well thought through and best suited for the patient’s requirements. This coordination between health care personnel can first be considered in an interpersonal coordination, in accordance to Knoblich and Jordan (2003), where real-time effects such as receiving an ambulance patient requires pressing treatment and available personnel that can attend to the matter must help out. There is prevention for inefficient real-time coordination where expertise would be absent; there is always a doctor present at each department who can attend to potential emergencies as they arise.

There is also coordination from a shared-metal model perspective, DeChurch and Mesmer-Magnus (2010), where team-coordination is constructed to the related knowledge of team members. The nurses know where to go for specific expertise necessary to treat a certain patient and they constantly exchange information between colleagues so that knowledge can be shared and each individual’s level of expertise is identified. There are also meetings where discussions about quality, performance and patients are discussed so that necessary information is provided for improvements.
In the interviewed commercial organizations there are different emphases on CMT’s, the reason is that they have different crisis preparedness needs and requirements. One cannot argue that all organizations should have CMT’s but there would be advantages to at least introduce informal teams who can attend to pressing matters. These teams would preferably include department heads that have a good understanding of their specific routines and procedures (Barton, 1993). Just like doctors who supervise nurses handle the most severe emergencies and have their briefing and predetermined procedures managers who supervise employees could make use of a similar structure. Department heads from human resources, IT and communication could for instance speculate in potential crises that affect them just like doctors from surgery, medicine and orthopedics speculate in how to treat a patient that concern all three of them in a certain way.

The health care personnel interviewed empathized that it is important to have confidence, trust and experience with other personnel, especially in these severe matters. Smith-Jentsch et al. (2009) argue that teammates with greater experience working together request and accept backup from each other, which would be applicable in these health care organizations. Stout et al. (1999) exploration of the relationship between team planning, shared mental models and coordinated team decision-making and performance would also be applicable to these health care organizations. The continuous preparation, sharing of information/knowledge and predetermined procedures enhance the shared mental models and allow them to have clear and directed communication. This would also be essential to improve the team performance since less mental resources are constrained when a nurse for instance know that there are doctors close by who can attend any pressing matters.

In commercial organizations it would therefore be crucial to comprehend the expertise of other departments and how they operate. They would have to fuse their efforts for the organizations greater good if a crisis emerge and would therefore have to understand how that fusion would play out. If this information and additional knowledge were to be shared amongst department heads in planning processes for potential crises the shared mental models would increase. This would just like in the health care organizations enhance team performance, restraining less mental resources and improve
communication. One cannot argue that commercial organization ought to replicate the exact routines of health care organizations but might make use of a similar structure.

5.4 Attribution theory application

Regarding attribution of a specific situation health care organizations constantly work with their quality requirements and continuously improving routines. If the daily operations hold a high qualitative level attribution could arguably be considered as lower. Meaning that as health care organizations have high standards and are prepared for a wide range of scenarios, they prevent internal and intentional factors that might complicate the well-being of a patient. It seems crucial that attribution in the health care world should be as low as possible, especially since their operations concern people’s lives, because the burden of high attribution of responsibility would have personal effects. To prevent high levels of attribution they are provided with knowledge, routines, counselors, meetings and so on so that they can better control and contain every situation.

Commercial organizations also face a wide range of potential crisis scenarios, since crises have a negative connotation, just like the injury of a patient; it is essential that the responsibility be redirected to limit any impact on the organization. Within healthcare this is done through planning and preparation so that any lack in preparation cannot be evident in the treatment of a patient. Organizations could use a similar approach to redirect attribution, just like the previously argued for prepared instead of prone procedures. If commercial organizations used a structure of preparing for prioritized potential scenarios and cluster their general preparations they would be better prepared. With a general cluster preparation they also leave room for a subjective judgment towards all potential crises that may emerge, this is crucial to reassure that the situation is treated in an optimal way just like nurses and doctors judge their patient depending on their individual characteristics.
5.5 Situational crisis communication theory application

The communication and relationship with the patient is an essential part of the daily operations within health care. We have referred the patients to the emergency or crisis that the nurses/doctors face. However, the patient is also a stakeholder for health care organizations and could thus also be referred to as the customer.

Timothy Coombs argues that the initial crisis responsibility determine the reputational threat. It is important to consider this during a crisis scenario, to be aware of one’s own responsibility. If organizations know their responsibilities in certain scenarios it is easier to determine proper response strategies. The routines of how to inform a patient about the usage of medicine is a preventive approach to mitigate crisis responsibility. One argument could be that if a nurse follows the predetermined routines of proper health care attention in both writing, orally and if necessary home care, the attribution of responsibility, concerning potential complications, is mitigated. He or she would in this scenario, more specifically, mitigate the internal locus of control and controllability if complications were to arise. The critical point here is to communicate and give sufficient attention to the patient.

Within SCCT Coombs (1995) argue that there are different crisis clusters. As long as the crisis is not in the preventable cluster the reputational threat is mild or moderate, the threat though further depends on if the organization is a victim or if the crisis is a result of an accident. If the crisis could be prevented there is a severe reputational threat to the organization. From a health care organizations perspective it is important to avoid preventable crises. In Sweden the health care is seen as a nationwide organization with universal health care. A mistake made by one individual at one hospital could evolve to a bad reputation for the health care service in general.

It could be argued that commercial organizations should have routines that, if they were followed, would minimize the perceived responsibility for a crisis. Put in simple terms this could involve proper safety routines in a factory, and if the routines are followed correctly the responsibility is mitigated based on the preventive cautions that has been considered. If a crisis were to happen, of course the company needs to be held accountable for the accident, or similar scenarios. The essential lesson would be that if the crisis emerges the reputational damage would to some extent be controlled.
The empirical study shows that the communication is most often very distinct and honest to the patient and their relatives. By law the patient has the right to know everything about their treatment and disorder, so the employees have no other option than to be very transparent with the patient. However these communicative interactions, just as Andreas said, needs to be individually applied to each patient so that the information is considered as transparent based on the patient’s ability to understand and interpret the information provided. In regards to potential relatives it is enough to be honest and distinct in the communication, and most of the times they will understand the seriousness of the disorder. In most cases the support from each other and the staff during this tough period is sufficient enough to be transparent.

What is important to point out is the difference of the two types of researched organizations. A sick patient needs to know about his or her disorder, it is even required by law. A commercial organization on the other hand does not have the same requirements to disclose information to their customers and/or employees. Just like health care personnel do not tell an old lady that she can die from her flu, commercial organizations do not worry employees about minor setbacks. In the case of commercial organizations it is essential to have a plan for the communication during a crisis. In a simple illustration the CEO might have an indication of potential layoffs in the near future; this information might necessarily not be disclosed as it might distress employees. Instead there needs to be a clear plan for how this information should be disclosed on the shorter time frame before the layoffs needs to be initiated. Just like doctors and nurses know what a specific diagnosis would signify for a patient and what information that is necessary to disclose. Based on our empirical study, linked to the theoretical framework, three specific considerations could be argued for.

First, it is necessary for managers to be honest and up-front during tough times, just like the doctors/nurses communication with a patient. Second, one need to consider which stakeholders that should be informed and protected. In the case of a sick patient it is obviously the closest relatives that are informed about the disorder of a patient. During the Tylenol crisis the focus was to inform customers not to consume the contaminated medicine. In addition it is important for commercial organizations to also consider secondary stakeholders. These are normally not an essential part of the organizations daily operations, but in a crisis the secondary stakeholder might be the ones that suffer
the most or can best provide help to recover (Alpaslan et al., 2009). Third, the organization must share what they are doing to correct the problem to reassure that proper actions are engaged. This could be compared to when doctors/nurses talk to the patient, or the patient’s relatives, what procedures they will perform and the diagnosis of the disorder so that a smooth recovery and necessary support is provided.

5.6 Analytical interpretations

One of the most prominent factors within the health care organizations and how they operate efficiently could, based on the empirical study, be the collaboration between individuals or health care teams. This collaboration would be based on a set of essential functions that is required to operate and deal with the challenges faced every day. The essential functions from our empirical study would be planning structure, coordination and communication.

The planning structure concerns whether commercial organizations should be crisis prepared or crisis prone. From a health care perspective there always have to be preparations for potential scenarios, being prone in health care organizations would be a recipe for disaster. It is though clear that commercial organizations cannot be prepared for all possible situations they may encounter. Instead they could use general cluster preparations to restrain as little resources as possible and still cover a wide array of potential scenarios. With a general cluster preparation approach they could instead focus their main resources on the subjective judgement of a crisis where specified considerations for proper actions can be concluded. With this approach commercial organizations could prioritize potential crises and direct efforts where they can be utilized best, just like the health care triaging process. For sufficient preparations it would also be essential to have continuous education or what commercial organizations would refer to as, simulation based training. From the planning, preparation and educational processes a construction of quality requirements concerning the ongoing operations to prevent crises could be determined.

The collaboration between individuals, further built on the planning process, is how they should coordinate from a health care perspective. To handle a situation in the most efficient way there ought to be collaboration between heterogeneous individuals with different skills, expertise and knowledge. It would be important to have a diverse set of
perspectives on a situation so that a clear comprehension of its nature can be determined. Different scenarios require different knowledge, if a subjective perspective is put on a potential crisis the required expertise from case to case would differ. It would therefore be crucial to have a diverse set of skills available to handle any situation that may arise.

To handle a crisis within commercial organization, a team of individuals need to represent all the essential functions of the organization, this composition could be referred to as a CMT. Just like health care organizations involve heads from surgery, medicine and orthopedics, commercial organizations would have to involve the CEO as well as managers from the finance, human resource and the market department. The CEO holds the ultimate responsibility, just like the doctor who supervises his or her nurses. From a health care perspective the leadership could give two different analytical angles. Either one could consider the doctor as the one holding the ultimate responsibility, or one could interpret the responsibility of the doctor as a shared factor between different doctors. The shared responsibility factor would be based on the presence, different doctor’s work at different hours. A shared responsibility factor within commercial organization though, would face some complications. If responsibility where to be shared, for instance, between the CEO and a security manager, it would be inevitable for the CEO to still hold the ultimate responsibility, regardless of his or her presence.

To enhance the shared mental models within this potential CMT, it would be of utmost importance to comprehend the other team-members knowledge, skills and expertise. Besides the planning process, it would be essential with continuous communication within the team. Accessibility would be a factor to consider. Having the different departments located close by would provide shorter channels of communication and increase the communicative transparency.

As a third and last essential factor for the collaboration between individuals, the empirical study would support communicative engagements. Within health care organizations clear and relevant information is prioritized when communicating with recipients. The overall more transparent communication within health care organizations differs to how commercial organizations ought to operate. Commercial organizations cannot be completely transparent in all situations due to potential
repercussions. However, clear, transparent and relevant information would still be beneficial; to the extent that it could be provided. By providing sufficient external communication as a response to a crisis, commercial organizations could better control the emerged situation and attributed responsibility.

The internal communication is directly linked to the planning process and the collaboration between individuals. Clear communication is not only important in the planning stage but maybe more so in the collaboration between individuals. Continuous communication between individuals would be essential to enhance the shared mental models. Transparent communication between departments would be important to comprehend the planning and routines within the different departments. When a crisis emerges a natural fusion between the departments can be initiated, just like the collaboration between medicine, orthopedics and surgery when a patient requires extensive treatment.
6 Conclusion

The concluding chapter of this thesis clearly answers the designated research questions and further argues for the fulfillment of the intended purpose. The constructions of a model that represent the suggested recommendations are presented as a final observation.

The purpose of this thesis is ‘Based on the nature of managing crises; what can commercial organizations learn from health care organizations ongoing operations? Why?’

To clearly argue why these learning’s or recommendations are of importance and make a connection between the two types of organizations we will answer the more specific questions:

- Why are health care organizations ongoing operations applicable to crisis management in commercial organizations?
- How comprehensive is the planning and preparation for potential crises?
- What are the procedures for containing a crisis?
- How do organizations reflect on previous crises?

There is a striking resemblance of how health care organizations attend to patients and how commercial organizations attend to crises. The requirement of a patient can be described as unexpected, unanticipated, require a quick response and threatens high priority values of the organization.

Health care organizations have an extensive response repertoire for potential scenarios, commercial organizations on the other hand have their main priorities set on minor reoccurring obstacles. Commercial organization should have a more crisis prepared, instead of crisis-prone standing. Their disregard for crisis preparedness leaves them vulnerable for financial repercussions. It would be unrealistic for commercial organization to have the same preparations as health care organizations. A general cluster preparation (figure 2) with subjectivity would be the most logical preparedness application, based on our findings correlated to health care organizations.

Health care organizations works continuously within teams, these can be referred to as CMT’s. It would be essential for commercial organizations to use a team structure when
handling multi-functional issues, such as a crisis situation. The team should have a heterogeneous distribution and represent all essential functions within the organization. The leadership role should fall on the CEO, since he is responsible for the organization as a whole. The routines and procedures for handling a crisis are closely linked to the extent of planning, but it is similarly important to enforce and perform these procedures efficiently. Health care organizations use the coordination between individuals and/or health care teams, commercial organizations ought to use a similar structure.

Health care organizations always discuss and analyze any complications that can or have been faced with a patient. The information is used for educational purposes and improvements for routines and procedures. Crises within commercial organizations are probably not as reoccurring as different disorders within healthcare, the learning process from case to case would still be applicable for commercial organizations.

Directed to the purpose commercial organizations should from a health care perspective handle their crises with the help of formal or possibly informal experienced, multi-faceted and well-coordinated crisis management teams. These teams should undergo training/education related to certain scenarios and ‘plan for the unpredictable’, simulation based training that reflect real-life situations would fulfill that specific purpose. The coordination should be transparent, co-operative and easily accessible so that shorter channels of communication promote quick and well thought through responses. This would also be essential for efficient signal detections so that crises can be identified as crises and resources are utilized where they are needed the most. Some situations do not necessarily call for cross-department collaboration and could instead be handled by less directed resources.

The cross-department collaboration would have to determine the attributed responsibility. Triage their resources, and prioritize where the most efforts needs attention to take control of the situation. This would be essential to contain the crisis that has emerged.

Based on the containment of the crisis the organization would further have to recover and adjust to the new reality they face. The crisis responses would further be analyzed to determine if a similar approach would be sufficient in the future or if there would have to be some alterations to improve future responses.
The conclusions can further be illustrated in a model, representing the central concept of implementing crisis management teams and the essential factors of planning, coordination, communication and learning’s. This central concept can further be illustrated with an extended model, representing the routines and procedures a designated CMT should consider and undertake.

This central concept of implementing teams and the requirements for efficient practices would be beneficial to enhance the overall response commercial organizations can direct towards a wide range of potential crises. There would not only be an assurance for the organization that there are preparations but also ensure stakeholders through external communication that there are reliable procedures for situations that may have an impact on their investment, be it time, money, sentimental value etc.

It would not overwhelmingly constrain resources and still represent crisis preparedness; the only obstacle for such preparedness would be the inconsideration of crisis preparedness in general.
6.1 Organizational integration model

This model represents the conclusions drawn above. It illustrates how a CMT should function and how it should be integrated with suggested crisis management practices.

Figure 3 - Organizational integration model
Source: Fredrik Holmgren & Karl-Rikard Johansson, 2015
7 Discussion

This chapter discusses the relevance of the study followed by the limitations considered when writing the thesis. The broader ethical and social issues related to the writing of the thesis and suggested further research is then presented.

7.1 Relevance of the research

This thesis has provided some clear recommendations that should be considered when integrating the structure of health care organizations daily operations towards commercial organizations management of crises. The inconsideration of crisis preparedness based on the argument of restrained resources and lack of available time could be why this study would not get any major attention from commercial organization. However, it is evident, based on the empirical study, that an interest in the matter is prominent if one put the phenomenon of crises into the proper context for the specific organization. This would be where commercial organizations pay attention, bringing up our intended recommendation in the context that is relevant for the organizations would provide value for their management of handling crises. This would not only be from the perspective of the organization but also from a stakeholder perspective that these organizations are dependent upon. The argument is neither that the entire operations of a commercial organization should be crisis prepared. Since crises are less occurring than the appointment of patients, but to have a general cluster preparation and a subjective approach would be of great value for organizations not only for crisis preparedness but maybe also to enforce organization wide communication and collaboration on other matters.

The research also shed light on the fact that crisis preparedness do not necessarily constrain as much time and resources anticipated by organizations. Just like the governmental initiatives to engage organizations into the crisis preparedness discussion, the findings of this thesis also encourage such a discussion. This would also be supported by the fact that crisis management is a current issue that organizations have to consider due to the increased frequency of crises.
7.2 Limitations
This thesis has conducted empirical collection from a range of different types of health care organizations and commercial organizations; they also differ in size, location and available resources. This has been a limitation for the empirical results and findings due to the specific application of the intended recommendations. The study is also limited within the country of Sweden; it would therefore be insufficient to argue that a similar application would work in other countries. The health care procedures linked to the empirical study cannot either be representative for other countries. Different commercial organizations have different crisis preparedness so it is insufficient to argue that all have the same preparedness. Different healthcare organizations also have different resources and expertise so different situations are handled differently at different locations. These considerations limit a more specific and accurate integration and could instead be concluded as general. The recommendations could still be applied to commercial organizations in general from a health care perspective, but the non-probability technique where limited evidence for the interviewed individual’s representation for the whole population makes it hard to argue for a true generalization.

7.3 Relation of thesis to broader ethical and social issues
In a fast-paced and globalized world it is almost inevitable for organization not to be involved in some kind of crisis scenario. Crises and crisis management are subjects that all modern commercial organizations must, to at least some extent, be aware of. The frequency of crises is increasing, and thus the likelihood of being drawn into a crisis unintentionally through external stakeholders must also be considered. Our findings have explained a suitable and manageable approach towards crisis management that commercial organization can apply for crisis preparedness. This will hopefully help commercial organizations to be more prepared to crises as they emerge. Perhaps, even potential crises can be prevented or avoided by following our guidelines.

Furthermore the impact of crises on society can be mitigated with a well-established crisis management plan. Crisis preparations help the organization to quicker contain or even prevent the occurrence of a crisis. With a predetermined and well thought through crisis plan the impact on stakeholders can be mitigated, and both the organization and stakeholders will have less constrain on their resources during the crisis period. These stakeholders also comprise of society as a whole, primary and secondary stakeholders,
where proper crisis management procedures would mitigate any negative impact an organization would have on its surrounding environment.

From an ethical perspective one can also argue that organizations have an obligation to conduct crisis management procedures. The spillage or discharge of waste and gases are one example where the wellbeing of the surrounding society would be affected, organizations must have well-established procedures to handle these matters both from a societal and ethical perspective. This thesis thus can also be considered as a contribution from societal and ethical considerations among commercial organizations where a simple crisis preparedness structure, that limit the necessary resources, would shed light on the current inconsideration of crisis preparedness.

### 7.4 Further research

In more general terms the study shed light on health care organizations and how they operate while striving to integrate this structure on commercial organizations. This is a comparison and/or integration that have been argued for based on the nature of managing crises. This integration could also be applied to other industries than healthcare, such as media, armed forces and the police. These organizations also face situations that present a restricted amount of time before a response can be made, are unexpected or unanticipated and threaten high-priority values of the organization. It would be interesting to further research on how a proper integration of how these organizations manages the nature of crises would be applicable towards commercial organizations. Further research could also focus their empirical collection solely on one type of organization or one specific size of an organization to suggest more specific recommendations and applications. Focusing solely on organizations who have encountered a specific type of crisis would also provide a more specific application for how to manage a designated crisis type subjectively. In addition if the study were to be conducted in another country, similar and/or different learning might be provided.
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List of References


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## Appendix

Table 1 - Description of the respondents

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anna</td>
<td>March 27, 2015</td>
<td>Health center executive at health center. In charge and oversee all activities and developments.</td>
</tr>
<tr>
<td>Lisa</td>
<td>April 8, 2015</td>
<td>Working as a nurse at an emergency department. She has several years of experience of emergency treatment.</td>
</tr>
<tr>
<td>Andreas</td>
<td>April 8, 2015</td>
<td>Fairly new to his occupation at the emergency department. Provides us with a “fresh” perspective, he is not too rooted in the organization and its culture.</td>
</tr>
<tr>
<td>Filip</td>
<td>April 10, 2015</td>
<td>Manager over the care unit at an emergency department. In charge of 50 employees. Planning and organizing is his main tasks.</td>
</tr>
<tr>
<td>Malin</td>
<td>April 15, 2015</td>
<td>Nurse at a health center with years of experience. Receive and treat patients on a daily basis.</td>
</tr>
<tr>
<td>Pelle</td>
<td>April 17, 2015</td>
<td>Former CEO and current sales manager, oversaw all operations and planning within the organization.</td>
</tr>
<tr>
<td>Maja</td>
<td>April 17, 2015</td>
<td>Financial manager who overlook all economical information and considerations. Directly connected to risk management that direct essential information to the local organizations.</td>
</tr>
<tr>
<td>Katarina</td>
<td>April 21, 2015</td>
<td>Health center executive at health center / emergency department. In charge and oversee all activities and developments.</td>
</tr>
<tr>
<td>John</td>
<td>April 30, 2015</td>
<td>Security manager for the Swedish organization of a retail chain. Handle security manners, both from a local and central perspective.</td>
</tr>
<tr>
<td>Isabelle</td>
<td>May 4, 2015</td>
<td>Marketing &amp; Communications manager of an interior retail chain. Are involved in the crisis preparation stages and the overall linked functions when handling potential crises.</td>
</tr>
</tbody>
</table>
**Crisis management:**

<table>
<thead>
<tr>
<th>Question</th>
<th>Translation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hur utförs det dagliga arbetet?</td>
<td>Explain the daily operations?</td>
</tr>
<tr>
<td>Hur prioriterar man det som är viktigast?</td>
<td>How do you prioritize your tasks?</td>
</tr>
</tbody>
</table>

**Crisis management teams:**

<table>
<thead>
<tr>
<th>Question</th>
<th>Translation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jobbar ni i grupp/lag?</td>
<td>Do you work in teams?</td>
</tr>
<tr>
<td>Vad är fördelarna med att ha fungerande lag i organisationen?</td>
<td>What are the benefits of having functional teams in the organization?</td>
</tr>
<tr>
<td>Har medlemmarna i gruppen/laget handplockats för sina specifika egenskaper och positioner?</td>
<td>Do specific member have certain roles in the team, depending on their knowledge and experiences?</td>
</tr>
</tbody>
</table>

**Situational crisis communication theory:**

<table>
<thead>
<tr>
<th>Question</th>
<th>Translation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hur fungerar kommunikationen med patient?</td>
<td>How do you communicate with patients?</td>
</tr>
<tr>
<td>Är man helt transparent med patienten?</td>
<td>Are you completely transparent with the patient? (Och då menar vi om låt saga en patient har vissa symptom som kan betyda att patienten kan lida av A eller B är man helt ärlig mot patienten från början innan man är helt färdigställd med diagnosen?)</td>
</tr>
<tr>
<td>Hur viktig är kommunikationen med patienten?</td>
<td>How important is the communication with a patient?</td>
</tr>
<tr>
<td>Hur viktig är kommunikationen med patientens anhöriga?</td>
<td>How important is the communication with the patient relatives?</td>
</tr>
<tr>
<td>Hur fungerar kommunikationen mellan personalen och avdelningarna på</td>
<td></td>
</tr>
</tbody>
</table>
akuten/centralen, från ambulanspersonal till andra sjukhus?

*How does the communication between the staff and related departments function?*

**Attribution Theory:**

Har ni en förutbestämd strategi/plan när det kommer in patienter med vissa skador?

*Do you have a specific strategy for a certain emergency?*

Finns det strategier för hur man agerar när något gått felaktigt till internt?

*Do you have routines for potential internal mistakes?*

**Stakeholder theory:**

Går man igenom alla tänkbara händelser som kan påverka en patient?

*Do you analyze all thinkable scenarios that could happen to a patient?*

Befinner man sig ibland i en sådan pressad, situation att tid och information inte räcker till för att ta ett 100 % korrekt beslut?

*Does it happen that you sometimes are in a situation where you cannot be a 100% sure that you are taking the right decision?*

**Directed cognition theory:**

Hur viktigt är det att man känner varandra väl?

*How important is it that the employees know each other?*

Planerar man ihop?

*Do you plan your strategies together?*

Tar man lärdomar från varandra?

*Do you learn lessons from each other?*

Litar ni på varandra på avdelningen?

*Do you trust each other at the departments?*
### Table 3 - Interview questions, commercial organizations

<table>
<thead>
<tr>
<th>Question</th>
<th>Translation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hur ser det övergripande krishanterings arbetet ut i organisationen?</td>
<td><em>How are the current crisis considerations within the organization?</em></td>
</tr>
<tr>
<td>Hur prioriterar man olika scenarion som kan påverka organisationen?</td>
<td><em>How do you prioritize different scenarios/potential crises?</em></td>
</tr>
<tr>
<td>Har ni något krishanteringslag? Varför?</td>
<td><em>Do you have a designated crisis team? Why/Why not?</em></td>
</tr>
<tr>
<td>Hur arbetar man i lagen?</td>
<td><em>How is the coordination within the team?</em></td>
</tr>
<tr>
<td>Hur är laget komponerat?</td>
<td><em>How is the team composed?</em></td>
</tr>
<tr>
<td>Hur ser det förebyggande samt förberedande arbetet ut?</td>
<td><em>How do you prepare and work to prevent potential crises?</em></td>
</tr>
<tr>
<td>Finns det kommunikations strategier inför potentiella kriser?</td>
<td><em>Are there any communicative strategies for potential crisis scenarios?</em></td>
</tr>
<tr>
<td>Hur överväger man intressenternas informations behov?</td>
<td><em>How do you consider stakeholder requirements in case of an emerging crisis?</em></td>
</tr>
<tr>
<td>Är den övergripande kommunikationen transparent? Varför?</td>
<td><em>Is the overall communication transparent? Why?</em></td>
</tr>
<tr>
<td>Hur ser ni på efterarbetet av kriser? (Analyseras de beslut som tagits för att ta lärdomar inför framtiden.)</td>
<td><em>How do you work post-crisis?</em></td>
</tr>
</tbody>
</table>
### Table 4 - Quotes from the interviews

<table>
<thead>
<tr>
<th>Critical factors</th>
<th>Health care organizations Quotes:</th>
<th>Commercial organizations Quotes:</th>
</tr>
</thead>
</table>
| **Organization** | 'It is important to have a clear structure when appointing patients otherwise there may be an overload for the employees’ (Katarina, Health center executive).  
‘In times of work overload we need to re-organize and get more people to work’ (Lisa, nurse).  
‘The emergency is divided into three different departments... first and foremost they focus on their specific area. But in the case of a very critical situation they collaborate’ (Andreas, Nurse).  
‘We have an easy accessible relationship with our doctors who attend to more severe cases’ (Malin, Nurse).  
‘We have a management team, which consists of 6 persons... We let the staff plan for the day and we plan for the future’ (Filip, emergency department executive).  
‘We are both a health center and an emergency clinic. A smaller group of nurses and doctors work within the emergency clinic’ (Anna, health center executive). | 'The crisis management team consists of the following persons – CEO, Market manager or CFO, Human resource manager and Security manager’ (John, Security manager).  
‘We consider scenarios that seem most relevant for our daily operations such as an economic downturn, other than that we do not attend to any scenarios that seems unlikely’ (Pelle, Sales manager / Former CEO).  
‘According to my understanding we use insurances as the main risk reduction for potential crises, credit insurances is something from a financial standpoint that we have enforced recently’ (Maja, Finance).  
‘I would say that we have a broad repertoire of different crisis responses that are continuously used in our educational summits’. (Isabelle, Marketing & Communications manager). |
| **Planning and Routines** | 'One must re-planning all the time during the day’ (Lisa, nurse)  
‘Yes, we have certain daily routines... But when the emergency rooms fills up with patients we cannot stick to them’ (Andreas, Nurse). | 'We have dedicated individuals at different levels and roles within the organization. They practice, or are involved in real situation crisis management once a year’ (John, Security manager).  
‘There are no specific routines for other
‘A lot of the daily routines are exercised individually but there are counseling with the supervising doctor regarding planned appointments’ (Malin, Nurse).

‘Communication is VERY important... Most of the times it is the communication that fails... I need to put a lot of effort to reach out with the communication to the whole department’ (Filip, emergency department executive).

‘We follow a set of quality requirements that are very standardized but consistently analyzed. We have meetings once a week about potential improvements and provided services’ (Katarina, health center executive).

‘I am in charge over the whole operations. One of my daily routines is to make sure that we have enough people at the department. We are treating humans so we cannot lack staff, and I need to make sure we have enough staff to perform the daily operations’ (Filip, emergency department executive).

‘The nurses try to solve everything he or she can before a patient will meet a doctor. If the treatment from the nurse is sufficient the patient will not see a doctor’ (Anna, Health center executive).

<table>
<thead>
<tr>
<th>Communication</th>
<th>‘One adapt the conversation to different person, because we are all different’ (Lisa, nurse).</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>‘We are responsible for some one’s life. So if I does not ask a question that is important to ask, even</td>
</tr>
<tr>
<td></td>
<td>than scenarios that are more probable on a local level, there is instead confidence on the top management in these matters’ (Maja, Finance).</td>
</tr>
<tr>
<td></td>
<td>‘The preparations are not very extensive; instead we focus on the more reoccurring complications that may arise’ (Pelle, Sales manager/Former CEO).</td>
</tr>
<tr>
<td></td>
<td>‘We have groups for the specific purpose of handling crises, which is necessary when handling pressured situations like crises...these groups continuously undergo simulation based training’ (Isabelle, Marketing &amp; Communications manager).</td>
</tr>
<tr>
<td></td>
<td>‘One person always make public statements, the Market manager, the CEO is putted on hold if any complications were to arise’ (John, Security manager).</td>
</tr>
<tr>
<td></td>
<td>‘If we were to face any major</td>
</tr>
</tbody>
</table>
though it feels silly, the patient suffers instead’ (Andreas, nurse).

‘When we receive ambulances and redirect a patient to them we always inform about the diagnosis and the pressing need of the patient’ (Malin, Nurse).

‘Regarding potential epidemics there is a central support that attends to these matters, from my experience there are well constructed routines for such scenarios. I have great confidence in these procedures and we have a web portal that provides swift information about proper routines for such scenarios’ (Katarina, health center executive).

‘Communication is the most important aspect of my work’ (Filip, emergency department executive).

‘We conduct a meeting every week about patients, improvements and ongoing routines as well as additional questions brought up by nurses/doctors’ (Anna, Health center executive).

complications of course there needs to be a consensus among the employees so that proper actions are engaged’ (Pelle, Sales manager / Former CEO)

‘Communication is always important, concerning crises I can only refer to the financial crisis 2008 where information was distributed concerning what was done and what was expected from us employees’ (Maja, Finance).

‘We always want to be transparent in our communication, it is important to note though that sometimes there are limits to how transparent one can be’ (Isabelle, Marketing & Communications manager).

<table>
<thead>
<tr>
<th>Crisis response</th>
<th>‘I try to plan the day so that I, if they call for assistance, can re-prioritize my work quickly’ (Lisa, nurse).</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>‘One need to consider the possible risks of a patient’s disorder, but it is nothing I get stressed about’ (Andreas, nurse).</td>
</tr>
<tr>
<td></td>
<td>‘During the swine flu epidemic we had to work tirelessly and provide vaccine to the community on several occasions per day. We had (In the case of a crisis, how does one consider stakeholders right to information?)</td>
</tr>
<tr>
<td></td>
<td>‘Depends on the crisis, the priority is put in order of: employees and relatives, owners, suppliers and partners, press/media’ (John, Security manager).</td>
</tr>
<tr>
<td></td>
<td>‘I have not received any information prior to or in advance of a crisis. But if things were to escalate I surely will be’ (Maja, Finance).</td>
</tr>
<tr>
<td></td>
<td>‘We do not have any preparations for crises in specific terms, instead we are</td>
</tr>
</tbody>
</table>
to reorganize our working hours, resources and nurses / doctors so that the necessary treatments were reassured’ (Malin, nurse).

‘We have a database of PM’s with a broad repertoire of routines and procedures for proper treatments. But we also base our treatment of patients on experience and previous knowledge of similar scenarios, there is an extensive information base on proper responses to patients conditions’ (Katarina, health center executive).

‘We work with something called ‘synergies’, it is a tool to detect mistakes and mistreatments. The purpose of ‘synergies’ is to improve the organization, not to frame the person who is responsible for the mistake’ (Filip, emergency department executive).

‘We use something called triage, each patients is evaluated and prioritized’ (Anna, health center executive).

more generally prepared to the situations that might complicate our ongoing operations’ (Pelle, Sales manager/Former CEO).

‘We have recently constructed a model for how to prioritize different scenarios, this model is mostly referred to scenarios that would impact the organization to the greatest extent’ (Isabelle, Marketing & Communications manager).