CRISIS COMMUNICATION IN HEALTHCARE

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SUMMARY

The paper explores the key role of crisis communication in addressing the growing number of crisis situations in healthcare. It examines and analyze different forms of crises in healthcare, encompassing financial and ethical dimensions, emphasizing that the effective management of crisis communication is integral to overall crisis management and thus, helps preserve the reputation of the organization and sometimes ensures its survival, threatened by crises. The significance of preparedness and the timely identification of potential crises emphasizes the crucial responsibilities of communicators, particularly in the contemporary era marked by swift and efficient modern communication techniques and tools. The text highlights the imperative requirement for two-way symmetrical communication with the media and all stakeholders before and during a crisis. The conclusion is that successful crisis management depends on crisis planning, simulations, and comprehensive training across all crisis management processes, inclusively and with a specific emphasis on crisis communication.

Keywords: *crisis; healthcare; crisis management; crisis communication; communication; planning; communication models, public, crisis stages, COVID-19.*

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INTRODUCTION

Due to the increasing number of accidents and crises, crisis communication has had a strategic place in the life of organizations in the last few years. Experts warn that the crisis can appear in various forms. The most sensitive branches for the outbreak of crises are certainly activities and processes related to the production and processing of food, beverages, and medicines, followed by air and maritime transport, railways, the chemical industry, nuclear power plants, oil refining and transportation, oil and gas pipelines, power plants, mining, construction, etc. However, these are not the only areas of possible crises. Crises can also arise in sports organizations, clubs, state institutions, political parties, societies, associations, in fact in all areas of human activity. There is also a personal crisis. When we talk about crisis, then, in addition to accidents related to endangerment or loss of life, we also mean financial crises, management crises, crises of results, ethics, etc. (Tomić 2016). It is evident from the above that the management of crisis relations with the public is one of the most critical areas of modern communication. Effective management of crisis situations protects companies and their reputation, and sometimes can affect their endangered survival. Therefore, the key assumption of crisis management is preparedness, as well as recognizing a crisis before it occurs. In today's age of information and communication, it is crucial, when a crisis occurs, to understand the role of the communicator (Novak 2001). But first of all, the question of what a crisis is should be answered. The structure of the work consists of an introduction, the first chapter with a synthesis of basic concepts and the most important theoretical knowledge about crisis communication, the second chapter dealing with crisis management, the third chapter which refers to developmental-situational crises and communication models, while the fourth chapter deals with the target audience in a crisis. The fifth chapter refers to the crisis communication plan and the team, and the sixth chapter deals with the three stages of the crisis. The seventh chapter deals with the crisis caused by the COVID-19 pandemic, and the eighth chapter with the crisis as an opportunity and a threat. The ninth chapter presents the research results, followed by the conclusion and the list of literature at the end.

KEY TERMS OF CRISIS COMMUNICATION

For a better understanding of the work, it is necessary to point out the most important definitions of crisis, crisis management, and crisis communication, as well as to define what constitutes the term healthcare and a healthcare institution.

1. Defining the crisis

There is no consensus on the definition of crisis. A crisis can generally be defined as an emerging risk. It has

already been recognized and valued before, or it was not noticed at all, so it appeared completely out of the blue. The London School of Public Relations (LSPR) defines a crisis as "a serious incident that affects human safety, the environment, products or the reputation of an organization. Usually such an incident is characterized by a hostile attitude of the media towards it" (Novak 2001). Some authors define a crisis as an unplanned and unwanted process that lasts for a certain period of time, which can only be partially influenced and can end in various ways. At the individual level, crises represent a change in a person's normal functioning. This includes increased tension, psychological burden, exposure to stress, and difficult orientation in time and space in the decision-making process. At the social level, crises are manifested through threatening social situations in political, economic, social and cultural systems. The Greek word krisis (κρίσις) - krís and krísis means choice, decision, turn, danger, discernment, decision. Plenković states "Dangers and crises are sudden and undesirable situations that can affect individuals, families, groups, parties, economy, society, local self-government, settlement, village, city, state or international community" (Plenković 2015). Sunara and Jeličić (2013) state that the common characteristics of all crisis situations are "unexpected circumstances, the speed and escalation of events, the presence of panic, the tendency to act irrationally and hastily due to strong emotions, chaos in internal communication, even when the company has an elaborate communication plan for crisis situations, the ubiquity of the media is a threat to the company's reputation." Other scholars describe a crisis as "a major event with a potentially negative outcome that affects both the organization and its publics, services, products and/or its name" (Fearn-Banks 2001). It interferes with the normal operations of the organization and, in the worst case, threatens its survival. A crisis is an unplanned and unwanted process that lasts for a certain period of time, which can only be partially influenced and can be ended in various ways (Ašanin Gole 2001). Given that the crisis most often affects corporations, the term corporate crisis in the literature means "unplanned and undesirable processes of limited duration and the possibility of influence with an ambivalent outcome" (Krystek 1987). So, for an organization, a crisis is a circumstance in which it is no longer possible to operate normally. It interferes with routine activities, causes uncertainty and stress, and threatens the long-term survival of the organization. Although the crisis may not have such dramatic effects at first glance, its negative impact on the image and reputation of the organization can be very large and prevent further development and survival of the organization. Not all crises are complete failures. "A crisis is a turning point, not necessarily burdened with irreparable negativity, but characterized by a certain degree of risk and uncertainty" (Tomić & Milas 2007). From this, we can conclude that during a crisis situation, it is still possible to turn regular activities for the better. A crisis can be seen as a turning point in the life of an organization and an opportunity to improve its reputation. It is the perfect opportunity for the management of a company to introduce the necessary organizational changes, change the way of thinking, establish new departments, or introduce a new organizational culture. A crisis is a threat, but it is, first of all, a challenge and a possible new beginning: a challenge as a quality check of the plan for defense against the crisis, and a new beginning as an opportunity for the organization to rise even stronger like a phoenix. Therefore, we can conclude that for a certain organization, a crisis is both a threat and an opportunity.

2. Healthcare and healthcare institutions

Healthcare and healthcare institutions are key components of every society because they take care of the health of individuals and the community. This sector is essential for the preservation and improvement of human life, as well as for the economic stability and development of society as a whole. Healthcare institutions include various organizations, institutions, agencies and experts that provide medical services, take care of disease prevention, diagnosis, treatment and rehabilitation. This includes hospitals, clinics, pharmacies, laboratories, health centers, specialized medical centers and other organizations. The term "public health" appears in the middle of the 19th century in the USA. Strictly translated into Croatian, this would mean javno zdravlje, however, in our country this term was translated and thus adopted as javno zdravstvo. (Ropac 2001). The first definition of public health (health) was given in 1920 by Winslow. According to this definition, public health is the science and art of preventing disease, prolonging life and promoting health through organized efforts and informed choices by society, public and private organizations, communities and individuals. (Ropac 2001). For now, there is no single universally accepted definition of global health. (Beaglehole & Bonita 2010). The definition proposed by Koplan et al. (2009) states: "Global health is a field of research and practice that emphasizes improving health and achieving health equity for all people around the world. Global health highlights transnational health issues, determinants, and solutions; includes many disciplines within and outside healthcare and promotes interdisciplinary collaboration; it is a synthesis of population-based prevention and clinical care at the individual level." Beaglehole & Bonita (2010) compiled a shorter and somewhat clearer definition based on the previous one, which reads: "Global health is collaborative transnational research and action to promote health for all." It is important to note that the word global in "global health" indicates the extent of the problem, not its location (Koplan et al. 2009). In order to ensure the efficiency and quality of healthcare, it is necessary for health institutions to be well organized, transparent, accessible and adapted to the needs of the community. In many countries, healthcare is part of the public sector and is financed from public sources, taxes and contributions from citizens. However, there are also private healthcare institutions that provide services

against payment or on the basis of private insurance. The key goals of the healthcare system include improving the health of the population, preventing disease, proper treatment of diseases, ensuring affordable and quality healthcare for all citizens, as well as education on health topics in order to raise awareness of the importance of a healthy lifestyle. Healthcare management is a complex process that requires cooperation and coordination between different levels of government, healthcare workers, patients and the wider community. Continuous improvement of the healthcare system is important in order to respond to the changing needs and challenges of modern society.

CRISIS MANAGEMENT

Crisis management can be defined as a series of factors organized to deal with a crisis situation, the main goal of which is to reduce its negative effects, i.e., damage to the organization. Put simply, crisis management seeks to prevent or reduce the negative consequences of a crisis from possible damage and thus protect the organization, stakeholders and the entire industry in which the organization operates (Coombs 2012). It is possible to approach the definition of crisis management in a different way and highlight what it is not, as opposed to what it is. First of all, crisis management is not synonymous with bad management. Due to their own inappropriate or inadequate planning or the complete absence of a planning approach, organizations are often put in the situation of reacting to crisis situations only when they escalate. However, without clearly defined priorities, managers of organizations rarely know which situations require their increased and urgent attention and which do not. In such crisis situations, management cannot always react effectively, which is a classic example of bad management, but not crisis management. True and effective crisis management therefore implies a systematic approach to managing crisis situations that enables the normal functioning of the company (Littlejohn 1983). The importance of organizational crisis management is reflected in the fact that the public treats organizational crises significantly differently from public crises, considering them either a problem or an opportunity for organizations. This is a question that managers of organizations should deal with internally. Crisis situations are at the same time an opportunity for the stakeholders of each organization to assess the capabilities of the managers of the organizations themselves (Darling 1994). Some theoreticians and experts in public relations (Fink 2002) equate crisis management with crisis planning and point out that crisis management is the art of removing risk and uncertainty with the aim of achieving a higher degree of control over one's own destiny. As a rule, organizations view crises as completely isolated events that can be analyzed through a total of four elements:
1) Causes ─ include immediate mistakes that activate the causes of the crisis situation and encourage already existing problems and deficiencies that allowed the mistakes to actually happen;
2) Consequences ─ can have immediate and long-term effects;
3) Caution ─ imply the inclusion of measures taken to prevent or minimize the effect of a potential crisis;
4) Response ─ implies measures taken to suppress a crisis that has already occurred.
In its essence, crisis management enables the company to formulate a systematic and orderly response to crisis situations. That response is the foundation that allows the organization to continue day-to-day operations while simultaneously managing the crisis. At the same time, what distinguishes a successful and systematic crisis management system from a less successful one is the establishment of a system for early detection of a crisis. Namely, it is possible to prevent many crises or create a more favorable position for mitigating their negative effects, by planning in which it is desirable to include, i.e., use the expertise of individuals from suitable sectors of the organization's management (Shrivastava 1993).

CRISIS COMMUNICATION

Crisis communication can be defined as a dialogue between an organization and its public immediately before a negative event, during a negative event and after a negative event. This dialogue implies the creation of strategies and tactics with an aim to minimize damage to the image of the organization. In this context, it is important to understand the relationship between crisis management and crisis communication, given that effective crisis management also implies crisis communication, which can not only mitigate and eliminate the crisis, but in some cases can also bring the organization a more positive reputation than it had before the crisis. (Banks 2011). At the same time, crisis communication and public relations are inextricably linked, whereby public relations deal with the publics, that is, specific audiences: employees, clients, shareholders, members of the local community, board members, unions and retired employees of the organization. In this context, proactive public relations programs can significantly improve the relationship between organizations and their audiences and thus prevent crises, but at the same time make these audiences their allies during a crisis (Banks 2011). Some authors name crisis communication as crisis public relations and point out that crisis public relations are one of the most critical aspects of modern communications as a whole (Langford 2009). Crisis communication involves identifying internal and external recipients who necessarily need to receive information during a crisis, and crisis communication managers must understand, create and disseminate messages to both internal and external recipients and at the same time prepare to receive feedback from these groups (Zaremba 2010).

Crisis communication is crucially important for successful overcoming of crisis situations. The key element in communication during a crisis is the speed of communication. In the "old days" of crisis communication, it was common to wait 24 hours after a crisis event for an organization to address the public. Today, 24 hours is simply too long to wait. Every crisis, regardless of its nature, also represents a crisis of information. The inability to control such an information crisis inevitably results in the inability to control the entire crisis (Crandall, Parnell & Spillan 2014). Crisis communication can also be defined as "a continuous process of creating shared meaning between groups, communities, individuals and organizations, all with the aim of preparing, limiting and responding to risks and possible damage" (Sellnow & Seeger 2013). This definition refers to the diversity of communicators involved in this communication, senders of messages and their recipients, as well as instrumental and functional elements of communication during a crisis situation. This definition should be viewed in the context of the fact that communication processes imply a sense-making methodology that enables individuals, groups, communities and organizations to co-create frameworks for understanding activities in situations that imply a high level of uncertainty, demands and threats. Such events strongly shake the fundamental sense of stability and predictability that most people count on in their daily lives. In this context, the fact that crisis communication processes are significantly more complex is highlighted due to the diversity of the public, cultures, background events, experiences and new technologies that then influence the forms of crisis situations. In such cases, effective communication can be a matter of life and death, so understanding the communication process in such moments is crucial (Sellnow & Seeger 2013). Crisis communication undoubtedly implies the urgent formation of a communication team and its inclusion in the communication process. This process implies a quick start of communication with the involved stakeholders and the public, which strengthens the organization's credibility and builds trust in their eyes. The content of that communication, that is, the messages that the organization sends out, must satisfy the needs of all involved groups of stakeholders and the public, and at the same time provide them with the tone and context of all messages. At the same time, one should take into account the fact that the goal and key messages must be consistent, and the details regarding the way of their communication may vary depending on the stakeholders and groups of the public (Crandall, Parnell & Spillan 2014).

1. Developmental-situational crises

The ability to respond to public health risks requires a system that enables rapid detection, response, prevention and communication with the wider community about health risks. It is necessary to strengthen vertical and horizontal communication in crisis public health situations through a common platform, which automatically activates the relevant factors. Crisis public health situations are conditioned by transitive processes in the world, such as a strong epidemiological transition (change in disease patterns), pandemics and emergence of new infectious diseases (new viruses), migrant crisis, then natural disasters (floods, earthquakes, fires), etc. (FMZ 2022). Developmental crises in healthcare represent long-term and deep-rooted challenges that significantly affect the stability and efficiency of healthcare systems. One of the key factors contributing to these crises is financial pressure. The lack of adequate financial resources limits the ability of health systems to keep up with technological innovations, improve infrastructure and ensure sufficient salaries for health personnel. This lack of investment can result in a reduction in the quality-of-service provision and hinder access to healthcare. In addition, the global shortage of health professionals, doctors, medical technicians, demographic challenges further deepen the crisis. With adequate funding, investment in the education and training of health personnel, and changes in policies and management of health systems, long-term improvements in the quality and access to healthcare can be achieved. Situational crises in healthcare represent unexpected and extraordinary events that significantly affect the provision of healthcare. These crises often require urgent measures and adjustments in the work of health systems. Examples of such situational health crises include pandemics, accidents and disasters, mass injuries, equipment and resource shortages, biological threats, and technical failures. Management of situational crises in healthcare requires good preparation, coordination between different levels of healthcare systems, quick decisions and cooperation with other sectors. Rehearsing and updating emergency plans regularly are essential to ensure that systems are ready to respond to unexpected events. The basic function of every crisis plan is to define procedures and human and material resources, and to inform and guide participants towards the execution of the plan. Aware of the fact that no crisis manager can prepare us for all possible crisis situations, recognition of their role in the healthcare system is unquestionably important for getting to know a wide range of crisis and emergency situations that can occur in healthcare institutions and enable us to develop analytical skills (Lujanac et al. 2018).

2. Communication models during times of crisis

Healthcare institutions, like all other organizations, communicate with their internal and external publics daily and continuously. Some of these organizations have an organized approach to communication strategy and on the other hand, they have formal documents named Communication Strategy. Among other things, communication models are defined in the strategy. The most capable organizations have highly trained communication personnel who are able to communicate two-way and symmetrically. Thus, two-way symmetrical communication of the organization with the internal and external public becomes the most important and key model of communication (Tomić 2013).

Many organizations apply two-way communication with their strategic public, but this communication is more asymmetric. The asymmetrical two-way model is proving to be the most common model of communication between organizations and their stakeholders. This model has its flaws. Organizations that apply one-way communication with their public, including the media, find themselves in a difficult situation when a crisis breaks out. Such an organization does not have the capacity or personnel to establish fast two-way symmetrical communication. Such a turn only in times of crisis will not be approved by the media and other audiences. From the above, it is understandable that the preferred communication model of healthcare organizations is a two-way-symmetrical model. Such a model will give the most results at the time of communicating the organization's crisis.

TARGET AUDIENCES (STAKEHOLDERS) IN CRISIS

Defining the audiences in a crisis is another important task of management. An audience is a homogeneous group of people who influence the corporation through their actions and vice versa. Its success and long-term survival depend on how successfully and efficiently the corporation manages its relations with the public. In order for a corporation to communicate successfully even during a crisis, it must define in advance its key audiences that could be involved in the crisis, directly and indirectly. There are multiple audiences that differ from each other and depend on the type of crisis or disaster.

1. Public health institutions

A significant segment in public health is communication. It takes place in several directions. First of all, experts in the field of public health must communicate with individuals, population groups, groups of vulnerable persons or the entire population to which the implementation of a certain public health activity relates. (Ropac 2011). Publicity of healthcare institutions refers to the transparency, accessibility and information of citizens about the work, policies, services and results of healthcare organizations. This is a key aspect of a democratic society, where citizens have the right to be informed about matters concerning their health and the healthcare system. The importance of public health institutions includes several key aspects. First, transparency of information is crucial. Healthcare institutions should ensure openness and access to information about their work, costs, treatment results, quality of services and plans and policies. This enables citizens to better understand how the healthcare system is managed and how to access the services they need. Second, citizen participation in the decision-making process is important. Citizens have the right to participate in decision-making on the policies of health institutions that concern them. This may include participation in advisory committees, making suggestions and comments on planned changes, and partic-

ipating in the evaluation of the work of health institutions. Third, educating and informing the public is extremely important. Health institutions should educate the public about the importance of disease prevention, healthy lifestyle, available services and patients' rights. Informed citizens can make better decisions about their own health and actively participate in preserving their well-being. Fourth, patients have the right to information about their health and treatment. This includes access to your medical records and detailed explanations of your diagnosis, treatment plan, risks and alternative options. The health system should conduct an analysis of its environment and listen to the voice of the public. It is necessary to understand what patients and citizens want, how they perceive the current policy of the health system, identify their dissatisfactions, recognize key health institutions that deserve special attention, and investigate potential problematic cases. On the website of the Ministry of Health of the Republic of Croatia, there is a section entitled "Consultations with the interested public" which means "consultations and engagement of all those concerned in adopting laws and other regulations is to collect information about their interests, views, suggestions and interests concerning a specific public policy but also detecting previously undetected weaknesses and negative impacts of the public policy that need to be corrected as soon as possible" (Ministry of Health 2019). It is very important to provide mechanisms for feedback and complaints. The public has the right to express its opinion about the quality of services provided by healthcare institutions, as well as to file complaints if they are not satisfied with the care provided. These mechanisms enable continuous monitoring and improvement of the quality of healthcare and contribute to building trust between patients and healthcare institutions.

CRISIS COMMUNICATION PLAN

Management of corporations, management of institutions and organizations must be aware of possible crises in their system. In this regard, they must start planning for emergency situations. This includes organization and making as many decisions as possible before a crisis occurs. Pre-crisis planning gives people enough time to consider all options, to think things through, consider the merits of different courses of action, and test readiness for action. Each of these important tasks is easier to do well in normal times, but very difficult and stressful when a crisis breaks out. Crisis communication experts point to five steps that can help to design an effective plan (Ministry of Health 2019): First step – assemble a planning team; second step – assess the scale of the problem; third step – make a plan; fourth step – test the plan; fifth step – update the plan. British scientist S. Black points to six stages of the crisis plan. According to him, these are (Tomić & Sapunar 2006): Analyzing possible causes of crises. It is necessary to assess possible difficulties, either external or in-

ternal. It is often impossible to predict all possible crises. However, when the causes are assessed, they should be listed and given an official character. Preparation of the plan. The plan should include pre-crisis communication planning, crisis communication and post-crisis communication. Selection of personnel. When creating the plan, the corporate administration should make a list of persons who would be available at the time of crisis. The most important role of that team is answering media calls and phone calls. When such team lists are made, they must be covered 24 hours a day. Communication capacities. From the technical aspect, the problem of the load on permanent communication lines should be carefully planned when creating the plan. Let us remember, at the time of the demolition of the buildings of the World Trade Center in New York, the entire city was in a communication blockade. This problem should be given great importance and anticipated. On the other hand, one must know who makes up the crisis communication group and what their tasks are. Training. In order for the persons involved in the crisis plan to know their obligations, it is necessary to organize education and training. This will help ensure that staff are ready to act when a crisis occurs. Simulation of a crisis situation. Once the crisis plan is set, it is necessary to simulate the crisis situation several times, at different time intervals, unannounced. The simulation will give an answer as to how the staff behaves in relation to the crisis and the crisis plan. Of course, it is an opportunity to eliminate all possible shortcomings.

1. Crisis Communication Team

In an organization affected by a crisis, it is impossible for everyone to decide, coordinate and know everything about everything to the same extent. For this reason, a crisis team composed of the leading people of the organization is established, i.e., it must include all individuals who can contribute to the solution of the crisis in a professional manner. This means that the team should include the chief executive officer (CEO), the head of the public relations department, the vice president of the organization, the general manager of the area where the crisis broke out, the head of protection, the organization's lawyer and anyone who could in some way shed light on the situation. Contacting the crisis team should be the starting point from which we begin to resolve the resulting crisis. The team's first task is to come up with a crisis resolution plan and appoint a spokesperson. It is important to note that, although an organization may have a pre-prepared crisis plan, each crisis is specific and requires adaptation of the plan or the creation of a completely new one in view of the predicted or expected situation. One person should be designated as the main spokesperson who will represent the company, make official statements and answer questions from the media during the crisis. A deputy spokesperson should also be appointed so that he can be replaced if necessary. In addition to spokespersons and replacements, it is expected that others involved in the crisis - police, firefighters, health officials - will also have spokespersons. It is important to know the identity of these persons as soon as possible so that all statements and contact with the media can be aligned with them whenever possible. According to the definition, a crisis communication team is "a cross-functional group of people within an organization" (Coombs 1999). In crisis situations, a quick and decisive reaction is required. The main burden is taken by the crisis team. Since the crisis team will not be able to fully satisfy the public's curiosity due to its tasks, the next task is to organize a crisis information center.

THREE STAGES OF THE CRISIS

There are several approaches to the life cycle and development stages of crisis situations. In this regard, we know the three-stage model, four-stage, five-stage and even six-stage model of crisis development. Respecting different theoretical approaches, we will consider the crisis and crisis communication in three stages, which is the most common model and approach to organization and implementation of crisis.

I. STAGE - PREPARATION FOR THE CRISIS

In the first stage of the crisis, the crisis is defined, as well as the causes and types of the crisis. An important aspect of this stage is the segmentation of the public in a crisis. In order to manage a crisis, it is necessary to create a crisis communication plan and a crisis communication team.

1. Causes of the crisis

If we look at the crisis as an unplanned process, the question arises as to what are the causes of crises in organizations. Although the causes are different, in modern literature they are generally divided into external and internal. (Novak 2011). External causes, as the word itself suggests, arise outside the organization in the environment. It is considered that the organization has no significant influence on these causes. Among the external causes of crisis today, we can count natural disasters and accidents, political and social changes, economic crises, recessions, changes in the market, security environment, etc. Crises often arise within an organization. Such crises are often not visible. These include: poor organization of work, damaged interpersonal relations, incompetence and immorality of management, corruption, sick rivalry, lack of corporate culture, poor working conditions, unrealistic union goals, lack of communication, etc. If crises are viewed from the perspective of natural and social phenomena that can cause crises, the causes can be divided into three large groups (Zvonarević 1989): 1. natural phenomena - can be divided into two subgroups: a) geophysical phenomena such as earthquakes, floods, weather disasters, etc., b) biological phenomena such as large epidemics

(Covid-19)

2. technical factors - they are related to the technical and technological development of human civilization (major traffic accidents, major fires and explosions, nuclear accidents)

3. social phenomena (wars, armed conflicts, economic crises, mass hunger, etc.).

2. Research - types of crises

We have seen that the causes of crises can be diverse. When we try to classify all these crises into groups, we can get certain types of crises (Novak 2011):

1. Types of crises with regard to the environment in which they originate (crises of a physical nature, crises of public opinion, crises due to administrative errors, crises of the economic and political environment)

2. Types of crises with regard to warning time (sudden crises/accidents and deaths and covert crises/audits, internal factors)

3. Types of crises with regard to the ways of experiencing them (unusual crises and perceptual crises).

Other scientists state the causes of possible crises: accidents and natural events, health and environmental crises, technological incidents, economic and market forces, employees out of control (Luecke 2005).

II. STAGE - CRISIS COMMUNICATION

The second stage is marked by the course of the crisis, i.e., the behavior of key publics during the crisis, workers and external publics. For this period, it is important to point out the relations with the media in crisis.

1. The course of the crisis

American crisis management expert P. McCue presented the course of the crisis. He described the beginning as "a special interest group (active public) that sends negative information to the public and thereby activates the alarm" (Regester & Larkin 2011). In the continuation of the explanation of the course of the crisis, it is said that the media play an extremely important role with their reporting on the event and regularly create a feeling of general danger. A company hit by a crisis responds with a statement based more on facts than on feelings. The public is increasingly beginning to avoid questionable products from companies affected by the crisis due to negative media coverage. In such conditions, product sales fall. The crisis instigators (a special interest group) in the public intensify the negative campaign against the affected organization, with the media more inclined to report on everything that the crisis instigators declare. The affected company tries with all its might to fight the crisis and increase sales, and in these conditions, for a while, everyone forgets about the real problem of the crisis (Novak 2011). After some time, things become clear, the organization gathers strength for further work, and the media is looking for a new player affected by the crisis situation.

2. Implementation of the crisis

Manager of the Century in the USA Jack Welch, CEO of General Electric Company, in the book Winning, points out five assumptions that should be kept in mind when a crisis occurs. (Welch 2005).

1. Always assume that the problem is more difficult than it seems at first glance. Crises rarely remain as small as when they first appeared. Most often, they are much bigger and more serious than you could have imagined when you received that first call. In addition, it will last longer than you expect and will become more and more uncomfortable over time. It will affect more people than you think, more lawyers will stick their noses into it, and more awful things will be said and published than you could ever imagine. Adapt in time! Approach any crisis with the assumption that the worst has happened somewhere in your organization and, just as importantly, that solving the resulting problem is entirely your concern. Go so far as to assume that your organization has made a mistake and that it is your duty to correct that mistake. Always start from the assumption that you have a big problem in front of you and that it is your duty to solve it.

2. Assume that there are no secrets in the real world and that eventually everyone will find out everything. In times of crisis, your lawyers will advise you to say as little as possible. As a rule, this advice is not wrong. And yet, don't take it as gospel. Get your lawyers to let you say as much as possible. You just have to make sure that everything you say is the bare truth, without any gray shadows. The more openly you talk about the problem, its causes and solutions, the more people will trust you, both inside and outside the organization.

3. Assume that the media will portray you personally, as well as the way your organization will handle the crisis, in the worst possible light. There are industries in which the measure of success is the size of the market share, in some it is an increase in income, the number of concessions obtained in a year or figures that speak of greater consumer satisfaction. In journalism, success is measured by the number of empires destroyed and emperors exposed. Public defamation is hard to bear. But no matter how innocent you feel and no matter how convinced you are that your organization is handling its difficulties very well, that is completely irrelevant. A journalist's job is not to interpret your view of the situation, their job is to present opportunities as they see them. Sometimes you may want to back out, but you must not. Along with publishing all aspects of the problem, clearly explain your own attitude towards the newly created situation and present your proposals for overcoming it. If you do not, your lack of clarity will be interpreted as an admission of guilt. True, not all crises reach the public. In this case, the same principles apply: openly discuss the situation, state your position, explain why the problem arose, explain how you intend to solve the problem.

4. Assume that after the crisis, changes will follow, both in processes and in personnel. Most crises end with some kind

of settlement - financial or legal. Then comes cleaning, and cleaning implies changes. Processes are usually the first to be hit, although the problem may not only be in the process, but also in people who do not follow existing guidelines. Crisis situations require changes. This is why there are few crises that end without blood being spilled.

5. Assume that your organization will not only overcome the crisis, but will emerge from it even stronger. There is no such crisis from which you cannot learn something, although, of course, you hate them all the way. Every time a crisis period ends, you will feel the need to forget it as soon as possible and not to mention it again. Learn from crises and don't miss any opportunity to share your experiences with others.

3. Information gap

As we have seen through the review of crisis relations activities with the media, it is very important to react immediately to the public. Even if not all information is collected, the spokesperson, general manager or person authorized to communicate with the media must respond to press inquiries to avoid an information gap. The information gap is the time that flows from the emergence of a crisis to communication with the media. In case the media do not get quick information, they will have to inform the public, usually based on rumors or partial information. Experts and professional literature indicate that a quick response within 24 hours is required. But today, in the digital age and the age of new media, you don't need to think about 24 hours. It is "eternity". It is necessary to react as soon as possible, some will say - immediately. It is important to keep in mind that a quick reaction must not come at the expense of accuracy and verification of data. We need to react immediately when we know what to say. Communications staff have to think about a number of issues when it comes to the possibility of a crisis. One such question reads: "What if communication channels are destroyed in a crisis?" R. Luecke answers this question as follows: "People in the developed world take modern electronic communication for granted. In fact, our dependence on fax, e-mail, Internet, telephones, radio and television in mutual communication is enormous. We only become aware of this dependence when the electricity goes out or when our internet service or company server crashes. Fortunately, such accidents usually do not last more than a few minutes. Crisis managers must be aware that major natural or human-made disasters can disrupt electronic communications for days or weeks and limit their ability to communicate with employees and the public" (Luecke 2005).

4. Tools in crisis public relations

In communication with the media, the communication team has at its disposal communication channels such as statements, press releases, press conferences, company information, interviews, briefings, etc. Key communication tools for mediating information are public statements. With them, the manage-ment of the company explains the main information about the event, expresses its regret and other feelings. In crisis situations, public statements often need to be supplemented as soon as new information arrives. An effective communication tool in crisis situations is definitely a press conference that allows the administration to announce information to all journalists at the same time. Conferences give companies the opportunity to tell their story live and clarify any misunderstandings. The principle for holding press conferences in crisis situations should be kept in mind: they should not be limited, as this can give the impression that something is being covered up. Briefing. Most often, the analysis of the crisis and the first meeting with the crisis phenomenon begins with the first, urgent briefing. The briefing is intended as a communication tool in the campaign plan. According to the plan, the people participating in the briefing are defined. This is where the situation is analyzed and measures and ways of responding to crises are agreed upon. Interviews with management representatives or a spokesperson are suitable communication tools. With the help of interviews, company management can explain events in more detail and remove possible ambiguities. It would be desirable to do an interview exercise where the interviewee would face potential questions and prepare answers to them. A press release is also often used in media relations. Press releases help to present the position of the management, new details and maintain continuous communication with the media and the public. Background information is also a common tool of crisis public relations. This is the most important information about the organization, its history, composition of the board, organization, successes, photos and everything that could be of interest to journalists as an addition to the current story. Journalists are not always able to come to the scene, so communication tools and special telephone lines are necessary. Media calls should be answered by members of the crisis communication team who must be equipped with all the necessary information and materials about the crisis situation. Members of the crisis communication team should be able to answer any question asked.

III. STAGE - POST-CRISIS COMMUNICATION

A crisis is a turning point in the life of a company, and at the same time an opportunity to gain a greater reputation. After the end of the crisis, the organization must return to normal business as soon as possible and the motivation to restore and improve the reputation of the organization. Unfortunately, most organizations do not learn from their mistakes that led them to the crisis and after the crisis they do business the same as before. B. Novak points out that "the biggest mistake is to forget the crisis. Experiences can be instructive only if they are thoroughly analyzed" (Novak 2011). After the crisis, the management must analyze what worked in the crisis and what did not. If the manage-

ment worked according to the crisis plan, it should be determined which parts of the crisis plan were well executed and which were poorly executed. It is necessary to determine whether and how the crisis could have been avoided. The main purpose of the analysis is to improve the action plan in crisis situations, which is never final. Analysis of the crisis should start after its end, but no longer than 30 days, because then new tasks appear.

1. Consequence analysis

Analysis of the consequences of the crisis and crisis communication is the last stage of the crisis. The corporation or institution will consider all elements of the crisis, draw conclusions and lessons, and try to return to everyday life as quickly as possible. One of the biggest mistakes can be to quickly forget the crisis. Therefore, it is not for nothing that it is said that lightning can strike twice in the same place. The analysis should include internal and external publics, i.e., all employees who were involved in the crisis, volume of sales, public opinion, publications in the media, material damage, possible lawsuits for compensation. It is desirable to keep records and notices of events during a crisis, so that the administration can more successfully deal with future similar crisis situations. If the analysis manages to determine the causes of the crisis and the responsible persons, the management can prevent such crises in the future.

2. Solving the crisis

This crisis is a story in itself, J. Welch (2005) believes. Some are related exclusively to the internal problems of the organization and for them the solution is usually found quickly. But there are crises that grow into media sensations of enormous proportions and with the most diverse legal consequences. Precisely because of the specificity of each individual crisis, it is difficult to establish common rules for solving them. As we have already mentioned, there are five assumptions that you must take into account when solving a crisis in your organization:
1. Always assume that the problem is more difficult than it seems at first glance.
2. Assume that there are no secrets in the real world and that eventually everyone will know everything.
3. Assume that the media will portray you personally, as well as the way your organization will handle the crisis, in the worst possible light.
4. Assume that after the crisis there will be changes both in processes and in personnel.
5. Assume that your organization will not only overcome the crisis, but will emerge from it even stronger.
It is a typical phenomenon that companies, having overcome the crisis, go to the other extreme. They arm themselves with various regulations and determine some procedures in order to be ready to fight the enemy who has already managed to break through their ranks once (Welch 2005).

CRISIS CAUSED BY THE PANDEMIC COVID 19

The COVID-19 crisis in the world represented a serious challenge. At the end of 2019 and the beginning of 2020, the first case of an unknown viral disease was detected in the Chinese city of Wuhan. Scientists quickly determined that it was the SARS-CoV-2 virus, i.e., the coronavirus, which causes the disease COVID-19. In humans, this virus causes pneumonia and the appearance of certain symptoms such as malaise, fever, difficulty breathing and a dry cough. The coronavirus belongs to the group of zoonotic viruses, and is transmitted between humans and animals (Žmuk & Jošić 2021). The health system was faced with an increased number of patients, a lack of resources and the risk of infection of health workers. State governments have implemented measures such as movement restrictions, wearing masks and physical distancing to curb the spread of the virus. These measures had a significant impact on everyday life and the economy. Due to the very rapid spread of the virus, the World Health Organization declared a pandemic threat on March 11, 2020. The first cases that spread outside of China were detected in Thailand on January 13, 2020. A year later, the coronavirus spread to 191 countries and caused all activities to be restricted (Džidić 2021) Vaccination has played a key role in the fight against the pandemic, but challenges have emerged in vaccine distribution and access. The psychological and social impacts of the pandemic were also significant, with isolation, job loss and uncertainty weighing on citizens' mental health. Community solidarity was also key in meeting these challenges. This crisis required the joint effort of everyone to overcome the challenges and enable a quick recovery of the community. The World Health Organization (WHO) declared the long-awaited end of the global emergency due to the COVID-19 pandemic on May 5, 2023.

CRISIS AS AN OPPORTUNITY OR A THREAT?

The leading man of one of the largest technological companies in the world, Intel, once said the following: "Bad companies are destroyed by crisis. Good companies survive them. Great companies are improved by them." The crisis often arouses divided reactions, some perceive it as a danger that threatens stability, while others find an opportunity for innovation and growth. How we understand a crisis can have a profound impact on our ability to face challenges and adapt to change. According to (Bedenik 2003), successful crisis management includes anticipatory, i.e., preventive action to prevent the arrival of a crisis, crisis identification, and reactive crisis management, which implies mastering the crisis situation, which implies, among other things, remediation. From an opportunity perspective, many see the crisis as

an opportunity for positive change. Crises stimulate the need for innovation, adaptation and restructuring in order to avoid similar situations in the future. Organizations that manage to adapt to crises can identify new opportunities for improvement and development. Crises also provide an opportunity to build resilience, learn from challenges, and identify weaknesses that can be addressed to make systems more resilient to future challenges. From the point of view of threat, the crisis can bring real threats to our stability. Financial, health or other crises can lead to serious disruptions in society, cause insecurity and fear and cause a loss of trust in institutions. In addition, crises impose challenges in resource management, healthcare and other key sectors, requiring urgent interventions to mitigate negative consequences. Remediation aims to save, heal the company so that it continues to survive, but not necessarily in the same market or industry. On the other hand, liquidation shuts down the business when it is noticed that there are no longer any realistic prospects for continuing operations because identified weaknesses and threats are greater than strengths and opportunities (Bedenik 2003). Crisis management not only requires immediate measures, but also the ability for long-term planning. Through crises, organizations and societies have the opportunity to change priorities, to recognize the importance of certain aspects such as public health, economic stability or sustainability. Many leaders and innovators have successfully used challenges to improve and transform their environments. This dual perspective provides an incentive to seek solutions and find room for progress even in the most challenging times.

RESEARCH

The subject of the research is the type of crisis in health institutions in the world with regard to the environment, time and experience. The goal of the research is to determine which forms of crisis dominate in healthcare institutions and how to influence favorable outcomes by managing crises in the interest of both the public and the institutions. The purpose of the research is to provide recommendations and concrete instructions on the best model of communication in times of crisis in healthcare institutions. The work explores the following crises:
1. with regard to the environment in which they originate (crises of a physical nature, crises of public opinion, crises due to administrative errors, crises of the economic and political environment)
2. with regard to warning time (sudden crises/accidents and death and covert crises/audits, internal factors)
3. with regard to the ways of experiencing them (unusual crises and perceptual crises).
Hypotheses:
H1: In the world's most recognized health institutions, the crisis is caused by internal factors, i.e., the human factor, such as management and doctor errors, lack of staff and poor internal and external communication.
H2: The crisis in healthcare institutions is caused by financial conditions.
H3: The economic and political conditions in society affect crises in healthcare institutions.
H4. Crises in the environment in which they originate, strikes and crises of public opinion are a threat to health institutions.
H5. More and more frequent crises are crises related to the mental health of healthcare workers.
The scientific methods used in the preparation of this paper are the analysis of the content of the websites of health institutions, the analysis of the content of the literature, the concretization method, the comparative analysis of previous research and theoretical knowledge about crisis communication, and the synthesis for the creation of conclusions.
The research covers healthcare organizations from North America, South America, Africa, Europe, Asia, Australia and the Southeast European countries of Bosnia and Herzegovina, Serbia, Croatia and Montenegro. The research was conducted in October and November 2023.

1. Research results

North America

According to the source of the best 250 hospitals in the world, the sample included Mayo Clinic, Rochester, New York and Cleveland Clinic, Cleveland, Ohio (Newsweek , World's Best Hospitals 2023, https://www.newsweek.com/rankings/worlds-best-hospitals -2023).
1. Mayo Clinic, Rochester, New York
According to the types of crises, the crises that happened at the Mayo Clinic in New York are mainly salary cuts, strikes, however, on November 15 of this year, a doctor sued the clinic for the right to free speech, which raised a lot of dust.
Types of crises: crises due to management errors (crisis with regard to the environment from which they originate) (Taylor, 2023, https://www.beckershospitalreview.com/legal-regulatory-issues/physician-sues-mayo-clinic-over-free- speech-rights.html) .
2. Cleveland Clinic, Cleveland, Ohio
The biggest crisis to hit the Cleveland Clinic is related to accusations of racism.
Types of crises: economic-political environment crisis and internal factor (Huntsman, 2021, https://www.ideastream.org/health-science/2021-06-22/how-can-cleveland-hospitals-address-racism-as- a-public-health-crisis).

South America

In South America, Hospital Israelita Albert Einstein, Sao Paulo from Brazil and Fundación Valle Del Lili, Cali from Colombia were investigated.
1. Hospital Israelita Albert Einstein, Sao Paulo, Brazil
At the Hospital Israelita Albert Einstein in Sao Paulo, I would mention the crisis when a 17-year-old girl died due to a medical error.
Types of crises: death of a patient (cri-

sis regarding warning time) (Globo.com, 2007, https://g1.globo.com/Noticias/SaoPau-lo/0,,MUL9165-5605,00-HOSPITAL+DE+SP+E+CON-DENADO+POR+ERRO+MEDICO.html).
2. Fundación Valle Del Lili, Cali, Colombia
At the Fundación Valle Del Lili Hospital, Cali, Colombia, a medical malpractice crisis emerged when a young girl died. The crisis in this case began in 2012 when doctors allegedly unknowingly treated a teenage girl.
Types of crises: death of a patient (crisis regarding warning time) (90 minutos noticiero, 2020, https://90minutos.co/cali/familia-denuncia-muerte-joven-cali-dio-aparente-negligencia-medica-17-01-2020/) .

Europe

In Europe, two clinics that are considered the most prestigious in their practice were investigated. These are: Karolinska Universitetssjukhuset, Solna from Sweden and Charité - Universitätsmedizin Berlin, Berlin from Germany.
1. Karolinska Universitetssjukhuset, Solna, Sweden
The largest university hospital in Sweden and one of the best in the world has been struggling with debt and poor management for years. In 2019, Björn Zoëga, the director of the Karolinska University Hospital in Stockholm, announced the termination of employment for 250 doctors and 350 nurses, which led to an outcry from both doctors and residents, both in Stockholm and throughout Sweden.
Types of crises: crisis of public opinion. (crisis with regard to the environment from which they originate) (SM 2019, https://www.index.hr/vijesti/clanak/stotinama-lijecnika-najvece-svedske-bolnice-prijete-otkazi-ovo-je-presedan/2130259. aspx).
2. Charité - Universitätsmedizin Berlin, Berlin, Germany
Hospitals in Berlin entered a crisis situation due to a lack of staff in key departments, as well as poor management.
Types of crises: internal factors. (a crisis with regard to warning time (Hasel, 2016, https://www.tagesspiegel.de/gesellschaft/die-zustande-in-der-kinderonkologie-sind-unertraglich-2777605.html).

Africa

On the African continent, the most important health institutions are institutes. Groote Schuur Hospital, Cape Town from South Africa and University Teaching Hospital, Lusaka from Zambia were included in the analysis (Scimago, institutions rankings, 2023, https://www.scimagoir.com/rankings.php?country=Africa&sector=Health).
1. Groote Schuur Hospital, Cape Town, South Africa
Hospital from South Africa is most exposed to financial problems, internal and problems related to the economic-political environment.
Types of crises: financial problems, management mistakes and external factors. (Crisis of a physical nature, crises of public opinion, crises due to management errors, crises of the economic-political environment) (Daniels, 2023, https://www.iol.co.za/news/south-africa/groote-schuur-

suffers-major -cash-crisis-94955).
2. University Teaching Hospital, Lusaka, Zambia
Financial conditions are the most common crisis situations of hospitals in Lusaka, Zambia. Also the crisis caused by the strike (2009).
Types of crises. Workers' strike. (Crises of a physical nature, crises of public opinion, crises due to management errors, crises of the economic-political environment) (Lukastimes, 2009, https://www.lusakatimes.com/2009/06/10/situation-at-the-university-teaching -hospital-uth- worrisome-mangani/).

Asia

Two health institutions were investigated in the area of Asia. Singapore General Hospital from Singapore and Sheba Medical Center, Ramat Gan from Israel.
1. Singapore General Hospital, Singapore
A medical worker at a hospital in Singapore committed suicide, causing a crisis due to the poor mental health of other hospital workers.
Types of crises: Death and mental health crisis. (Types of crises in terms of warning time - sudden crises/accidents and fatality and covert crises/audits, internal factors) (Zheng, 2021,https://mothership.sg/2021/12/sgh-nurse-karunyah/).
2. Sheba Medical Center, Ramat Gan, Israel
Israeli Health Minister Uriel Busso took office following the October 7 Hamas attack on southern Israel. The minister pointed out the large number of cases of mental health crisis.
Types of crises: Mental health crisis. (Types of crises with regard to their experience - unusual crises and perceptual crises) (JNS, 2023, https://www.jns.org/israel-faces-the-worst-mental-health-crisis-in-its-history/).

Australia

In Australia, the Royal Prince Alfred Hospital, Camperdown and The Alfred in Melbourne were investigated.
1. Royal Prince Alfred Hospital, Camperdown, Australia
The investigation into the cover-up of the deaths of patients, which according to experts could have been prevented, caused a crisis situation.
Types of crises: Death. (Types of crises in terms of warning time - sudden crises/accidents and fatality and covert crises/audits, internal factors) (Fellner, 2022, https://www.smh.com.au/national/nsw/doctors-demand- end-to-culture-of-cover-up-after-string-of-patient-deaths-20220702-p5ayj0.html).
2. The Alfred, Melbourne, Australia
The appearance of pests in hospital wards has led the Alfred Hospital in Australia to a crisis. Pests, mice, rats and snakes disrupted the regular work of doctors and nurses and other hospital staff. The doctors of this hospital said in their statements that the financial crisis is the biggest cause of this.
Types of crises: financial crisis, management error crisis. Types of crises with regard to their experience - unusual crises and perceptual crises) (Attanasio, 2023, https://au.news.yahoo.com/horrifying-discovery-patients-hospi-

tal-beds-melbourne-the-alfred-071416593.html).

Southeast Europe

Given that there are no ranking lists of hospitals in Southeast Europe, we take the 10 most common crisis situations/ crises in hospitals in Southeast Europe, specifically in Bosnia and Herzegovina, Croatia, Serbia and Montenegro.
1. The work of clinical centers and large hospitals in Bosnia and Herzegovina is burdened with enormous debts for taxes, contributions, utilities and medicines. Research conducted in 2015 showed that only hospitals in Mostar, Sarajevo, Bihać, Zenica, Goražde, Banja Luka, Bosanska Gradiška and East Sarajevo owed a total of an enormous 213.7 million BAM. (Dnevni avaz, 2015, https://avaz.ba/vijesti/163905/dugovi-velikih-bolnica-u-bih-dosegli-213-7-miliona-km).
2. Financial crisis and lack of resources in the UKCS: In 2016, the UKCS had a debt of close to 50 million euros, which deepened the crisis with a shortage of medicines and medical staff. (Al Jazeera, 2016, https://balkans.aljazeera.net/news/balkan/2016/6/13/pokusava-se-naci-izlaz-iz-krize-ukcs).
3. Lack of proper care of an infected patient in SKB Mostar: At the beginning of the COVID-19 pandemic in Bosnia and Herzegovina, failures in the care of an infected patient caused a crisis situation in SKB Mostar. (Soldo, 2020 , https://www.dw.com/hr/mostar-tragiko-medija-u-doba-korone/a-52855867).
4. The financial crisis of 2013 did not spare healthcare in Bosnia and Herzegovina. There was not enough money, medical staff complained that they were poorly paid, and employers paid contributions irregularly. In the BiH entity Republika Srpska, dozens of health institutions were in debt, including the Clinical Center in Banja Luka, where most patients were treated. (Aljazeera, 2013, https://balkans.aljazeera.net/news/balkan/2013/2/5/zdravstvo-republike-srpske-na-udaru-krize).
5. Mistakes in the medical intervention in Metković: A nine-year-old patient died of sepsis after a failure in the medical intervention in Metković, where he was sent back home twice before being transported to the KBC Split. (Apple TV, 2018, https://www.jabuka.tv/metkovic-gabriel-umro-zbog-propusta-lijecnika/).
6. Unavailability of medicines in Montenegro: The American Chamber of Commerce in Montenegro expressed concern about the lack of medicines and continuous treatment, especially for patients with serious diseases. (Janković, 2022, https://www.slobodnaevropa.org/a/crna-gora-novac-zdravstvo-lijekovi-oprema/32056295.html).
7. Poisoning with carbonated drinks in Croatia: A scandal with questionable carbonated drinks in Croatia caused injuries to patients at KBC Rijeka and KBC Zagreb. (Kovačević Barišić, Bičak, 2023, https://www.vecernji.hr/vijesti/sire-se-uznemiravajuce-poruke-o-trovanju-sokom-i-mineralnom-cekaju-se-sluzbene-informacije-1722201).
8. Suspicions of organ trafficking in KBC Zagreb: An inspection by the Ministry of Health revealed irregularities in organ transplants at KBC Zagreb, raising suspicions of organ trafficking (PN, 2022, https://www.novilist.hr/novosti/trgovanje -organs-in-kbc-in-zagreb-kidneys-did-serbian-and-kosovar-transplantation-temporarily-prohibited/).
9. Problems with staff at the Clinical Center of Serbia: The new building of the Clinical Center of Serbia faced problems with the recruitment of medical staff, with minimal salaries and poor working conditions. (Marković, 2022, https://nova.rs/vesti/drustvo/ministre-u-novom-klinickom-centru-nema-ko-da-radi-svi-su-u-nemackoj/).
10. Theft of organs at the Clinical Center of Montenegro: A vascular surgeon at the Clinical Center of Montenegro was accused of stealing organs and removing parts of the human body from the institution (Srbija danas, https://www.sd.rs/vesti/region/horor-u -Montenegro-surgeon-stole-patient's-organs-carried-out-the-body-parts-in-jars-from-the-clinic-center-2023-09-17).
Types of crises: crises of a physical nature, crises of public opinion, crises due to management errors, crises of the economic-political environment, sudden crises/accidents and deaths and covert crises/audits, internal factors, unusual crises and perceptual crises.

CONCLUSION

In a dynamic global environment, constant threats, whether caused by nature or human factors, make it inevitable for any institution or organization to be immune to crises. Crisis management therefore becomes one of the most important competences of the president of the board as well as of the entire team, i.e., the management of the organization. Also, a prominent and necessary competence is the knowledge and ability to communicate internally and to external audiences (externally). The ability to deal with crises is conditioned by crisis planning. The best organizations have their own crisis communication plans and crisis communication teams. The plans foresee possible types of crises and the protocol that will be used to manage crisis communication. All this is simulated and rehearsed. In addition to employees and patients (internal public), the media is one of the most important stakeholders in the life of a healthcare organization, whose special importance comes to the fore in times of crisis. In times of crisis, there is no other approach in cooperation with the media than the approach of daily familiarity and communication with them. Healthcare organizations must strive for a two-way symmetrical model in communication with the internal and external public, especially the media. The media write and report on crises in healthcare institutions, serving the public but also helping the healthcare organization to better respond to crisis situations and challenges. By analyzing the media, it is possible to identify numerous crises that exist in almost all healthcare institutions. Following the news as an indicator, the types of crises in the world's most prestigious hospital systems,

ranked according to quality criteria, have been explored. The study has investigated crises based on their origin, the time of warning, and the ways they are experienced. In relation to the initial hypotheses, it was established that in the world's most recognized health institutions, the crisis is caused by internal factors, i.e., the human factor such as errors of doctors and management, lack of staff and poor internal and external communication. This confirms hypothesis H1. The research showed that crises in healthcare institutions are caused by numerous financial conditions, which confirms hypothesis no. 2. Hypothesis H3 was also confirmed, which points out that crises in healthcare institutions are influenced by economic and political conditions in society. The research also confirmed the H4 hypothesis that crises, the environment in which they originate, strikes and crises of public opinion are a threat to health institutions. More and more frequent crises are crises related to the mental health of healthcare workers, confirming hypothesis H5. The research was conducted on a smaller sample of health institutions in the world. With the new research, it is possible to expand the sample and apply other research methods and methodology in order to investigate other types of crises that are not listed here.

Contribution of individual authors:

Zoran Tomić, the author, played a key role in designing the theoretical part of the work, ensuring that the methodology corresponds to the set research goals. His participation extended to extensive analysis and interpretation of the collected theoretical part. His influence is especially visible in the writing of clear and concise conclusions within the work.

Vladimir Vegar, the second author, made a significant contribution to the design of the research, ensuring that the research relies on solid and up-to-date scientific knowledge. His efforts were crucial in identifying and synthesizing the relevant sources that formed the foundation of the research.

Miro Radalj, the third author, was responsible for the statistical analysis, leveraging his expertise in quantitative methods to guarantee the reliability of our conclusions through statistical processing.

Collaboratively, all authors engaged in the research conceptualization, offering critical analyses and valuable suggestions that greatly enhanced the paper's quality and depth. Furthermore, each author played an active role in deliberating the results and their implications, contributing significantly to the finalization of the paper.

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