Managerial adaptability and business strategic change in age of COVID-19

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Abstract

Purpose – The purpose of this paper is to investigate the consequential impact of COVID-19 on mental health organizations. Via the context organizational development (OD) action research of an organizational case analysis, this paper offers recommendations to mental health organizations on an approach to help recover from the financial losses caused by COVID-19 restrictions and to also help ensure that mental health specialists are provided with sufficient support so they may continue to provide meaningful service to clients in need of therapeutic care and assistance.

Design/methodology/approach – The approach is an action research case study that uses an OD framework and a content analysis of the current literature.

Findings – The real-world case study uses an action research OD intervention to provide tools and recommendations that other similar organizations might be able to use to respond to COVID-19. The findings implicate practices and approaches that organizations can use to adapt to business and marketplace disruption of COVID-19.

Originality/value – COVID-19 is an emerging issue, as a result any research and development in this area is of significant value to researchers and professionals.

Keywords Business sustainability, Strategic change, Health management, COVID-19, Health administration, Management adaptability

Paper type Case study

Introduction

As a result of the COVID-19 regulations on quarantining, and curtailing interactions with individuals outside one’s kinship group, the organizational revenue of PRTG (PRTG) decreased by 80%. The dramatic decrease in revenue reflects the inability of clients to meet in person for therapy. The real-world case study uses an action research organizational development (OD) intervention to provide tools and recommendations that other similar
organizations might be able to use to respond to COVID-19. The case study findings implicate practices and approaches that organizations can use to adapt to business and marketplace disruption of COVID-19.

**Organization**

PRTG is a Black Woman, Veteran-Owned business that addresses mental health issues and disparities in communities, organizations and individuals in need. PRTG aims to support and guide the healing process through a range of theoretical orientations and therapeutic interventions with the primary outcomes of awareness, empowerment, grounding and growth. Additionally, PRTG serves to develop counselors through research-based and person-centered professional development aligned with the Culturally Intersected Clinical Supervision model (Hernandez-Wolfe, 2008).

As an organization, PRTG has over 20 years of education and skill-based practice that has positively impacted individuals, educators and organizations nationally. The counselors are well-versed in and familiar with mental health, cultural implications, historical taboos, impact on treatment and individual self-talk during the process. The team approaches mental health through a holistic perspective that incorporates spirituality, cognitive shifts, behavioral reinforcements and support systems. The CEO and lead clinicians became licensed telehealth providers in 2018.

**Issue of concern**

As a result of the COVID-19 regulations on quarantining, and curtailing interactions with individuals outside one’s kinship group, the organizational revenue of PRTG decreased by 80%. The dramatic decrease in revenue reflects the inability of clients to meet in person for therapy. Also, while the counselors are licensed telehealth providers, the practice of telehealth is relatively new to PRTG, and this service had yet to be introduced to existing clients. Therefore, to ensure the staff’s wellness amid a pandemic, to financially recover and provide high-quality therapy services to existing and new patients, a strategic and viable solution is necessary. As a result, OD consulting intervention was introduced to address the areas of concern.

**Objective of research**

The objective of this study is to investigate the consequential impact of COVID-19 on mental health organizations. Via the context OD action research of an organizational case analysis, this paper offers recommendations to mental health organizations on an approach to help recover from the financial losses caused by COVID-19 restrictions, and to also help ensure that mental health specialists are provided with sufficient support so they may continue to provide meaningful service to clients in need of therapeutic care and assistance.

**Method**

The approach is an action research case study that uses an OD framework and a content analysis of the current literature. According to Stringer and Genat (2004), Action is a method well-suited for OD consulting. An OD action research intervention has a combination of the following steps:

- Identify a problem.
- Develop questions that help in understanding the nuances and complexities of the problem.
- Assess the dynamics of the problem and collect data.
- Evaluate the data and engage in a level of impact analysis.
- Combine data analysis with that from the professional literature.
- Develop strategies, solutions and alternatives.
- Take informed action or craft specific plans for action (Stringer and Genat, 2004).

The content analysis used the keywords COVID-19, Coronavirus, Tele-health, Tele-counseling, Telemedicine, OD and organizational change. The databases and their hosts (shown in parentheses) included Academia.edu, ResearchGate, ProQuest, ACM Digital Library, Web of Science, Baidu Scholar, Publons, Directory of Open Access Journals (DOAJ) and Google Scholar. Usage of these databases allowed a degree of assurance about the authority of the data retrieved with relevant and current.

**Review of literature**

The first step in organizational intervention involves the constant analysis of the external environment also taking into consideration in the internal corporate climate (Cheung-Judge and Holbeche, 2015). It is for this reason that action research theory is significant for OD and strategic thinking and planning (Stringer and Genat, 2004; Cheung-Judge and Holbeche, 2015). Action research entails important points worthwhile mentioning such as the need for understanding of the causes and dynamics of social issues and change, need for collaboration and it is data driven which increases motivation for change (Cheung-Judge and Holbeche, 2015, p. 33). Considering this, it is vital that when thinking strategically and planning accordingly, leaders consider the ever-evolving environment due to social change, technology and the fact that humans are constantly developing and evolving (Cheung-Judge and Holbeche, 2015). Simultaneously, leaders should also pay close attention to the internal environment strategizing for ways to have every organizational member involve in some part of the strategic implementation process. This will aid in ensuring a successful implementation (Cheung-Judge and Holbeche, 2015).

Cheung-Judge and Holbeche (2015) introduce the concept of living at the edge of chaos and change, which depicts organizations patterns or a state of stability and instability where the opportunity agility and resiliency exist. As presented in case study one, the scenario depicts an organization that is living on the edge of chaos and change (Cheung-Judge and Holbeche, 2015).

Organizations living on the edge of chaos and change are invested in changing behavior and require a new pattern of interaction (Cheung-Judge and Holbeche, 2015; Burrell, 2020). The concepts of changing behavior by changing language and leveraging group dynamics to shift behavior offer an alternative for changing behaviors in organizations (Cheung-Judge and Holbeche, 2015). Organizations that invest in behavior change and change process do so to create stability, agility and resilience but, most importantly, develop a competitive advantage (Aaker, 2001).

Cheung-Judge and Holbeche (2015) defined agility and resilience in terms of “change-ability” or capacity to adapt (p. 342). Agility and resilience are characterized by flexibility, innovation, a razor-sharp customer focus and the capacity to respond quickly to changing needs (Aker, 2001; Cheung-Judge and Holbeche, 2015). The Resiliency Agile Model included strategizing, implementing, linking, people and culture (Cheung-Judge and Holbeche, 2015). This model is powerful in that it redefines strategy in terms of an ongoing process that considers paradox as the norm, looking outside of the organization and experimentation. A value add would include the integration of elements within the model that supports organizations that are more tightly coupled for the benefit of the overall mission, as is the
Impact of COVID-19 on organizations
The Coronavirus (COVID-19) global pandemic forced every industry to navigate into the unknown. Notably, industries and employees that fell outside the scope of being deemed essential (e.g., doctors, nurses and police officers) were legally mandated to telework. Consequently, with stay-at-home orders enacted, organizations were forced to reevaluate if their workplace culture and technologies could successfully support a transition to full-time telework. Although some may perceive the concept of telework as a novelty, the term work was first introduced into the literature in the 1970s by former NASA employee, Jack Nilles (De Jong and Mante-Meijer, 2008).

The literature indicates that in organizations where telework is not permitted, leaders feel a loss of control of the workforce (De Jong and Mante-Meijer, 2008). Leaders’ resistance to offer their employees the flexibility to telework reflects a tight organizational culture where employees are meticulously supervised (Meyer, 2002). Ironically, in 2007, Steyaart and De Haan’s study (as cited in De Jong and Mante-Meijer (2008)) foreshadowed that:

[…] in organizations where teleworking is officially allowed, it is seldom used as a standard strategy but more as a form of crisis management in order to be able to cope […]. (p. 173).

COVID-19 caused organizations that previously chided teleworking to react and hastily strategize, migrate and adapt to teleworking (Burrell, 2020). In comparison, organizations that already had telecommuting policies, along with the infrastructure and technology in place for teleworking, were better positioned to respond to the telework mandate (Burrell, 2020). However, the underlying commonality is that COVID-19 globally challenged every industry and organization with unprecedented hardships.

Impact of COVID-19 on mental health practitioners
Parental burnout and compassion fatigue
Telework dissolves the pre-existing boundaries between home life and work. Researchers (Christensen, 1988) projected that the notion of telework would not diffuse itself in western culture because of the conflicting relationship between home life and work-life (as cited in Standen et al. (1999)). COVID-19 stay-at-home orders required leaders of mental health organizations to consider how they would navigate the challenges of therapists that do not have the spatial luxury of sectioning off a dedicated workspace in their homes. The amalgamation of family life and work may negatively influence employees’ psychological well-being (Standen et al., 1999; Ceschi et al., 2017). Adding to this conundrum, when the mandatory COVID-19 stay–at-home orders extended into the school system, parents and guardians were required to homeschool their child(ren) while telecommuting. Therefore, parental duties were unequivocally increased because children were required to stay home seven days a week, 24 h a day (Griffith, 2020).

An area of research that merits further exploration is parental burnout (PB) among mental health practitioners during the COVID-19 pandemic. PB differs from parental stress because PB reflects a sustained and unremitting response to incessant and overpowering parental stress (Mikolajczak et al., 2019). Placing the spotlight on parents’ well-being that professionally serves as a mental health practitioners is crucial because:

[…] parental burnout gives rise to severe suicidal and escape ideations which are much more frequent in parental burnout than in job burnout or even depression. Parental burnout is also
related to psychological forms of escape such as alcohol use potentially also in the increase in violence against one’s children Mikolajczak and Roskam (2020, p. 3).

It is noteworthy to discuss how PB, coupled with compassion fatigue (CF) among therapists and mental health organizations, compromises patient safety. CF was conceived to describe “the phenomenon of stress resulting from exposure to a traumatized individual rather than from exposure to the trauma itself” (Cocker and Joss, 2016, p. 618). Pfifferling and Gilley (2000) add psychological depth and dimension to the experience of CF by revealing that CF is “a deep physical, emotional, and spiritual exhaustion accompanied by acute emotional pain” (p. 2).

From a systemic perspective, CF affects the entire organization because, human factors serve as a critical components to organizational design and functions (Ceschi et al., 2017). Schein (1996) expounds on this outlook by offering that an organization’s collective psychology merits attention. Schein (1996) proffers that:

[... ] it is these norms or ‘shared, tacit ways of perceiving, thinking, and reacting’ embedded in an organization’s culture and psychology that are perhaps the most powerful force operating in organizational systems (p. 3).

There is harmony across the literature to support the supposition that CF diminishes patient safety, lessens the quality of care and exacerbates organizational culture (Day and Anderson, 2011; Nolte et al., 2017). Research indicates that CF is typified by enervation, irritability, anger, apathy, maladaptive coping mechanisms such as alcohol and drug abuse, and “an impaired ability to make decisions and care for patients” (Cocker and Joss, 2016, p. 618). Simply stated, mental health-care professionals may suffer adverse effects from the care they offer patients. Hormann and Vivian (2005) posit that staff’s stressful emotions may worsen the organizational milieu because the distressing sentiments embed themselves in the system. Hormann and Vivian (2005) rationalize that in a trauma-organized workplace, the core of the milieu idles in stress, and the stress then entrenches itself in the organization’s framework. Thereby employees experience work in an ambiance of stress (Ceschi et al., 2017). The interaction between the organizational milieu and the organization’s framework creates an internal culture partly defined by its stress (Hormann and Vivian, 2005; Ceschi et al., 2017).

Consistent with the existing literature that highlights the psychological benefits derived from mindfulness (Yip et al., 2017), qualitative research underscores that there is an association between elevated mindfulness and positive patient care (Yip et al., 2017). In that because mindfulness lessens CF (Yip et al., 2017). From a quantitative perspective, research supports (Brown et al., 2017) the qualitative findings that there is a negative correlation between CF and mindfulness. Stated differently, an individual experiencing elevated levels of CF lack of mindfulness. To assuage CF among mental health practitioners and improve patient safety and care, research asserts that mindfulness-based interventions (MBIs) improve and positively affect an organization’s systemic elements (Lomas et al., 2019; Scheepers et al., 2020). Further, when MBIs are rooted in an organization’s system, MBIs help fosters a “culture of wellness” (Scheepers et al., 2020, p. 139).

Organizational dynamics

The ability and capacity of mental health organizations to move from an inpatient service organization to a virtual service organization using telework requires some significant change in organizational and leadership dynamics. Situational theory (SIT) is based on a leader’s ability to evaluate and create action during a specific time (Cheung-Judge and Holbeche, 2015). There are sub-theories associated to SIT, one specifically fits the need to adapt to complex and chaotic
change (Cheung-Judge and Holbeche, 2015). The Path-Goal Theory (PGT) is a theory that uses reward as a motivating factor for employees, the use of reward during a specific time like COVID-19 can be effective when addressing a change in environment. PGT uses three key principles a leader can use to increase the workforce’s productivity, employee effort, goal achievement and reward (Cheung-Judge and Holbeche, 2015).

**Self-efficacy theory**

Self-efficacy theory (ST) is constructed to offer the director of real estate the perspectives needed to restructure the thinking process (Bandura, 1994). The core principles of the ST are based on the leader’s ability to alter the way he/she thinks and creates emotional regulation (Bandura, 1994). During COVID-19, leaders are adapting to new environments that affect the emotional behaviors of themselves and their employees (Bandura, 1994). A change in the environment affects changes needed to the workforce’s ability to adapt emotionally to new ways of conducting routine work, the lack of response may influence the performance of the team as everyone is responsible for contributions to the overall goal (Cheung-Judge and Holbeche, 2015). ST establishes a pattern of thinking that uses the end state of a person’s goal, allowing reflection and creative thinking processes to reframe negative interpretations into meaningful and productive behaviors (Bandura, 1994). ST is based in cognitive thought process that allows a person to adapt unwanted behaviors, a workforce whose environment was impacted by COVID-19 may be impacted by negative behaviors, STs cognitive approach provides structure to creating new behaviors that will fit a virtual work environment.

**Change management**

Understanding change management models and approaches are the critical to any organizational interventions. Dunphy and Stace (1993) put forth a situational or contingency model of change, which emphasized on the fact that organizations should vary their change strategies in accordance with the environmental changes for arriving at an “optimum fit.” It further discussed that organizations differ in terms of structure, processes and key values which they espouse, and it is due to these differences; the organizations may not be influenced by the similar situational variables.

Dunphy and Stace (1993) described four styles of leadership that are often the driving forces in an organizational change intervention:

1. **Collaborative style**: The collaborative leadership style attracts large-scale participation from the employees of the organization in the important decisions related to the future and equally related to the method for implementing organizational change.
2. **Consultative style**: The consultative style of leaders consult the employees before implementing organizational change by involving them little in the process of goal setting related to their area of expertise.
3. **Directive style**: The directive style of leadership involves the least participation from the employees in the decision-making process related with the organizational future, instead this kind of leadership uses authority for implementing vital decisions related to the organizational change.
4. **Coercive style**: This form of leadership exercises coercion or force for implementing organizational change on the members of the organization either by involving the outside parties or involving the managers/executives in the process (Dunphy and Stace, 1993).

Dunphy and Stace (1993) also outlined some critical knowledge areas concerning complexities of OD in the areas of change management including:
Incremental change fits best for organizational cultures that only require small, measured or minimal change that is neither abrasive, swift or even sudden.

Transformational change occurs when there are significant marketplace disruptions or substantial demands from external or internal forces or both necessitating change to safeguard the survivability of the organization.

Collaborative approach of change fits best when the employees and influential stakeholders pool their intellectual capital, social capital, experiences and expertise to willingly cooperate during the change process.

Coercive modes of change fit organizational dynamics where there can be significant resistance to change and the sense of urgency does not allow for the development of more engagement activities to generate more willing participation (Dunphy and Stace, 1993).

Kotter’s (2012) change model is designed for leaders to address and maintain a healthy workforce during unstable times. Using Kotter’s model, there are eight steps that need to be addressed by the director of the commercial real estate organization Model steps:

1. Work with a sense of urgency.
2. Enlist a trusted and efficient staff to assist in creating new ways to address organizational activities.
3. Identify what the future will look like for the workforce, use vision and reality to establish a framework for employees.
4. Enable the workforce to buy into the changes being made, assistance from the workforce will create a strong culture.
5. Identify what is working and enhance those operations, whereas removing the processes that create barriers.
6. Find areas the organization can effectively win in the profit margin; this will encourage the workforce to remain vigilant.
7. Continue to work with an emphasis on target goals.
8. Implement changes that have proven to enhance the strength of the organization (Kotter, 2012).

Recompences of Kotter’s model:

- It is a simplistic process model which affords a clear sketch and direction on the all-inclusive progression of executing change (Kotter, 2012).
- Prominence is on the engagement and tolerability of the employees as key role players in the activity (Kotter, 2012).
- Substantial weight is on formulating and constructing suitability for change instead of the actual change method (Kotter, 2012).

Assessing Phoenix Rising Therapy Group via Denison’s organizational culture model
Organizational diagnoses serve as the fundamental element that facilitates consultants in assessing the health of an organization and, thereby providing suitable recommendations to help achieve a successful change initiative (McFillen et al., 2013). Phoenix Rising is
positioned in a juncture where the organization is navigating the unprecedented challenges triggered by COVID-19. The aim of the organization is threefold: to recover from the financial hardships posed by COVID-19, to continue providing high-quality therapy services to existing and new patients via a virtual platform, and to support the well-being of the mental health practitioners and staff.

Organizational leadership and organizational strategy during a pandemic or instance that can disrupt normal operations must be:

- extremely alert and responsive;
- exceedingly elastic and adaptive to changing circumstances and atmospheres;
- reflective and poised;
- authentic and transparent;
- steady and engaged;
- compassionate and empathetic;
- collaborative and culturally sensitive;
- globally minded and ethical;
- reasonably utilitarian;
- systems-thinking and sense-making oriented;
- instinctive and open to learning; and
- simultaneously calm and resilient during challenging, uncomfortable and non-linear change (Shufutinsky et al., 2020).

Strategic change and for organizational decision-making to be operative in times of shattered change and pandemonium, in times of crisis, leaders need to be able to reach within and use these diverse leadership qualities, styles and actions as they adjust to a chaotic and shifting environment (Burrell, 2020). Leaders that can adapt to highly frenzied and shifting circumstances, and surge forward to do this effectively, are shock leaders (Shufutinsky et al., 2020).

Organizational assessment, diagnosis and intervention can create a strategic framework for organizational cultural change to a shock leadership culture (Shufutinsky et al., 2020). Shock leadership fitness and execution can offer advanced stages of organizational dynamics concerning situational awareness, enhanced collaboration, unit interconnection and teamwork, reduced response and decision-making time, expanded organizational surge capacity, generate enhanced inter-organizational interoperability and propel leader elasticity and tractability, all of which are critical in dealing with extreme, highly complex environments with unstable conditions a variables (Shufutinsky et al., 2020). Applying a shock leadership framework requires the development of adaptive strategies that can respond to changing needs and dynamics because of COVID-19.

To provide meaningful and actionable recommendations, the researcher recommends assessing Phoenix Rising via Denison’s Organizational Culture Model. The Denison Model (DM) operates as a compass that helps facilitate change by connecting organizational culture to organizational performance (Denison and Mishra, 1995). Notably, the DM underscores the four fundamental and distinguishing characteristics which an organization should fully master to ascertain organizational effectiveness (Denison, 1990).

The core of the DM is comprised of the organization’s beliefs and assumptions. Schein (1996) proffered that an organization’s beliefs and assumptions are the bedrock of an organization’s distinctiveness. The DM illustrates that an organization with a healthy
culture can respond positively to change. Each quadrant (Figure 1), in the DM, depicts one of the four traits that drive the behaviors of the organization’s culture (Denison and Mishra, 1995):

1. Adaptability refers to how organizations embrace change and respond to the marketplace’s changing needs and customers (Denison and Mishra, 1995).
2. The mission encapsulates the essence of the organization (Denison and Mishra, 1995).
3. Consistency depicts an organization’s stability and the congruency among the core values, systems, structures and processes (Denison and Mishra, 1995; Wahyuningsih et al., 2019).
4. Involvement establishes an environment of enrichment, empowerment, engagement and psychological safety for the workforce (Denison and Mishra, 1995).

The entirety of Phoenix Rising’s workforce is comprised of therapists and employees that identify as either Black or African American. The homogeneity of the staff reflects the racial and cultural constructs of the patients and clients Phoenix Rising serves. Further, the mission statement of Phoenix Rising echoes a clan culture that accentuates care for the community and fosters enrichment and empowerment among their staff (Cameron and Quinn, 2011; Chan, 1997). The researcher asserts that denoting the organizational style of Phoenix Rising is vital because it aids in providing the proper recommendations suited for a clan culture.

Recommendations for Phoenix Rising
To recapitulate, Phoenix Rising seeks a strategic and viable solution to ensure their staff’s wellness amid a pandemic, to recover financially, while also providing high-quality therapy services to existing and new patients. The overarching theme of the recommendations reflects how COVID-19 emerged as a catalyst for change.
**Recommendation A: Paradigm shift by the CEO**

Undoubtedly, COVID-19 has created unprecedented challenges among mental health practitioners and organizations. Simultaneously, navigating the challenges also created a unique opportunity where mental health organizations may help and expand the reach to more individuals by leveraging virtual telehealth. Research (Rowold and Abrell-Vogel, 2014) indicates that a leader’s commitment and perspective to a change initiative influences and permeates to the workforce. Therefore, rather than approaching the newfound challenges as a detriment, the CEO of Phoenix Rising should approach the challenges as an opportunity to expand therapeutic services to clients and patients via a telehealth platform, and as an opportunity to elevate compassion and empathy among the workforce by continuously recognizing that staff’s emotional well-being and health may have also changed.

To help conceptualize this recommendation, Figure 2 illustrates how the CEO and employees of Phoenix Rising may positively leverage the unique and newfound realities of

<table>
<thead>
<tr>
<th>Managers</th>
<th>Employees</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Adaptability</strong></td>
<td><strong>Mission</strong></td>
</tr>
<tr>
<td>1. Amplify the technology (software, hardware, web applications) and capabilities needed to enable telework. Listen to the IT team. Rapidly inject resources needed for IT infrastructure and training.</td>
<td>1. Leverage the technology offered by the company. Provide feedback if there are issues with technology. Ask for guidelines and trainings where necessary.</td>
</tr>
<tr>
<td>2. Expect problems and issues and be prepared to capture and share what is working as well as problems that need to be solved. Ask for feedback and solicit ideas – be a model for continuous improvement.</td>
<td>2. Use this as a learning opportunity for you and for your colleagues. Share your learnings about what works and what does not work with your co-workers so that the organizational competence to telework continually grows.</td>
</tr>
<tr>
<td><strong>Consistency</strong></td>
<td><strong>Involvement</strong></td>
</tr>
<tr>
<td>3. Go on hyper-drive with prioritization. Emphasize the biggest priorities so that employees know what to focus on.</td>
<td>3. Focus on the priorities; Not everything on your plate is equally important.</td>
</tr>
<tr>
<td>4. Encourage employees to ask questions about company, team, and individual priorities in 1:1s, staff meetings, and town halls.</td>
<td>4. Ask questions to gain clarity about the priorities and recognize that, in this environment, those priorities can change at a moment’s notice.</td>
</tr>
<tr>
<td><strong>Involvement</strong></td>
<td></td>
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<tr>
<td>5. Communicate often and consistently. Uncertain times require significantly higher levels of communication and it is important that consistent information and guidance is shared. Invoke the core values in communications for reassurance and stability.</td>
<td>5. Use the company’s core values as the north star in times of change. Core values can help us cut through the ambiguity and uncertainty and act in ways that reflect what is most important. If you are hearing conflicting messages, ask for clarification.</td>
</tr>
<tr>
<td>6. Listen to employees to understand their challenges and their suggestions for how to best support them.</td>
<td>6. Determine and communicate your own work schedule; be comfortable that it may change frequently based on competing home and work priorities. Be sensitive to others who depend on you and your work and stay in close communication.</td>
</tr>
<tr>
<td>7. Empower employees in how they want to manage their work schedule and work hours. Allow for flexibility (vs. rigidity) with emphasis on clarifying the work requirements and the critical interdependencies that need to be considered.</td>
<td>7. Don’t hesitate to ask for meetings to be short (30 minutes), if you have family members that need care on a more frequent basis.</td>
</tr>
<tr>
<td>8. Maintain equity in how telework is implemented for employees.</td>
<td>8. Take care of your personal well-being and the well-being of those who depend on you.</td>
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</table>
COVID-19. To ensure alignment with the DM, each row recrudesces to a quadrant in the model, and one column reflects leadership, whereas the other reflects the workforce.

This recommendation comes at no additional cost to the organization. More importantly, the recommendation addresses how with employees, a CEO may mediate and offer support to the newfound challenges of balancing homeschooling child(ren), the responsibility of being the primary caretaker of a family member and maintaining a job.

**Recommendation B: COVID-19 teletherapy guidance plan for therapists**

Before the onset of COVID-19, Phoenix Therapy was positioned to transition to a telehealth platform. In 2018, the CEO and staff became licensed to provide telehealth services. Although the counselors are licensed telehealth providers, telehealth services had yet to be introduced to existing clients and integrated into the organization’s culture. The researcher posits that it is imperative to provide therapists with a guidance plan to deliver teletherapy to clients because COVID-19 propelled therapists to rapidly transition to an unfamiliar therapy modality.

**Recommendation C: sustaining organizational revenue**

The juxtaposition of how to sustain organizational revenue without spending funds requires a creative and divergent approach. At the inception of the pandemic, highly regarded strategic consulting firms (Lorsch and Durante, 2013; Madsen, 2017) such as Boston Consulting Group (BCG) and McKinsey created strategic rapid response guidance to COVID-19 (Baig et al., 2020; Baghiu, 2020; Close et al., 2020; Sneader and Singhal, 2020; Quinn and Laws, 2020; Reeves, 2020). The rapid responses offered organizations strategic guidance on implementing and sustaining a virtual platform, the projected implications on business, and how to address community needs. Both organizations made their respective strategic rapid responses accessible and free to all organizations.

Therefore, at no additional expense, Phoenix Rising was privy to a panoply of strategic guidance created by two globally reputable consulting firms specializing in strategy and management. The researcher recommends that McKinsey and BCG’s rapid responses be reviewed and synthesized by an OD practitioner. The researcher reasons that an OD practitioner is suited with the knowledge and expertise to provide the CEO with the appropriate rapid response strategy that suits the organizational culture of Phoenix Rising.

**Direction for future research**

There is a gap in the literature that examines how CF in tandem with PB may influence the well-being of mental health workers. Stated differently, in a sample of mental health workers, would CF coupled with PB, compromise and adversely affect a therapist’s ability to offer ethical care to their patients? This research merits investigation because it may help augment literature on the phenomenon of transference and countertransference.

**Management adaptability**

Below is a self-assessment tool developed to managers that need to adapt to strategic change because of COVID 19 and other unexpected marketplace disruptions. The goal of this tool is the help managers identify their strengths and find managers that need additional developmental, organizational support.
Darrell Burrell self-reflection leadership unplanned circumstances adaptability assessment (2020)

5 = Always 4 = Very often 3 = Sometimes 2= Not very often 1= Rarely, if ever. with 5 being very high and 1 being very low, circle the number that best matches your true self-assessment of your leadership adaptability skills during an unexpected and urgent situation requiring you to lead change:

5 = Always 4 = Very often 3 = Sometimes 2= Not very often 1= Rarely, if ever

The questions should be answered in the context of unplanned and urgent circumstances in need of attention:

- I insistently pursue crucial data, evidence and knowledge. 5 4 3 2 1
- I use a variety of approaches to consistently and frequently communicate information, activities and results to stakeholders on a variety of levels. 5 4 3 2 1
- I am proactive and not reactive in ways that necessitate initiative during unexpected and urgent conditions. 5 4 3 2 1
- I am a critical, strategic and clear thinker in stressful conditions. 5 4 3 2 1
- I display emotional intelligence, emotional self-regulation and calm during unexpected and urgent situations. 5 4 3 2 1
- When change is needed, I embrace it quickly and focus on creating paths that help others see how the required change can occur. 5 4 3 2 1
- I am encouraging, optimistic, and in ways that attempt to find possibilities from solving problems. 5 4 3 2 1
- I am resourceful, innovative and creative when it comes to problem-solving. 5 4 3 2 1
- I am mentally strong and recover quickly from setbacks. 5 4 3 2 1
- I behave fearlessly and take calculated risks. 5 4 3 2 1
- I make decisions and come to conclusions in a timely and decisive fashion. 5 4 3 2 1
- I create a clear path and vision concerning problems and solutions. 5 4 3 2 1
- I value expertise and knowledge and am committed to continuous learning and development 5 4 3 2 1
- I think it is imperative to display respect, authentic concern and empathy when I work with others on complex problems. 5 4 3 2 1
- I attempt to identify each employee's strengths and try to find projects and opportunities for them to leverage and develop and display those strengths, competencies and abilities. 5 4 3 2 1

Add up your responses from each of the questions and calculate your scores

65–75: Highly competent adapter – You have the qualities necessary to lead change and respond appropriately to unexpected problems, crises, urgent circumstances. You have the skills and abilities that could allow you to assist those less skilled through mentoring and collaboration.

64–51: Serviceable adapter – You have the qualities necessary to lead change and respond appropriately to unexpected problems, crises, urgent circumstances, but you could strengthen some areas to be more productive. Note the areas where you scored less than a five and focus your attention on improving them.
51–38: Slight adapter – Although you have some strong leadership qualities, you still have plenty of room for improvement to successfully lead change and respond appropriately to unexpected problems, crises, urgent circumstances by focusing on any areas where you did not score a 5. You could probably benefit from having a highly competent adapter as a mentor.

37 or less: Apprentice adapter – You need to focus your professional development activities on enhancing the skills and abilities to lead change and respond appropriately to unexpected problems, crises, urgent circumstances through a focus on any areas where you did not score a 5. You could probably benefit from having a highly competent adapter as a mentor.

Darrell Burrell Self-Reflection Leadership Unplanned Circumstances Adaptability Assessment (Burrell, 2020)

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Further reading


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