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The impact of the pandemic on management in public sector organisations

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Abstract

Purpose – This study investigates management challenges, communication plans and crisis decision-making during the COVID-19 pandemic, plus highlights management excellence for future operations. Using Deloitte Consultancy's (2015) time frames of organisational crisis management strategies: response, recovery and readiness, this article explores management approaches of the UK's public sector organisations (PSO) during the COVID-19 pandemic.

Design/methodology/approach – A mixed-method approach consisting of a quantitative survey followed by semi-structured interviews was used. About 33 part-time master's degree students on a business administration (MBA) course, who were also full-time managers in the UK's healthcare, education and other PSOs, completed the survey. The survey responses were subsequently used to select nine participants for follow-up semi-structured online interviews.

Findings – Qualitative data showed the importance of speedy decisions and clarity of communication during the pandemic. Teamwork was seen as paramount to successful decision-making despite many changing job roles. On reflection, managers gained confidence in future crisis decision-making with the importance of sharing ideas between departments, but further reflection was needed to prepare for future challenges.

Research limitations/implications – One of the limitations to this research is that the participants are all part-time MBA students, and although they were all full-time managers in PSOs, they may be more critical of the status quo.

Practical implications – Practically, organisations would benefit from reflecting on their reaction to the pandemic and what can be learnt. It is clear the majority of the managers interviewed felt that after the pandemic the organisations just moved on and there was no in-depth reflection on what had happened; the last stage of Deloitte's (2015) model was never fully realised. The post-pandemic phase is an area that would benefit from further research, as it has now been over four years since the beginning of the pandemic, and some of the positives, such as teamwork and a sense of belonging, seem to have been lost. The pandemic has left organisations with staff absences and long-term illnesses; last year alone workplace absences cost the UK economy £32.7bn (Nolsoe, 2014). To survive, organisations have to be resilient, responsive and flexible. The next challenge will emerge from navigating times of austerity and the need for PSOs to restructure post-pandemic, an area that would benefit from further research.

Originality/value – The COVID-19 pandemic was a crisis that impacted all organisations, including their goals, operations and employees. It was clear that the amount of planning was vast, but as soon as the pandemic was over, quite a few of the organisations went back to the status quo and the "readiness stage" did not happen. The smaller organisations were more likely to reflect and improve than the larger ones.

Keywords Crisis management, COVID-19, Crisis decision-making, Contingency planning, Teamwork

Paper type Research paper

Introduction

In the last few decades, the term "crisis" has become more prevalent in all areas of society. It is a common catchword in the media's narrative and is often heard in areas, such as housing,

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economics, travel and energy (Zamili, 2014). In 2020, a crisis emerged that was unique as it was a world crisis that impacted every individual and organisation. On March 11th, 2020, the World Health Organisation (WHO) declared the novel coronavirus (COVID-19) outbreak a global pandemic, that subsequently caused dire social and economic consequences across the world (Cucinotta and Vanelli, 2020).

During this time businesses and organisations were confronted with economic and operational uncertainty. Hence government-operated organisations had to continue to run adequately to provide vital infrastructure and services to the public. The United Kingdom's (UK) Public Sector Organisations (PSO) are not new to adapting to challenges; PSO managers have already faced downsizing caused by the financial crisis (Ashman, 2015). PSO employees experienced voluntary severance and redundancies that consequently led to a reduction in trust of management and staff morale (Ashman, 2015; Morris and Farrell, 2007). The COVID-19 pandemic, however, was unique as it gave PSO managers more visibility and importance to the extent that senior PSO leaders "were sharing the podium" with politicians (Guest editorial, 2022, p. 93). This paper investigates, in more detail, decision-making by PSO managers, during the COVID-19 pandemic, and what can be learnt from their experiences.

Literature review

An organisational crisis is defined as an "event that is perceived by managers and stakeholders as a highly salient, unexpected and potentially disruptive (event) that can threaten an organisation's goal and has profound implications for its relationships . . ." (Bundy *et al*.., 2017, p. 1662). There is no doubt that the outbreak of COVID-19 fits this definition of a crisis as it not only had a global impact but was also disruptive to all levels of an organisation. Organisations had to significantly alter their short-term goals, and strategies, to cope with the impact of the pandemic, whilst staff had to adjust their work and life patterns. The focus of this research is on PSOs, as the public relied on services, such as the National Health Service (NHS), during the crisis.

According to Bundy and Pfarrer (2015), a crisis has four main characteristics: it is a source of uncertainty; it is harmful; it is often part of a larger process and importantly it is a behavioural phenomenon. A crisis is a behavioural phenomenon because it is socially constructed by the agents involved in that phenomenon. Crises do not happen in a closed objective environment; they are socially constructed and can be interpreted differently by different individuals. The way an individual interprets these events will vary depending on the social environment they exist in. The interpretation, and impact of a crisis, may vary between institutions but there will be common challenges experienced by all (Parker *et al*.., 2020). During a crisis, there are high levels of uncertainty and a lack of knowledge and understanding of the phenomena causing individuals to create their own narratives until a plausible one is provided for them (Sherman and Roberto, 2020; Kim and Lim, 2022).

A crisis triggers a process of sense-making "through which individuals turn flows of experience into understandings with words that serve as a springboard for action" (Sutcliffe, 2016, p. 1).Although sense-making is constant it consists of "environmental triggers that violate our expectations" which in turn initiates action (Parrish *et al*.., 2020, p. 79). This occurs at all levels within an organisation and, in the case of the COVID-19 pandemic, sense-making was simultaneously occurring at all levels of society. This "narrative space" made it imperative that management worked swiftly to produce a plausible narrative to ensure the continuation of the organisation to meet its objectives, and thus fill the void caused by a lack of information and, at times, misinformation. Time was the enemy as management had to make quick decisions and formulate a narrative out of the chaos (Sanders, 2020). Although the Global Preparedness Monitoring Board (GPMR) had predicted a world pandemic few organisations had planned for one. Some organisations already planned for a crisis and had contingency plans in place. These organisations are referred to as "High Reliability Organisations" (HRO) and are found in industries where errors can be catastrophic, such as the health industry. In

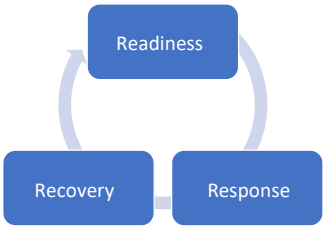
HROs it is important to be able to switch from a normal mode of operation to a crisis management response in rapid time (La Porte, 2006; Sanders and de la Viesca, 2020). With the pandemic threatening lives, all organisations were suddenly operating in situations with large health risks but without the contingency planning of a HRO.

Organisations that have crisis management plans, for example, the fire service, aviation industry, military and the health service (Sanders and de la Viesca, 2020), tend to follow the same stages. So, for example, the military response model has four stages: knowing the facts, having a clear direction, formulating and lastly communicating (Pring *et al*.., 2021). In the view of Deloitte Consultancy (2015), a management crisis has three main time frames: readiness, response, and recovery (Figure 1). At the readiness stage, the organisation's teams are making sure they can cope with a crisis, perhaps through crisis simulation, planning and reflecting on what has been learnt from previous crises. At the response stage, the organisation deals with the developing crisis and manages continuity within the organisation, whilst at the recovery stage the organisation learns from their actions and emerges stronger (Deloitte, 2016). Deloitte Consultancy (2015) are critical of many organisations' crisis management models as they tend to be reactive rather than proactive, and although most crisis management models have a similar life cycle, starting with pre-crisis, crisis and ending with post-crisis outcomes (Crandall *et al*.., 2015), the Deloitte model focuses more on what can be learnt from the crisis moving forward (Figure 1).

Although crisis management can be simplified into these three different stages; the stages are a series of complex events that managers need to overcome and plan for. Readiness theory believes organisations, that are vulnerable to a crisis, should be willing to face the crisis and plan for what is to come (Quarantelli, 1988). Managers need to plan for weaknesses within their organisations, and although the process is administrative there is also a complex human element as managers try to reduce the information chaos unfolding (Muffett-Willett and Kruse, 2009). Information and knowledge sensemaking is an important stage of crisis management to improve employee understanding (Al-Amiri, 2018). Hahang *et al.* (2022) reported, in their qualitative study of managing the impact of COVID-19, that vital management skills included analysis and planning but softer skills like communication, flexibility, positive thinking and building trust were even more important.

No matter which model of crisis management is applied several factors are significant to all of the models: firstly, having good communication, secondly reviewing and learning from the crisis and thirdly returning the organisation, and the employees, to a new equilibrium (Pring *et al*.., 2021). For this research, Deloitte's (2015) crisis management model is favoured because it is a clear cyclical process, whereas many other models are linear with no room for reflection and feedback. Lewin's change model of unfreeze, change and refreeze is linear and ends with the "refreezing" of the organisation's new norm (Nyamunda, 2022), but Deloitte's (2015) model allows time for reflection which makes it fluid rather than finite.

The crisis response time is key to a successful outcome (Parker *et al.*, 2020); decisions necessitate quick and clear communication (La Porte, 2006). This can be difficult for



Source(s): Adapted from Deloitte (2015)

Figure 1. Deloitte's crisis management lifecycle

management as the information they possess may be incomplete, referred to by Boin (2004, p. 168) as "fuzzy gambling"; management will make decisions on limited, or inaccurate information. During the early stages of the COVID-19 pandemic, the information from the government and leading bodies changed daily; the organisations' decision-makers were trying to produce plans with information that evolved daily (Sanders, 2020). There is a cycle of error as when one plan is implemented it is usurped by a newer one, but as Horsley (2010) points out, decisions during a crisis can be more about damage limitation than perfection. More recent studies of COVID-19, and its impact on decision-making, found that some organisational changes that occurred had never even been thought of previously as "many systems were designed for the maintenance of the status quo" (Conforto *et al*., 2020, no page number). The pandemic stretched systems to breaking point but there were some positive outcomes, the most prominent being the transformational use of technology (Nyamunda, 2022).

In a time of crisis, decision-making is less about whether it is finitely right or wrong but more about to what extent it is (Al-Amiri, 2018). Under "normal" conditions, decisions are made after collecting multiple sources of information to help produce different solutions or the most optimal solution, but in a crisis, this information-gathering stage is time-constrained (Hadley *et al*., 2011). The chance of making the best and wisest decision decreases due to a lack of information (James and Wooten, 2005; Hadley *et al*., 2011). Decision-making in a crisis takes several steps: firstly, defining the problem, secondly, collecting and classifying information and finally, finding alternative solutions to improve decision making (Youssef, 2017). Once decisions have been made, the adoption of a new crisis strategy needs to be done by the employees. Adaption is key to the success of the new strategy as employees must feel they can relate to the new set of goals (Al-Eid and Arnout, 2020). For employees to accept the new decisions, there must be a degree of trust even though there tends to be a higher level of suspicion during a crisis (Hadley *et al*., 2011). Many decisions, that are taken, are the "best fit" for that moment but with more time it would be easier to achieve the best outcome (James and Wooten, 2005). According to Al-Dabbagh (2020), the ability to make wise decisions decreases due to numerous factors: fear of consequences, lack of information, decision-making skills and confidence in others.

Although adaption is key, it is posited that if employees trust management, they are more likely to engage with a new contingency plan (Pring *et al.*, 2021). If employees feel they have psychological safety in the workplace they will have more trust in the decisions being made (Gandolfi and Stone, 2016). However, as Gandolfi and Stone (2016) state, although trust is important on its own it will not be enough for the successful adaptation of crisis strategies. A new strategy must be plausible and fit with the existing organisation's culture. This again makes crisis sense-giving difficult, as by its nature, it is full of ambiguity and uncertainty (Weick, 2015; Weick *et al*., 2005). Theory shows the importance of trust and employee engagement for increased productivity but research suggests trust and employee engagement were quite low in the UK's PSOs (Ugwu *et al*., 2014). Before the COVID-19 pandemic, Ohemeng *et al*. (2020, p. 18) refer to trust levels in the UK's PSOs as "meagre". Trust is seen as imperative to convince employees to go "above and beyond" which was needed during the pandemic.

Al-Eid and Arnout (2020) argue employees should be involved in the decision-making process to increase acceptance. It is often argued that if employees are consulted, during a period of change, there will be greater adaption by the workforce. During the onset of COVID-19 time was scarce and decisions had to be made quickly; if there was a feedback loop with employees it had to be rapid (Chia, 2000). During a crisis, sense-making is important because the information provided by management fills the void, reconstructing a reality not seen before, and making the feedback loop imperative (Parashevas, 2006).

Crisis communication is a relatively new field of study made more complex by the array of different crises an organisation might encounter. There are two main types of crisis communication: organisational and disaster (Coombs, 2015). An organisational crisis comes from the organisation itself, such as Southern Water leaking raw sewage into the sea (BBC,

2021), whereas a disaster crisis is external to the organisation, just as the COVID-19 epidemic was. Disaster crisis communication can be much more complex for an organisation to address, as there are so many other actors involved with the disaster. During COVID-19 decisions were being made at every level of government which PSOs had no control over, subsequently making the PSO's manager's role more complex and difficult (Weick, 1979).

Heide and Simonsson (2021, p. 279) argue that internal communication is often overlooked and a crisis can "work as a kind of litmus test for an organisation's communication". The research found that, during the pandemic, workers were only receivers of information as many organisations concentrated on their external communication. This finding was endorsed by the House of Lords' (2020) report *"A critical juncture for public services: lessons from COVID-19"* which found several aspects to be addressed to enable PSOs to become more resilient. The report indicated there was insufficient support for prevention, and early intervention services, with over-centralised delivery of public services and a tendency for service providers to work in silos rather than integrate their service provision.

Theories of crisis management are made more complicated because they are produced across numerous disciplines, however, this research uses concepts drawn from both fields of social sciences and management to investigate the impact of COVID-19. The research was conducted to determine how management planned during the onset of the pandemic, across different PSOs, and how they coped with the crisis that followed. The overall aim of this study was to explore the impact of the pandemic on Management in PSOs, with the secondary aims to:

(1) Investigate the challenges faced by management of PSOs during the pandemic

(2) Analyse the communication/response plans used by management in PSOs

(3) Analyse the crisis decision-making process in PSOs

(4) Discover the post-crisis equilibrium and what was learnt from the pandemic

Methodology

An exploratory case study design was chosen to investigate behaviours within a situation, and its surroundings, using the impact of the pandemic on PSO's managers as the real-life context (Yin, 2003). The research conducted was approved by the University's ethics committee and met all the necessary ethical considerations.

Sample and data

A mixed method approach was used; firstly, an online survey was designed to gain an initial understanding of the PSO's leadership approaches, during the pandemic ($n = 33$), and was also used to recruit managers for follow-up semi-structured interviews ($n = 9$). The purposive sample for the study (Denscombe, 2017) consisted of part-time students, studying on the Masters in Business Administration (MBA) programme, at a Higher Educational Institution (HEI) in the South of England. The part-time students were also managers in full-time employment and had been middle and senior managers for at least 5 years. All the participants could be defined as managers as they were "in-betweens" (Rostron, 2021, p. 418), and had at least one level below and above them in the organisational hierarchy, with one of their main roles being to translate the organisation's instructions (Ericsson and Augustinsson, 2015).

All the participants were employed in PSOs in the South of England (UK), which included any organisations that delivered public services, although they may not be 100% state-owned (Rainey, 2009). This definition was used as the majority of the UK's PSOs are no longer completely state-owned but they are all non-profit organisations (Boselie *et al.*, 2021).

From the 33 survey respondents, 11 worked in the healthcare sector, 9 in education and 13 in other PSOs. Nine of the survey respondents were then interviewed (Appendix C – Survey results).

The survey responses were counted to allow for numerical analysis but the sample was too small for inferential analysis by sector. Although no statistical significance could be drawn from the survey, the results were used to select managers for the interview including different perspectives of responses to the pandemic. Table 1 shows how the answers to some of the survey questions were used to allow purposive sampling and the selection of participants to be interviewed.

Online semi-structured interviews lasted 35–45 min and were carried out using Microsoft Teams with recorded transcriptions. Interview questions such as "To what extent was your organisation prepared for the crisis? How were decisions made and communicated? What were the moments of management excellence?" allowed dialogue and an opportunity for respondents to expand on their answers (Appendix A–Interview Questions). This approach allowed managers to focus on their "perception of self, life and experience" (Minichiello, 1995, p. 52) (see Table 1).

The interviews produced over 200 pages of transcriptions that were coded, and consequently produced rich data on the management process. The interview transcriptions were edited, anonymised and then uploaded to the NVivo software programme for coding. One way to improve the consistency of the coding was to engage in reflexivity during the coding process. Constant comparison analysis was used to check the coding process and validity (Charmaz and Bryant, 2010). Two cycles of coding were used in analysing the interview transcripts. The first cycle involved a mixture of in vivo, descriptive and simultaneous coding. Fifty-three codes were established in the first round and then refined into six secondary codes (Table 2). After the initial cycle of coding, several primary codes had similar themes, for example, "teams" and "environment", where both commented on management excellence, so both received the secondary code of "management excellence" (Appendix B). These codes were then categorised into the three stages of Deloitte's (2015) management crisis model depending on where they best fit.

For this article, the conceptual framework used to analyse the data is Deloitte's (2015) crisis management stages: "response, recovery and readiness". These crisis management stages form a cyclical process therefore the "readiness" stage comes after "recovery" but before the "response" stage. In this data analysis, the readiness that is coded is the readiness after the COVID-19 pandemic, rather than before. The coding associated with the three stages are "decision-making process" and "communication" for the response stage, "reflections" and "management excellence" for the recovery stage and "contingency planning code" for the readiness stage (Figure 2).

Survey results

Tables 3 and 4 show the frequencies of survey responses. 35 respondents started the questionnaire but two respondents exited after question two, and their answers were

Table 1. Managers' information

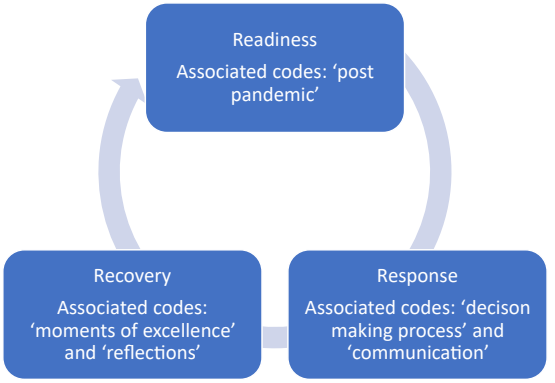
Manager	Work	Q2. Level	Q.3 Prepared?	Q.15 Moments of excellence?
A	Healthcare	Middle	Yes	No
B	Healthcare	Middle	No	Yes
C	Higher Education	Middle	Somewhat	No
D	Healthcare	Middle	Somewhat	Yes
E	Charity	Senior	No	Yes
F	Healthcare	Middle	Somewhat	Yes
G	Higher Education	Middle	No	Yes
H	Local Government	Senior	Somewhat	Yes
I	Local Government	Middle	No	Yes

Source(s): Authors' own work

Table 2. Summary of data analysis process using *NVivo*

Step	Detailed analysis
1	First cycle of coding of each of the transcripts
2	Second cycle of coding of each of the transcripts
3	Revising and merging of any codes
4	Categories from the second cycle of coding created
5	Second cycle codes categorised by the three stages: Respond, Recovery and Readiness

Source(s): Authors' own work



Source(s): Authors' own creation/work

Figure 2. Conceptual framework and associated codes

Table 3. Frequency of responses to survey questions

Survey question ($N = 33$)			
	Yes	No	Somewhat
Did you feel that you were adequately prepared for the challenges that you faced during the pandemic?	2	16	15
Did you find the crisis communication plans from your organisation were clear?	21	6	6
Did you find there were moments of management excellence during the crisis?	21	3	7
	Yes	No	Maybe
Do you believe the information that was released by senior management, during the pandemic, was accurate and concise?	18	8	7
Do you believe senior management understood your challenges and concerns during the outbreak?	18	5	10
Were you clear about what the organisation was doing in response to the COVID-19 situation?	22	5	6
Do you believe your organisation communicated changes speedily during the pandemic?	15	4	14
Did new teams form from dealing with the crisis?	21	3	7
Has your job changed due to the pandemic?	16	10	2
Has your organisation restructured since the crisis?	20	11	N/A
Are you a key worker?	17	11	N/A

Source(s): Authors' own work

Table 4. Frequencies of responses to attitude survey questions

Survey question ($N = 33$)	Definitely not	Probably not	Might or might not	Probably yes	Definitely yes
Did you feel like you could trust your management during the crisis?	1	1	3	20	8
Did you trust your management before the crisis?	1	1	4	17	9
Did you feel decisions were decisive during the crisis?	2	3	5	19	2
Did you find that communication from above was effective during the crisis?	3	2	7	16	3
Do you feel that order has been re-established in your organisation since the "official end" of the pandemic?	3	6	4	16	2
Do you believe you learnt better management techniques because of the pandemic?	2	2	4	15	7
Do you feel that you, personally, have now reached stability at work since the pandemic?	6	6	2	11	5
Do you believe your organisation has learnt from the crisis?	0	4	1	13	10
Do you believe keeping staff safe was at the heart of senior management's responses/strategies to the pandemic?	2	0	2	13	11

Source(s): Authors' own work

discounted. There were a couple of questions that were not completed by all respondents but all questions received at least 28 responses (Appendix C- Survey Results). 31 (94%) of the managers surveyed did not feel adequately prepared, or were only somewhat prepared, for the challenges of the pandemic. Respondents reported that most crisis communication plans, in their organisations, were "somewhat" clear. Just over half (54%) said that they believed that the information released by senior management, in their organisation during the pandemic, was accurate and concise. Again, about half of the respondents (54%) believed their senior management understood the challenges and concerns during the outbreak. The majority of managers in the survey reported that they were clear about what the organisation was doing in response to the COVID-19 situation; here most of those in the education and other sectors indicated that responses were clear whereas most managers from the health sector said the response was clear or maybe clear. A similar number of respondents said "yes" and "maybe" when asked: Do you believe your organisation communicated changes speedily during the pandemic? The majority of managers responding from the health and education sector reported that changes were communicated speedily, whereas the majority of managers from other sectors chose the "maybe" option. For the majority of managers (66%) new teams were formed to deal with the crisis and more than half of the organisation restructured during this time (65%). Over half reported moments of management excellence during the crisis, and there were more who reported that their job had changed due to the pandemic.

Relating to the response and recovery stage, the survey also asked attitude questions about trust in the management before and during the crisis, decisive decisions during the crisis and effective crisis communication; the majority of respondents answered positively. About half also indicated that they felt order had been re-established in their organisation since the official end of the pandemic (58%), whereas the majority reported that they learnt better management techniques because of the pandemic (73%). Slightly more managers surveyed said that they

had now, personally, reached stability at work. But most indicated that their organisation had learnt from the crisis.

Findings and discussion

The respond stage

Several themes were common amongst the decision-making codes and how organisations responded to the pandemic. The most prevalent theme was the speed of change. The survey also reported that changes were communicated speedily for healthcare organisations and speedily or somewhat speedily for education and other sectors (91%). Decision-making sped up considerably, and as Manager H commented: ". . . you had to move kind of fast. So typically, a decision in the Council took about a month and where decisions were made, they were made in about a day . . .". The acceleration of the decision-making process was needed, because as Manager B stated:

> . . .. things kept changing constantly; the government guidelines, the regulatory body guidelines. We had to change what we were doing like every couple of weeks. It was constant. So really, the vision and the goals during that time were (changing).

In this case, decisions were being made outside the organisation by the regulatory body, which were then cascaded down to managers to implement. In this case, the "sensemaking" that Parashevas (2006) refers to was being filled by the regulatory bodies. Manager E was a senior manager for a charity and commented on there being a lot of "thinking on your feet . . . because the landscape was shifting and changing all the time". Managers in the healthcare sector also found decisions were having to be made quickly:

> I think on the whole, it was relatively quick because we're in healthcare with people still actively needing to provide care for patients. Some of those patients had COVID. There's lots of guidance with PPE changing, I think it was filed down very quickly. All the national guidance was changing daily and (at times) more than once a day (Manager F).

Not all managers found decisions were being made quickly but were equally influenced by decisions being made outside the organisation. One of the managers at a university (Manager C) said:

> . . . when it came to the decisions on hybrid teaching, I think the decisions came quite late in the day, which was frustrating for the staff and the students. It was challenging for students who couldn't get visas, and so I certainly think that there was a sense that other organisations and universities were far more organized than we were.

There was just too much discussion before a decision was made:

> . . . let's have a meeting to discuss it and then we'll have another meeting to discuss it and then we'd escalate it to another meeting and pull together a working group. I think that sort of quick snap decisions just didn't (happen) . . ..

At the universities, the delay in decision-making meant "sense making" was being done by the lecturers who were in direct contact with the students. During a crisis, decisions need to be made quickly and decisively and this was missing at the universities but did happen in the healthcare and local government. As Parker *et al.* (2020) argue, response time is key to a successful outcome and decisions need to be made quickly and clearly. In many cases, decisions were being made decisively but at the universities there was perhaps too much debate over how a campus university could now deliver online. This may have been because the healthcare industry had contingency plans in place for a pandemic, whereas the universities had no such plan, and their timelines for decision-making were traditionally longer.

The design of the organisation's hierarchy not only had an impact on the speed of the decisions, being made, but also on the clarity of those decisions. It was evident that managers who were in flatter hierarchies found decision-making to be clearer than those in vertical

management structures. In our survey, the majority of managers felt that decisions were decisive and communicated effectively from above. Many of the managers talked about their formal structures and how decisions were filtered down; this was very clear in healthcare and local governments where formal lines of communication were adhered to. Manager H, who was a manager for the local government, found:

> . . . the school bus driver would then report up to their manager, who would then report up to their manager, and so on and up the ranks. And so again you sometimes get a few things lost in translation.

But as Manager H stated, the actual decision-making was all one way, it was ". . . top down with no room at the time for the communication to flow in the other direction". This was reiterated by Manager D, who worked in the healthcare industry:

> . . . it was very much a top-down kind of from the centre. And so, everything was mandated by NHS England and then the Trust put it in place, and so they initiated a kind of gold, silver, bronze approach to crisis management.

Healthcare was not the only industry that had an external body making its decisions. Another manager working in the public sector (Manager B) found:

> . . . we had some recommendations from our governing body . . . we were not allowed to see routine appointments . . . it was only emergencies . . . then we also had a duty of providing care. So that's why we needed to be open 24/7 still.

As stated, by many of the interviewees, decisions were made by the government, followed by the regulatory bodies updating their strategies, which were then filtered down through the chains of command. This, in itself, was not new as the healthcare manager stated that healthcare organisations always changed their strategies based on the governing body's decisions, but as Manager A posited, two things changed: "The amount of time I had to chase my managers (the infection control team in particular) and the regulations and rules". One of the most important areas that kept changing, according to Manager A, was the role of the polymerase chain reaction (PCR) tests, and when you did or did not need them. Decisions need to be made clear during a crisis (La Porte, 2006), but for some organisations, this was difficult when the policies changed rapidly or the flow of communication was problematic or unclear.

The constant policy change was commented on frequently. Some managers stated that the first time they were informed that there was a policy change was during a government announcement. Manager C stated: "We made plans to get students back on campus and then the government announced another lockdown" and "it seemed the Department for Education (DfE) was giving clear guidelines to schools, but not necessarily to higher education and universities". However, the lower, flatter hierarchies, benefited from being able to speed up communication from the top downwards as their chain of command was shorter, as Manager F confirmed: "Communication was directly from either me, or the HR manager, to the rest of the team, so there was no one in between, so there was no loss of information". As Bundy and Pfarrer (2015) stated one of the characteristics of a crisis is uncertainty but the faster this uncertainty is dealt with the quicker the crisis is overcome, and the interviews did find that uncertainty lingered for longer in some PSOs.

Nearly all the research participants discussed the increased frequency of team meetings. The managers used virtual meetings to increase the amount of "in-team" communication. One of the healthcare managers (Manager B) discussed the role of teams in shift work: "We were working in two teams, doing 3 days on and off, so we had to communicate between the teams and also within the teams. We were doing management meetings and zoom meetings . . .". In his testimony, Manager An underlined the importance of creating time to come together as a team: ". . . we had regular team meetings every two weeks and sometimes all the time at the height of it". In the interviews, a number of managers expanded on this finding. Manager G stated: ". . . my role became very much about communication and engagement . . . I remember having team meetings, weeks after, and everyone agreed that the whole team had gelled and

that we felt more valued as a team". This manager made it clear that praise and appreciation from the top were important and instilled more trust in decision-making as well as improved teamwork (Gandolfi and Stone, 2016).

Some of the healthcare managers received weekly newsletters, updating them on requirements in addition to their team meetings: "We had a kind of a weekly newsletter type thing which gave updates and changes on personal protective equipment (PPE)" (Manager D). In this case, the existing communication channels were used but new ones were also established to clarify decisions and reduce the amount of "fuzzy gambling" (Boin, 2004, p. 168). During the pandemic, new channels of communication were needed to clarify decisions and reduce the amount of misinformation. Ardito *et al.* (2021) argue that often crises are resolved through technology being used as a complex problem solver, with Coccia (2017, p. 382) referring to this as a "systematic crisis model of innovation" and, although in this case technology did not end the pandemic, it did make it easier for managers to cope with COVID-19 and its impact. This concurs with Nyamunda's (2022) findings that the COVID-19 pandemic transformed the use of technology across all organisations.

The recovery stage

The recovery stage was the post-pandemic stage when organisations reflected on the way they dealt with the crisis and considered what could be improved upon. The survey showed that over 90% of the managers thought there were moments of management excellence. The codes that were used to identify narratives in the recovery stage were "reflection" and "management excellence".

Although communication improved during the pandemic many of the managers agreed that it could have been better. There was, however, unanimous agreement around the difficult nature of the pandemic, as Manager F's statement makes clear:

> . . . from the beginning (I was) quite impressed with our organisation, in terms of communication, obviously there were a lot of unknowns, but I don't think there was much more the Trust could have done. There were a lot of unknowns nationally and globally and so I think that they acted on all the information they had.

The managers reflected that they had done the best they could, given the circumstances, clearly showing that crisis management is not a perfect process. In the survey, the majority of managers (73%) reported that they believed they had learnt better management techniques because of the pandemic. The managers commented on their teams and how they excelled during this time of uncertainty. Several researchers have found that teams can consolidate during a crisis, and although this can be a stressful time, "team identification" can act as a buffer against these stresses (Thielsch *et al.*., 2021, p. 155).

The managers were particularly proud of how they kept people safe. The well-being of the staff was paramount to the majority of the respondents. Manager D, a manager in healthcare, reflected: ". . . keeping people well, at work, and connected was a significant thing and I think my organisation did as well as they could under the circumstances". It was not only keeping the staff safe during the pandemic, but also the planning that went into the return to work, that was reflected positively on, and as Manager I stated:

> I think the other really good thing was when people started asking people to go back. We got a lot of good advice in terms of how to make the building COVID-safe, what was needed to be in place, signage, that kind of thing . . . I think that came through quite quickly as well.

Numerous articles suggest that being empathetic to your team members will make a team more productive and trusting (Adamson *et al.*., 2018). Collaboration within teams is paramount for productivity but so often teams are dominated by conflict (Almost *et al.*, 2016; Brown *et al.*, 2011). In this case, the pandemic brought teams together by giving them a focus. Adamson *et al.*'s (2018) study of empathy, within a team, found that a shared history gave team members more connection and empathy for one another. During COVID-19 everyone experienced

similar challenges, from childcare, home-schooling, family members contracting COVID-19 and wellbeing issues; these shared challenges brought team members together.

The readiness stage

The readiness stage is how contingency plans are improved upon to tackle a future crisis (Pring *et al.*, 2021; Deloitte, 2015). The majority of managers (82%) in the survey agreed that their organisation had learnt from the pandemic. In the interviews, the healthcare managers all said they had contingency plans in place that did not need much amendment. However, respondents in smaller organisations believed the pandemic caused more positive changes. Manager E stated that her organisation had "gone from cottage industry to industrial strength" and although they had plans in place, they realised it could all change:

> We've rewritten our five-year strategy. However, we know that this could change at any moment's notice and already we're thinking, you know if that changes obviously that dries up funding, and so what other funding pots could be tapped into? So, we're already looking at diversifying to other audiences that we could support.

The managers in HROs had contingency plans already in place, as the healthcare managers stated the pandemic was treated like a "bad flu". This, however, was not the case for the smaller/non-HRO organisations who had to "think on their feet", as they had no contingency plans in place. The managers, themselves, learnt and commented on how they were more confident managing a crisis (Manager B):

> I think I'm more confident knowing that I can manage it. You know if there is (another) crisis, COVID or not COVID . . . I know I'm more confident I will be able to handle it, in the way I do things.

Manager C reflected on the new involvement of the staff and how important it was to keep them involved in the channel of communication, at all levels, moving forward:

> I think just letting staff feel like they have a voice and that their voice carries some importance . . . even that they're just being heard. So, I think this kind of two-way communication channel is something that could probably be improved on.

Only in one of the organisations the feedback from employees became more prominent; it was realised that to enable successful planning the views of the staff were an important aspect of the implementation of a contingency plan. This concurs with Sherman and Roberto's (2020) view that subordinates should be involved in decision-making to increase acceptance amongst them, but this was only the case at the charity, post-pandemic.

Many managers said the extra work they had undertaken was never recognised and appreciated: ". . . we weren't being recognised for all of the additional work that we were doing and like by recruiting, you know, hundreds of extra students more than what we would normally do in our school, put immense pressure on our staff" (Manager F). Manager C commented that the initial contribution he had made further up the hierarchy had disappeared after the pandemic and the trust that senior management had built up was eradicated:

> I was involved in all sorts of project management and support and went to quite high-level meetings, even though they were above my level, but you know, it was quite good to go there and feel involved. That has all been whittled away and removed (Manager C).

Trust was important during the pandemic, as employees needed to trust the senior management to make the right decisions. Most survey respondents (81%) said that they trusted their management before and during the crisis, but it seems this trust should have been equally important to maintain after the pandemic was over (Gandolfi and Stone, 2016). Also, one manager felt they needed to update their contingency plan allowing for the possibility of the unavailability of key managers and still having a clear process to follow:

> . . . if some disaster happened tomorrow, and for some reason, my colleagues and senior management team weren't there, I wouldn't know exactly what to do, which is a bit of a problem. Lots of relationships are kind of struggling and lots of knowledge transfers are struggling as well (Manager I).

Again, showing the "readiness" for the next crisis is still a long way away and more planning and reflection is needed.

Conclusion

This research aims to investigate the challenges faced by PSO managers, during the pandemic, by analysing their experiences of crisis decision-making and communication, concluding by evaluating the extent organisations have returned to a post-crisis equilibrium. The conceptual framework used to analyse the data was Deloitte's (2015) crisis management stages: "response, recovery and readiness". At the "response stage" of the pandemic communication was speedy, especially in the healthcare industry, but was not always clear and decisive. All the managers commented on how the crisis caused greater cohesion amongst their teams, subsequently increasing camaraderie and wellbeing, and they were proud of how they kept their employees safe. The managers were proud of how they kept their staff safe during the "worst times" and this was paramount to their strategies. Interestingly, the shared experience of COVID-19 increased trust within the teams which "brought the best out of everyone". Pre-COVID-19 trust was very low in UK PSOs (Ohemeng *et al.*, 2020) but there is evidence from this research to suggest trust improved during the pandemic, especially amongst individual teams.

It was clear from the interviews that the organisations, classified as HROs, had clear contingency plans that were drawn upon at the start of the pandemic; this was certainly the case for the managers in the healthcare industry. During the "recovery stage" managers, although they commented on the difficulty of the situation, stated the response could have been better and communicated more clearly. During a crisis there is a period of "sense-making" as management and workers try to make sense of what is happening and sometimes during the pandemic there were gaps in information, and managers had to try and fill these gaps with their own narratives.

The findings from the survey and the interviews showed that although there were many positive outcomes during the "response and recovery stages" more could be learnt in the future. Managers commented on "moving forward" but there had been little reflection as communication had carried on in a downward direction. The only organisation that found this not to be the case was the charity which had a much flatter hierarchy; they found they reflected and learnt from the experience, and subsequently improved their strategy. It was clear, that the amount of planning that occurred in the "response stage" was vast but unfortunately, as soon as the pandemic was over quite a few of the organisations went back to the status quo; the "readiness" and preparation for the next crisis did not happen. The smaller organisations were more likely to reflect and improve than the larger ones. The larger organisations had a longer chain of command and engaged with minimal staff feedback. The charity, which had a shorter chain of command, listened to their staff more consistently.

Practically, organisations would benefit from reflecting on their reaction to the pandemic and what can be learnt. It is clear the majority of the managers interviewed felt that after the pandemic the organisations just moved on and there was no in-depth reflection on what had happened; the last stage of Deloitte's (2015) model was never been fully realised. The post-pandemic phase is an area that would benefit from further research, as it has now been over four years since the beginning of the pandemic and some of the positives, such as teamwork and a sense of belonging seem to have been lost. The pandemic has left organisations with staff absences and long-term illnesses; last year alone workplace absences cost the UK economy £32.7bn (Nolsoe, 2014). To survive, organisations have to be resilient, responsive and flexible. The next challenge will emerge from navigating times of austerity and the need for PSOs to restructure post-pandemic; an area that would benefit from further research.

Limitations

One of the limitations of this research is that the participants are all part-time MBA students, and although they were all full-time managers in PSOs they may be more critical of the status quo. Due to a fairly small sample size, the survey has limited generalisability and does not allow for a more detailed analysis but was useful in purposively selecting managers for interviews.

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Further reading

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Appendix A
Interview Schedule
Interview Schedule:

(1) Where do you work? What is the size of the organisation? How many employees work there? How many management levels were/are there?

(2) What is/was your role during the pandemic there? How many people do you manage? How long have you been in this role?

(3) What do you believe was the main vision that management portrayed during the pandemic?

(4) To what extent do you think the organisation's objectives were clear during the pandemic?

(5) How quickly do you think your organisation dealt with changes due to the pandemic?

(6) What skills do you think were needed by management during the pandemic?

(7) In what ways were the management prepared for the crisis?

(8) Can you tell me about the process of making management decisions in your organisation during the pandemic? (Maybe also explore existing contingency plans, adapting previous response to emergencies/crises, how was the decision-making different to other crises)

(9) How were decisions communicated?

(10) How were these received by employees?

(11) To what extent were the management instructions during the pandemic consistent/clear?

(12) Looking back now, how could they have been improved?

(13) What were the main challenges? Can you give some examples?

(14) To what degree did the management strategy change over time?

(15) To what extent do you think managers made the right decisions? Can you give some examples please?

(16) Can you think of any positive consequences of Covid in your organisation? If yes, what were they?

(17) How did your job change due to the pandemic?

(18) In what way do you believe your organisation has learnt from the pandemic? If so, what?

(19) To what extent did your organisational structure change during the pandemic?

(20) What were the moments of management excellence? Can you think of another example?

(21) Do you believe order has now been re-established in your organisation, if so which parts?

(22) What do you think your management could do in the future to improve the response to a crisis?

(23) What do you think you yourself could do in the future to improve the response to a crisis?

Appendix B

Table A1. Primary and Secondary codes

Secondary codes	Primary codes
Decision making	Speed of change
	Hierarchy
	Feedback
	Meetings
	Planning
	Communication
	Adaption of employees
	Safety
	Furlough
	Survival
	Redundancy
	Autonomy
	The unknown
	Prioritise
Management Excellence	H and S of staff
	Employee wellbeing
	Data and reporting
	Organisation
	Team work
Positive outcomes from Covid	Teams
	Environment
	Teambuilding
	Planning
	Wellbeing
	Communication
	Change for better
	Technology
	Forced change
	Promotion
	Goals
	Training
	Feedback

(*continued*)

Table A1. Continued

Secondary codes	Primary codes
Post pandemic themes	Staffing
	Communication
	Staff welfare
	Contingency plan
	WFH
	Change strategy normal
	Short staffed
	Planning
	Work planning
	New services
	Permanent change
	Reflection
	Change of management style
	Meetings
Reflections	Communication
	Confidence
	MBA
	Personal training
	Agile
	Adaption
	Information
Communication	Management Style
	Communication and autonomy
	Authoritative
	Government
	Management Skills
	Positive from communication
	Newsletters
	Decision Making
	Reflective
	Meetings
	Problems with communication
	Technology and communication
	Management Decisions
	Management and hierarchy
	Positives
	Post pandemic communication
	Improvements
	Teamworking
	Time
	Good communication
	Lead from the front
	Conflict resolution
	Communication and hierarchy

Appendix C

Table A2. Survey results

Q1 - What industry do you work in?

	Choice Count
Healthcare	11
Education	9
Local Council	3
Fire service	0
Ambulance service	0
Public Transport	0
Other, please state	10

Q2 - What management level do you work at?

	Choice Count
Middle management	22
Senior management	6
CEO	1
Board of Directors	3
Non-management	2
Other, please state	0

Q3 - Did you feel that you were adequately prepared for the challenges that you faced during the pandemic?

	Choice Count
Yes	2
No	16
Somewhat	15

Q4 - Did you find the crisis communication plans from your organisation were clear?

	Choice Count
Yes	6
No	6
Somewhat	21

Q5 - Do you believe the information that was released by senior management, during the pandemic, was accurate and concise?

	Choice Count
Yes	18
No	8
Maybe	7

Q6 - Do you believe senior management understood your challenges and concerns during the outbreak?

	Choice Count
Yes	18
No	5
Maybe	10

Q7 - Were you clear about what the organisation was doing in response to the COVID-19 situation?

	Choice Count
Yes	22
No	4
Maybe	6

Q8 - Do you believe your organisation communicated changes speedily during the pandemic?

	Choice Count
Yes	15
No	3
Maybe	14

(*continued*)

Table A2. Continued

Q9 - Did you feel like you could trust your management during the crisis?

	Choice Count
Definitely not	1
Probably not	1
Might or might not	2
Probably yes	20
Definitely yes	8

Q10 - Did you trust your management before the crisis?

	Choice Count
Definitely not	1
Probably not	1
Might or might not	4
Probably yes	17
Definitely yes	9

Q11 - Did you feel decisions were decisive during the crisis?

	Choice Count
Definitely not	2
Probably not	3
Might or might not	5
Probably yes	19
Definitely yes	2

Q12 - Did new teams form from dealing with the crisis?

	Choice Count
Yes	21
Maybe	3
No	7

Q13 - Has your organisation restructured since the crisis?

	Choice Count
yes	20
No	11

Q14 - Did you find that communication from above was effective during the crisis?

	Choice Count
Definitely not	3
Probably not	2
Might or might not	7
Probably yes	16
Definitely yes	3

Q15 - Did you find there were moments of management excellence during the crisis?

	Choice Count
Yes	21
Maybe	7
No	3

Q16 - Do you feel that order has been re-established in your organisation since the "official end" of the pandemic?

	Choice Count
Definitely not	3
Probably not	6
Might or might not	4
Probably yes	16
Definitely yes	2

(*continued*)

Table A2. Continued

Q17 - Do you believe you learnt better management techniques because of the pandemic?

	Choice Count
Definitely not	2
Probably not	2
Might or might not	4
Probably yes	15
Definitely yes	7

Q18 - Do you feel that you, personally, have now reached a stability at work since the pandemic?

	Choice Count
Definitely not	6
Probably not	6
Might or might not	2
Probably yes	11
Definitely yes	5

Q19 - Has your job changed due to the pandemic?

	Choice Count
Yes	16
Somewhat	2
No	10

Q20 - Do you believe your organisation has learnt from the crisis?

	Choice Count
Definitely not	0
Probably not	4
Might or might not	1
Probably yes	13
Definitely yes	10

Q21 - Do you believe keeping staff safe was at the heart of senior management's responses/strategies to the pandemic?

	Choice Count
Definitely not	2
Probably not	0
Might or might not	2
Probably yes	13
Definitely yes	11

About the authors

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