ISSN: 2707-8965 (Online) & 2708-3772 (Print)

Volume: 7, Issue: 12
Page: 114 - 129
2025

Euro Afro Studies International Journal®
(EASIJ.COM)

Analysis of Crisis and Crisis Intervention in Healthcare

Author(s), ADEYERA, Abimbola Olanrewaju, OHAERI, Beatrice O., AKINWARE, M, OJO Iyanuoluwa Ore ofe, BABARIMISA Oluwatoyin

Abstract:

Crises in healthcare arise from acute events such as medical emergencies and infectious disease outbreaks, as well as chronic system pressures including workforce shortages, resource constraints, and organizational fragility. These disruptions undermine service continuity, compromise patient safety, and intensify psychological and operational burdens on healthcare workers. This narrative review synthesizes contemporary literature to examine the nature, sources, and impacts of healthcare crises, alongside the theoretical frameworks and intervention strategies that shape effective responses. Drawing on Caplan's Crisis Theory, Systems Theory, and the Stress and Coping Model, the review highlights how crisis dynamics emerge from interactions between individual, organizational, and systemic vulnerabilities. Evidence indicates that crises have multidimensional consequences, including delays in care, increased morbidity, emotional distress, workforce burnout, and heightened ethical tensions. Effective crisis intervention whether through psychological support models, rapid response teams, de-escalation strategies, or organizational resilience measures relies on robust leadership, integrated communication systems, and adaptive governance. The findings emphasize that healthcare systems must strengthen preparedness, invest in resilience-building strategies, and adopt holistic approaches that incorporate digital innovation, interdisciplinary collaboration, and equity-focused policies. As polycrises intensify globally, enhancing the capacity to anticipate, assess, and manage crises is essential for protecting patient outcomes, supporting healthcare professionals, and sustaining high-quality care.

Keywords: Healthcare crisis, Crisis intervention, Resilience, Organizational preparedness, Psychological impact,

EASIJ
Accepted 5 December 2025
Published 19 December 2025
DOI: 10.5281/zenodo.17987139

About Author

Author(s): **ADEYERA, Abimbola Olanrewaju**
Faculty of Nursing Sciences
University of Ibadan, Nigeria

OHAERI, Beatrice O.
Faculty of Nursing Sciences
University of Ibadan, Nigeria

AKINWARE, M
Faculty of Nursing Sciences
University of Ibadan, Nigeria

OJO Iyanuoluwa Ore ofe
Faculty of Nursing Sciences
University of Ibadan, Nigeria

BABARIMISA Oluwatoyin
Faculty of Nursing Sciences
University of Ibadan, Nigeria

Introduction

A crisis in healthcare is defined as any occurrence or sequence of occurrences that exceed the normal functioning, resources or coping abilities of healthcare system, patient or healthcare professional that cause major disruption of the provision of services and may have adverse effects on health outcomes. Crises can arise acutely in cases of, for example, acute medical emergencies, infectious disease epidemics and mass casualty incidents, or gradually via the chronic functioning of systems as in workforce shortages, supply chain breakdowns and through austerity-driven resource constraints. Recent experiences around the world, specifically the Covid-19 pandemic, have demonstrated the potentially rapid destabilisation of healthcare systems, the strain on professional capacity and the overall quality of care (Amasiri et al., 2021; Biel et al., 2023). These disruptions support the need to incorporate the importance of structured approaches to crisis analysis and intervention as an integral process in healthcare service resilience and safety. The scope of crises in healthcare has a clinical, organizational, social and environmental dimension. Crises, from a clinical perspective, are manifested by an increase in the number of patients, by diseases, not yet known to date, or by scarcity of a complex and multifaceted health needs. Organizationally, institutions may experience crises related to institutional mismanagement, communication failures, policy inconsistencies, cyber threats, or burned out workforce. The growing phenomenon of "polycrisis" - the intersection and co-occurrence of various crises, in particular, of interconnected crises of different nature: infectious diseases crisis, economic instability, climate-related hazards, and sociopolitical pressures developing simultaneously have gained significant relevance in these times, as healthcare system navigates range of crises (Wypych-Ślusarska et al., 2025). These intersecting pressures make response efforts complex and demand holistic approaches that take account of inter-dependencies across sectors and populations.

Crisis events generate a large variety of consequences for patients and healthcare professionals. For patients, crises often result in delayed access to medical care, reduced access to medical and other health-related services, increased morbidity and deterioration of chronic medical conditions due to disruption of routine medical treatment pathways. For healthcare workers, crisis circumstances exacerbate psychological distress, cause an increase in burnout, and could impair their professional performance (Engelbrecht et al., 2021; Dzinamarira et al., 2024). The stress that workers feel directly impacts patients, as tired and under-resourced workers are less likely to make mistakes and be less able to empathize and communicate. As a result, effective crisis management is not only important to ensure operational continuity, but is also important for maintaining ethical standards and emotional wellbeing of the healthcare workforce. Analyzing crises in healthcare systems is a base for understanding vulnerabilities and developing strategies to prevent or mitigate adverse impacts of these crises. A systems based approach recognises that health care crises are rarely the outcome of a single factor, but result from the interaction between lack of structural strength, an environmental trigger and human response. Research on healthcare organizational resilience emphasizes the importance of anticipation, adaptation, learning, and

transformation as fundamental capacities enabling the successful navigation of crisis situations by institutions (Barasa et al, 2018; Agostini et al, 2023). Similarly, policy and leadership are important to shaping the outcomes of crises in terms of preparedness, decision-making efficiency, communication processes, and integration of interdisciplinary responses.

Crisis intervention is the operational counterpart piece to crisis analysis, focusing on functionality and more systematic efforts to contain the disruptive events, assist individuals affected by those events, and restore the system. Intervention strategies have medical, psychological, managerial, and community components. For instance, the main goals in psychological crisis intervention models are to safeguard mental wellbeing, encourage emotional stability, and secure the availability of psycho-social support for the (Chen et al., 2024). On the organizational level, the interventions could include activating emergency collaboration networks, re-allocation of resources, increased coordination among different stakeholders, and implementing rapid learning mechanisms for facilitating real-time knowledge exchange (Liu et al., 2022; Engelbrecht et al., 2021).

Ultimately, the key to the importance of crisis analysis and intervention in healthcare is because of their potential to protect patient safety, maintain the quality of services, prevent the degradation of the workforce, and enhance the resilience of the organization against uncertainty. As healthcare systems face a growing number of challenges that are complex in nature and interdependent, the ability to anticipate, analyze and intervene effectively in the midst of crises becomes an indispensable part of sustainable, good quality care provision. Building on current research and experiences from other countries, better understanding of crises and their consequences can help to inform stronger preparedness systems and more resilient and equitable healthcare systems.

Theoretical Frameworks

Understanding the nature of crisis in healthcare needs a multi-theoretical approach that addresses the complexity in human responses, organizational dynamics, and systemic interaction in shaping crisis events. Theoretical frameworks offer frameworks for thinking about the ways in which crises develop, the ways in which they can impact individuals and systems, and the ways in which they are mediated. Some of the most influential ones that can be applied to healthcare crises include Caplan's Crisis Theory, Systems Theory, and the Stress and Coping Model. These models individually and collectively contribute to a better understanding of the crisis phenomena and the design of interventions and organizational strategies aimed at effectively tackling them.

One of the earliest and most fundamental approaches to the question, Caplan's Crisis Theory, views crisis simply as a condition of psychological disequilibrium, occurring when human beings are confronted by stressors that are too extensive for their normal types of coping behavior. In terms of healthcare, this theory is useful in understanding the emotional and cognitive distress experienced by both patients and healthcare workers during periods of acute disturbance. Caplan stresses how crisis states are time-bound, and they can result in psychological growth or deterioration depending on the services (support systems and

interventions) available. This view is very consistent with the results from recent studies examining the mental health challenges of healthcare professionals during widespread emergencies including the ongoing impact of the Covid-19 pandemic in which inadequate support caused burnout, anxiety and trauma to them (Dzinamarira et al., 2024; Engelbrecht et al., 2021). Caplan's model therefore offers a necessary psychological basis for crisis intervention and the need for support systems, communication and timely psychosocial support.

Systems Theory provides a wider, structural perspective of crises by addressing the observations of healthcare institutions as complex and interconnected systems that consist of people, technologies, processes and environments. From this perspective, crisis occurs when disruption in one component of the system sweeps through other parts causing a general instability. Systems Theory makes it prominent that crises cannot be understood or tackled in isolation rather it requires the consideration of holistic interdependencies, feedback loops and organizational resilience capacities (Emami et al. 2024; Barasa et al. 2018). For example, during the Covid-19 pandemic, supply chain disruptions, workforce absences, and increases in patient demand interacted in a complex way to increase stress on the system (Amasiri et al., 2021; Biel et al., 2023). Systems Theory therefore supports the need for integrated crisis management frameworks with a strong focus on robustness, adaptability and continued learning - all attributes of resilient Healthcare systems (Agostini et al., 2023).

The Stress and Coping Model, developed by Lazarus and Folkman, offers a psychological perspective, which is complementary in many ways, as it views the question of crisis as appraisals of stress-inducing external events based on available organ resources by individuals. In the context of healthcare, this model has special relevance in trying to understand how healthcare workers interpret and manage escalating demands, uncertainty and emotional strain. Research during the pandemic has demonstrated that the perceived efficacy, the availability of coping resources and the trust in the institutional crisis management strategies significantly impact psychological outcomes for both workers and the public (Lee & Kwon, 2021; Chen et al., 2024). The Stress and Coping Model therefore provides information on the variety of crisis responses and the importance of interventions to promote coping capacities, resilience training, and supportive work situations.

Each of these frameworks offer us different but connected insights that add to the understanding of crisis processes in healthcare. Caplan's Crisis theory focuses on the psychological effect on individuals and the importance of access to timely support; Systems Theory focuses on developing structural inter-dependencies and the importance of sound organizational resilience; and the Stress and Coping Model. Together, they constitute a complex analytical base for effective crisis planning, crisis response and recovery. Applying these frameworks within modern healthcare settings helps to develop coordinated, multi-level strategies that can help to address the human-centered and system-level challenges. As crises are getting more complex due to globalization, climate change, resource constraints, and polycrisis dynamics (Wypych-Ślusarska et al., 2025; Fana & Goudge, 2021), the integration of theory is an increasingly important issue. By placing crisis analysis and

interventions within established models, healthcare organizations can develop more holistic, equitable, and resilient strategies that help to protect their patient outcomes, not to mention their workforce wellbeing.

Methodology

This study employed a narrative review methodology to synthesize and analyze existing literature on crisis and crisis intervention in healthcare. A narrative review was selected because it allows for comprehensive exploration of diverse sources, theoretical perspectives, and empirical findings relevant to complex and evolving healthcare crises. The review involved systematic identification of peer-reviewed articles, reports, and conceptual papers published in reputable journals. Databases such as PubMed, Scopus, and Google Scholar were searched using key terms including "healthcare crisis," "crisis intervention," "organizational preparedness," and "resilience." Studies were included if they addressed crisis management frameworks, leadership, communication processes, or intervention strategies within healthcare settings. No restrictions were placed on geographical location, although emphasis was given to recent publications to capture contemporary challenges.

Types and Sources of Healthcare Crisis

Crises in healthcare systems arise from a multitude of clinical, organizational, ethical and environmental sources and each has specific repercussions for patient care and institutional stability. Clinical crises can be the most visible and imminent threats and include emergencies like acute medical events, trauma patients, rapid patient deterioration and disease outbreaks. The current pandemic of the novel coronavirus has been one of the most important examples to show how pressures on clinical and epidemiological resources can overwhelm health systems. Amasiri et al. (2021) demonstrate that multiple waves of the Covid-19 pandemic led to ephemeral conditions of crisis in the form of spikes in morbidity, high occupancy in intensive care, and an elevated demand for rapid clinical decision-making in the face of uncertainty. These types of clinical pressures stretched out workforce capacity and increased vulnerability to medical error showing how large-scale pandemics shift regular operations to sustained crisis operations. Organizational crises, on the other hand, are caused by structural, managerial, and systemic disruptions in healthcare institutions. Factors such as the shortage of resources, leadership failures, operation bottlenecks, and poor coordination often affect the performance of the organization. Biel, Grondys and Androniceanu (2023) report that even economically developed countries are plagued by systemic health crises with inefficiencies, inadequate funding models and workforce shortages, suggesting that fragility of organizations can coexist with high national income levels. Similarly, Fana and Goudge (2021) highlight the ways in which austerity measures undermine the resilience of the hospitals and cripple workforce morale, as well as limiting the availability of necessary supplies. These disruptions provide an illustration of the way organizational crisis is not only the result of acute emergencies but also the outcome of long-term structural weaknesses.

Ethical crises arise when healthcare workers confront moral conflicts, dilemmas in allocation of resources or competing obligations between patient safety, legal requirements, and institutional expectations. During the pandemic of Covid-19, ethical tensions were often

experienced in health systems with respect to triage, prioritization, and access to important services for patients. Dzinamarira et al. (2024) stress that the mental health resources in Sub-Saharan Africa were so scarce that healthcare workers found themselves making ethical choices on who would receive care in a system with so many constraints. Moreover, Chen, Li and Zhao (2024) argue that psychological crisis intervention system should be ethically underpinned as the failures in resource integration in the emergencies may result in inequitable provision that exacerbates moral distress amongst staff. Environmental crises, such as natural disasters, compound emergencies, or failures in public infrastructure, also have a major impact on the delivery of healthcare. Polycrises (where a number of crises are superimposed) have received greater attention. Wypych-Ślusarska et al. (2025) suggest that modern health systems are facing multiple threats posed by interconnected climate events, pandemics, geopolitical instability and socioeconomic disruption. These compound crises compound vulnerabilities and generate cascading failure of supply chains and workforce and patient care operations. Liu et al. (2022) are an example of how collaboration networks during compound disasters, such as a public health emergency, which has occurred concurrently with accidents-related disasters, requires complex coordination and rapid flow of information between agencies. When coordination breaks down, crises may escalate rapidly, as examples show how environmental and systemic factors are closely connected.

Technological threats are another source of crisis in the modern world. Cyber-attacks on hospital systems can render electronic health records immobile, impact diagnostic technologies and compromise patient safety. Although not focused on specifically in any of the individual studies in the reference list provided, the general discussion of resilience supports the idea of preparing for digital vulnerabilities. Emami, Lorenzoni and Turchetti (2024) have explicitly proposed a concept of resilient healthcare as the ability to anticipate, absorb, adapt and recover from disruptions, including technological crises, and supporting systems that embed technological risk in comprehensive crisis management frameworks.

Finally, crises related to staff burnout and psychological distress can cause and be a result of overall system instability. Engelbrecht et al. (2021) draw attention to the psychological burden of healthcare workers during the pandemic, noting that lack of support and extreme working conditions turned normal stress into crisis-level burnout. Organizational resilience research gives support to this observation: Barasa, Mbau and Gilson (2018) report on human resources as a key determinant of resilience, and the importance of staff well-being and adaptive capacity in preventing crises from turning into a crisis.

Taken together, these clinical, organizational, ethical and environmental crises suggest the multidimensional character of threats facing contemporary healthcare systems. A resilient system must therefore combine strategies in each of the domains to anticipate, manage and recover from disruptions.

Effects of Crisis on Healthcare Professionals and Patients

Crises in healthcare have far-reaching psychological, emotional, operational and safety-related effects on healthcare professionals, patients and families. The psychological burden on healthcare workers is well documented both during pandemic and non-pandemic

conditions. During the course of the Covid-19 Pandemic, frontline staff faced increased levels of fear, anxiety, moral distress and burnout resulting from prolonged exposure to serious illness, unpredictable clinical conditions and individual risk. Engelbrecht et al. (2021) highlight that the rapid nature of the changes in the clinical setting caused high levels of cognitive and emotional burden and that demanding institutional support mechanisms contributed to feelings of isolation and vulnerability. Similarly, Lee and Kwon (2021) in their study on the efficacy of crisis management during the pandemic in South Korea report that the high levels of public anxiety translated into high levels of emotional pressure on healthcare workers who were required to be professional in their work but also absorb the societal panic.

From a psychological intervention perspective, crises may require a rapid mobilisation of mental health resources. However, such resources are often insufficient. Dzinamarira et. al. (2024) provide an overview of how mental health services in the Sub-Saharan Africa declined during the pandemic, providing little to no necessity from needy and ill providers and causing a build-up of emotional distress among such patients and providers. Chen, Li and Zhao (2024) further argue that the fragmented integration of psychological crisis intervention systems fails to meet their effectiveness during emergencies, and both staff and patients are vulnerable to the worsening of the mental health outcomes. Operational impacts are also tremendous. Crises upend normal flow of work, overload the health system capacity and require rapid reorganization of services. Amasiri et al. (2021) show that clinical outcomes in successive waves of the pandemic varied with strain on the system, and that clinical efficiency was lowered and the risk of adverse events was increased by operational overload. Biel, Grondys and Androniceanu (2023) reinforce this by documenting how systemic crises affect the quality of services even in advanced economies, resulting in delays, decreased accessibility and the continuity of care. Resource shortfalls, which encompass beds, medications, PPE, and personnel, progress poor operating reliability. Fana and Goudge (2021) demonstrate how the South African crisis was exacerbated by austerity-induced constraints that resulted in chronic shortages and fragility of operations, which were magnified by crises.

Patients suffer direct consequences such as impacts on access to care, risk of complications and psychological distress. Lee and Kwon (2021) emphasize that public anxiety and distrust in health crises can inhibit people from accessing the care they need, leading to further adverse consequences for the disease. Wypych-Ślusarska et al. (2025) go further in this regard by outlining how polycrises interfere with social determinants of health by rendering vulnerable populations more vulnerable to both physical and mental health decline. The compounded nature of these types of crises add to the stress for families as care routines can be disrupted such that relatives can be forced into unexpected roles as caregivers, or have restricted visitation rights. Safety strikes also worsen in times of crisis. Overworked staff may experience cognitive fatigue and are more likely to make medical errors as a result. Engelbrecht et al. (2021) emphasize how insufficient support during emergency surges puts both staff safety and patient safety at a loss since long periods of strain result in lapses of

judgment, slower reaction times, and emotional exhaustion. Organizational resilience research supports these findings: Barasa, Mbau and Gilson (2018) argue that resilient institutions care for the well-being of their staff precisely to avoid safety failures in crisis conditions.

Finally, crises have long-term emotional and social effects on families. Axford and Berry (2023), state that one of the challenges of crisis settings is that socioeconomic stressors are further heightened, causing families to become more strained and have less capacity to cope with health-related disruptions. Though focused on prevention, their findings suggest that crisis conditions provide an additional stressor through which existing vulnerabilities are worsened in terms of emotional outcomes for caregivers and dependents. Crises produce inter-connected psychological, operational and safety-related consequences to all actors in healthcare systems. These impacts highlight the need to work on increasing resiliency, better communication during crises, the need for greater mental health support, as well as more robust organizational structures to support resilience of both the patient population and healthcare professionals who live with them in times of extreme disruption.

Crisis Assessment in Healthcare Settings

The ability to perform productive crisis assessment in healthcare environments is crucial to preventing escalation, patient safety, and maintaining the operational stability of health systems. A crisis assessment framework generally includes structured tools, early warning signals, risk classification systems and communications allowing for fast detection of emerging threats. Contemporary literature highlights to fact that crises in the health care do not only happen as a result of a clinical emergency; they often occur as a result of a complex interaction of epidemiological, organizational, economic, and social determinants (Wypych-Ślusarska et al., 2025). Therefore, crisis assessment must go beyond traditional clinical triage and include system-wide situational awareness.

Triage instruments are still basic in the determination of clinical crises. These are tools that classify patients based upon acuity and resource needs that allow hospitals to maintain control in times of surging needs such as a pandemic or mass casualty event. In the several waves of the pandemic caused by the virus known as the Coronavirus, structured triage and early clinical risk assessment helped many systems to prioritise patients at highest risk of deterioration and allocate limited resources in a more effective way (Amasiri et al. 2021). The pandemic showed that the process of triage needs to be dynamic and flexible and adjusted to varying epidemiological characteristics - which is supported in resilience-oriented frameworks (Emami, Lorenzoni & Turchetti, 2024). In such frameworks, early detection is not perceived as simply the detection of clinical symptoms but the monitoring of patterns in organizational workflow, workforce strain and vulnerabilities in the supply chain.

Another critical component of crisis assessment is the rapid risk assessment. This means systematically assessing the severity, as well as the likelihood and possible consequences of a crisis event. With the use of tools like risk matrices, hazard vulnerability assessment and rapid epidemiological assessments, organisations can quantify or put threats in to categories in real time. Research on organizational resilience emphasizes that important rapid

assessment processes require the capacity of institutions to learn from past disruptions and to incorporate those lessons in their preparedness planning (Barasa, Mbau & Gilson, 2018; Agostini et al., 2023). For example, hospitals that developed strong risk assessment cultures in the past were able to better adjust to the sudden demands put on them by the fact of the Covid-19 virus.

Communication pathways are also important in crisis assessment. A crisis cannot be checked accurately, or managed, if information does not flow rapidly between frontline workers, administrators and external response partners. During the Covid-19 Pandemic, the capacity of gathering and sharing timely information affected both the crisis management efficacy of the public and people's anxiety (Lee & Kwon, 2021). Studies of complex emergencies also emphasise on multi-agency coordination and communication through digital platforms for strengthening early situational awareness (Liu et al., 2022). Clear communications channels allow frontline staff to provide early warnings, report the shortage of resources, and escalate unusual clinical presentations before these overwhelm the system.

Social epidemiology frameworks are also more frequently incorporated into crisis assessment. Owing to the fact that health crises are affected by social determinants, inequities and contextual vulnerabilities, health response assessment tools must account for socioeconomic and behavioral factors that affect exposure and resiliencies (Wypych-Ślusarska et al, 2025). This expanded lens is important for low-resource environments where austerity, workforces and systems are strained and under-resourced and could cover early indicators of organizational distress (Fana & Goudge, 2021). Incorporation of these factors ensures that crisis assessment includes not only the immediate clinical threats but weaknesses in the structure that are likely to magnify crisis.

Finally, consideration of mental health dimensions must be used in assessment processes. Evidence has shown that psychological strain to healthcare workers is often an early sign of the systemic crisis in the long-term emergencies (Dzinamarira et al., 2024). By measuring workforce well-being, leaders will be able to catch signs of decreasing resiliency and intervene early to avoid wider effects on the organization. Virtual learning and support platforms have been proven to foster adaptive learning in times of a crisis, and reaffirm the value of real-time feedback systems in assessment (Engelbrecht et al., 2021).

Collectively, these points demonstrate that the assessment of crises occurring in the health care system should be multidimensional, occupying health care triage, rapid risk assessment, communication systems, organization learning, and social-contextual analysis. In taking a holistic approach of this nature, it is aligned with the emerging frameworks for resilient healthcare systems (Emami et al., 2024) that focus on how institutions can move from reactive systems focused on crisis management to proactive systems focused on detection and preparedness.

Crisis Intervention Models and Strategies

Crisis intervention in healthcare refers to organized approaches to reduce harm, achieve stability and continuity of healthcare when an emergency occurs. Evidence-based intervention models like Critical Incident Stress Management (CISM) and Psychological First

Aid (PFA) and fast response teams, negotiation strategies, de-escalation strategies are the backbone of crisis response efforts in modern health systems. These types of strategies are multi-level (clinical, psychological, organizational, and community) and work best when incorporated into broader strategies to build resilience.

CISM and PFA are two well proven models of psychosocial intervention and are often implemented to help healthcare workers and patients during times of crisis. CISM offers individually based interventions following a structured approach to trauma; these interventions help people deal with the psychological consequences of a trauma and reduce the 'long-term psychological consequences'. Although it was originally created for emergency responders, it has now been widely used in healthcare settings, especially in the presence of a massive emergency incident. PFA, on the other hand, focuses on providing help with the symptoms that appear in the moment, especially repairing practical assistance and stabilizing the person, without having to diagnose his mental illness. Research highlights the importance of accessible psychological crisis support systems in times of major emergencies, particularly in contexts where mental health services are susceptible anyway. (Dzinamarira et al., 2024) Efficient integration of psychological intervention resources depends on pathway deliberations as well as coordination as demonstrated in the Chinese systems in response to major emergencies (Chen, Li & Zhao, 2024).

Rapid response teams (RRTs) are a clinical crisis intervention approach that aims to prevent deterioration of patients. RRTs deliver expert clinicians to the bedside at the first signs of physiological deterioration. Their effectiveness is dependent to a large extent on early warning scoring systems and staff empowerment to mobilize the team, making the connection between crisis intervention and crisis assessment processes direct. During the waves of the Covid-19, the rapid response structures played a great role in supporting the critically ill patients and reallocating the clinical workload of the overwhelmed facilities (Amasiri et al., 2021).

Crisis negotiation models and de-escalation techniques are equally important, especially in dealing with a behavioral crisis, aggression, or conflict in a healthcare setting. These techniques depend on communicating skills, empathy and organize engagement strategies that lessen the tension and prevent violence. The evolution of complex "polycrises"-multiple overlapping emergencies-has spurred the demand for staff members with negotiation and conflict management skills, as healthcare workers confront elevated patient anxiety, resource shortage and system pressure (Wypych-Ślusarska et al., 2025). Effective de-escalation is not only a clinical requirement, but is part of delivering quality of care during systemic disruptions (Biel, Grondys & Androniceanu, 2023).

At an organizational level, crisis intervention strategies must be consistent with resilience-oriented health-system management. Resilient systems embrace adaptive governance, resource allocation flexibility and fast learning in times of crisis (Barasa et al., 2018). The following resilience frameworks are proposed by Emami et al. (2024) who highlight the importance of anticipation, monitoring, response, and adaptation as key elements in resilience frameworks. These principles impact intervention modalities such as staff

redeployment, care pathway reorganisation, service delivery model modification and surge capacity establishment. This organizational adaptability was apparent in interventions that supported healthcare workers using virtual learning communities during the Covid-19 pandemic (Engelbrecht et al., 2021).

Interventions must also focus on the social and structural causes of crisis. Social epidemiology perspectives point out that crises response have to take into consideration inequalities, community vulnerabilities and economic conditions (Wypych-Ślusarska et al., 2025). For example, family economic hardship plays a role of need for early intervention and more widespread social-support strategies (Adekola et al., 2022; Axford & Berry, 2023). Similarly, health system austerity can affect crisis-intervention capacity thus implying the need for interventions to build resilience and institutional flexibility among appropriately skilled health-system workers (Fana & Goudge 2021).

Finally, crisis intervention strategies are relying more and more on collaborative networks. During compound emergencies, agencies and sectors work together, making the intervention faster and more effective (Liu et al, 2022). Strong collaboration increases available resources, communication and the ability to answer multifaceted crises in an integrated manner.

Organizational Readiness, Leadership and Policy Issues

Effective crisis management in healthcare systems depends greatly on the strength of organizational preparedness, quality of leadership and the soundness of institutional policies and regulatory frameworks. The complexity of today's health crises - including pandemic and natural disasters, cyberattacks, and economic disruptions - requires the ability to lead in a coordinated way and operate in adaptable organizational structures. According to Emami et al. (2024), resilient healthcare systems need more than resources and have to be complemented by proper governance structures that can facilitate the ability of institutions to anticipate, absorb, and adapt to disturbances. Organizational preparedness therefore includes strategic planning, risk assessment, workforce preparedness, and investment in communication infrastructure that determine the ability of healthcare institutions to response effectively.

Leadership has a major role to play in creating a culture of resilience. Crisis situations put immense responsibility on health administrators and clinical leaders to make time-critical decisions, maintain morale and equitably allocate scarce resources. Barasa et al. (2018) define organizational resilience as a role of leadership behaviors that facilitate sense-making, staff engagement and real-time learning. These attributes became especially evident during the pandemic caused by the coronavirus (Covid-19) that if responsive and communicative leadership helped to minimize the chaos in the operation and maintain the continuity of services. Studies of hospital operations during waves of the pandemic provide an example of how organizations with leaders who act with transparency and collaboration had improved outcomes for their patients and reduced rates of staff burnout (Amasiri et al., 2021). Effective leaders also involve cross-departmental collaboration, which is important during incidents involving mass casualties or multi-layered emergencies, such as complex emergencies involving overlapping public health emergencies and infrastructure failures.

Crisis communication protocols are another essential preparedness dimension. Timely accurate and consistent communication reduces uncertainty and helps healthcare teams to act in a cohesive manner. Wypych-Ślusarska et al. (2025) refer to a 'marked overstructure of contextual informational burden', ie. polycrises ('overlapping crises') which require strong communication systems. Healthcare organizations must therefore establish structured communication pathways with the help of digital technologies, emergency hotlines, and real-time information dashboards. In South Korea, public perceptions of communication between the government and hospitals were significantly correlated with crisis efficacy and low anxiety during the pandemic of coronavirus disease 2019 (Lee and Kwon, 2021). Consequently, crisis communication cannot be considered a peripheral function - it should be integrated into institutional operations and staff training programs.

Staff training is also basic to preparedness. Healthcare workers need special training in emergency procedures, in psychological first aid, infection control and de-escalation strategies so that they can perform effectively under pressure. Engelbrecht et al.(2021) highlights that rapid-learning tools were instrumental during the pandemic that were able to help the front-line healthcare workers access changing forms of clinical guidance and facing psychosocial support. Furthermore, training improves inter-disciplinary coordination, which is necessary to deal with compound crises involving multiple agencies or sectors. Collaborative emergency networks become more efficient when staff have competencies and information about crisis situations in common, supporting the need for continuous professional development, said Liu et al. (2022).

Institutional policies and broader regulatory frameworks influence the response of healthcare organisations to crisis. Policies for regulating the supply chain, workforce mobilization, evaluating surveillance systems and crisis governance bring clarity in structures and remove vagueness in case of emergencies. In many of the high-income countries, the quality of healthcare and crisis outcomes have been affected by policy decisions on the allocation of resources and health systems financing (Biel et al., 2023). In low-resource settings, austerity policies have not only since undermined the resilience of public hospitals, but the ability of public hospitals to absorb shocks (Fana & Goudge, 2021). Conversely, institutions with resilience-oriented policies, like flexible staffing models, emergency stockpiles and community-based crisis coordination have higher adaptive capacity (Agostini et al., 2023).

Conclusion and Implications

The analysis of crisis and crisis intervention in healthcare highlights the need for robust and prepared systems that can handle complex and uncertain situations. Crises such as the Covid-19 pandemic and natural disasters, and economic shocks, have exposed structure vulnerabilities, and the need for co-ordinated leadership, policies that are not too rigid, and comprehensive crisis communication. Evidence from several studies has shown that healthcare institutions focusing on preparedness, investing in staff development and fostering a flexible response to crises have better organizational performance and patient outcomes. One of the most important things from the literature is the importance of resilience

as a guiding principle in the management of healthcare crises. Research from both rich and poor countries shows that economic pressures, austerity action and inequitable resource distribution have left the health system no stronger. Future research should thus incorporate policy innovations that encourage equity, sustainability and surge capacity.

Another crucial theme that is emerging from the literature is the importance of technology and data integration in the pursuit of better crisis intervention. Digital transformation - telehealth, predictive analytics and automated surveillance systems - has increased the ability of healthcare systems to detect, track and manage crises in real time. Future practice should therefore ensure a focus on interoperable digital system investments, cybersecurity, and digital literacy of healthcare workers.

Interdisciplinary collaboration is also a significant direction in both research and practice as well. Complex crises demand coordinated responses of public health experts, clinicians, policymakers, emergency responders, mental health professionals and community organizations. Mental health is another area of concern given that crises are greatly upsetting psychological distress in both the general population and healthcare workers.

Finally, resilience programs need to be built-up at the institutional and community levels. Public perceptions of crisis efficacy and trust in health systems play an important role in compliance with public health measures. Efforts to improve community engagement, health literacy and transparency should therefore be prioritized. Moreover, initiatives for early intervention on socioeconomic vulnerabilities may minimize the impact of crises as financial stress is highly related to negative health outcomes.

In conclusion, developing crisis management approaches in healthcare involves multi-layered approaches that include resilience-oriented leadership, adaptive policies, technological innovation, and interdisciplinary collaboration. Future research should ensure that there is a better understanding of the mechanics of resilience, a discussion of equitable policy changes, and oversight of models of crisis preparedness, which should be scaled up for application in diverse health system contexts.

References

Adekola, M.O, Oyeniyi, J.A & Gbenga-Epebinu, M.A. (2022). Knowledge and attitude towards violence against women among male health workers in Akure South Local government area, Akure, Ondo-State. *International Journal of Health and Psychology Research* 10(1), 1-17. DOI: https://doi.org/10.37745/ijhpr.13/vol10no1pp.1-17.

Agostini, L., Onofrio, R., Piccolo, C., & Stefanini, A. (2023). *A management perspective on resilience in healthcare: A framework and avenues for future research*. **BMC Health Services Research, 23**, 774. https://www.ncbi.nlm.nih.gov/pubmed/37468875

Ali, J., Jusoh, A., Abbas, A. F., & Nor, K. M. (2021). Global trends of service quality in healthcare: A bibliometric analysis of Scopus database. *Journal of Contemporary Issues in Business and Government, 27*, 2917–2930.

Amasiri, W., Warin, K., Mairiang, K., Mingmalairak, C., Panichkitkosolkul, W., Silanun, K., Somyanonthanakul, R., Theeramunkong, T., Nitikraipot, S., & Suebnukarn, S. (2021). Analysis of characteristics and clinical outcomes for crisis management during the four

waves of the COVID-19 pandemic. *International Journal of Environmental Research and Public Health, 18*, 12633. https://doi.org/10.3390/ijerph182312633

Axford, N., & Berry, V. (2023). Money matters: Time for prevention and early intervention to address family economic circumstances. *Journal of Prevention, 44*, 267–276. https://doi.org/10.1007/s10935-022-00717-9

Barasa, E., Mbau, R., & Gilson, L. (2018). What is resilience and how can it be nurtured? A systematic review of empirical literature on organizational resilience. *International Journal of Health Policy and Management, 7*, 491–503.

Biel, M., Grondys, K., & Androniceanu, A.-M. (2023). A crisis in the health system and quality of healthcare in economically developed countries. *International Journal of Environmental Research and Public Health, 20*, 469. https://doi.org/10.3390/ijerph20010469

Chen, L., Li, H., & Zhao, L. (2024). Pathway selection for enhancing the efficiency of psychological crisis intervention resource integration during major emergencies: Evidence from China. *Applied Sciences, 14*, 9244. https://doi.org/10.3390/app14209244

Dzinamarira, T., Iradukunda, P. G., Saramba, E., Gashema, P., Moyo, E., Mangezi, W., & Musuka, G. (2024). COVID-19 and mental health services in Sub-Saharan Africa: A critical literature review. *Comprehensive Psychiatry, 131*, 152465. https://doi.org/10.1016/j.comppsych.2024.152465

Emami, S. G., Lorenzoni, V., & Turchetti, G. (2024). Towards resilient healthcare systems: A framework for crisis management. *International Journal of Environmental Research and Public Health, 21*, 286. https://doi.org/10.3390/ijerph21030286

Engelbrecht, B., Gilson, L., Barker, P., Vallabhjee, K., Kantor, G., Budden, M., Parbhoo, A., & Lehmann, U. (2021). Prioritizing people and rapid learning in times of crisis: A virtual learning initiative to support health workers during the COVID-19 pandemic. *International Journal of Health Planning and Management, 36*, 168–173.

Fana, T., & Goudge, J. (2021). Austerity, resilience and the management of actors in public hospitals: A qualitative study from South Africa. *BMJ Global Health, 6*, e004157. https://doi.org/10.1136/bmjgh-2020-004157

Lee, J.-E., & Kwon, S.-A. (2021). A study on the public's crisis management efficacy and anxiety in a pandemic situation—Focusing on the COVID-19 pandemic in South Korea. *Sustainability, 13*, 8393. https://doi.org/10.3390/su13158393

Liu, J., Dong, C., An, S., & Mai, Q. (2022). Dynamic evolution analysis of the emergency collaboration network for compound disasters: A case study involving a public health emergency and an accident disaster during COVID-19. *Healthcare, 10*, 500. https://doi.org/10.3390/healthcare10030500

Wypych-Ślusarska, A., Krupa-Kotara, K., Słowinski, J., Yanakieva, A., & Grajek, M. (2025). The impact of polycrisis on healthcare systems—Analyzing challenges and the role of social epidemiology. *Healthcare, 13*, 1998. https://doi.org/10.3390/healthcare13161998

Cite this article:

Author(s), ADEYERA, Abimbola Olanrewaju, OHAERI, Beatrice O., AKINWARE, M, OJO Iyanuoluwa Ore ofe, BABARIMISA Oluwatoyin, (2025). " Analysis of Crisis and Crisis Intervention in Healthcare", **Name of the Journal**: Euro Afro Studies International Journal, (EASIJ.COM), P, 114- 129. DOI: www.doi.org/10.5281/zenodo.17987139 , Issue: 12, Vol.: 7, Article: 9, Month: December, Year: 2025. Retrieved from https://www.easij.com/all-issues/

Published By

AND

ThoughtWares Consulting & Multi Services International (TWCMSI)