



LEARNING TO ADAPT

Lessons from Managing an Unfolding Crisis

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RESEARCH QUESTION

“What managerial work did healthcare managers carry out while grappling with the unfolding COVID-19 crisis? What does this teach us about the practice of healthcare management in a rapidly changing environment?”

Aim: Exploring lessons for future challenges in healthcare.

Using interviews, focus groups, and a sector-wide conference over a period of two years (2020-2022).

Note: to stimulate reflection and learning all interviews are video recorded and published on www.erasmuscentrumzorgbestuur.nl

METHODS

A two-year study

Data Sources:

- 21 in-depth interviews with healthcare managers (March-July 2020);
- Three focus group sessions (October 2020 and January 2021);
- A sector-wide feedback session with 85 professionals/managers/policymakers (March 2022).

Analysis:

- Transcription and inductive (open) coding, followed by axial and selective coding;
- Iterative reflection and validation.

TWO THEORETICAL LENSES

I. Managerial work theory

Managerial work viewed as a quadruple activity:

- **Organizational:** structuring operations; fitting scales and strategies (Noordegraaf, 2000; Noordegraaf & Stewart, 2000; van der Scheer, 2013).
- **Relational:** building connections; stakeholder management (Sveningsson & Alvesson, 2003; Tengblad, 2006; Weick, 2005; (van der Woerd et al., 2023)
- **Normative:** value-based decision-making (van der Scheer, 2013; Oldenhof et al., 2014).
- **Reflexive:** critical self-evaluation (Schön, 1983; Leca & Naccache, 2006; Cotter & Cullen, 2012).

TWO THEORETICAL LENSES

II. Deep crisis theory

Managerial work during deep crisis:

- **Organizational work:** focus on flexibility and organizational resilience (Boin & t Hart, 2010; Ansell & Boin, 2019)
- **Relational work:** caring for professional, organizational, and client effects through (personalized) crisis communication (Simpson et al. 2022; van Wijngaarden et al., 2023)
- **Normative work:** reinterpreting moral foundations and pre-made value trade-offs to legitimize managerial actions and decision-making (Haunschild et al., 2015; Timmerman et al., 2021)
- **Reflexive work:** facilitating personal reflection, self-care, and learning opportunities to foster continuous learning (Boin & t Hart, 2010; Ansell & Boin, 2019)

RESULTS

Three evolving management phases

1. **Acute crisis management:** containing the virus through command and control
2. **Prolonged crisis management :** local adaptation; customizing strategies, structures and manners
3. **Future-oriented crisis management:** reflection and systemic redesign

RESULTS

Phase 1: Acute response

- **Focus:** surviving the virus
- **Role Managers:** central coordinators
- **Organizational work:** following a crisis-control structure
- **Relational work:** one-way communication from crisis team towards others
- **Normative work:** following national policies aimed at 'protecting the vulnerable, against all costs'
- **Reflexive work:** day-to-day sense-making

RESULTS

Phase 2: Prolonged crisis response

- **Focus:** building resilience and flexibility
- **Role Managers:** mobilizing collective capacity
- **Organizational work:** customization of organizational rules and routines
- **Relational work:** constructing a 'rite the passage'; helping employees to move on
- **Normative work:** ongoing moral deliberation; balancing societal, organizational, and personal needs
- **Reflexive work:** balancing short- and long-term needs of the organization

RESULTS

Phase 3: future oriented crisis response

- **Focus:** Addressing broader societal and policy challenges
- **Role Manager:** advocates and change agents, preparing for new emerging uncertainties
- **Organizational work:** evaluating crisis routines in light of upcoming challenges
- **Relational work:** working on a collective sense of responsibility to address upcoming uncertainties
- **Normative work:** reassessing dominant values in contemporary healthcare like efficiency, effectiveness, and transparency in favor of values like solidarity and compassion.
- **Reflexive work:** envisioning long-term crisis consequences for society; rethinking the (future) need for human capital

LEARNING FROM COVID

Key insights

- Crisis is both a disruption and a catalyst for transformation.
- Value systems become dynamic and contested, requiring continuous moral deliberation
- Managerial roles shift significantly across crisis stages, from an internal short-term organizational focus to a focus on broader future policy issues
- Moral deliberation becomes a core management activity. Managers critically engage with policies and adapt responsively
- Incremental decision making, incorporating multiple perspectives and values

CONCLUSIONS

1. Lessons from COVID-19 inform how we can prepare for future disruptions.
2. A resilient healthcare system values:
 - **ongoing ethical reflection** on dominant values in healthcare (and society), taking normative stands when policies become rigid;
 - **sector-wide learning** ‘switching back and forth’ between present, short-term, and future challenges;
 - **responsive governance**: incremental, inclusive decision-making at every level of the healthcare system;
 - **different ‘modes of caring’**: for patients, professionals, organizations.

A cluster of colorful geometric shapes, including triangles and polygons in shades of pink, teal, and blue, positioned above the "THANK YOU" text.

THANK YOU



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THANK YOU

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