Learning to navigate a global pandemic from military training

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Abstract
Similar to a service member’s training, navigating a health crisis requires the acquisition of skills that enable employees to successfully perform their jobs. As a result of politics, egos, and a neglect for science, the U.S. government’s response over how to handle the pandemic was bungled with misinformation and conflicting reports only fueling skeptics who no longer trust the government. Many adults still question the benefits of social distancing, masks, and a vaccine while more than 1,000,000 Americans have perished from COVID-19. A well-developed and consistent response to future health crises is necessary. The military already prepares its members to survive during challenging times and may offer human resource development professionals opportunities to focus on the skills that are beneficial in handling a global health crisis. The replication of military training in the workplace dealing with a pandemic is considered.

KEYWORDS
crisis, human resource development, military, pandemic, training

The global pandemic, after contributing to well over one million deaths and costs in the trillions of dollars, was a source of frustration, sadness, and anxiety for United States households (Centers for Disease Control & Prevention, 2020; Johns Hopkins, 2022). A coordinated and consistent response across levels of government was unclear throughout much of 2020 (Fitzpatrick, 2020; Wallach & Myers, 2020) and continued in 2021. The failures to communicate an organized response consistently and clearly should encourage human resource development (HRD) professionals to reflect on their organization’s response to the health crisis. Historically, times of crisis such as supporting national interests, combating terrorism, providing security, or responding to statewide emergencies, often have involved local, state, and federal governments looking to the military for support (National Guard, n.d.). Still, the military may be overlooked for the training and development provided to service members that may improve organizational responses to national or international health crises such as COVID-19.

Exploration into how training and development has been conducted within the military may inform new HRD practices that organizations can adapt during challenging times (Callahan, 2010; Kopp, 2007). In this paper, we highlight the prevalent challenges inspired by COVID-19 before outlining the role of society operating in a volatile, uncertain, complex, and ambiguous (VUCA) environment (Bennis & Nanus, 1986) while examining the skills military leaders develop in their members. From there, we outline skills developed through military service which may be particularly beneficial when responding to health crises. Next, strategies for HRD professionals to learn from the military are provided along with implications for training in diverse organizations.
CONTEXT

As the global economy shut down, unemployment skyrocketed, and hospitalizations and deaths ensued, negative reports and unnerving experiences consumed our lives. Contradictory messaging from elected officials combined with social distancing mandates, political and religious convictions, and a distrust in science and media challenged adults to decipher information and determine a corresponding course of action (Devine et al., 2020). Perceptions related to government infringement on personal freedoms overlooked the potentially serious consequences of individual behaviors. Alternatively, blind obedience of national and religious leaders’ misinformation, led to dangerous actions, including ingestion, of health products, and the deaths of pastors and members of their congregation (Allison et al., 2020; Kuznitz, 2020; Reuters, 2020; Shoichet & Burke, 2020). For many, the lack of trust in government led to noncompliance on health policies such as quarantining, testing, and restrictions on mass gatherings (Devine et al., 2020). As new research and data emerged, guidelines often were revised though frequently without consistent national messaging. At the time of writing, the United States had 20% of known COVID-19 cases and nearly 15% of deaths despite comprising only 4% of the global population (Johns Hopkins, 2022).

HRD professionals are at the forefront in supporting their employees, including developing skills for workplace safety. Stressors of unemployment, loneliness, and grave concern for personal and family wellbeing, can lead to negative employee outcomes who are underprepared to handle them including significant declines in mental and physical health. To support employee wellbeing, HRD professionals play a key role in developing a resilient, disciplined, and critical thinking prepared workforce who are prepared to handle life during crisis. Among other learning objectives, the U.S. Military excels at preparing their workforce to function within these challenges and is a reminder of the critical function of HRD in implementing change and managing health crises (Frye, 2020).

To inform civilian education during future uncertain events, we see opportunities to learn from how the military prepares service members to survive in challenging situations. Over the years, the military has informed civilian educational efforts including the widely used ADDIE (Analysis, Design, Development, Implement, and Evaluate) training model (Branson, et al., 1975). The military is often at the forefront of addressing social change, such as the recent decision to ban confederate flags on any posts (Harkins, 2020). Countless examples of new products created and first used by the military are available, including Jeeps, duct tape, super glue, feminine hygiene products, microwaves, and the Internet (Comen & Suneson, 2019). We acknowledge that every organization has limitations and areas for improvement on all organizational levels and the U.S. military is no exception. Although one cannot directly apply that which works in a hierarchical military context with a chain of command to a looser civilian structure, the military has historically innovated during crises and may now provide an important input for HRD professionals with innovative strategies to address future health crises, including continued outbreaks, employee stress, and vaccination efforts.

HUMAN RESOURCE DEVELOPMENT CHALLENGES INSPIRED IN A VUCA ENVIRONMENT

Originating in military settings (Mackey, 1992), consideration of VUCA (volatile, uncertain, complex, and dynamic) in military training can inform COVID-19 management and mitigation, education initiatives, as well as future crisis education. The pandemic underscored the need to facilitate learning in a changing terrain (Bennis & Nanus, 1986; Kirchner & Akdere, 2019) and a VUCA world, where the organizational environment was shifting, complex, and dynamic. The military incorporates systematic training while stressing discipline and purpose to prepare individuals to function in VUCA environments which could be comparable to the challenges faced within a pandemic. Extreme economic disruption, mental and physical wellness challenges, and cognitive dissonance, are part of those challenges HRD professional and adult educators faced.

On a national level, the economic impact has been severe. More than 50 million Americans filed for unemployment as the U.S. continued with a national shutdown, which at one point jumped unemployment rates by roughly 10% (Bureau of Labor Statistics, 2020). Kirzinger, Hamel, Muñana, Kearney, & Brodie, (2020) reported more than 40% of individual Americans or spouses experienced job loss or hourly reductions. Over four million Americans also missed a mortgage payment (Passy, 2020). The U.S. Congressional Budget Committee predicted a total cost from the pandemic of nearly eight trillion over the next 11 years (Swagel, 2020). The economic costs could be historic and more extreme than the Great Recession (Smith, 2020). Each of these numbers represent historically high rates and require a coordinated and strategic response to address.

Global crises, such as COVID-19, also impact the mental and physical wellbeing of society. In the United States, visits to the emergency room dropped 42%, while health care professionals expressed concern about the consequences of stay-at-home at home orders and general fear of contracting COVID-19 (Hartnett et al., 2020).
Doctors have become concerned about the reduced number of visits particularly because of the potential long-term consequences (Feuer, 2020a). Mental health has declined for many because of the pandemic. Of surveyed respondents, 14% reported feeling severely distressed during the outbreak (McGinty et al., 2020). Various reports have shown a significant uptick in feelings of isolation (McGinty et al., 2020; Social Pro, 2020) and more than 50% of Americans reported engaging in negative behaviors due to stress caused from the pandemic (Kirzinger et al., 2020). As a result of the pressures, stress, and corresponding responses, the capacity employees have to perform their jobs is low and in dire need of attention (Shuck, 2020).

Cognitive dissonance spurred by the crisis and inconsistent national messaging impacted behavior. Several reports have detailed percentages of populations, both in the United States and abroad, believing COVID-19 is a hoax inspired by political parties, created by Bill Gates as a means of profiting, Jewish people creating the virus, and a result of microchips in cell phones (Freeman et al., 2020; Hawkins, 2020; Sanders, 2020). These widely circulated reports make coordinating unified organizational initiatives challenging. A Google search revealed numerous articles discussing theories to either prove or discredit COVID-19 conspiracies. Further, a survey of England residents reported one in five adults believed COVID-19 was a hoax (Freeman et al., 2020). Especially concerning, those who believed COVID-19 was a hoax were less likely to engage in safe social distancing measures (Freeman et al., 2020). The prevalence of conspiracy theorists related to COVID-19 impedes the likelihood of having a successful, unified response. Macrolevel issues within the population addressing cognitive dissonance about the severity or absence of the pandemic are beyond the scope of this article. However, modeling consistent messaging across the organizations, through which HRD has a role, could help address this cognitive dissonance to keep people and families within organizations safe in future health crises.

The media, health organizations, and governing bodies around the world were inconsistent—and at times contradictory of one another—to share clear guidance regarding both how to live during a pandemic and a path for moving forward. The influence of these organizations combined with inconsistent messaging led to citizen confusion and frustration, while at the same time further reducing trust in governing agencies. In fact, as states across the United States considered reopening nonessential businesses and lifting lockdowns, protestors defending their constitutional rights, including the due process right and freedom of speech, religion, and assembly (Curran et al., 2020), began congregating at state capitals. Other reports regarding unsubstantiated benefits of taking hydroxychloroquine or the possible benefits of ingesting cleaning products led to at least a handful of hospitalizations and deaths (Feuer, 2020b; Sheets, 2020). As the military does to ensure force readiness, HRD professionals focusing on science and best practices from public health officials can play an important role in facilitating learning during these times of crisis, uncertainty, and learner cognitive dissonance.

Although a unique environment from the civilian workplace, military service members engage in similar, prolonged periods of stress and learn to manage through them. Whether in training or while deployed, service members live through situations that challenge their mental and physical health. Similarly, the military has had to adapt to the pandemic and establish new practices for maintaining the health and wellbeing of its members (U.S. Army, 2020). These experiences inform service members’ understanding of the skills required to successfully perform their job and contribute to the greater good. Military leaders support the development of the described skills through education as part of preparing them to navigate and endure difficult environments individually and in teams (Kem & Basset, 2018; Yelich Biniecki & Berg, 2020). These training experiences and corresponding learning outcomes present an opportunity for HRD professionals to consider fostering within organizations. Critical thinking, resiliency, and mission focused skills are essential to adapt data-driven public safety practices for workforce wellness and dispelling dangerous myths.

DEVELOPMENT OF VUCA-REQUIRED SKILLS

The U.S. military heavily invests in service members’ development and preparation for combat. Though non-military employers often acknowledge the skills sets developed by service members through their military training, opportunities exist to learn from and leverage the training in organizations outside of the military. Commonly cited technical skills such as strategic planning and equipment maintenance complement other skill sets that service members often acquire including critical thinking, resilience, discipline, and integrity (Hardison et al., 2017; Harrell & Berglass, 2012; Kirchner & O’Connor, 2019). These skills are developed during military service to ensure soldiers, marines, sailors, and aviators are equipped to survive and thrive during stressful events.

Whether in combat, negotiation, triage, or other stressful situations, service members are expected to be ready to handle both the technical aspects of their jobs as well as the psychological demands. To not only handle but excel through difficult circumstances, service members receive considerable training. The training incorporates experiential learning with classroom instruction as part of creating a holistic and intentional learning
Military training also gives service members a global perspective that can be helpful in envisioning challenges and threats that extend across the United States, into urban and rural areas, and beyond our borders. Considering its prior effectiveness, military training offers HRD professionals an opportunity to examine how these training practices might be replicable and applied during times of international crisis, such as those experienced in the face of COVID-19. The following skills help prepare service members for times of crisis (Figure 1).

We call to action HRD scholarly and practitioner exploration of the transfer of relevant military training approaches to non-military contexts. Our research with U.S. military training and review of COVID-19 responses informs the recommended skills HRD professionals can develop with their own employees. Although numerous skills might be beneficial for managing our personal and professional lives, three that are intentionally developed during military service may be particularly influential for employees. The skills inspired through military training and which are transferable to the nonmilitary workplace demonstrate the potential value and contributions the military can have in assisting health crises for organizations. The three proposed foci and corresponding strategies can be applied at the local, state and national level and can be adapted to the needs of an organization. Between learning directly from the military and applying in HRD contexts, the following strategies may be appropriate in future COVID-19-like health wars.

Critical thinking

Critical thinking is frequently cited as a necessary skill across disciplines and job functions (Artello, 2014; Jang, 2015; Lovatt, 2014; Morrison, 2017; Roger, 2013; Ruder et al., 2018) and may be especially beneficial during a pandemic. Definitions of critical thinking have varied over time. Chance (1986) described critical thinking as the “ability to analyze facts, generate and organize ideas, defend opinions, make comparisons, draw inferences, evaluate arguments and solve problems” (p. 6). Tama (1989) added that critical thinking requires support for personal beliefs, while Mertes (1991) contributed it is a “process used to evaluate information and experiences with a set of reflective attitudes and abilities that guide thoughtful beliefs and actions” (p. 24). Of particular importance is the ability to not only judge what information is most important but also of high quality (Guillot, 2017). Mayer and Goodchild (1990) highlighted that critical thinkers also acknowledge there is no correct way to understand and evaluate arguments. These definitions show consistency regarding the ability to analyze and process information, acknowledge the influence of pre-existing beliefs, and make correspondingly sound decisions.

Military practices

The branches of the U.S. military encourage development of critical thinking skills through their culture and training provided (Czarnecki, 2018). One U.S. Army strategy for developing critical thinking is to adopt a military decision-making process (MDMP) which details how to deconstruct a problem and assist service members
in their assessment of situations. The MDMP process entails framing an operational environment and a corresponding problem before developing an approach to resolve the issue (Department of the Army, 2015). Framing the problem begins with understanding the issues that impede achievement of the desired end state (Department of the Army, 2015). A similar approach, the individual decision-making process (IDMP) is guided through the SMELL-L (S: safe, M: moral, E: Ethical, L: Legal, L: Logical, and L: Lasting) (Burton, 2017). In essence, soldiers are expected to consider whether the decision would be safe, as well as examine their morals, any ethical dilemmas, the legalities, overall logic and lasting impact of their response to situations before settling on a final decision. Through the process, soldiers are better equipped to think critically about the potential consequences of their actions and ultimately make sound decisions.

A second strategy the U.S. Army uses for developing soldiers’ critical thinking skills is facilitated instruction with integration of case studies and problem-based instruction (Straus et al., 2013). The instruction is a blend of in-person and online coursework with a primary focus on the development of critical thinking skills which can be leveraged while performing military operations. More specifically, the Army offers an advanced operations course to develop officers’ abilities to (a) “analyze complex problems and recommend potential solutions through the application of critical thinking and problem solving models;” (b) build and ethically lead operational and tactical formations in full-spectrum operations in a joint, interagency, intergovernmental and multinational environment; (c) analyze the influence of culture and history in military planning and operations; and (d) communicate effectively (Straus et al., 2013). The course encourages discussion and reflection as part of improving officers’ critical thinking skills not unlike the college classroom. Though the practice is not entirely new, it serves as a reminder of the reason for using case studies and problem-based instruction in developing critical thinking skills.

Finally, use of an evaluation is an important strategy for developing critical thinking skills. An assessment called the Military and Defense Critical Thinking Inventory (MDCTI) has been developed “to measure the core cognitive skills and personal attributes required in reflective problem solving and decision making” (Civils, 2016, p. 19). The skills and attributes include communicative confidence, intellectual integrity, mental rigor, professional confidence, peer expression, teamwork, directness, mental focus, foresight, and cognitive maturity (Insight Assessment, n.d.). The assessment has been used to evaluate the impact of the U.S. Army Command and General Staff Officer Common Core Course’s development of critical thinking skills in officers and revealed favorable outcomes (Civils, 2016). Usage of the assessment reinforces the importance of continuous maintenance of critical thinking skills while also defining areas in need of further development. Incorporation of assessments and structured programming for developing critical thinking skills in the military offers HRD professionals opportunities to consider replication with their own workforce.

Integration in organizations

HRD professionals can create and facilitate experiential learning exercises and courses that stimulate critical thinking skills required to successfully navigate a VUCA-impacted work environment. First, learners need to understand the “why” behind what they are doing, beginning with a universal, formal acknowledgment of the pandemic from employees. Once a crisis is acknowledged, visual (Aurora Health Care, n.d.) and interactive learning activities incorporated into any subject for students or employees can help foster an understanding of how their behaviors influence the overall impact of an ongoing health crisis. Employee continuing professional development can incorporate team building exercises utilizing visuals such as concept mapping (Yelich Biniecki & Conceição, 2016) to foster critical thinking skills focusing on the impact and cascading effect of even a single action on disease spread. These exercises can help employees visualize the consequences of a collective's actions when everyone behaves freely. Similarly, descriptions of superspreader events may be difficult for some employees to understand without additional context. As such, conducting exercises with employees to demonstrate how COVID-19 has been transmitted through various mediums may serve as an ‘ah-ha’ moment. Critical thinking skill activities focusing on first order, second order, third order effects can demonstrate that a seemingly benign action can have massive impact (Harvard Graduate School of Education, n.d.).

HRD professionals can also integrate employee assessments as part of reinforcing the importance of developing critical thinking skills. Leveraging the four levels of evaluation, the assessments can be used to evaluate how employees felt about the course or exercises, knowledge acquired from critical thinking courses, behavior changes while on the job, and improvements in organizational outcomes (Kirkpatrick & Kirkpatrick, 1994). For example, assessments can be included at the end of courses to evaluate what employees learned and identify areas for remediation. Additionally, employee behavior can be evaluated to observe and assess how well they are applying training content into their work and the corresponding impact on organization performance. Finally,
there may be opportunities to integrate critical thinking into employee evaluations to allow employees to see the relationship between this important skill and their own performance.

**Resiliency**

Resiliency is a second skill which can aid organization and employee responses to managing performance during the pandemic. The U.S. Army defines resilience as the “mental, physical, emotional, and behavioral ability to face and cope with adversity, adapt to change, recover, learn and grow from setbacks” (Hodge et al., 2020). Prior to the onset of the pandemic, organizations already were investing significant capital, including those within Employee Assistance Programs, to help employees manage stress; however, the pandemic has exacerbated existing challenges with a new set of adverse conditions (Centers for Disease Control & Prevention, 2020; Riga, 2006; Serra, 2020). Integrating concepts of resilience into organizational culture, fostering individual and team resilience through continuing professional development, and holistically emphasizing support systems are three areas HRD professionals can adapt military approaches for their own organizational environments.

These messages of resiliency are situated within the military's culture and are reinforced during the pandemic. Informal learning centered around resiliency, such as the messaging on websites, social media, leader statements, as well as starting and ending meetings, are important segues into or reinforcements of resiliency. Resiliency includes knowing individually how to ask for support as well as recognizing when someone else might need support. For example, the Department of the Air Force (n.d.) devotes messaging to maintaining mental strength as well as getting help. HRD professionals need to acknowledge and recognize the global and individual impacts of the pandemic to foster learning and messaging for other employees within their organization.

In addition to informal learning, the military encourages the development of resilience through both classroom instruction and training (Orhon, 2020). Continuing professional development programs can support employees' development through the current and long term residual effects of the pandemic, including economic uncertainty, death of friends and colleagues, and the unknowns of life. Similar to the master resilience training within military contexts, continuing professional education in small group activities with trusted colleagues, real world stories intricately connected to the lives of participants, and skilled facilitation, can support employees’ through “thinking traps,” likely outcomes of challenging situations, and navigating emotions (U.S. Army Reserve, n.d.). In turn, employees who are in formal and informal leadership roles can model these behaviors as positive, organizational standards (Dyer, et al., 2019).

Acknowledging the family or other support systems as a part of readiness is part of a holistic view of resilience (Military One Source, 2021). Prior to deployment, family members of deploying service members participate in briefings with military leaders which are intended to prepare them for handling the stress and challenges that come with having a deployed family member. Family readiness preparation focuses on the entire family, diversely defined, as a unit. During the pandemic and in times of great strain, this family also takes on another connotation of “Battle Buddies” and within this civilian realm colleagues who look out for one another. HRD professionals can clearly articulate what mental health resources exist in face-to-face meetings and virtual forums and ask pointed questions about support systems through anonymous surveys within classes or a human resource development internal structure, integral to resilience within organizational culture.

**Integrating resilience into organizational culture**

Focusing on assets and cultural history of survival can help inform employees' resilience to “not break,” respond with mental flexibility, and follow the rules about how to keep everyone safe. HRD professionals can take steps to foster a resiliency through informal learning mechanisms to build these building blocks of culture. “Informal and incidental learning take place wherever people have the need, motivation and opportunity for learning” (Marsick & Watkins, 2001, p. 28). As within military culture, organizations can incorporate informal learning of resilience into daily routines within organizations (Marsick & Watkins, 2001), critical as we physically move back into workplaces. In addition, with instances of one American dying every minute during the pandemic at the time of this writing, the trauma may be long term for many. The uncertain environment including long-term efficacy of vaccinations may require organizational support to live within ambiguity and the potential to shift into COVID-19 mitigation mode.

Although the concept of resiliency is not foreign to organizational development across sectors, human resource professionals may wish to revisit how resiliency is defined within their own organizational culture and how they might adapt that definition to help respond to future health crises. Meredith et al. (2011) highlighted the
importance of first defining resilience for organization members before integrating resilience programming in policy and doctrine. Military cultural outsiders sometimes have a misconception of this informal cultural learning of resiliency as a narrow physical and psychological focus within a conflict environment; however, the resiliency concept within the military involves a holistic focus on pillars of emotional, physical, spiritual, social, and family (National Guard, n.d.). Reinforcing messages of strength and appreciation are critical. These aspects of fostering resilience require a mission focus, addressed next.

Mission focus

U.S. veterans are often credited for their dependability, selflessness, and tenacity to complete their work by non-military employers (Curry Hall, et al., 2014; Friend, 2018). Each of these characteristics align with having a focus on the mission at hand. The current generation of soldiers has had ample opportunity to maintain their mission focus because of regularly scheduled deployments overseas (Klein & Harrell, 2014), and many retain that skill after transitioning out. The Department of Veterans Affairs (2012) described having a mission orientation as (a) being committed to the mission, (b) setting high standards, (c) placing the unit’s mission above the individual, (d) completing all tasks that are part of achieving the mission regardless of obstacle, (e) not quitting or accepting defeat, (f) working as a team, (g) respecting the team lead, and (h) leading and motivating team members. Similar to a mission statement, where the intent is to establish common objectives, behavioral guidelines, and an emotional commitment to the organization, having a mission focus helps direct attention to the greater good (Mullane, 2002). The military’s ability to focus individual behaviors and values to the core mission is important for HRD professionals to consider.

Military practices

A mission focused orientation begins with developing leaders who are motivated to achieve results based on a clearly defined purpose. In fact, “gets results” is a leadership competency for all Army leaders with “a leader’s primary purpose [being] to accomplish the mission” to standard and on time (Department of the Army, 2019, p. 7-1). Perhaps unique to nonmilitary work environments, the Army emphasizes the importance of fulfilling missions over all other job tasks. This expectation is introduced immediately in boot camp where recruits are taught and evaluated on their ability to follow directions and accomplish challenging tasks. As demonstrated by inclusion in the Army’s leaders field manual 6–22, “mission accomplishment takes priority over everything else, especially in combat where their unit may be at risk of destruction” (Department of the Army, 2019, p. 7-1). Essentially the task and mission at hand are always at the centerpoint of operations and reinforced by military doctrine and training manuals.

The U.S. military goes beyond preparing service members for all plausible situations, including how to handle health crises. In fact, the Department of Defense (2020) established procedures that outlined how service members and military affiliated individuals should behave during the pandemic (see Figure 2). Five health protection condition levels (HPCON) clearly communicated threat levels and coincided with a brief description (U.S. Department of Defense, 2020). In addition, the levels, arranged in seriousness from routine to severe, were color coded and offer specific actions individuals should take. By establishing a singular, tiered response, all stakeholders associated with the DOD received consistent information and direction at a moment’s notice.

Military leaders are expected to define the scope of the mission, the objectives, and strategy for achieving the intended outcomes (Department of the Army, 2019). Each of these components support the commitment of all
military personnel in fulfilling their primary responsibility. This strategic planning process encompasses consideration for the environment, influenced stakeholders, potential consequences, and execution process. Once a strategy is clearly defined, extensive time goes into ensuring each individual clearly understands the objectives and their contributing role to completing the mission. The time invested includes numerous opportunities to walk through the mission, identify additional barriers to execution, devise strategies to address and/or overcome challenges, and refine the process as needed. Similarly, training is provided and procedures pre-emptively described in case someone becomes incapacitated and is unable to continue on with the mission. Even once a new mission begins, leaders are expected to assess and make adjustments all the way through mission completion (Department of the Army, 2019). The detailed process involving all relevant parties demonstrates how HRD professionals navigating a crisis could utilize a similar approach in their own practices.

**Integration in organizations**

Human resource development professionals can adapt “crisis response” procedures already utilized by active-duty service members for COVID-19 mitigation within and outside of bases (U.S. Army, 2020). Although current HPCON guidelines are not used widely in the civilian sector, society has used similar guidelines in the past, that is, following 9/11 World Trade Center attacks, domestic terrorist attacks, natural disasters. Establishing similar threat level visuals and corresponding behavioral outcomes could help organizations and HRD practitioners establish clear objectives related to health crisis management. These visuals and related outcomes can be incorporated to clearly communicate conditions, explanations, and related behavioral expectations for employees. Organization leaders and HRD professionals should develop guidelines as a collective and communicate the procedures used in their development. The use of existing data, science, and national recommendations will help ensure guidelines are informed, organized, and justified.

The guidelines should include details for appropriate employee behavior. Habits like washing our hands, wearing seat belts, and removing our shoes off while going through security at the airport have been developed as part of improving the wellbeing of ourselves and society. At work, employees are often required to follow industry specific protocol intended to ensure a safe working environment such as safe handling of chemicals, proper disposal of personal protective equipment, and changing passwords to avoid security breaches. These behavior changes, similar to military training involving specific processes and rules, are learned because of a need to adapt to the changing environment. We need to develop new habits, or tacit knowledge, such as sanitizing before exiting rooms, frequent hand washing, proper mask wearing, and social distancing measures designed to minimal human contact. These new habits can be introduced and reinforced through further exploring how we can integrate exercises that help adults cope with a local, national, or international crisis.

Mission-focused skills also can be reinforced by developing training tailored to the organization and position which helps employees successfully mitigate the health crisis. Although vaccines will inevitably continue reducing COVID-19 cases moving forward, health crises will persist in the future and preemptively developing procedures can reduce the time required to adapt response strategies when future outbreaks occur. Employees were uniquely impacted based on their job responsibilities when COVID-19 spread across the globe. For example, employees in hospitality needed to learn and adapt new behaviors related to safety, sanitation, and customer service. Alternatively, employees with training and development responsibilities needed to learn new teaching modalities and technology to deliver effective training. A VUCA environment can be more readily navigated when employees have been equipped with the knowledge and skills necessary that allow them to continue successfully performing their jobs.

**Implications**

We view development of these skills as some of the more critical needs of employees performing their jobs in a VUCA environment. Some government officials have lacked organization and a consistent message during the pandemic which has further reduced trust from the general public regarding their ability to manage a health crisis. Trust and overall support for World War II was relatively high because the country operated with an all-hands-on-deck mentality. Most U.S. households had some level of involvement in supporting the war efforts which led to a more unified national response. The need to improve our response to future health crises may begin locally within our jobs and workplace. HRD professionals who develop critical thinking, resilience, and mission focus in their employees may contribute to the safe and effective management of future health crises and other challenging times. At the same time, HRD professionals who lead by example by displaying mission focus and resilience while
also modeling appropriate behaviors may help reduce the overall number of positive transmissions. Any reduction in the number of transmissions will aid recovery efforts, including lowering the risks of at-risk populations who have compromised immune systems. Similarly, employees who are correctly educated about the science behind and corresponding consequences of health crises will be better prepared to make informed decisions when going out in public.

Drawing from military training and goals can help inform workforce preparedness and organizational learning in response to future health crises. First, military training and procedures are keenly focused on maintaining or improving force readiness. This readiness means the ability to fight without any warning. COVID-19 has been labeled as an “invisible enemy” which reenforces the need for informed mitigation efforts and training to effectively combat health crises. Second, focusing on workforce readiness means drawing on scientific data about safe practices to inform organizational processes. We need to develop and frequently offer employees safe practices training to include proper hand washing and mask wearing, safe social distancing in meetings, and mandates for working from home. Doing so will help reduce the spread of future viruses and establish a workplace culture of employee wellbeing. Lastly, in a predominantly individualistic culture, leaders and HRD professionals who integrate the recommendations begin to establish a new culture of collective caring and discipline surrounding crisis mitigation which is an area the military already excels (Myers, 2020). Creating new habits is difficult and we as HRD professionals should acknowledge that difficulty while drawing from past hardships to inform messages of resiliency.

CONCLUSION

Our aim is to stimulate discussion regarding the skills required to successfully manage and mitigate future health crises in organizations. The military has been influential in ensuring the well-being of society and demonstrates how a mission focus mindset and structured training influences employee behaviors. The preparation, classroom instruction and training provided by the military to its service members offers HRD professionals insight into successfully navigating challenging times. Across the globe, we must learn and adapt new habits and ways of working in non-military organizations. Developing the described skills and attitudes can inform workforce preparedness to future health crisis mitigation. The interconnected nature of our work in a global pandemic can help us better understand how to facilitate learning during other borderless challenges that may arise, including economic crises, natural disasters, and human-made trauma. Times of crisis require leaders and HRD professionals to embrace consistent messaging and training in a VUCA environment if we aim to successfully prepare employees for readiness and the residual effects of difficult events.

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