

# Team-Centered Resilience: A Transformative Paradigm for Healthcare Teams in LSCO and Beyond

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## ABSTRACT

This commentary explores the paradigm shift from individual to team-centered resilience in healthcare, building on the framework proposed by Flores-Carrera and Ong for teams operating in Large-Scale Combat Operations (LSCO). Drawing on empirical research and operational realities, the article examines the broader implications of collective resilience for civilian healthcare systems, organizational culture, and public health. By highlighting dynamic, adaptive, and reflective team processes, this commentary underscores how collective efficacy and shared mental models can strengthen responses to large-scale crises and catalyze cultural transformation within organizations. The discussion advocates for integrating team resilience into training, leadership, and operational protocols, positioning it as a vital public health asset that enhances workforce well-being, organizational stability, and innovation in uncertainty.

## INTRODUCTION

Flores-Carrera and Ong present a compelling framework for team-centered resilience in healthcare teams operating within Large-Scale Combat Operations (LSCO). Their model, rooted in empirical research and operational realities, marks a significant shift from the traditional focus on individual resilience. This commentary extends their insights, exploring broader implications for healthcare, organizational culture, and public health, and proposes future directions for research and policy.

### Expanding the boundaries: From military medicine to civilian systems

Although the authors focus on LSCO, team-centered resilience is universally relevant. High-stakes civilian environments such as emergency departments responding to mass casualty incidents following terrorist attacks, disaster response units managing large-scale flooding, and humanitarian teams addressing the aftermath of major fire disasters face similar stressors: Resource scarcity, the need for rapid decision-making, and frequent exposure to traumatic events. The shift from individual to collective resilience reframes how organizations cultivate adaptability, cohesion, and performance under pressure. Hartwig, et al., validate this, emphasizing that resilient teams arise not just from resilient

individuals, but through dynamic, adaptive, and reflective processes fostering collective efficacy and shared mental models [1].

The team-centered model challenges the prevailing narrative that places coping responsibility on individuals. By recognizing the interdependence of team members and the systemic nature of high-stress work, it advocates for an ecosystem approach adaptable to hospitals, public health agencies, and crisis management organizations worldwide. This expansion signals a paradigm shift, redefining resilience as a public health and organizational asset rather than an individual trait.

### Societal impact: Shaping organizational culture and public health outcomes

The societal implications of team-centered resilience are profound. Organizations that foster collective adaptability and cohesion are better equipped to respond to large-scale crises pandemics, natural disasters, or mass casualty events. The COVID-19 pandemic highlighted the limitations of individual coping mechanisms and the necessity for coordinated, team-based responses. Smith, et al., show that perceived social support and team-level interventions significantly reduce stress and enhance coping among healthcare workers, demonstrating the

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ripple effects of team resilience on workforce well-being and organizational performance [2].

Embedding resilience at the team level can catalyze cultural transformation within organizations. It promotes psychological safety, trust, and open communication qualities that mitigate burnout, moral injury, and attrition [3]. These cultural shifts are not only protective but generative, enabling teams to learn from adversity and innovate in uncertainty. For policymakers, investing in team-centered resilience strengthens the stability and effectiveness of healthcare infrastructure.

### Medical field relevance: Redefining training, leadership, and operational protocols

The proposed team resilience model can reshape healthcare operations. Traditional training programs, focused on technical competence and individual stress management, often neglect the relational and adaptive skills required for high-functioning teams. Integrating scenario-based training, communication drills, and leadership development rooted in collective efficacy as advocated [4,5]. This can build teams that are technically proficient, agile, cohesive, and resourceful in adversity.

Leadership is a critical lever in this transformation. Leaders who cultivate a shared mission, foster psychological safety, and model adaptive behaviors accelerate the development of resilient teams. Dimas et al. highlight the mediating role of team resilience in strengthening team effectiveness, especially under transformational leadership. This points to the necessity of embedding resilience-building into leadership selection, training, and evaluation [6].

Operational protocols must also evolve. Validated assessment tools like the team resilience scale enable organizations to monitor and recalibrate team functioning in real time, facilitating targeted interventions and continuous improvement [7]. Data-driven approaches can inform deployment strategies, resource allocation, and support mechanisms, ensuring resilience is systematically cultivated and sustained.

### Future directions: Research, policy, and cross-sector collaboration

To realize the transformative potential of team-centered resilience, several initiatives are warranted. First, longitudinal and mixed-methods research should examine how team-based interventions impact outcomes in diverse operational contexts. Comparative studies across military branches, allied forces, and civilian sectors would illuminate best practices and adaptability of resilience frameworks. Second, policy should mandate the integration of resilience metrics and team-based training in operational readiness assessments, moving beyond optional approaches.

Cross-sector collaboration is essential. Military and civilian healthcare systems, emergency management agencies, and academic institutions must share knowledge, resources, and

lessons learned to accelerate the diffusion of effective resilience strategies. As Brykman and King argue, team resilience capacity is built through resource sharing and collective learning a process that transcends organizational boundaries [8].

## CONCLUSION

Team-centered resilience represents a paradigm shift with far-reaching implications for healthcare and society. By prioritizing collective strength, adaptability, and psychological safety, organizations can better withstand modern crises and safeguard both operational success and individual well-being. The model advanced by Flores-Carrera and Ong, supported by growing evidence, offers a blueprint for cultivating resilient teams across settings. Its adoption promises to enhance the readiness and effectiveness of military and civilian healthcare teams and catalyze broader cultural and systemic transformation.

As future challenges grow more complex, the capacity to thrive will depend not on individual resilience alone, but on the strength, unity, and adaptability of teams. The journey toward widespread team-centered resilience is both a moral imperative and a strategic necessity for the medical field and society at large.

## DISCLOSURE STATEMENT

No potential conflict of interest was reported by the author(s). The views expressed in this material are those of the authors, and do not reflect the official policy or position of the U.S. Government, the DoD, or the U.S. Navy.

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