# Organisational culture and language service during emergency responses within China.
# A literature review about China's makeshift hospitals during Covid-19

Earle du Plooy and Tommaso Pellin

April 2024

Authors:   Earle du Plooy (UniVR)

Tommaso Pellin (UniBO)

**Organisational culture and language service during emergency responses within China.**
**A literature review about China's makeshift hospitals during Covid-19.**

## Introduction

The frequency of natural disasters is increasing globally and has doubled since 1990 (Dembedza et al., 2023). Contemporary scholars share a belief that the first half of the previous decade will be known for the unprecedented natural disasters[1], which has increased almost three-fold, from over 1300 events in 1975-1984 to over 3900 in 2005-2014 (Thomas & Lopez, 2015). Furthermore, since 2000 and preceding the pandemic, more than 1 million people worldwide have died from natural disasters (EM-DAT, 2018), and accounted for an estimated damage cost of $1,7 trillion. More than 95% of these natural disasters occur in developing countries (IPCC, 2012). The current contribution aims to investigate how a well-established organizational culture and proper language policies can help in optimizing the emergency healthcare response during disasters.

The Covid-19 pandemic demonstrated the level of preparedness of global health systems, as well as the innovation and agility within these systems, in particular the ability to generate and share new knowledge when faced with a new disease. Burke et al. (2015) investigate global economic impact of climate-change-induced natural disasters and warn that the projected cost of sequelae is not merely caused by neglect of antecedents, but accrues as a dereliction of duty to prepare adequately.

The burden on healthcare systems lumps on the health workers, but very few studies explore the impact on health staff. Our study investigates the environment of knowledge generation and

---

[1] The great floods in Thailand in 2011, Hurricane Sandy in the United States (US) in 2012, and Typhoon Haiyan in the Philippines in 2013. The year 2014 was the Earth's warmest in 134 years of recorded history (NASA, GISS 2015).

knowledge transfer and how these can be optimized. As knowledge transfers take the shape of communicative acts, and most of the times by means of linguistic expressions, to achieve the goal of shedding light on knowledge transfer, language-related practices within the framework of organizational culture will be investigated. The case-studies selected for this purpose are China's makeshift hospitals Huoshenshan and Leishenshan in Wuhan. The pivotal role of communication among the elements of organizational culture, including some of its features, such as tone and character of communication systems, is constantly affirmed in Chinese as well as in international platforms and compared to the prevailing organizational culture. Surprisingly, hardly any resources illustrate in depth the linguistic measures implemented to realize the communicative aspect of organizational culture.

We perform a systematic literature review and map our findings on a framework developed from the Denison organizational culture schematic, and the communicative systems described are arranged into four levels, each aligning with the leadership orientations.

The findings demonstrate distinct differences within communicative systems and how this aligns with contextual organizational and corporate culture within the greater national culture. The Western standard approach to inclusion and codesign was found to be less efficient during the disaster, due to the ambiguity that enters this approach. Inclusive bi-directional communicative practices were found to perform well in creating a safe psycho-social working environment, and is preferable during recovery phases after disasters, and training, as well as preparation periods. The most successful companies and health facilities during the pandemic implemented a more authoritative tone with succinct and instructive messages.

Contrastingly, how such communicative practices are concretely embodied by linguistic expressions is not illustrated in the resources under study. Although language management in a crisis scenario is extensively dealt with in the literature, including therein the Chinese resources, such measures, whose configuration is defined as "language service", have not yet been described within a broader organizational framework.

**Background**

The incidence of natural disasters in the world is increasing in all its forms. As a contextual example, the area of Campi Flegrei, just outside Naples, has been experiencing a worrisome and increasing seismic swarm, so severe that plans for a major disastrous event are being implemented in the time of writing the present contribution. Floods, such as the latest which happened in Libya or in India have a very distressful impact on local communities and invariably on their healthcare systems.

Such events have strong repercussions on developed countries as well, and their impact have strong economic influence, so that investigations have been broadly conducted (Burke et al., 2015). Nonetheless, the impact on the healthcare workers or teams – often described as the "second victim" (Ganahl et al., 2022) – have not attracted the deserved attention from the academic world.

Global societies nowadays have grown more and more populated, and their material and immaterial structures are becoming more complex. For these reasons, it becomes imperative for communities to be prepared to face new disasters, and develop a high degree of resilience. Resilience entails huge investments in organizational culture and in the language (Linnenluecke, 2017), which constitutes an essential supportive inner structure.

The recent COVID-19 pandemic demonstrated that responses varied greatly from one country to the next. Lots of research on Covid-19, and with good reason – e.g. access, sequelae, and impact – have focused outside of China for what some stated as "obvious reasons". What lessons can we learn from this untapped resource and what secrets lie beyond the veil?

**Case study**

In December 2019, the earliest cases of the virus which was later labelled as the SARS-CoV2 (Covid-19), were first identified in Wuhan, the capital of central China's province of Hubei. Two months later, other cases started appearing in Italy and then cases spread to the rest of the world in an unprecedented rate and fashion. In Wuhan, with a population of more than 6 million people, the number of newly Covid-infected individuals placed the healthcare system under tremendous pressure, and the government mobilized more than 30 000 healthcare workers to this area (Wang J. et al., 2021).

Rather than risk collapse of the native health system, the authorities conceived of makeshift hospitals with dedicated organisational and operational structure to treat Covid-19 cases. As the then-epidemic (circa January 2020) levels of infections were reached, Huoshenshan 火神山 and Leishenshan 雷神山 hospitals were constructed and rendered operational in 9 and 12 days respectively (Luo H. et al., 2020). These two facilities admitted 3059 and 2011 patients during their respective service period. This engineering and organizational feat was achieved by expanding on previously developed knowledge gained from the 2003 SARS outbreak (Luo H. et al., 2020; Wang J. et al., 2021). The knowledge transfer platforms – which included multi-sectoral as well as multi-disciplinary health teams – were unprecedented and captured the imagination of the world. Wang J. et al. (2021) studied the physical and mental health effects of 115 medical staff that worked at these facilities, and emphasized the underinvestigated effects of such a high-pressure environment on these individuals. Their findings of mental health problems such as stress, anxiety, depressive symptoms, insomnia, anger and fear among these individuals were confirmed in repeated studies (Wang J. et al., 2020a). The physical symptoms of fatigue and exhaustion - often closely related to anxiety and depression - was of particular interest in this study as the psychological stress mounted by being placed on the world stage in such an abrupt manner (Lai J. et al., 2020). Despite numerous studies examining the physical infrastructure and engineering ingenuity of these makeshift hospitals (Luo H. et al., 2020), and more recent contributions investigating the environmental impact of the site on local communities (Cai Y. et al., 2020), very little research has focused on the organizational culture and knowledge sharing with staff and health workers. Among the few, Wang J. et al. (2020b) highlighted the fact that hospital staff, in an unexpected situation of highly pressured crisis, cannot merely be trained on new and experimental protocols by means of video or manuals. They were required to have a broader knowledge of the nature of the management problem and its causes. On the other hand, the language service, which was promptly set up by China's Ministry of Education and provided by the Language services group for epidemic prevention and control, for the benefit of the communication between staff and patients has received much attention by linguistic literature (Shen Q., 2020, Li Y. et al., 2020a). However, the relationship of such language service and organization in the healthcare units have not been investigated adequately.

Communicative acts, including the form and characteristics they take, as well as the linguistic code by means of which they are delivered and even the social context they dart across, become mission

critical during these situations in order to maintain a high level of care and team performance. We consider Wuhan's Huoshenshan and Leishenshan hospitals as the foremost exemplars of healthcare units subjected to unparalleled mental and physical pressures - at various levels (Wang J. et al., 2020a). Our paper has the goal of investigating organizational culture in healthcare units in disaster-stricken situations, and in particular the language employed therein, as the tool for facilitating the knowledge transfer and motivational aspects of the healthcare providers. The benefit of such an investigation is to distil an understanding of the building blocks of organizational culture, which ultimately intends to provide quality healthcare to a given community during highly volatile periods.

## 1. Literature review

### a. Organizational culture

Defining organizational culture produces many challenges, including that of boundary issues from field or sector. Another hurdle is that complexity increases given context when attempts are made to disentangle the concept from general and national culture.

Organizational culture (OC) includes, but is not limited to an organization's expectations, experiences and philosophy and values – including both written and unwritten rules - and is evident in the organization's internal workings and interactions with the outside world (Handy, 1993). They are the patterns of shared values and beliefs that help individuals understand organisational functioning, and thus provide them with norms for behaviour within the organisation (Deshpande and Webster, 1989). OC refers to the values, beliefs, traditions, and practices shared by an organisation's members (Tierney & Schein, 1986). Because it includes the signs and symbols, shared practices, and underlying assumptions of an organization (Spicer, 2020), it influences the system of beliefs, values, norms, and practices that determine an organization's behavior as it adapts to its external environment and manages its internal affairs (Wu D., 2022).

Edgar Schein, whose seminal work *Organizational Culture and Leadership*, first published in 1985, is considered by many scholars as the foundational authority on OC, posit that OC can be analysed at several levels namely; (1) visible artefacts, (2) espoused beliefs, values, rules, and behavioural norms, and (3) tacit, taken-for-granted, basic underlying assumptions (Schein &

Schein, 2017). In Schein's framework of the three levels of culture, 'language' is one of the major artifacts and characteristics of a national culture; it is a representational technology that actively organizes, constructs and sustains social reality (Chia & King, 2001). Belief (i.e. ideology), activity (e.g. norms and rituals), language and other symbolic forms are those mechanisms through which members of an organization (agents) both create and sustain their view of the world - and create an image of themselves within the world (Smircich, 1983) Other authors underline the importance of 'communication': for instance, Schall (1983) maintains that an organization is essentially "social interaction and interpretation", which ultimately are "communication activities".

The two terms 'language' and 'communication' often recur in OC-related literature, possibly with 'communication' occurring more often than 'language'. The primacy of communication in comparison with language may be due to the long-standing tradition of considering language is a 'tool' for communication (see for instance Ruiz, 1984; and for a critical view of such metaphor of Western origin, see Mühlhäusler 1995, p. 254). Besides such constructed relationship between the two notions, the prevalence of the attention to communication might be based on its broader realm, encompassing "verbalizations, vocalizations (nonword sounds, as well as rate, pitch, and tone), and nonverbal behaviors or cues (e.g., gestures, appearance, furnishings, spatial relationships, posture, etc.)" (Schall, 1983). Finally, an underlying presumed connection between good management and communication skills (Bargiela & Harris, 1997) may have influenced the prevailing attention or notion of communication, at the expense of the more technical discipline of linguistics in the management academic field.

### b. Language, language policy and language service

In a situation of crisis, communication is undeniably of utmost importance. During the Covid-19 pandemic in China, miscommunication was declared "a threat to public health" (Shen Q., 2020, p.3). Public health experts investigating doctor-patient communication, recognise that miscommunication brought upon by linguistic barriers create potentially life-threatening situations for patients who are unable to express their symptoms in a second or foreign language (Dreisbach & Mendoza-Dreisbach, 2021). The relevance of crises in the contemporary world is such that a discipline about crisis communication has flourished, in particular since mid-1990s (Pratt, 2012).

In China, the activity (and the related scientific discipline) of "crisis communication", even though it has its literal translation as *weiji goutong* 危机沟通, is more often referred to as "emergency language service" (*yingji yuyan fuwu* 应急语言服务 - ELS).

ELS in Chinese literature usually falls into the wider realm of language policies. Language policies may be defined as the collection of "the actual language practices of the members of the speech community […], the values assigned by members of a speech community to each variety and variant and their beliefs about the importance of these values [and the] efforts by some members of a speech community who have or believe they have authority over other members to modify their language practice" (Spolsky, 2012, p.5). Grossly put, language policies are measures related to language, enacted within society ; these measures encompass those implemented during emergencies, i.e. whatever critical event affecting public interests. ELS in particular are the measures provided by a public entity to the benefit of the entire society (Kang Z. & Wang M., 2021). Literature mostly describes the activities falling into the category of ELS mainly as those based on the overcoming of interlinguistic barriers: specialised translation, as well as the compilation of multilingual information and the training of multilingual staff (Wang L. & Chen X., 2020; Zhang J. & Wu Y., 2020). Moreover, the actors of these intercourses are the public entity and society, with a unidirectional line where the former is the provider and the latter is the beneficiary (Teng Y. & Wang L., 2022). Sociolinguists have provided several descriptions of the features of ELS; among them, Wang L. & Chen X. (2020) propose that the nature of ELS must be effective, open, consistent, and even proactive and bias-free.

## 2. Methodology

In our systematic literature review (SLR), we selected the methodology proposed by Briner and Denyer (2012). Briner et al. (2009, p.27) posit that systematic literature reviews aim to "report as accurately as possible what is known and not known about the research question" addressed in the review. The selected approach is regarded as a highly effective approach in the area of organization and management studies, where different disciplines and perspectives are interwoven.

The Briner and Denyer (2012) method allows for the collection of multiple data, which gives researchers the flexibility to understand themes with coherence. The criteria require adherence to

four main principles that ensure the rigour of the scientific method, namely a) organization, b) transparency, c) replicability, and d) quality.

SLR must be conducted according to systems or methods specifically designed to address the research question of the review. For the purpose of transparency, the method followed must be clearly stated as to ensure other researchers the ability to effectively replicate the review. Lastly, the result must be synthesized into a structured and organized format, in relation to the research question for the purpose of replicability, credibility and relevance.

The principles put forward by the Briner and Denyer (2012) method translate into concrete research stages and steps that must be followed to conduct the SLR. The research team invested a protracted period in 1) planning of the review (i.e. defining the research question/s and numerous pilot literature searches) which was complicated by the inter-disciplinary nature of the study as well as the multinational sources of data. This stage was followed by a 2) structured search and collation of material, whereafter the researchers 3) evaluated and sifted through the material. The final stages involved 4) analysing and synthesizing the information, and 5) presenting the findings.

Figure 1 demonstrate the phases of the literature review process, with the arrows demonstrating movement (shifting) of documents.
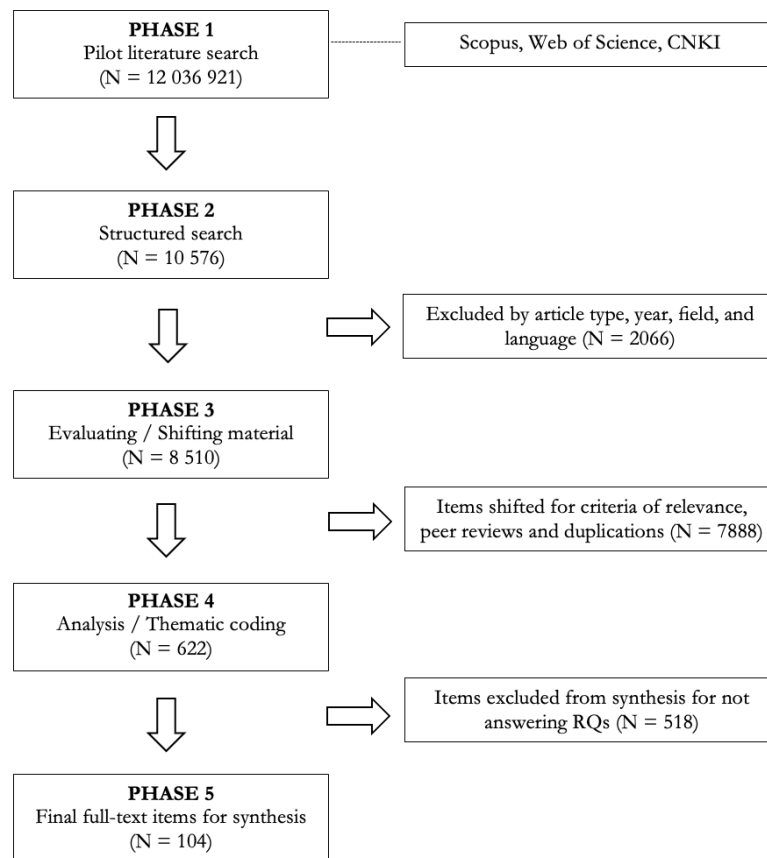
Figure 1: Phases of the literature review process (Briner & Denyer, 2012).

## Data collection

During the *planning stage* (first phase), we developed and refined our research questions and piloted the search of databases using key terms. We conducted a title, abstract and keyword search from three main sources: Scopus, Web of Science and Chinese National Knowledge Infrastructure (CNKI).

We continued with the *structured research* (phase 2) in which we used a detailed structure combining a set of keywords relating to organizational culture in healthcare (block 1), and a set of keywords referring to language policy and language services (block 2). The searches were divided into Scopus and Web of Science firstly, then adapted for the CNKI search engine. With respect to

the first block, we used "Organizational culture" OR "Organisational culture" OR "Corporate culture" OR "Corporate strategy" OR "Workplace culture" OR "Workplace strategy", "Organizational cohesion" OR "Organisational cohesion" OR "Organizational strategy", "Organisational strategy". With respect to the second block, we used "Linguistics" OR "language" OR "communication" OR "language service" OR "language systems" OR "language policy". For the purposed of context and period, the following was used: "healthcare" OR "health" OR "wellness" OR "public good" OR "covid-19" OR "coronavirus" OR "sars-cov2" OR "Emergency response" OR "Health emergency" OR "pandemic". Equivalent or similar keywords were searched for in the Chinese language resources published in CNKI, in order to have a comparable corpus of texts. We confined our search to the period January 2020-March 2023, which would capture the organization culture and policies brought into the pandemic as well as how these were applied and altered in response to the pandemic. Due to the multi-disciplinary nature of the study, we included research from *economics, business, management, psychology, linguistics* and *health.* We only included peer reviewed articles, other reviews and book chapters. We excluded working papers, dissertations, and conference proceedings. This structured research resulted in a combined N = 8510 articles.

## Data extraction and initial analysis

In the third phase of *evaluating/shifting material*, we evaluated the search results by initially applying the inclusion and exclusion criteria based on abstracts. Abstracts of the sourced material were viewed in light of the scope of our research question. Two reviewers independently read through the abstracts to fully understand concepts presented, and shared the material to garner specialized expertise on the same body of work. The abstracts were screened for studies related to language, language policy and organizational cultural aspects as it relates to the context of the text. After selection of relevant abstracts (N=104), we proceeded to the fourth phase, i.e. analysis/thematic coding, by reading the articles. We used a structured approach to evaluate each contribution and this was shared on an Excel sheet and shared on regular intervals via an online drive. During the *final text synthesis* (phase 5) 104 articles were analysed.

## 3. Findings

### The relationship of language service and OC

ELS is largely illustrated in the articles analyzed. The work provided by the Language services groups has been widely elucidated: groups, constituted by language experts of the first-tier universities of China, compiled a good number of phrasebooks and audio materials, both in foreign languages and in local dialects. The goal was to smoothen the communication between doctors, coming from all the areas of the country, and the patients, mostly those of Hubei province as well as foreigners living in bigger cities (Li Y. et al., 2020b). Such work has called even more strongly for a proper general "National emergency language competence" (NELC), that is "the capacity to use language to cope with domestic and international public emergencies" (Li Y et al. 2020a). In order to build a solid NELC, the State must take care of the four dimensions of ELS activities: it is to consider the phase of the crisis during which language intervention is implemented; it is relevant which type of language has to be employed (standard language, dialects, minority languages, as well as sign languages and major foreign languages); the intervention might have different tasks (information, comfort or monitoring). The fourth dimension are the non-linguistic resources needed: not only must the State possess and be able to employ promptly technologies to implement plans and corpora for building lexicons in several languages, the State must be also prepared with a general capacity of mobilizing people and organization as well as be equipped with knowledge-related resources (plans and programs), which finally means to be endowed with the management capability to govern them all. Li X. & Gong Y. (2015) in an older study have already affirmed the importance of the awareness of the critical role of language and of communication attitude towards patients (including the selection of the type of language to use), as well as a linguistic management by the hospital direction in order to enhance a good language environment. But literature under scrutiny did not show any consensus on the formal relationship of language service to OC, and the language service is constantly thought as a service to the patients and not to the primary benefit of the staff. This is consistent with international literature on cultural and language mediation in the healthcare sector: the language used in the doctor-patient relationship is the main object of attention of involved linguists, and whatever language policy

proposed is in the view of the benefit of the patients and not also of the workers of a healthcare unit (among many see Landuzzi et al., 2011).

**The relationship of communication and OC**

Literature more strictly involved in OC, make statements about the importance of communication, therefore communicative aspects of OC are more easily accessible and available. Yates et al. (2020) place communication as the first foundational core value in health units as a protective factor for staff toward a psychosocially safe work environment. Notably, a significant minority of contributions did not report any reference to theoretical aspects and definitions, and simply considered language, communication and platforms for interpersonal sharing as directly linked to the larger cultural work environment. For example, Seddighi et al. (2022) posit that poor communication policies as seen during the Covid-19 pandemic at both organizational and governmental levels serve to compound worker stress (for 'self', 'family' and 'others'), and as such the potential to incur economic consequences. Kruskal and Shanafelt (2021) report that the recent pandemic highlighted within hierarchical organization cultures that inequality to information access exists, and that policies were called for to address effective language and communication in these cases.

According to our analysis, the majority of the collected contributions refer to a traditional organizational and corporate cultural view which allowed our team to organize the structures. Denison and Mishra (1995) suggest a four-quadrant system for understanding an organization's culture archetypes and effectiveness, namely: adaptability, mission, responsiveness, and consistency (Denison et al., 2012). These culture traits are grouped into an internal or external focus, or cultures that promote change and flexibility versus those that provide stability and give direction. We developed from here a very articulated framework that has the goal of the description of the communication characteristics of organisations and how it relates to the OC concepts.
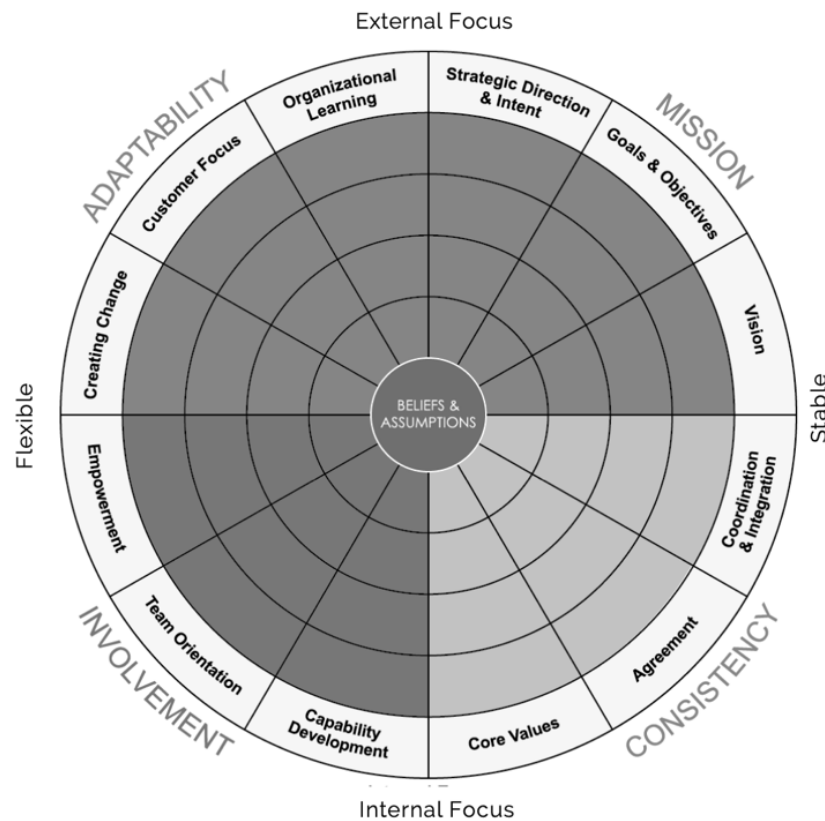
Figure 2



Figure 2: The original Denison framework of organizational culture. Source: adapted from Denison and Mishra (1995).

Our analysis of definitions and theories yielded four categories of communication use that align with the generally accepted organizational cultural groups, namely 1) *Supple* which forms a complementary fit with adaptability cultures, 2) *Stoic* which aligns with mission focused cultures, 3) *Stable* which is congruent with consistency cultures, and finally 4) *Standard* which aligns well with the modern view of responsive organisational cultures.

*1. Supple models of communication.* A number of the contributions refer, explicitly or implicitly, to the communication systems that complement the adaptability in organizational cultures. The communicative style in this category aim to cultivate innovation towards improved customer/patient service. Examples are found in shared discourse design and firm cultures that promote collaborative design of strategies.

Within healthcare, the codesign language principles on knowledge sharing platforms, are often found to positively impact safety for the providers and users alike (Yates et al., 2020). Communication that is 'improved' (Mehta et al., 2022) towards an authentic corporate culture, has an objectively noticeable effect on the working environment and group or team dynamics (Thomas & Suresh, 2023). Many scholars make reference to healthcare as a complex adaptive system, and hint at the the non-linear effect of language policies on diverse native patient populations as well as larger political influences, e.g. migration (Lu S. et al., 2019).

Hølge-Hazelton et al. (2021) describe the central role of communication in bringing about change in hierarchical corporate structures. Another group of scholars extended the importance of language in similar structures when attempts are made to reduce patient errors and promote patient-centeredness (Seddighi et al., 2022).

Table 1

| SUPPLE (S1) Communication characteristics | AUTHORS | |
|---|---|---|
| | Grasseni (2022) | Shared discourse promotes understanding. |
| | Yates et al. (2020) | Communication as core value to protect staff and users of the service. |
| | Mehta et al. (2022) | Improving communication can improve the environment. |
| | Thomas & Suresh (2023) | 'Transparent communication' for the purposes of team empowerment. |
| | Lu S. et al. (2019) | Language and health policy alignment for the benefit of migrants during Covid-19. |

| | |
|---|---|
| Hølge-Hazelton et al. (2021) | Suggests means of re-orientating OC through collaborative, inclusive and participative processes. |
| Raposa et al. (2023) | During [Covid] event the stagnant organizational attributes were harmful to staff, and showed a decreased commitment to staff safety. |
| Triemstra et al. (2021) | Importance of OC to establish a learning culture, as protective factor during the pandemic. |
| Cheng Y. et al. (2022) | Language and credibility is linked to turnover within environment. |
| Hancock & Minor (2021) | Innovative OC could identify pandemic as an opportunity and language could focus on caregiver wellbeing. |
| Hølge-Hazelton et al. (2021) | Language (and routines) are the means to change hierarchical structures in hospitals. |
| Seddighi et al. (2022) | Improvements in communication reduced errors and improved quality of care. |
| Wang S. (2020) | It is important to change the communication with the personnel from a simplified 'preaching' to a humanized form of persuasion. |
| Chen L. et al. (2020) | Considering that contemporary social media cannot be repressed, hospital personnel has to be prepared to bear their pressure, therefore staff must behave |

kindly, respectfully, and painstakingly, otherwise a negative public opinion may extert a relevant influence on personnel.

| | | |
|---|---|---|
| | Kang Z. & Wang M. (2021) | ELS *lato sensu* resources are the values of social culture, *stricto sensu* resources are just corpora and databases for managing language. |
| | Xu S. (2021) | Instruction in the form of games, discussions, and training renders the climate more cheerful and light-hearted. |
| | Gong W. & Xue J. (2020) | Co-division of information is the tendency for coping with highly fast changeable situations, the main policy to stimulate workers. |

**STOIC (S2) communication characteristics**

**AUTHORS**

| | | |
|---|---|---|
| | Kruskal & Shanafelt (2021) | Hierarchies in communication policy influences access. |
| | Pandit (2021) | Clear communication with strategic intent – especially during a crisis. |
| | Goldschmidt-Clermont (2020) | 'Prolific' communication strategies to achieve agreement. |
| | Bodomo et al. (2022) | Language policy has a place, is to be safeguarded and allows for innovation. |

| | |
|---|---|
| Cai & Mason (2022) | Communication should be correct and useful, rather than truthful. Succinct and clear language has utility. |
| Gao J. & Zhang P. (2021) | Authoritarian language is more efficient during emergencies. |
| Tan X. et al. (2021) | Authoritarian communication is most useful during multi-level negotiations. |
| Pandit (2021) | During crisis a clear directive and succinct communication within OC is foundation/bedrock. |
| Cai & Mason (2022) | Correct and useful message is better than truthful message. |
| Duckett & Munro (2022) | Trust in government garnered through communication style and credibility for the plan communicated and plan executed. |
| Gao J. & Zhang P. (2021) | Authoritarian rule is beneficial during emergencies – it enhances efficiency. |
| Tse T. & Li X. (2022) | State as foundational contributor to organizational culture is crucial to economic success and strategy. |
| Latif et al. (2021) | Language policy as the point of focus for changing large restrictive systems (e.g. HEI) for pharmacists. |

| | |
|---|---|
| Lü A. et al. (2022) | Compliance behaviour is greatly influenced by the tone of communication policy. |
| Huang W. (2020) | "Party is the root and the spirit of public firms" |
| Qu X. et al. (2020) | Timely, accurate, and effective disclosure of epidemic information to the public and popularization of epidemic prevention measures are extremely important, and news reports play an irreplaceable role. |
| Teng Y. & Wang L. (2022) | Information must be available, accessible, acceptable and adaptable. |

*2. Stoic language policies.* Several authors posit that hierarchies in communication policies are very common in the medical sector (Kruskal & Shanafelt, 2021), that these are further complicated when based in a broader authoritarian environment (Gao J. & Zhang P., 2021). Tan X. et al. (2021) emphasise the importance of an authoritarian communication tone to navigate multi-level negotiations, and this compliments the view of authors that innovative cultures should safeguard their explorative perimeters through an immovable rule structure (Bodomo et al., 2022) to ensure patient safety.

Under these auspices, many authors promoted the efficiency of authoritarian cultures – especially during time-sensitive decision-making periods such as the event during the pandemic (Gao J. & Zhang P., 2021; Pandit, 2021). The scholars describe the tone as succinct and clear (Cai & Mason, 2022), and immediately useful. Several contributions describe how the consistent use of this style over time garnered trust, especially when linked to credibility (Duckett & Munro, 2022). Conversely, scholars captured many examples of how credibility and trust are abruptly lost when the stoic language and actions are not aligned (e.g. corporate social responsibility projects

not honoured), with dire consequences of staff buy-in and loss of motivation for quality care (Cheng Y. et al., 2022).

*3. Stable forms of communication systems.* Several authors describe the systems, processes and structures to chronicle communication within consistency cultures. Building better communication systems (Kruskal & Shanafelt, 2021) most notably from the contributions examined, involves investment in protocol development (Mehta et al., 2022). A majority of scholars emphasise that a clearly communicated strategy, captured in the correct format can galvanise commitment by employees (Ramos-Estrada et al., 2021).

Many authors make clear connections between accurate information and accountable leadership (Min et al., 2019; Min et al., 2021), and the importance of this stability during crisis management (Pandit, 2021). Also described as steadfast organizational strategies, scholars laud these communication systems for their effect on employee commitment (Ramos-Estrada et al., 2021) as well as the citizens that they serve (Cai & Mason, 2022).

*4. Standard forms and contemporary best practices.* Most authors refer to communication practices of responsive organizational cultures as the modern standard – especially within Western organizations (Raftery et al., 2022). Cheng Y. et al. (2022) posit that the role of the organizational culture that health facilities cultivate should be aimed at establishing good physical and mental health for their employees.

During crisis management, and reflections on the recent pandemic, many scholars promote the establishment of a psychosocially safe environment as a protective factor against staff burnout (Raposa et al., 2023). Longitudinal studies performed throughout the entirety of the pandemic found communication practices that place psychologically safe environments of prime importance (Hunter et al., 2022), to mitigate workforce attrition and general intent to leave the organization (Squires et al., 2022).

Fig 3.

**The S4 system of communication practices alignment with organizational culture**

**S1: SUPPLE**
Communication character
-encourages organizational
 learning
-refocuses on customer
-innovation and change agents

ADAPTABILITY

1

MISSION

2

**S2: STOIC**
Communication character
-strategic direction and intent
-clear on goals and objectives
-conveys vision

**S4: STANDARD**
Communication character
-bidirectional (empowerment)
-team cohesion (psychosocial)
-capability development

INVOLVEMENT

4

3

CONSISTENCY

**S3: STABLE**
Communication character
-instills core values
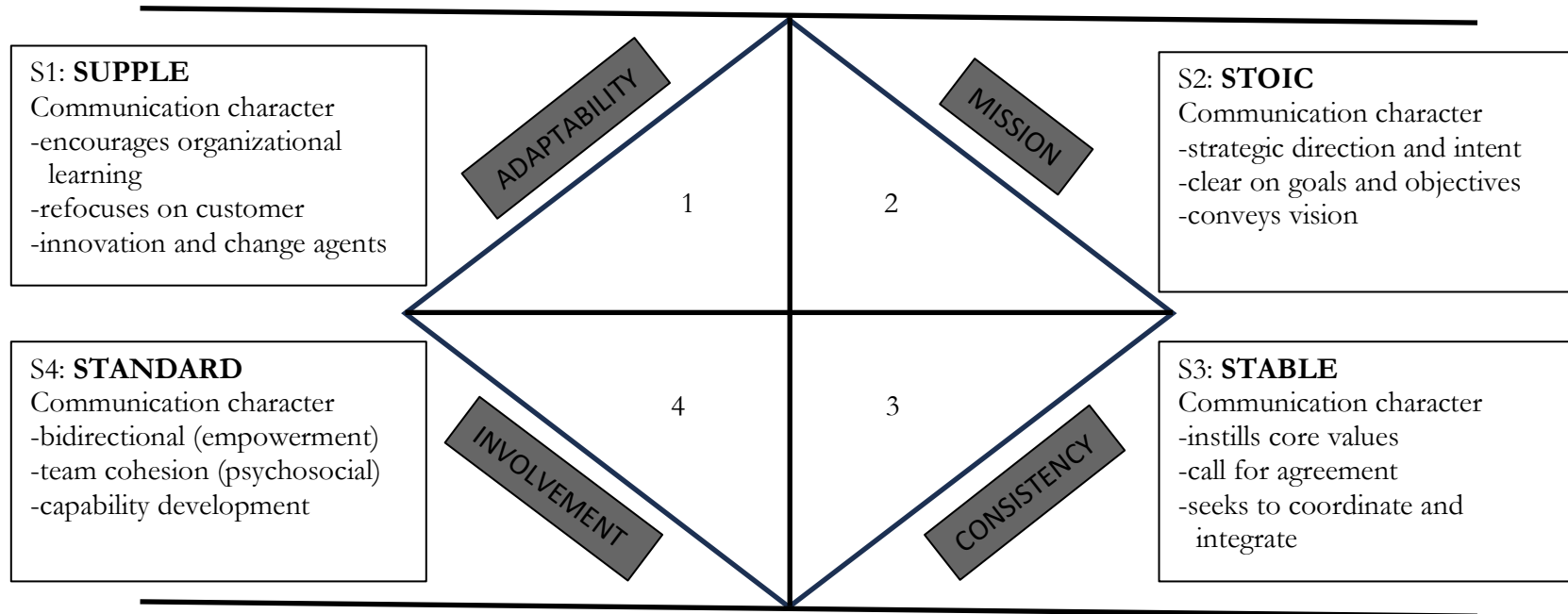-call for agreement
-seeks to coordinate and
 integrate

Figure 3: Language and communication characteristics aligned with organizational culture. Adapted from the Denison model.

Table 2

| STABLE (S3) communication characteristics | AUTHOR | |
|---|---|---|
| | Kruskal & Shanafelt (2021) | Building better communication systems. |
| | Mehta et al. (2022) | Communication protocols could protect against personnel trauma. |
| | Min et al. (2021) | Accurate information and accountable leadership. |
| | Cai & Mason (2022) | Confidence resides in good communication systems. |
| | Pandit (2021) | A credible voice is comforting during a crisis. Addresses uncertainty. |
| | Ramos-Estrada et al. (2021) | A clearly communicated organizational strategy 'galvanizes' commitment by employees. |
| | Stevens-Fabry (2021) | OC bolsters the 'feeling' of support at work (as felt by employees). |
| | Cai & Mason (2022) | Having an interpretation framework for the government plan, is reassuring to citizens during uncertain times. |
| | Gao J. & Zhang P. (2021) | Authoritarian influence on OC and corporate culture is significant and has a substantial effect on efficiency. |

| Li X. et al. (2022) | Leadership quality – through the culture that is created in organizations of Health – influenced health outcomes of small towns in China. |
| --- | --- |
| Tse T. & Li X. (2022) | Benefit of designing a corporate culture from state-employer-employee inputs in order to safeguard cultural heritage in China. |
| Hall et al. (2020) | OC and language influence the order within emergency responses (rotations, training, concern, etc.) and the quality of care. |
| Min et al. (2021) | Clear communication (captured in protocols) enhance safety for providers. |
| Huang W. (2020) | Good public servants are those who abide by the laws, who act as a stable screw for the supply chain of goods, who take the role of the pacesetter for the transformation of the risk in opportunity for the economy, and who serve as a positive messenger for public opinion. |
| Hou F. & Zhang Z. (2020) | CC may serve as the glue between Party departments and professional departments in a public firm. |
| Zhu F. et al. (2021) | It is necessary to work on the construction of the three levels of |

| | | culture, i.e. material culture, rule culture and spiritual culture. |
|---|---|---|
| | Xie J. et al. (2020) | If OC is recognized, trusted and abided by most of the workers, the sense of recognition to the organization arises, therefore OC influences organizational identification. |
| | Zheng W. et al. (2020) | Communicative harmony among departments is critical. This is accomplished by a proper awareness of the complete situation of the hospital and a clear definition of the tasks of the departments. |
| **STANDARD (S4) communication characteristics** | **AUTHORS** | |
| | Seddighi et al. (2022) | Poor communication compounds the worker's stress. |
| | Thomas & Suresh (2023) | Communication systems can empower team members. |
| | Tan X. et al. (2021) | Enacting authoritarian strategies requires codesign techniques and negotiation with staff. |
| | Cheng Y. et al. (2022) | Importance of OC to establish good physical and mental wellbeing for employees. |

| | |
|---|---|
| Min et al. (2021) | "Positive organizational culture" through active communication techniques. |
| Raftery et al. (2022) | There is a distinction between "role culture" and "task culture". |
| Raposa et al. (2023) | Lack of attention to language policy in OC results in burnout in certain sectors. |
| Seddighi et al. (2022) | Psychosocial climate can be improved by the communicative policy capture in the OC. |
| Thomas & Suresh (2023) | Learning cultures with 'transparent communication' structures are linked to resilience. |
| Cheng Y. et al. (2022) | Buy-in and trust of employees is determined with how closely language aligns with actions (e.g. CSR outcomes). |
| Hancock & Minor (2021) | OC and language should be geared towards caregiver wellbeing. |
| Hunter et al. (2022) | Language policy was applied to improve psychological safety of junior doctors. |
| Kruskal & Shanafelt (2021) | Effective communication was found useful against staff burnout. |
| Raftery et al. (2022) | The crisis (i.e. Covid-19) was used to generate and share new ideas. |

| | |
|---|---|
| Raposa et al. (2023) | Intent to leave (i.e. attrition) was greatly influenced by language within OC. |
| Squires et al. (2022) | Improving communication policies mitigated workforce attrition. |
| Hou F. & Zhang Z. (2020) | The fusion of CC and Party building with the latter in a leading position may take to more dynamic, reform-driven firms, with higher levels of sense of belonging and identification by the employees. |
| Wang S. (2020) | A human-centered firm can help the sense of identification of the personnel with the firm. |
| Wang J. et al (2022) | A vertical bidirectional web-form of communication is needed to avoid loss in communication, by giving forms of communication for opinions and feedback, results in a better circulation of information. |
| Li X. & Zhang H. (2022) | There is a correlation between nursing organizational culture and nurses' professional self-concept and work engagement, and nursing organizational culture has a mediating role between nurses' professional self-concept and work engagement. |

Teng Y. & Wang L. (2022)         The principles of information must be immediateness, comprehensibility, transparency, trust, and bidirectionality.

## Management implications

*Clarity and credibility.* Lack of clear communication leads to uncertainty, as seen in examples of poor Corporate Social Responsibility (CSR) activities (Cheng Y. et al., 2022). CSR activities different to what was initially communicated have resulted in cynicism and distrust in their organization (Teng Y. & Wang L., 2022). When health staff feel less confident about their organization's CSR commitment, they are more likely to doubt their organization's CSR activities as socially responsible or that it addresses social problems. As a consequence, they develop distrust in their organization (Cheng Y. et al., 2022) and the quality of their work and offering to the patient will suffer.

*Consistency.* Further examples of local leaders and the view of their career incentives contributed to their reluctance to adopt effective measures – important and potentially life-saving measures such as implementing lockdowns to combat the virus. Conflicting warnings from the nation's top leaders obstructed the local leaders' desires to trade public health for economic growth (Cheng Y. et al., 2022). China's COVID-19 pandemic response included some essential elements of authoritarianism, particularly firm leadership, strong government intervention, and the implementation of authoritarian measures. This includes direct intervention by national leaders in crisis management, the decisive lockdown of Wuhan, the establishment of cross provincial cooperation mechanisms, city-wide nucleic acid testing, mandatory quarantine policy and use of health codes (Gao J. & Zhang P., 2021).

*Work environment.* The psychosocial safety climate (PSC), a core dimension of organizational culture, could be regarded as social information that directly influences the interpretation of the working environment. This may result in ill-health presenteeism which was found to be a risk for productivity, employee health and well-being, and high absence rates or patterns (Liu et al., 2020).

Corporate culture (CC) in China, and in particular the CC of public firms (including public hospitals), is recommended to be unified with the culture of the Party, inasmuch as it might serve as the "glue" of the relations inside the firm (Wang D., 2021). The Chinese government and the Party started to include the notion of CC (*qiye wenhua* 企业文化) in its documents in the early 1990s, and the leading role of the Party in synthesizing CC and Party values was officially established in the mid 2000s (Hawes, 2012). No wonder then that in the period of COVID-19 many scholars credit the authoritarian government efficiency (Gao J. & Zhang P., 2021) or authoritarian leadership and communication characteristics (Tan X. et al., 2021) for the successes achieved during the pandemic. However, even though the political system is outside of the scope of this paper, studying the leadership narrative about COVID-19 and investigating the supportive narrative with their effective actions (Cai & Mason, 2022) holds great value for the management scholar. Any country that was able to remain in lockdown for more than two years speaks to a unique relationship of the native society with the government, and could produce valuable lessons and novel insights into people's trust in the central government's ability to promote a healthy environment and provide protection for the community (Cai et al., 2020; Cai & Mason, 2022). Moreover, Chinese sources recommend that hospital culture (HC) may develop a bidirectional system of communication between leaders and staff, a management devoted to the wellness of the staff, and a sound system of rewards (Hu X. et al., 2019). In a situation of emergency, communication in a sanitary area among different providers of information must be timely, precise and effective in order to be authoritative; it must have the characteristics of availability, accessibility, acceptability and adaptability (Hu Y. et al., 2022).

## *4.* **Discussion**

To arrive at an application in the health sector, we examined why extended lockdowns and acute organization strategies worked in China, and what we can learn from this. Moreover, we consider whether the findings are indeed scalable to other sectors, and other vastly different cultures. Of similar importance are whether the burden is carried by organizational-level competencies or individual-level competencies, and where these contribute to current academic knowledge. Lastly,

what are the comparisons to governing theories, both in China studies, linguistics, management and healthcare management.

Organizational culture in the Western world, has re-orientated towards the aspirations of Industry 5.0 and its Healthcare 5.0 counterpart, which promotes a more human-centered leadership (Hølge-Hazelton et al., 2021). This focus on shared discourse (Grasseni, 2022) and inclusiveness is aimed at improving the healthcare worker's psychosocial safety (Hunter et al., 2022). Establishing a culture of wellness and support (Lie et al., 2021) will enhance long-term resilience of the organization at all levels and is understandably become the gold standard.

When, however, the environment becomes volatile and chaotic (i.e. a VUCA environment) and crisis management is needed, pre-emptive investments in instructive elements of the organizational culture become more important (Pandit, 2021). During these instances, engagements should include clarity in the internal communication as well as those conveyed to partnerships. The modern employee (including the modern healthcare worker) criticizes the organization that remain static during crisis, and the modern organization believes it should adapt/change quickly and apply (or at least demonstrate) their dynamic capabilities and agility (Dollard & Bailey, 2021).

In China, it is thought that the content of whatever culture (*wenhua* 文化), may it be generally OC, CC, or culture of different groups of workers (i.e. doctors, nurses, logistics staff), and the awareness (*yishi* 意识) of the relevant culture or identification (*rentong* 认同) to that group, must be imbued with the content provided by the Party (Zhang, 2020). The stability that is necessary to face the worst emergencies must be provided by the guidance of the leaders of the Party (Hou F. & Zhang Z., 2020). As long as the undertaker of the guidance is unquestioned, the characteristics of the leader are to be promoted. Among the duties of the leader, there is the production of a clear, understandable and correct communication.

A stable guidance nonetheless does not exclude a balanced management of a work unit (such as the hospital). In a human-centric (*yi ren wei ben* 以人为本) organization of a hospital, the balanced management include sharing information, bidirectional communication from both levels of the staff, balanced distribution of the duties, and a reinforced system of rewards.

## 5. Conclusion

As policies are developed and training of responders are launched, the importance of language practices in public firms, among which hospitals are counted and may therefore be considered services, directly influence the interpretation of organizational culture design. Awareness of language services, included in a more general hospital language policy, should be prioritized in the three phases of language management, namely: 1) tracing design from inception to implementation, 2) reading trends and optimising [future] responses, and 3) responding to worrying trends in job motivation and job leaving/absenteeism challenges. It is highly applicable to conduct research on language life, on communication and on language services provided (and the language policies implemented) in healthcare work units during the last years of the pandemic, in order to learn the lessons, take the best practices, and propose them for (near-) future emergency and disaster management events in China and abroad.

**Practical application**

Situated in the 3rd and 4th quadrant of the Denison framework, the emergency response during the pandemic – and the communication techniques as used in the makeshift hospitals of Leishenshan and Huoshenshan – was predominantly clear, direct, succinct, and focused on the 'mission at hand'. In these quadrants, the linguistic expressions are rich in strategic intent (Pandit, 2021). When the message and the information are clear, it results in better psycho-social safety for healthcare personnel and improves the efficiency of the organization.

In Western healthcare systems, inclusiveness and collaborative organizational cultures are celebrated as the gold standard for leadership and communication policies. This stands in contrast to the preferred stability that is interpreted "better and positive" in the Chinese organizations. However, when the working environment changes towards uncertainty (i.e. VUCA) the rare skills of assertive communication will support the transition in both Western and Chinese settings. This technique, however, is not intuitive or naturally aligned with all types of leadership and should be practiced, even if only during emergency response exercises, trainings or drills.

The effects of clear and succinct communication have been found to have improved/positive association on staff retention across all settings. Staff absenteeism and other presenteeism markers

show a proclivity for these communication techniques. Highly volatile environments and change management situations can benefit from examining these findings.

**Limitations:** A literature review across two platforms, with culturally different approaches to information sharing was a challenge, and means to address the approach have been investigated for the subsequent expansion of the study. The multi-disciplinary nature of the research design provides the opportunity for novel insight on either side of the collaboration but poses some challenges in both fields of application. Accounting for the national cultural differences will be addressed in the larger inductive process.

**Future research**: The health emergency response organization (HERO) project has been developed to gain a deeper understanding of the factors that interacted with organizational culture during the response at these sites. Capturing the elements that endured in the aftermath of the pandemic could prove valuable to contemporary organizations.

## References

Bargiela, F. & Harris, S. J. (1997) *Managing Language : The discourse of corporate meetings*. John Benjamins.

Bodomo, A., Che, D., & Dong, H. (2022). Calculator communication in the markets of Guangzhou and beyond. *Journal of Multilingual and Multicultural Development*, *43*(10), 981–992. https://doi.org/10.1080/01434632.2020.1786575

Briner, R. B., & Denyer, D. (2012). Systematic Review and Evidence Synthesis as a Practice and Scholarship Tool. In *The Oxford Handbook of Evidence-Based Management*. Oxford University Press. https://doi.org/10.1093/oxfordhb/9780199763986.013.0007

Brown, A. D., & Lewis, M. A. (2011). Identities, Discipline and Routines. *Organization Studies*, *32*(7), 871–895. https://doi.org/10.1177/0170840611407018

Burke, M., Hsiang, S. M., & Miguel, E. (2015). Global non-linear effect of temperature on economic production. *Nature*, *527*(7577), 235–239. https://doi.org/10.1038/nature15725

Cai, Y., Huang, T., Liu, X., & Xu, G. (2020). The effects of "fangcang, Huoshenshan, and Leishenshan" hospitals and environmental factors on the mortality of COVID-19. *PeerJ*, *8*. https://doi.org/10.7717/peerj.9578

Cai, Y. T., & Mason, K. A. (2022). Why they willingly complied: Ordinary people, the big environment, and the control of COVID-19 in China. *Social Science & Medicine*, *309*, 115239. https://doi.org/10.1016/j.socscimed.2022.115239

Chen, L., Zheng W., Lou, X., Xiao, L., Liu, G., Yin, D., Lü, H. (2020). Characteristics of organizational culture construction in public hospitals. *Modern Hospitals 20* (5), 660-662. https://10.3969/j.issn.1671-332X.2020.05.011

Cheng, Y., Wang, Y., & Pan, F. (2022). The Impact of CSR Perceptions on Employees' Turnover Intention during the COVID-19 Crisis in China. *International Journal of Environmental Research and Public Health*, *19*(14), 8297. https://doi.org/10.3390/ijerph19148297

Chia, R., & King, I. W. (2001). The language of organization theory. In *The language of organization* (pp. 310–328). London: SAGE.

Dembedza, V. P., Chopera, P., Mapara, J., Mpofu-Hamadziripi, N., Kembo, G., & Macheka, L. (2023). The relationship between climate change induced natural disasters and selected nutrition

outcomes: a case of cyclone Idai, Zimbabwe. *BMC Nutrition*, *9*(1), 19.
https://doi.org/10.1186/s40795-023-00679-z

Denison, D., Hooijberg, R., Lane, N., & Lief, C. (2012). *Leading Culture Change in Global Organizations : Aligning Culture and Strategy*. John Wiley & Sons

Denison, D. R., & Mishra, A. K. (1995). *Toward a Theory of Organizational Culture and Effectiveness* (Vol. 6, Issue 2). https://www.jstor.org/stable/2635122

Dollard, M. F., & Bailey, T. (2021). Building Psychosocial Safety Climate in Turbulent Times: The Case of COVID-19. *Journal of Applied Psychology*, *106*(7), 951–964.
https://doi.org/10.1037/apl0000939

Dreisbach, J. L., & Mendoza-Dreisbach, S. (2021). Unity in Adversity: Multilingual Crisis Translation and Emergency Linguistics in the COVID-19 Pandemic. *The Open Public Health Journal*, *14*(1), 94–97. https://doi.org/10.2174/1874944502114010094

Duckett, J., & Munro, N. (2022). Authoritarian Regime Legitimacy and Health Care Provision: Survey Evidence from Contemporary China. *Journal of Health Politics, Policy and Law*, *47*(3), 375–409. https://doi.org/10.1215/03616878-9626894

EM-DAT (2018). World mortality statistics – natural disaster. Public-EM-DATA https://public.emdat.be/data. Accessed 30/12/2023.

Fu, M., Liu, C., & Yang, M. (2020). Effects of public health policies on the health status and medical service utilization of Chinese internal migrants. *China Economic Review*, *62*, 101464.
https://doi.org/10.1016/j.chieco.2020.101464

Ganahl, S., Knaus, M., Wiesenhuetter, I., Klemm, V., Jabinger, E. M., & Strametz, R. (2022). Second Victims in Intensive Care—Emotional Stress and Traumatization of Intensive Care Nurses in Western Austria after Adverse Events during the Treatment of Patients. *International Journal of Environmental Research and Public Health*, *19*(6). https://doi.org/10.3390/ijerph19063611

Gao, J., & Zhang, P. (2021). China's Public Health Policies in Response to COVID-19: From an "Authoritarian" Perspective. *Frontiers in Public Health*, *9*.
https://doi.org/10.3389/fpubh.2021.756677

Goldschmidt-Clermont, P. J. (2020). COVID-19 real-world data for the US and lessons to reopen business. *PLOS Pathogens*, *16*(8), e1008756. https://doi.org/10.1371/journal.ppat.1008756

Gong, W. & Xue, J. (2020). Build the recognition of organizational culture and strengthen the communicational solution to the asymmetry of information. *Tea in Fujian* (01), 253-254. (in Chinese)

Grasseni, C. (2022). From branding to solidarity: The COVID-19 impact on marketing Strachítunt cheese from Val Taleggio, Italy. *Acta Geographica Slovenica*, *62*(2). https://doi.org/10.3986/AGS.10577

Hall, A. K., Nousiainen, M. T., Campisi, P., Dagnone, J. D., Frank, J. R., Kroeker, K. I., Brzezina, S., Purdy, E., & Oswald, A. (2020). Training disrupted: Practical tips for supporting competency-based medical education during the COVID-19 pandemic. *Medical Teacher*, *42*(7), 756–761. https://doi.org/10.1080/0142159X.2020.1766669

Hancock, K. K., & Minor, C. V. (2021). Pandemic Hastens Cleveland Clinic's Unified Well-Being Strategy. *Frontiers of Health Services Management*, *38*(1), 4–13. https://doi.org/10.1097/HAP.0000000000000121

Handy, C. (1993). *Understanding Organizations* (4th ed.). Penguin Books.

Hawes, C. (2012) *The Chinese Transformation of Corporate Culture*. Routledge.

Hou, F. & Zhang, Z. (2020). The necessity of the development of the fusion of the Party-building and of corporate culture in public firms in the new era and the study of the relative measures. *Legal System and Society* (01), 139-140. (in Chinese) https://10.19387/j.cnki.1009-0592.2020.01.068

Hølge-Hazelton, B., Kjerholt, M., Rosted, E., Hansen, S. T., Borre, L. Z., & McCormack, B. (2021). Improving person-centred leadership: A qualitative study of ward managers' experiences during the covid-19 crisis. *Risk Management and Healthcare Policy*, *14*, 1401–1411. https://doi.org/10.2147/RMHP.S300648

Hu, X., Xiao, R., & Hardie, A. (2019). How do English translations differ from non-translated English writings? A multi-feature statistical model for linguistic variation analysis. *Corpus Linguistics and Linguistic Theory*, *15*(2), 347–382. https://doi.org/10.1515/cllt-2014-0047

Hu, Y., Zhang, W., & Gao, Y. (2022). The Register Variation in Translated Epidemic Prevention Manuals as Emergency Language Services. *International Journal of Translation, Interpretation, and Applied Linguistics*, *4*(2), 1–13. https://doi.org/10.4018/IJTIAL.313920

Huang, W. (2020). The Role of Party Members in State-owned Enterprises under the Background of Epidemic Prevention and Control——Take Sinochem Business Co.Ltd. as an Example. *Lingnan Journal* (04), 77-81. (in Chinese) https://10.13977/j.cnki.lnxk.2020.04.011

Hunter, R., Willis, K., & Smallwood, N. (2022). The workplace and psychosocial experiences of Australian junior doctors during the COVID-19 pandemic. *Internal Medicine Journal*, *52*(5), 745–754.https://doi.org/10.1111/imj.15720

Intergovernmental Panel on Climate Change (IPCC). (2007). *Climate Change 2007: Synthesis Report, Contribution of Working Groups I, II and III to the Fourth Assessment Report of the Intergovernmental Panel on Climate Change.* Geneva.

Intergovernmental Panel on Climate Change (IPCC). (2012). *Managing the Risks of Extreme Events and Disasters to Advance Climate Change Adaptation. Special Report*. Cambridge, UK and New York, USA: Cambridge University Press. https://www.ipcc.ch/site/assets/uploads/2018/03/SREX_Full_Report-1.pdf

Jiang, X., Wu, Y., Wu, Y., Zhang, J., Ni, P. & Shen, G. (2020). Promoting the basic dimensions of organizational culture construction. *Party and Government Forum* (08): 59-61. (in Chinese)

Kang, Z. & Wang, M. (2021). Brief Analysis of Emergency Language Strategy. *Journal of Tianjin Foreign Studies University 28*(04), 2-9+157. (in Chinese)

Kruskal, J. B., & Shanafelt, T. (2021). Radiologist Well-Being and Professional Fulfillment in the COVID-19 Era: Fostering Posttraumatic Growth. *Journal of the American College of Radiology*, *18*(8), 1198–1207. https://doi.org/10.1016/j.jacr.2021.03.016Latif, A., Gulzar, N., Lowe, F., Ansong, T., & Gohil, S. (2021). Engaging community pharmacists in quality improvement (QI): a qualitative case study of a partnership between a Higher Education Institute and Local Pharmaceutical Committees. *BMJ Open Quality*, *10*(1), https://doi.org/10.1136/bmjoq-2020-001047

Lai J., Ma S., Wang Y., et al. (2020). Factors associated with mental health outcomes among health care workers exposed to Coronavirus Disease 2019. *JAMA Network Open 3*(3): e203976. doi:10.1001/jamanetworkopen.2020.3976

Landuzzi, M.G., Olivieri, V., & Soldani, A. (2011). *La mediazione del linguaggio nell'organizzazione sanitaria*. Cortina.

Li, X & Gong, Y. (2015). A language Service Study in the Medical Field. *China Language Strategies* (02), 97-109.

Li, X., Lai, W., Wan, Q., & Chen, X. (2022). Role of professionalism in response to the COVID-19 pandemic: Does a public health or medical background help? *China Economic Review*, *71*, 101733. https://doi.org/10.1016/j.chieco.2021.101733

Li, X. & Zhang, H. (2022). Mediating effect of nursing organizational culture on the relationship between professional self-concept and work engagement of clinical nurses. *China Modern Medicine 29*(34), 183-186. (in Chinese)

Li, Y., Rao, G., Zhang, J. & Li, J. (2020a). Conceptualizing national emergency language competence. *Multilingua* 39(5), 617–623. https://doi.org/10.1515/multi-2020-0111

Li, Y., Zhao, S. & He, L. (2020b). The Practice of and Reflections on "Epidemic Language Service Corps". *Chinese Journal of Language Policy and Planning 27*(3), 23-30. (in Chinese) https://10.19689/j.cnki.cn10-1361/h.20200302

Lie, J. J., Huynh, C., Scott, T. M., & Karimuddin, A. A. (2021). Optimizing Resident Wellness During a Pandemic: University of British Columbia's General Surgery Program's COVID-19 Experience. *Journal of Surgical Education*, *78*(2), 366–369. https://doi.org/10.1016/j.jsurg.2020.07.017

Linnenluecke, M. K. (2017). Resilience in Business and Management Research: A Review of Influential Publications and a Research Agenda. *International Journal of Management Reviews*, *19*(1), 4–30. https://doi.org/10.1111/ijmr.12076

Liu, B., Lu, Q., Zhao, Y. & Zhan, J. (2020). Can the Psychosocial Safety Climate Reduce Ill-Health Presenteeism? Evidence from Chinese Healthcare Staff under a Dual Information Processing Path Lens. *International Journal of Environmental Research and Public Health* (17), 2969. https://doi.org/10.3390/ijerph17082969

Lu, S., Chen, S. & Wang, P. (2019). Language barriers and health status of elderly migrants: Microevidence from China. *China Economic Review 54*, 94–112. https://doi.org/10.1016/j.chieco.2018.10.011

Lu, Q. (2020). On the corporate CIS in the view of the promotion of Chinese. *China Economist* (08), 275-276. (in Chinese)

Luo, H., Liu, J., Li, C., Chen, K., & Zhang, M. (2020). Ultra-rapid delivery of specialty field hospitals to combat COVID-19: Lessons learned from the Leishenshan Hospital project in Wuhan. *Automation in Construction*, *119*, 103345. https://doi.org/10.1016/j.autcon.2020.103345

Lü, A., Luo, T., & Duckett, J. (2022). Centralization vs. Decentralization in COVID-19 Responses: Lessons from China. *Journal of Health Politics, Policy and Law*, *47*(3), 411–427. https://doi.org/10.1215/03616878-9626908

Martin, J. (2002). *Organizational Culture: Mapping the Terrain*. Sage.
https://doi.org/10.4135/9781483328478

Mehta, S., Yarnell, C., Shah, S., Peter Dodek, C., Jeanna Parsons-Leigh, Mhs., Maunder, R., Kayitesi, J., Catherine Eta-Ndu, R., Fran Priestap, R., LeBlanc, D., Chen, J., Honarmand, K. (2022). The impact of the COVID-19 pandemic on intensive care unit workers: a nationwide survey. *Can J Anesth/J Can Anesth*, *69*, 472–484. Doi: 10.1007/s12630-021-02175-z

Min, H. S., Moon, S., Jang, Y., Cho, I., Jeon, J., & Sung, H. K. (2021). The Use of Personal Protective Equipment among Frontline Nurses in a Nationally Designated COVID-19 Hospital during the Pandemic. *Infection & Chemotherapy*, *53*(4), 705.
https://doi.org/10.3947/ic.2021.0094

Min, N., Shen, R., Berlan, D., & Lee, K. H. (2019). How Organizational Identity Affects Hospital Performance: Comparing Predictive Power of Mission Statements and Sector Affiliation. *Public Performance and Management Review*, *0*(0), 1–26.
https://doi.org/10.1080/15309576.2019.1684958

Mühlhäusler, P. (1995) *Linguistic Ecology : Language Change and Linguistic Imperialism in the Pacific Region*. Routledge.

Pandit, M. (2021). Critical factors for successful management of VUCA times. *BMJ Leader*, *5*(2), 121–123. https://doi.org/10.1136/leader-2020-000305

Pratt, C. B. (2012). Theoretical Approaches to and Sociocultural Perspectives in Crisis Communication. In *Case Studies in Crisis Communication : International Perspectives on Hits and Misses*. Routledge.

Qu, X. et al (2020). Practice and reflections on language emergency response and services under the new coronavirus epidemic. *Journal of Guangzhou University 19*(04): 19-28. (in Chinese)

Raftery, P., Hossain, M., & Palmer, J. (2022). A conceptual framework for analysing partnership and synergy in a global health alliance: case of the UK Public Health Rapid Support Team. *Health Policy and Planning*, *37*(3), 322–336. https://doi.org/10.1093/heapol/czab150

Ramos-Estrada, C., de la Garza Carranza, M. T., López-Lemus, J. A., Atlatenco-Ibarra, Q., & Vázquez-González, E. R. (2021). Organizational Strategies and Their Impact on Employee Commitment during the Health Emergency. *Sustainability*, *13*(23), 13089.
https://doi.org/10.3390/su132313089

Raposa, M. E., Mullin, G., Murray, R. M., Shepler, L. J., Castro, K. C., Fisher, A. B., Gallogly, V. H., Davis, A. L., Resick, C. J., Lee, J., Allen, J. A., & Taylor, J. A. (2023). Assessing the Mental Health Impact of the COVID-19 Pandemic on US Fire-Based Emergency Medical Services Responders. *Journal of Occupational & Environmental Medicine*, *65*(4), e184–e194. https://doi.org/10.1097/JOM.0000000000002745

Ruiz, R. (1984) Orientations in Language Planning. *NABE Journal, 8*(2), 15-34. http://dx.doi.org/10.1080/08855072.1984.10668464

Schein, E. H., & Schein, P. (2017). *Organizational culture and leadership*. John Wiley and Sons.

Seddighi, H., Dollard, M. F., & Salmani, I. (2022). Psychosocial Safety Climate of Employees During the COVID-19 Pandemic in Iran: A Policy Analysis. *Disaster Medicine and Public Health Preparedness*, *16*(2), 438–444. https://doi.org/10.1017/dmp.2020.370

Schall, M. S. (1983). A Communication-Rules Approach to Organizational Culture. *Administrative Science Quarterly 28*(4), 557-581. https://doi.org/10.2307/2393009

Shen, Q. (2020). Commentary: Directions in language planning from the COVID-19 pandemic. *Multilingua 39*(5): 625–629. https://doi.org/10.1515/multi-2020-0133

Smircich, L. (1983). Concepts of culture and organizational analysis. *Administrative Science Quarterly* 28: 339-358. https://doi-org.ezproxy.unibo.it/10.2307/2392246

Spolsky, B. (2012). What is language policy? . In *The Cambridge Handbook of Language Policy* (pp. 3-15). Cambridge University Press.

Squires, A., Clark-Cutaia, M., Henderson, M. D., Arneson, G., & Resnik, P. (2022). "Should I stay or should I go?" Nurses' perspectives about working during the Covid-19 pandemic's first wave in the United States: A summative content analysis combined with topic 37mong37ing. *International Journal of Nursing Studies*, *131*. https://doi.org/10.1016/j.ijnurstu.2022.104256

Stevens-Fabry, S. (2021). Summing Up an Immeasurable Year. *Canadian Journal of Nonprofit and Social Economy Research*, *12*(S1), 86–90. https://doi.org/10.29173/cjnser.2021v12nS1a537

Tan, X., Song, Y., & Liu, T. (2021). Resilience, vulnerability and adaptability: A qualitative study of COVID-19 lockdown experiences in two Henan villages, China. *PLOS ONE*, *16*(2), e0247383. https://doi.org/10.1371/journal.pone.0247383

Teng, Y. & Wang, L. (2022). Ethic Considerations of Emergency Language Service in Unexpected Public Events. *Jianghan Academic 41*(03), 104-110. (in Chinese) https://10.16388/j.cnki.cn42-1843/c.2022.03.010.

Thomas, A., & Suresh, M. (2023). Readiness for sustainable-resilience in healthcare organisations during Covid-19 era. *International Journal of Organizational Analysis*, *31*(1), 91–123. https://doi.org/10.1108/IJOA-09-2021-2960

Thomas, V., & Lopez, R. (2015). Global Increase in Climate-Related Disasters. *SSRN Electronic Journal*. https://doi.org/10.2139/ssrn.2709331

Tierney, W. G., & Schein, E. H. (1986). Organizational Culture and Leadership. *The Academy of Management Review*, *11*(3), 677. https://doi.org/10.2307/258322

Triemstra, J. D., Haas, M. R. C., Bhavsar-Burke, I., Gottlieb-Smith, R., Wolff, M., Shelgikar, A. V., Samala, R. V., Ruff, A. L., Kuo, K., Tam, M., Gupta, A., Stojan, J., Gruppen, L., & Ellinas, H. (2021). Impact of the COVID-19 Pandemic on the Clinical Learning Environment: Addressing Identified Gaps and Seizing Opportunities. *Academic Medicine*, *96*(9), 1276–1281. https://doi.org/10.1097/ACM.0000000000004013

Tse, T., & Li, X. (2022). Recoupling Corporate Culture with New Political Discourse in China's Platform Economy: The Case of Alibaba. *Work, Employment and Society*, 095001702210831. https://doi.org/10.1177/09500170221083106

Wang, D. (2021). Learning from pharmaceutical corporate culture in the new medical reform to promote hospital ideological and political work. *Chinese & Foreign Corporate Culture* (07), 82-83. (in Chinese)

Wang, L., Mu, L., Liao, R., Li, Y., Wang, M., Li, J., Chen, X., Wang, C., Meng, Y., Cui, Q. (2020). Multidimensional Reflections on Response and Talent Preparedness of Emergency Language Services in Global Anti-pandemic. *Contemporary Foreign Language Studies* (04): 46-54.

Wang, S. (2020) . If Party-building goes on, culture will stick to it. *Studies on the work on thought and politics* (07), 53-54. (in Chinese)

Wang, J., Chen, Q., Ning, L., Zhou, J., Jiang, R. (2022). Survey on the diagnosis of the hospital culture in public hospitals of a prefecture-level town and their measures of development. *Jiangsu Health System Management* (08), 1088-1091+1098. (in Chinese)

Wang, L. & Chen, X. (2020). A study on language services in public emergencies. *Journal of Southeast University 22*(06), 126-131+154. (in Chinese) https://10.13916/j.cnki.issn1671-511x.2020.06.014

Wang J., Cheng Y., Zhou Z., Jiang A., Guo J., Chen Z., Wan Q. (2020a) Psychological status of Wuhan medical staffin fighting against COVID-19, J. *Medical Journal of Wuhan University 41* (1) 547–550.

Wang, J., Yu, L., Li, H., Han, L., Tan, Q., Fan, S., Chen, W., Wei, B., Wang, C., Zhang, H., Xu, Z. (2020b). Infection control in coronavirus disease 2019 wards of Wuhan Huoshenshan Hospital. *Academic Journal of Second Military Medical University 41*(9), 947-952. https://10.16781/j.0258-879x.2020.09.0947

Wang, J., Li, D., Bai, X., Cui, J., Yang, L., Mu, X., & Yang, R. (2021). The physical and mental health of the medical staff in Wuhan Huoshenshan Hospital during COVID-19 epidemic: A Structural Equation Modeling approach. *European Journal of Integrative Medicine*, *44*, 101323. https://doi.org/10.1016/j.eujim.2021.101323

Wu, D. (2022). *U.S. Public Diplomacy Towards China*. Palgrave Macmillan. https://doi.org/10.1007/978-3-030-95644-8_4

Xie, J. et al. (2020). Organizational identification of medical workers in public hospitals and its relation with hospital culture. *Guangxi Medical Journal 42* (19), 2554-2559. (in Chinese) https://10.11675/j.issn.0253-4304.2020.19.19

Xu, S. (2021). Analysis of the application significance of human resources management departments in public hospitals in the construction of organizational culture. *Business news* (14), 187-188. (in Chinese)

Yates, H. S., Goffman, D., & D'Alton, M. E. (2020). The Response to a Pandemic at Columbia University Irving Medical Center's Department of Obstetrics and Gynecology. *Seminars in Perinatology*, *44*(6), 151291. https://doi.org/10.1016/j.semperi.2020.151291

Yuan Q. & Deng, Y. (2020). COVID-19 prevention and control incentive mechanism characteristics and design practice of front-line medical staff in designated hospitals. *Jiangsu Health Management 31*(04), 548-551. (in Chinese)

Zhang, Y. (2020). "A brief discussion on the integrated development of Party-building and corporate culture in state-owned hospitals. *Henan Electric Power* (05), 66-67. (in Chinese) https://10.19755/j.cnki.hnep.2020.05.023

Zhang, J. & Wu, Y. (2020) Providing multilingual logistics communication in COVID-19 disaster relief. *Multilingua 39*(5), 517–528. https://doi.org/10.1515/multi-2020-0110

Zheng, W. et al. (2020). Investigation and analysis of organizational culture of a large public hospital and the countermeasures. *Modern Hospitals 20*(6), 811-818. (in Chinese) https://10.3969/j.issn.1671-332X.2020.06.009

Zhu, F. et al. (2021). Hospital culture and measures of its improvement in a new hospital in Jiangsu Province. *Jiangsu Health System Management* (06), 800-803. (in Chinese)