

# Walden University

College of Management and Human Potential

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Abstract

COVID-19 and its Impact on Nursing Care Facility Business Operations:

A Phenomenological Inquiry

by

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MBA, Strayer University, 2012

BS, Elizabeth City State University, 2008

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

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## Abstract

The research problem was the lack of knowledge regarding how nursing care facility leaders sustained business operations within the climate of adversity created by the COVID-19 pandemic. The purpose was to explore and understand the essence of nursing care facility leaders' perceptions and experiences in maintaining business operations during the COVID-19 pandemic. The conceptual framework was based on resiliency theory. The central research question and subquestion for this qualitative transcendental, phenomenological study focused on what strategies nursing care facility leaders use to sustain business operations during the COVID-19 pandemic, as well as their perceptions and experiences regarding their response to the pandemic. A purposive sample of 10 nursing care administrators in North Carolina participated in semi-structured interviews. The modified Van Kaam method of data analysis was also utilized to create a textural-structural description of the participants' lived experiences, and three themes were revealed. The participants experienced challenges in all areas of business resilience in nursing care facilities, developed diverse strategies to maintain each type of business resilience in response to the pandemic, and perceived that these strategies resulted in improved organizational resilience. The study's findings can promote positive social change by helping other managers and administrators understand and improve organizational resilience in future crises. Managers and administrators at other healthcare organizations can use insights from this study to support disaster planning and management efforts, which benefit society through improved healthcare outcomes resulting from increased strength and resilience.

PREVIEW

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## Dedication

First, I would like to give thanks to my Lord and Savior, Jesus Christ, without whom all of this would not be possible. I dedicate this dissertation to my husband, Kisseih Bonsu, for always believing in me and encouraging me to never give up. Your constant love and support allowed me to finally see the light at the end of the tunnel, and for that, I am forever grateful. I also dedicate this dissertation to my son, Kevin Bonsu, for pushing me; your existence made it difficult for me to quit. I would like to give a special thanks to my mom, dad, and sister for always being there and never wavering, even through the tough times. Without all your love, support, and constant prayers, this journey would not have been possible.

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PREVIEW

## Table of Contents

List of Tables .....	v
List of Figures .....	vi
Chapter 1: Introduction to the Study.....	1
Background of the Study .....	2
Problem Statement .....	6
Purpose of the Study .....	6
Research Questions.....	7
Conceptual Framework.....	7
Nature of the Study .....	9
Definitions.....	11
Assumptions.....	12
Scope and Delimitations .....	13
Limitations .....	15
Significance of the Study .....	16
Significance to Practice.....	16
Significance to Theory .....	18
Significance to Social Change .....	18
Summary and Transition.....	19
Chapter 2: Literature Review .....	21
Literature Search Strategy.....	22
Conceptual Framework.....	23



Literature Review.....	29
A Timeline of the COVID-19 Pandemic .....	29
The Impacts of COVID-19 .....	34
Organizational Resilience .....	49
Summary .....	58
Chapter 3: Research Method.....	61
Research Design and Rationale .....	62
Role of the Researcher .....	64
Methodology.....	66
Participant Selection Logic.....	66
Instrumentation .....	69
Procedures for Recruitment, Participation, and Data Collection.....	72
Data Analysis Plan.....	74
Issues of Trustworthiness.....	77
Credibility .....	77
Transferability.....	78
Dependability .....	79
Confirmability.....	79
Ethical Procedures .....	80
Summary .....	81
Chapter 4: Results .....	83
Pilot Study.....	84

Research Setting.....	85
Demographics .....	86
Data Collection .....	87
Data Analysis .....	89
Evidence of Trustworthiness.....	94
Credibility .....	94
Transferability.....	95
Dependability.....	95
Confirmability.....	95
Study Results .....	96
Theme 1 .....	96
Theme 2 .....	102
Theme 3 .....	112
Answering the Research Questions .....	118
Composite Textural-Structural Description.....	118
Central Research Question.....	121
Subquestion.....	122
Summary .....	123
Chapter 5: Discussion, Conclusions, and Recommendations.....	125
Interpretation of Findings .....	127
Theme 1 .....	127
Theme 2 .....	129

Theme 3 .....	131
Limitations of the Study.....	133
Recommendations.....	134
Implications.....	138
Implications for Individuals.....	138
Implications for Organizations .....	140
Societal Implications.....	141
Conclusions.....	142
References.....	144
Appendix A: Interview Guide.....	171

PREVIEW

## List of Tables

Table 1. Barasa et al.'s Resilience Categories .....	28
Table 2. Examples From the Master List of Participant Comments.....	91
Table 3. Cluster Code Examples.....	93
Table 4. Participant Support for Theme 1.....	98
Table 5. Participant Support for Theme 2.....	106
Table 6. Participant Support for Theme 3.....	114
Table 7. Thematic Results.....	118

PREVIEW

List of Figures

Figure 1. The Current Study's Conceptual Model..... 9

Figure 2. Morse et al.'s Resilience Framework ..... 26

PREVIEW

## Chapter 1: Introduction to the Study

The COVID-19 pandemic has drawn the attention of healthcare providers and scholars since its identification in Wuhan, China, on December 31, 2019 (Dosa et al., 2020; Kaye et al., 2020). The COVID-19 pandemic caused major disruption on a global scale, presenting significant challenges for governments, businesses, and healthcare providers (Abodunrin et al., 2020; Vitenu-Sackey & Barfi, 2021; World Bank, 2020). Many scholars focused on the effects of the COVID-19 pandemic, but the pandemic's effects on healthcare providers in the nursing care industry required further investigation (Hao et al., 2020; Muruganandam et al., 2020; Neto et al., 2020; Spoorthy, 2020; Wang et al., 2020). Scholars specifically noted that COVID-19 put the nursing care industry in crisis because the lack of effective coronavirus treatments were devastating for nursing care residents (McMichael et al., 2020; Ouslander & Grabowski, 2020; Telford et al., 2020).

Increased cases of COVID-19 stunted the developmental growth of nursing care facilities and reduced economic productivity (Kaye et al., 2020; Ouslander & Grabowski, 2020). The lack of research on nursing care facility leaders' perceptions and experiences using strategies to respond and adapt to COVID-19 to sustain business operations demonstrated a gap in the literature. This phenomenological study filled that gap. The study was significant to social change because the findings were used to address the effective implementation of strategies to provide quality care, prevent high-risk exposures within facilities, and maintain business viability during pandemic outbreaks. In Chapter 1, I present the study's background, problem statement, purpose, research

question, theoretical framework, nature, definitions, assumptions, scope and delimitations, limitations, and significance before concluding with a summary.

### **Background of the Study**

Research on the COVID-19 pandemic indicates that the pandemic's effects were both severe and wide-ranging. COVID-19 developed late in 2019 and quickly spread globally (Katella, 2021). Since the beginning of the pandemic, millions of people have been infected with COVID-19 and died (Carvalho et al., 2021). In addition to the dramatic health consequences, the COVID-19 pandemic resulted in adverse outcomes for individuals, businesses, and the global economy (Aday & Aday, 2020; The World Bank, 2020). Venkatesh (2020) predicted that COVID-19's various impacts on healthcare, the economy, the labor market, supply chains, and work and home life would be long-lasting.

COVID-19 disrupted business operations in various ways, with some organizations experiencing technological work-from-home challenges, while others faced material shortages (Aday & Aday, 2020; Paul & Chowdhury, 2021). Manufacturers experienced supply chain disruptions and difficulties obtaining essential resources (Paul & Chowdhury, 2021). Industries that employed essential workers experienced staffing shortages, and employee morale suffered because front-line employees faced continuous health risks (Aday & Aday, 2020; Paul & Chowdhury, 2021). These business disruptions resulted in economic problems in many countries (Abodunrin et al., 2020). The pandemic even disrupted supply and demand in the global economy (The World Bank, 2020).

Various scholars highlighted the economic consequences of the COVID-19 pandemic throughout the body of literature (Jayakumar et al., 2020; Michel & Burton,

2020; Nicola et al., 2020). Nicola et al. (2020) studied COVID-19's effect on the world economy, focusing on (a) primary sectors and the extraction of raw materials, (b) secondary sectors and the production of finished products, and (c) tertiary sectors and all service provision industries. Jayakumar et al. (2020) cited the importance of limiting the spread of the COVID-19 virus to prevent a global recession. Jayakumar et al. concluded that direct aid from state and local governments was essential to mitigate the impact of the coronavirus shock. The U.S. government allocated \$500 billion to back loans and assistance to larger companies, as well as \$340 billion to support state and local governments (Jayakumar et al., 2020).

The healthcare industry was among the industries hit hardest by the COVID-19 pandemic (Aday & Aday, 2020; Larrañeta et al., 2020; Min & Jianwen, 2020). COVID-19 presented a significant challenge to healthcare professionals, who were exposed to high risks because of the scarcity of personal protective equipment (Larrañeta et al., 2020). Additionally, healthcare facilities experienced interruptions in health services as infection rates increased beyond capacity (Siriwardhana et al., 2021). Scholars acknowledged the need to develop new business operation strategies to provide healthcare services in the face of the pandemic, but no universal models have yet been developed (Siriwardhana et al., 2021).

Within the healthcare sector, nursing care facilities experienced disproportionate challenges as they serviced a vulnerable population while also experiencing equipment shortages and increased health risks for their employees (Fallon et al., 2020; Larrañeta et al., 2020; Siriwardhana et al., 2021). Nursing care facilities provide care services to older



patients and those with chronic medical conditions; so, their populations were more vulnerable to the COVID-19 virus (Bianchetti et al., 2020; Davidson & Szanton, 2020). Thompson et al. (2020) studied COVID-19's effects on nursing care facility residents, care workers, and visitors in several different countries, noting that France, Spain, Belgium, Canada, and the United States reported significant death totals associated with COVID-19 infections in nursing homes. Thompson et al. also cited the number of positive COVID-19 cases and deaths in long-term care facilities, reporting that nursing care facilities had the highest transmission rate of infectious diseases in the healthcare sector because of their low preparedness for infection control. In another study, Fallon et al. (2020) examined nursing care facility infection control protocols and noted high infection and death rates among residents. Thompson et al. further suggested that management complexities increased in long-term care facilities because of patients' complex care requirements and factors specific to business management in the healthcare industry.

Several researchers have focused on resilience as a factor when facing crises associated with natural disasters and global pandemics (Iflaifel et al., 2020; Morse et al., 2021; Ree et al., 2021). In one study, Fisher et al. (2016) provided information on individual resilience and its effect on entrepreneurial success. Fisher et al. studied resilience in a sample of 215 entrepreneurs, using regression analysis to examine the relationship between resilience and entrepreneurial success. Fisher et al. found that resilience does indeed predict entrepreneurial success. The information in Fisher et al.'s study demonstrated the importance of resilience in managing and overcoming adverse

business circumstances; however, it did not address the specific factors associated with the COVID-19 pandemic, nor did it focus on business strategies employed by nursing care facility leaders.

The literature on COVID-19 demonstrated that the pandemic's health and economic consequences were severe (Carvalho et al., 2021; Katella, 2021; Nicola et al., 2020). Several studies highlighted the unique challenges nursing care facilities face because of their vulnerable patient populations and specific business circumstances (Fallon et al., 2020; Lau-Ng et al., 2020). However, no studies have focused on nursing care facility leaders' strategies to maintain business operations. As such, the lack of research highlighting the role of resilience in nursing care facilities during the COVID-19 pandemic made it unclear which strategies were most effective in maintaining business stability during the crisis. The current study was designed to address that gap in the literature.

The current study was needed because the explored lived experiences of nursing care facility leaders provided critical insight into crisis management and resilience at the facilities treating the most vulnerable patients. Nursing care facilities treat high-risk patients, and the ability to provide adequate care directly affects patients' mortality (Panagiotou et al., 2021). Further research on the resilience of nursing care facilities has the potential to improve business operations within this area of the healthcare industry and increase the quality of patient care (Thompson et al., 2020).

### **Problem Statement**

The coronavirus, known as COVID-19, had a major impact on the U.S. healthcare industry (Dosa et al., 2020; Lau-Ng et al., 2020). Nursing care facilities faced unique challenges as COVID-19 presented greater risks to elderly populations, as evidenced by nursing care facility death rates (Davidson & Szanton, 2020; Ioannidis, 2020). Nursing care facility leaders faced challenges sustaining business operations in response to COVID-19 that extended beyond financial, logistical, reputational, and long-term solvency considerations (Fallon et al., 2020). Whereas researchers have investigated the impacts of COVID-19 on healthcare organizations, little or no research has addressed nursing care facility leaders' lived experiences responding to COVID-19 challenges and sustaining business operations within the COVID-19 environment. The general problem addressed by the current study was that increased cases of COVID-19 reduced productivity and negatively impacted nursing care facilities' economic growth. The specific research problem addressed through this study was the lack of knowledge regarding how nursing care facility leaders sustained business operations within the climate of adversity created by COVID-19.

### **Purpose of the Study**

The purpose of this qualitative transcendental phenomenological study was to explore and understand the perceptions and experiences of a purposive sample of 10 nursing care facility leaders regarding the strategies used to sustain business operations in response to the challenges presented by the COVID-19 pandemic. The study's findings could inform business leaders in the nursing care industry about effective management

practices, enabling them to develop and use techniques to provide quality care, prevent high-risk exposures within facilities, and maintain business viability during pandemic outbreaks. Exploring these healthcare professionals' perceptions and lived experiences addressed the research problem and answered the study's research questions presented below.

### **Research Questions**

This study addressed one central research question and one subquestion, allowing me to explore, understand, and describe the essence of nursing care facility leaders' perceptions and experiences during the COVID-19 pandemic.

Central Research Question: What strategies did nursing care facility leaders use to sustain business operations during the COVID-19 pandemic?

Subquestion: What are nursing care facility leaders' perceptions and experiences regarding their response to the COVID-19 pandemic?

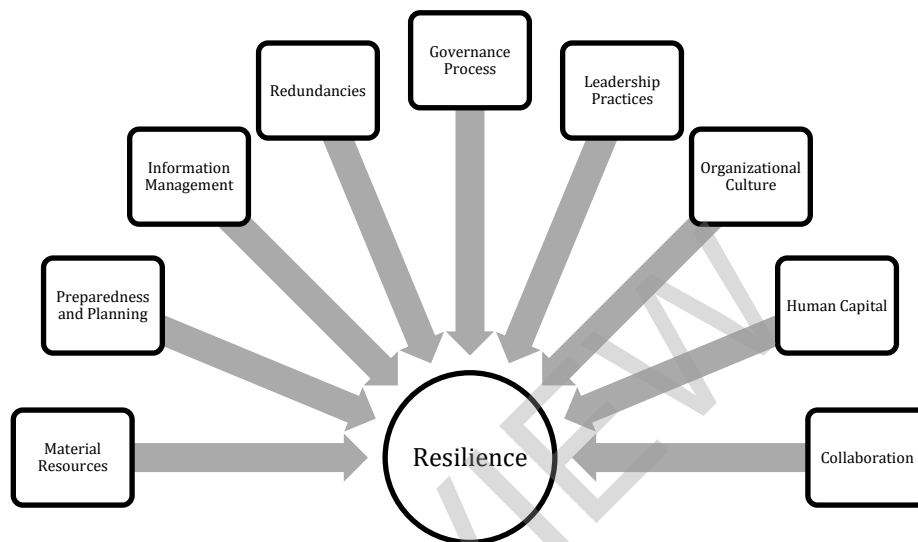
### **Conceptual Framework**

Resiliency theory served as a foundation for the study's conceptual framework. Resiliency theory has been used to guide a broad spectrum of academic disciplines with a premise centered on exploring and understanding how one person or organization can persevere in the face of adversity, while another is overcome by it (Ayala & Manzano, 2014; Gulbrandsen & Walsh, 2015; Welsh, 2014). Resiliency theory was a good fit for the current study because building the resilience of healthcare systems reduces vulnerability to a crisis by ensuring that healthcare providers are better prepared to

effectively respond to events like a global pandemic (Barasa et al., 2018). Furthermore, effective crisis responses ensure minimal disruption of services (Barasa et al., 2018).

Specifically, Barasa et al.'s (2018) 9-category resilience model was used to create the current study's conceptual framework. Barasa et al. argued that nine categories could be used to determine whether an organization was resilient: (a) material resources, (b) preparedness and planning, (c) information management, (d) collateral pathways and redundancy, (e) governance process, (f) leadership practices, (g) organizational culture, (h) human capital, and (j) social networks and collaboration. Barasa et al. suggested that evaluating an organization based on these nine categories would help the organization's managers and leaders improve resilience. Figure 1 presented the researcher-developed conceptual framework for the current study.

A qualitative mode of inquiry was suitable to explore and understand how nursing care facility leaders used strategies to sustain business operations in the face of adversity associated with COVID-19. Resilience theory was appropriate to explore the phenomenon of interest because understanding how nursing care facility leaders sustained business operations under adverse circumstances was primary to the research purpose. In understanding COVID-19 and its impact on nursing care facilities, business leaders may be able to develop and implement strategies, which could strengthen their health systems and sustain business operations.

**Figure 1***The Current Study's Conceptual Model***Nature of the Study**

The current qualitative study involved an approach that included a phenomenological design. This approach was based on the work of Leedy and Ormrod (2019), Moustakas (1994), and Neubauer et al. (2019). A transcendental phenomenological approach was used to explore the essence of participant experiences and perceptions concerning strategies used to sustain business operations in nursing care facilities during the COVID-19 pandemic. Transcendental phenomenology focuses on consciousness and intentionality as critical aspects of participants' lived experiences (Yee, 2018).

Interviews served as the primary source of data. Ravitch and Carl (2016) stated that interviews form the core of many qualitative studies because they provide deep, individualized, and conceptualized data. Data were gathered via qualitative, semi-structured, in-depth interviews with nursing care facility leaders who had been in business or a leadership position for 2 years or more. An interview guide consisting of open-ended questions were developed and used as a data collection instrument. In addition to interview data, archival data were examined to enable data triangulation during the analysis phase. Archival data included documents published by the U.S. Department of Health and Human Services, the Centers for Disease Control and Prevention (CDC), the U.S. Department of Labor, the U.S. Bureau of Labor Statistics, the Small Business Administration, and the Centers for Medicare and Medicaid Services.

The study's population included nursing care facility leaders working in the United States. The United States has approximately 15,600 such facilities (CDC, 2022). A sample frame was selected to further narrow the focus of the study. The state of North Carolina was chosen as a sample frame. North Carolina has a total of 423 nursing care facilities (North Carolina Division of Health Service Regulation, 2021). Each facility had at least one leader or administrator.

Purposive sampling was used to select participants. The sampling process continued until data saturation was reached. The use of purposive sampling and data saturation as a method for determining sample size followed recommendations by Saunders et al. (2018). Vasileiou et al. (2018) argued that little new information is generated after interviewing 20 people, regardless of a researcher's experience level.

Purposive sampling was used to select participants because this method ensured that the participants' responses addressed the research questions (Saunders et al., 2018). Criteria were used to ensure that selected participants were congruent with the research purpose.

Once data were collected, I transcribed and analyzed the data using Moustakas' (1994) 7-step analysis method, resulting in textural and structural descriptions of the phenomenon. Coding identified themes and concepts related to COVID-19 and its impact on nursing care facility business operations. Triangulation was further used to generate data, gain an increased understanding of the phenomenon, and assess the data's completeness (Abdalla et al., 2018).

### **Definitions**

*Barasa et al.'s (2018) model of resilience.* A conceptual model that can be used to determine if an organization is resilient. Barasa et al.'s model contains nine categories: (a) material resources, (b) preparedness and planning, (c) information management, (d) collateral pathways and redundancy, (e) governance process, (f) leadership practices, (g) organizational culture, (h) human capital, and (j) social networks and collaboration.

*Business operations:* An important discipline that uses scientific methods to improve businesses (Manikas et al., 2020). In the current study, business operations refer to management-related business expectations and outcomes (Bartik et al., 2020).

*Coronavirus (COVID-19):* One of the most infectious diseases, which mainly occurs after a human has been contaminated with a rigorous, acute syndrome of respiratory issues (Hasanat et al., 2020). COVID-19 is a health crisis because of its extensive global spread (Evans & Dromey, 2020; Hasanat et al., 2020).