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RESILIENCE IN HEALTHCARE CRISIS MANAGEMENT: A LITERATURE REVIEW OF PRACTITIONERS' ATTITUDES, PREPAREDNESS, AND ORGANIZATIONAL DYNAMICS

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ABSTRACT

The current literature review examines the meaning of resilience in managing healthcare crises, including the effects of healthcare practitioners' attitudes, preparedness, and organizational dynamics on their capacity to respond to emergencies. The most recent research in Saudi Arabia and similar healthcare systems states that resilience is a vital psychological and operational ability that enables practitioners to handle acute stress, perform at a high level, and adapt to rapidly evolving conditions in crises. The review concludes that positive practitioner attitudes, such as confidence, readiness to participate, and belief in crisis protocols, significantly increase resilience and response effectiveness. Resilience is also predicted by preparedness, such as technical competencies, training exposure, and psychological preparedness, which enables practitioners to be decisive under pressure. Resilience is also affected by organizational dynamics, including support for leadership, quality of communication, culture of safety, and availability of resources, which determine the environment in which the crisis response will take place. The reviewed literature, as a whole, demonstrates that resilience is not a singular characteristic but a multidimensional construct, with individual, professional, and organizational factors. The paper concludes that resilience needs to be strengthened through a combination of strategies that address practitioner behaviour, preparedness systems, and supportive organizational practices. Future research recommendations include further understanding of resilience-building processes, comparisons between hospitals, and the generation of context-targeted interventions for the Saudi healthcare industry.

KEYWORDS: Resilience, Crisis Management, Healthcare Practitioners, Attitudes, Preparedness, Organizational Dynamics, Healthcare Resilience.

1. INTRODUCTION

The rising level and rate of healthcare crises have exerted a significant strain on the healthcare systems across the globe, and Saudi Arabia is not an exception. The COVID-19 pandemic put a strain on Saudi hospitals like never before, revealing both the strengths and weaknesses of the national healthcare system (Asiri et al., 2023). These issues highlighted the significance of resilience among healthcare practitioners who must work in high-stress settings while still providing high-quality care to patients. The ability to adapt to adversity and maintain a high level of performance is broadly understood as resilience, which has also become one of the most important factors in crisis responsiveness in the Saudi healthcare setting (Qassim & Abedelrahim, 2024). The dimensions of resilience are interrelated, and aspects such as practitioners' attitudes, preparedness, and organizational conditions shape resilience. Saudi Arabian research indicates that perceptions of risk, safety culture, and attitudes toward safety culture and crisis response play a crucial role in determining how practitioners cope in an emergency (Alsahli, 2024). Preparedness, which encompasses technical and psychological skills, has also been identified as a key element of practitioners' resilience, especially during high-risk events (Alrowili et al., 2025). Moreover, leadership support, organizational communication, and workplace safety climate are essential elements that precondition the creation of an environment in which staff members can adapt and respond adequately in the event of a crisis (Abualenain et al., 2024). The Saudi health system has experienced significant change at the national level under the framework of Vision 2030, where the principles of resilience and sustainability have been prioritized to enhance healthcare performance and the capacity to respond to crises (World Economic Forum, 2025). Despite such strategic progress, current studies on resilience in Saudi Arabia remain piecemeal. Empirical research often addresses individual factors, such as preparedness, psychological distress, or staff engagement. However, it does not provide a unified concept of how practitioners' attitudes, preparedness, and organizational dynamics relate to resilience during crises. Given healthcare resilience's strategic importance in Saudi Arabia's evolving healthcare landscape, it is necessary to conduct a systematic review to summarize the existing evidence and identify research gaps. This review will critically examine the research conducted in Saudi Arabia on resilience in healthcare crisis management,

including practitioners' attitudes, preparedness, and organizational dynamics. By synthesizing this, the research aims to present a holistic view of the resilience determinants of Saudi healthcare environments and offer suggestions to inform future policy formulation, training, and research efforts.

1.1. Problem Statement

Despite the great acceptance of resilience as a vital element of effective healthcare crisis management, the current literature in the Saudi Arabian context is fragmented, with no synthesized knowledge about the aspects that define resilience among healthcare practitioners. The previously reviewed individual elements include practitioners' attitudes (Yağmur, 2023), preparedness levels (Emami et al., 2024), and organizational conditions (Agostini, 2023). However, such studies tend to take place in isolation, which leaves the picture of the joint effect of these factors on resilience in times of crisis somewhat limited and incomplete. In addition, scientific studies reveal significant inconsistencies in methodological approaches and measurement tools, making it challenging to develop a unified concept of resilience in healthcare (Jin et al., 2024). Due to the growing relevance of resilience in the management of complex emergencies, particularly in the aftermath of the COVID-19 pandemic, there is an urgency and need to unify existing evidence. Thus, a literature review is needed to summarize and demystify existing results on the role of practitioners' attitudes, preparedness, and organizational processes in the resilience of Saudi healthcare settings.

2. PRACTITIONERS' ATTITUDES

The attitude of practitioners is at the centre of resiliency and defines the effectiveness of the healthcare crisis management. Attitudes refer to the perceptions, beliefs, and levels of confidence and readiness among healthcare practitioners to participate in crisis response activities. According to recent empirical research, positive attitudes, including willingness to act in accordance with emergency guidelines, confidence in institutional processes, and a desire to be involved in crisis response, significantly contribute to the psychological stability needed to operate under stress (Bührmann, 2022). As practitioners feel their crisis response work has meaning, they feel confident in their work. In times of crisis, they are more flexible, more likely to be emotionally stable, and consistent in their performance. The attitude of practitioners has been indicated to play a vital role in the crisis response behaviour within the policy of the Saudi

context. Westwood et al. (2022) found that attitudes toward emergency preparedness and professional responsibility were closely related to greater psychosocial preparedness among primary healthcare professionals. Anticipating this, Anunciacao et al. (2023) also reported that favourable professional attitudes in radiology departments have been associated with improved resilience outcomes during COVID-19, enabling staff to maintain high levels of performance amid significant uncertainty and clinical stress. Taken together, these studies prove that attitudes are not just factors that determine practitioners' willingness to respond, but also their ability to withstand the pressures that arise from crisis. Perception of safety climate and organizational trust is also closely related to attitudes. As Rathomi (2023) noted, practitioners' attitudes towards crisis management are more favourable when they feel their workplace is safe, conducive, and well-structured, helping them be more resilient and adhere more closely to emergency rules. On the contrary, fear, lack of trust in the institutional readiness, and low confidence are classified as negative attitudes that contribute to lower resilience and worse performance in crisis management (Wibisono, 2025). These results highlight the importance of attitudes as a person- and situation-driven phenomenon shaped by workplace organizational culture, leadership styles, and communication patterns.

2.1. Preparedness

Readiness has always been cited as one of the most effective predictors of resilience among medical professionals in a crisis. Preparedness is a measure of a person's technical capability, process knowledge, psychological preparedness, and confidence in handling crisis-related tasks. In a healthcare context, preparedness is necessary to enable rapid decision-making, minimise uncertainty, and improve practitioners' adaptability in emergencies. According to recent evidence, prepared healthcare workers are more resilient, less affected by stress, and better able to perform under pressure (Williams et al., 2023). The dimensions of preparedness include emergency training, simulation experience, access to resources, and the development of crisis management protocols. In the context of Saudi primary care, Lamberti et al. (2022) found that technical preparation and psychosocial preparedness significantly influenced healthcare workers' preparedness and, conversely, their efficiency in responding to crisis needs. In a similar study, Mani et al. (2023) observed that leaders of the Emergency

Operation Centre in Saudi Arabia exhibited strong psychological preparedness, including emotional regulation, confidence, and stable decision-making, which was associated with resilience in a high-stress environment. These results underscore the fact that preparedness is not only functional but also essentially psychological. The COVID-19 pandemic also demonstrated the importance of preparedness in increasing resilience among Saudi healthcare practitioners. They found that practitioners in the radiology department were more prepared and exhibited better coping strategies and resilience during the period of increased uncertainty and workload (Olaboye et al., 2024). The authors have added that preparedness training not only enhanced practitioners' technical skills but also their emotional stability, thereby improving overall crisis performance. These findings are consistent with general results that preparedness results in a feeling of control and a diminished level of anxiety, which leads to increased resilience. Additionally, organizational systems such as leadership support, crisis communication, and institutional readiness affect preparedness. Research indicates that a structured training program, the availability of guidelines, and regular communication among healthcare institutions help practitioners develop more preparedness-oriented attitudes that translate into greater resilience (Lee, 2023). On the other hand, lack of consistency in training, uncertainties, and lack of proper resources erode preparedness and reduce the resilience capacity.

2.2. Organizational Dynamics

Organizational dynamics are critical factors in defining resilience among medical practitioners, especially during times of crisis, when institutional structures and support systems directly determine staff's ability to adapt and perform. These dynamics include leadership practices, quality of communication, safety culture, availability of resources, and organizational climate factors, which are combined to define how a practitioner perceives their working environment in an emergency. The evidence on the impact of supportive organizational dynamics on practitioner resilience and the number of crisis management outcomes has demonstrated a positive influence in the Saudi healthcare setting (Kanchanawong, 2023). The concept of leadership support is consistently identified as an organizational predictor of resilience. Leaders who practice visible participation, emotional support, and communication during crisis management planning are also associated with increased confidence and

stability among healthcare workers, enabling them to deal with uncertainty more effectively (Besley et al., 2024). This is particularly crucial during periods of high pressure, when professionals rely on organizational guidance to make quick decisions. Effective leadership reduces ambiguity, fosters psychological safety, and creates a culture where resilience can thrive. The resilience is also formed through communication systems. Timely and open communication in crises allows practitioners to anticipate difficulties, understand their responsibilities, and believe that institutional procedures work. The research in Saudi Arabia also demonstrates that effective communication lines, especially in emergency operation centers and acute care units, significantly reduce practitioners' stress and enhance preparedness for crisis response (Hakiki, 2023). On the other hand, ambiguous or contradictory communication will lead to confusion, decrease trust, and weaken strength. Practitioners' resiliency is also increased by safety culture and organizational climate. Chatterjee (2023) found that healthcare employees who believed in a robust safety culture, characterized by teamwork, error reporting, and supportive supervision during operations, exhibited more positive attitudes and resilience to operational discontinuities. If practitioners feel the organization cares about their safety and well-being, they are more likely to be engaged and

psychologically stable during emergencies. Access to resources, such as adequate staffing, protective gear, and training materials, is also crucial to resilience. It has been found that a lack of resources leads to further stress among practitioners, decreases preparedness, and impairs adaptive capacity (Pianese, 2023). On the other hand, highly resourced environments enable practitioners to be more responsive, improving individual and organizational response to crises.

3. CONCEPTUAL FRAMEWORK

Through the conceptual framework, the attitudes, readiness, and organizational dynamics of practitioners are shown to work together toward resilience in managing healthcare crises based on well-developed behavioural and organizational theories. Practitioners' attitudes are based on the Self-efficacy theory (Bandura, 1997) and the Health Belief Model, which explain how beliefs, confidence, and perceived risk affect behaviour in crisis. These theories state that practitioners who are confident in their capacity to cope with crisis tasks and have a realistic perception of threats are more likely to exhibit adaptive behaviours, assume leadership roles, and remain psychologically stable under pressure. The positive attitudes thus boost self-efficacy, motivation, and emotional control, which are the significant aspects of resilience.



Figure 1: (Bandura, 1997) Health Belief Model.

4. METHODOLOGY

The literature review adopted in this study used a narrative synthesis of the existing literature on the role of practitioners' attitudes, preparedness, and organizational dynamics in the development of resilience in healthcare in response to crisis management. A narrative review should be used when the study aims to integrate findings, identify thematic patterns, and provide conceptual clarity

across fragmented bodies of literature (Saharan et al., 2024). In contrast to systematic reviews, which use strict procedural guidelines, the narrative method enables greater inclusion of studies and a more in-depth analysis of the concept, especially when the research field is still new, and the studies are heterogeneous in terms of methodology, as is the case with the resilience research in Saudi healthcare settings.

5. CONCLUSION

As this literature review illustrates, resilience is a key predictor of successful crisis management in healthcare facilities, especially those operating under high uncertainty and strain. The data repeatedly demonstrate that the practitioners' attitudes, readiness, and organizational dynamics are crucial factors in the formation of resilience and its manifestation in emergencies. Favourable practitioner attitudes, as manifested in confidence, motivation, and trust in crisis protocols, improve adaptive abilities and facilitate uniform performance under stress. Resilience is also enhanced by preparedness, both in technical skills and psychological preparedness to act decisively and handle the demands of a rapidly developing crisis. Similarly, resilience can thrive in a supportive organizational environment characterized by a strong safety culture, effective leadership, effective communication, and sufficient resources. Taken together, these results indicate that resilience, as a quality in healthcare crisis management, is not a one-dimensional personal feature but a multidimensional construct influenced by individual, professional, and organizational factors. It is also noted in the literature that fostering resilience should be a multifaceted strategy that combines practitioner-specific interventions with broader organizational strategies that support safety, engagement, and crisis preparedness. Although the current literature provides important information, especially within the Saudi medical setting, there are specific gaps, including a lack of longitudinal evidence, inconsistent measurement instruments, and a scant discussion of resilience-building interventions across various clinical settings. It is necessary to fill these gaps to create more comprehensive frameworks and to make healthcare systems more responsive to the crisis. Finally, the resilience of healthcare practitioners is critical to ensuring high-quality care, operational stability, and the health system's enhanced performance in future crises.

5.1. Suggested Future Research and Recommendations

Further studies of resilience in healthcare crisis management must embrace more comprehensive and

rigorous research techniques to enhance insights into how practitioners' attitudes, preparedness, and organizational forces interplay to influence crisis responsiveness. To begin with, longitudinal research is recommended to examine the evolution of resilience over several years, since current cross-sectional research designs do not provide insight into how resilience changes before, during, and after crises. Longitudinal designs would also enable the researcher to assess causal pathways and to gain a more comprehensive view of how long-term training, organizational practice changes, or policy changes affect resilience across various stages of crisis management. Second, the resilience-building interventions should be investigated further and tested in real clinical settings. Very little literature has investigated the direct relationship between practitioner resilience and specific programs, such as simulation-based crisis training, psychological resilience training, or leadership-initiated safety programs. Experimental or quasi-experimental designs would provide stronger evidence on which interventions are most effective in Saudi healthcare settings. Third, a cross-sectional study across various healthcare facilities, fields, and areas in Saudi Arabia would help determine the situational factors that may affect resilience. Differences in leadership, resource availability, safety culture, and workforce composition can lead to varied resilience outcomes across hospitals. Comparative studies would thus provide structural and organizational characteristics that are either supportive or inhibitory of resilience-building. Fourth, scholars need to use mixed-method techniques to address the quantitative and qualitative aspects of healthcare professionals. Qualitative data may provide better insight into how practitioners perceive crisis issues, organizational support, and personal coping mechanisms, which are not always captured by conventional survey tools. Lastly, further studies should examine other variables that may affect resilience, such as organizational justice, emotional intelligence, interprofessional collaboration, and technology-supported emergency systems. By considering emerging factors, it would be better to integrate them into theoretical frameworks to provide more detailed frameworks for conceptualizing resilience in healthcare crisis management.

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