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Whether and how top management create flexibility in mental healthcare organizations: COVID-19 as a test case

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Abstract

Purpose – Flexibility is essential for healthcare organizations to anticipate the increasing internal and external dynamics. Mental healthcare organizations in the Netherlands face major policy reforms made by the government, increasing involvement from municipalities and gradual replacement of clinical care with outpatient care. Top management plays an important strategic role in creating this flexibility because they make important choices, give direction and structure the organization. To create flexibility, managers have to deal with complexity and paradoxes. In this study, the authors aim to contribute to the knowledge on how healthcare managers can create flexibility in their organizations.

Design/methodology/approach – This is a qualitative empirical field study. In total, 21 managers of mental healthcare organizations participated in open in-depth interviews. The authors explored flexibility on three perspectives: organizational direction, structure and operations. The COVID-19 pandemic has provided an opportunity to explore flexibility. The authors asked participants to reflect on their organization's response to the pandemic.

Findings – Most mental healthcare organizations create flexibility in an implicit way. Flexibility and resilience are closely linked mechanisms. Flexibility ensures a quick response while resilience provides the counterforce and rebound needed to adapt. Adaption ensures that healthcare professionals learn from their experiences and do not return completely to the way things were done before. The primary urge to survive ensured rapid and adequate responses to the COVID-19 pandemic. Whether this is a manifestation of flexibility remains difficult to conclude.

Practical implications – The complexity theory offers some guidance in creating a flexible organization without losing consistency. Flexibility and resilience are closely linked mechanisms that antagonize and

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protect each other. With this insight, managers in mental healthcare can utilize the qualities and balance them without falling into the various pitfalls.

Originality/value – In this research, the authors are concerned with flexibility as a proactive attitude and capacity of organizations. By looking at the response of organizations to the COVID-19 crisis, the authors find out that responding to a disaster out of survival instinct is something else than flexibility. There is an interesting relationship between flexibility, resilience and adaptability, and they can balance each other.

Keywords Top management, Mental healthcare, Flexibility, Resilience, Adaption, COVID-19

Paper type Research paper

Introduction

In recent decades, healthcare in the Netherlands has become more dynamic. Changes have been introduced to curb increasing costs, and healthcare organizations have had to find a way to operate in this volatile and uncertain environment (Bennett and Lemoine, 2014; Van De Bovenkamp *et al.*, 2017) within an already complex system (Chaffee and McNeill, 2007; McDaniel *et al.*, 2009). In the 1980s, Mintzberg described a realized strategy as a mixture of a deliberate and emergent strategy that is influenced by internal and external factors (Mintzberg and Waters, 1985). In other words, a flexible strategy is essential for long-term survival (Harari, 2018; Zinn *et al.*, 2007). Flexibility allows the organization to anticipate changes in internal and external dynamics and adapt accordingly (Roberts and Stockport, 2009). Top management has an important strategic role in creating this flexibility because they make important choices and decisions about direction and structure of the organization.

Flexibility is defined as the ability to respond quickly to changing conditions and manifests on three organizational levels (Roberts and Stockport, 2009; Sopelana *et al.*, 2014; van Gool *et al.*, 2017; Volberda, 1997). The first level is the organizational direction, also known as strategic flexibility. This relates to how the organization fits the flexibility levels required by the environment. The second level is the organizational structure, which is also known as structural flexibility. This relates to how systems, partnerships, structures, and professional or managerial roles are designed. The third level is operations or operational flexibility. This relates to how plans are implemented and executed and how easily employees can adapt to change (Roberts and Stockport, 2009; Sopelana *et al.*, 2014).

Flexibility is difficult to create because different phenomena are involved in these three organizational levels (Borkowski, 2011; Kloosterboer, 2011; van Gool *et al.*, 2020). One of these phenomena is known as the flexibility paradox. A healthcare organization needs to be dynamic while maintaining its consistency as an organization (Volberda, 2004). "The challenge for management is to develop dynamic capabilities that enhance flexibility and to have an adequate design to utilize those capabilities. In other words, a flexible organization must possess some capabilities which enhance its flexibility to avoid becoming rigid, but it must also be anchored in some way by distinctive organizational conditions in order to avoid chaos" (Volberda and Rutges, 1999, p. 104). Volberda also introduced the concept of metaflexibility to deal with this paradox. He defined metaflexibility as the ability to continuously adapt flexibility to the dynamics of the environment (Sopelana *et al.*, 2014; Volberda, 1996). More flexibility is needed during times of great change than during periods of stability. Creating flexibility is "not for free" and can increase stress and reduce focus among employees, thereby impairing performance (Herhausen *et al.*, 2020). Therefore, finding a balance between flexibility and consistency is important, but finding the optimal balance is a complex and continuous challenge (Ratnapalan and Lang, 2020). Another interesting aspect of flexibility is that it is not reactive but a proactive feature of a system. It is often seen as a necessary ingredient for a change process, but in an environment of continuous change, it should be a permanent capability of the organization. Mobility is then a permanent characteristic of the flexible organization (Sopelana *et al.*, 2014; van Gool *et al.*, 2017).

In this study, we explored flexibility in mental healthcare organizations in the Netherlands. The so-called "integrated psychiatric institutions" in the Netherlands offer both inpatient and outpatient care to people with psychiatric problems. Psychiatry in the Netherlands is an independent sector of healthcare, alongside general healthcare (hospitals), youth care, elderly care and others. They are independent organizations that vary in size from a few hundred employees to organizations with more than 10,000 employees. These organizations are currently facing numerous challenges, including major policy reforms by government, increasing involvement from municipalities and gradual replacement of clinical care with outpatient care. They thus form a useful context to investigate how flexibility of organizations works in practice.

In addition, the different waves of the COVID-19 pandemic have imposed drastic changes on mental healthcare in the Netherlands (van Giessen and Ardine, 2020a, b). Existing structures had to be revised and adapted in a very short time, including the introduction of online treatment (Bierbooms *et al.*, 2020; deNederlandseGGz, 2020). This unexpected crisis has created a useful "experiment" in which managers can observe how their mental healthcare organizations react and adapt to the enormous real-life changes in the environment of their organizations, their clients and employees. It is also an opportunity to observe the proactivity of the organization in terms of flexibility. There is also reason for further research: can you speak of flexibility here or are the reactions on the crisis just the results of a shock effect and survival mechanisms?

Our research question is how top management in organizations views the flexibility of their organization and whether this fits in with the dynamics of the environment, especially with regard to the direction, structure and business operations of the organization (Roberts and Stockport, 2009). We also asked how chief executive officers (CEOs) and managers of organizations create flexibility in their institutes. We used the context of mental healthcare in the Netherlands. With these findings, we aim to contribute to the knowledge of how flexibility can be created in mental healthcare organizations.

Methods

This is a qualitative empirical field study in which we collected and described the perspectives of top management and their considerations in decision-making within their organizational environment. This study was approved by the Ethics Review Board of the Tilburg School of Social and Behavioral Sciences (reference: RP184, May 15, 2020).

Sampling

We invited CEOs and top managers of large integrated mental healthcare organizations (see Table 1) to participate in the study by email. We provided an information letter about the study and individuals who were interested in participating were invited for an interview. All participants signed an informed consent form allowing their data to be used.

Data collection

We conducted open, in-depth interviews with 21 CEOs and top managers of 11 mental health organizations in the Netherlands. Each interview took on average 90 min. Most interviews were conducted online using Zoom and Microsoft Teams because of the COVID-19 restrictions in the Netherlands in 2020. After agreement on anonymity, audio recording and the interview method, the interviewer introduced the theme and objective of the interview. We asked participants to reflect on their organization's response to the COVID-19 pandemic and what it taught them about the flexibility of their organization during the first wave of the crisis. Then, we asked participants about their observations after the first wave and how the

Organization	Respondent number	Function	Span of control*
A	Respondent 1	CEO	1000–1500
B	Respondent 2	CEO	>2000
C	Respondent 3	Top manager	<=500
B	Respondent 4	Top manager	<=500
D	Respondent 5	CEO	>2000
D	Respondent 6	Top manager	<=500
C	Respondent 7	CEO	1000–1500
E	Respondent 8	CEO	1000–1500
E	Respondent 9	Project manager	<=500
F	Respondent 10	CEO	1000–1500
G	Respondent 11	Top manager	<=500
G	Respondent 12	CEO	>2000
C	Respondent 13	Top manager	<=500
H	Respondent 14	CEO	1500–2000
I	Respondent 15	Top manager	<=500
A	Respondent 16	Top manager	<=500
H	Respondent 17	Top manager	<=500
J	Respondent 18	CEO	>2000
K	Respondent 19	CEO	500–1000
I	Respondent 20	CEO	1500–2000
J	Respondent 21	Top manager	<=500

*__Source(s):__ Annual reports 2020 retrieved from https://www.desan.nl/net/DoSearch/Search.aspx, a rough classification has been chosen to guarantee the anonymity of the respondents

Table 1. Overview of organizations and respondents

organization and employees reacted when the crisis had subsided for a while and seemed to be over.

Data analyses

The audio files were transcribed verbatim and analyzed using a certified software package (Atlas.ti) for qualitative research. First, open coding was conducted, and concepts were identified in the text. Next, the text blocks were thematically coded (Braun and Clarke, 2006; Kupeli *et al.*, 2016).

Code groups were made based on the following three perspectives (Roberts and Stockport, 2009): (1) organizational direction: the current dynamics of the environment and the importance of flexibility; (2) organizational structure: the current flexibility of the organization, cooperation and the way flexibility is organized and (3) operations: how plans are implemented and how professionals act and react.

All data were collected in Dutch and were coded and analyzed in Dutch to retain the true meaning of the qualitative data (van Nes *et al.*, 2010). After the analyses, the switch was made to English.

Results

In this section, we first present the results with regard the way flexibility is created in terms of organizational direction, organizational structure and operations (Roberts and Stockport, 2009). In the last part, it is shown how participants reacted to the COVID-19 pandemic within their organizations.

Organizational direction

Organizational direction refers to how managers adapt the strategy and policies of an organization to fit the flexibility levels required by the environment. In the interviews, the

respondents gave various examples of how they determine the direction of their organization and whether and how they create flexibility.

In some organizations, flexibility is mentioned as an explicit part of corporate strategy and is considered a continuous necessity for dealing with changes. For example, respondent 21 said: "[. . .] we have a strategic plan of one and a half A4 sheets. And it states that our organizational form [. . .] must be agile and flexible to anticipate what comes our way".

However, most respondents reported that flexibility (or related terms such as "agility" and "maneuverability") was not mentioned in their policy. In most organizations, the management was aware that anticipating external changes was necessary; this awareness was implicit in some respondents and more explicit in others. For example, some said that flexibility was necessary ingredient for planned changes, such as external changes to the financing system.

Some respondents also mentioned situations where it is difficult to create flexibility, such as real estate strategy. The disposal or repurposing of buildings and entire locations are examples of this. A long-term strategy is needed when planning new housing. Master plans indicate the long-term goals in a fixed direction. However, flexibility is created by annually adapting the planning and execution to the current circumstances. Respondent 10 made a statement about this: "the strategic real estate plan, which covers 15 years, is simply updated every year [. . .] So in that sense we have often accelerated, slowed down, and things were added or went off." Another way to create flexibility is to develop an adaptive architectural design for alternative use of the real estate if needed.

Participants mentioned guiding values in their interviews that help to direct the organization and create flexibility and consistency without detailed rules and instruction. These values included "the three core values," "the four Bs," "the solid core," "the five guiding principles" and "the four ultimate goals." They secure flexibility by providing structure and guidelines for decision-making on an operational level. One of the respondents said "If you want to show initiative in our organization you have to ask yourself: do I score positive on two or more of the four Bs – *Binnenwereld, Beroep, Buitenwereld en het Bedrijf* (own wellbeing, professionality, environment and business) – and do I not score negative anywhere? Then you can execute your plan." The participant's perspective and vision appear to be important for flexibility as they give direction and space. In some organizations, guiding values are adapted to each organizational level to guide decision-making on that specific level.

A number of correspondents (respondents 8, 9 and 18) said they implement the Rhineland model in their organizations to create flexibility. In these organizations, a lot of power and authority is given to the professionals and teams. Because they are close to the patient, they can quickly anticipate changing needs, and this creates flexibility. The respondents were enthusiastic about this, but identified several challenges in changing the management paradigm, such as retaining old behaviors and resisting organizational responsibility.

The organizational structure

Organizational structure refers to how systems, partnerships, structures, decision-making, communication processes and professional roles are designed (Roberts and Stockport, 2009; Sopelana *et al.*, 2014; Volberda, 1997). These structures form the backbone that supports flexibility. Organizational structure and direction are closely linked here because a clear structure maintains strategic focus. More is needed than just flexibility, inspiring stories or motivation. It was noted in the interviews that "Hard work is also necessary to achieve results" (respondent 2). Furthermore, almost all respondents mentioned the need for balance between flexibility and consistency. In order to be successful, the organizational structure requires attention to a good balance between the two. Respondent 6 makes a clear statement about this: "I do not believe that you are a flexible organization if you only have the inspiring

story. You also have to ensure a solid backbone." The more you mandate within frameworks, the more space professionals have and the greater the flexibility. But then checks and balances are needed to prevent chaos. Respondent 1 gave an example of the pitfall of too much flexibility in the organizational structure: "everything has happened differently everywhere and that actually makes you very inflexible, because nobody knows exactly how it works [. . .] it makes the step forward very difficult and reduces the ability to adapt to what may come." In this situation, dynamics had to be reduced to create a stable structural core. Monitoring rules and agreements are important structural aspects.

In those organizations experimenting with the Rhineland model (Respondents 8, 9 and 18), flexibility is created by organizing responsibility at the operational level and by engaging all organizational levels in strategic choices. For example, respondent 21 manages more than 500 employees and includes them in strategic thinking during "self-managing circles" held a few times a year. In these meetings, strategic issues are discussed and translated to the operational level. Respondents 8 and 9 also embrace Rhineland thinking in their organizations and called traditional organizing "a dead end". Shared values are essential in the Rhineland organization model, in which values and craftsmanship provide a basis for decision-making, requiring less detailed implementation plans and procedures. "Thinking in terms of values means that you can scrap a lot of rules [. . .] because it is about whether we have the same intention. So, as far as I'm concerned, that already includes flexibility" (Respondent 9). To create flexibility, there should be less pressure from rules and policy and more autonomy at the operational level.

Financial success and achieving results are important for all healthcare organizations because it creates space financially and creatively. Respondents reported that a lack of financial success reduced the possibility to maneuver because the lack of resources and the fact that more attention had to be paid to exploitation. Some organizations make their financial and production gains transparent, and professionals are accountable for their contribution. They work towards a team target that indicates how much profit the team needs to make. These results can be compared between units. The results are mutually compared and benchmarked. "Not with the aim to control or punish, but to be able to have a conversation about the differences and the choices that have been made" (Respondent 11).

In some participating organizations, the organizational structure was changed to increase flexibility. For example, Respondent 14 reported that a matrix structure had been implemented in their institute to eliminate organizational rigidity and thinking in separate units. This alternative structure was implemented to increase flexibility and to reach the goals of the organization. In this case, flexibility was important for this underlying change.

Operations

Operational flexibility refers to how plans are implemented and how easily employees can progress and adapt to changes in the internal and external environment. Our participants reported different experiences with implementing strategy plans and the way they create flexibility on the operational level. A good idea conceived in the boardroom does not always turn out as planned at the operational level often because of unexpected objections or interests.

An example of this was given by one respondent who described their organization's attempt to increase flexibility by having employees work in different locations; this plan failed because employees did not identify with the organization as a whole but rather with their local unit. Another participant described how their organizational direction was understood differently at the operational level. Managers can be convinced in the boardroom that their organization has a dynamic environment and that flexibility is essential, but the healthcare professional may face a completely different reality in their treatment room. They

have a client in front of them who needs their support. For the professional, this is the relevant task and everything else is "just management-related hassle." In this scenario, it is difficult for healthcare professionals to proceed with plans and be flexible.

Various respondents singled out highly educated professionals working in psychiatric hospitals as a subgroup of strongly autonomous "stubborn" employees, particularly those participants who also had a background as a psychiatrist or psychotherapist themselves. Several respondents identified psychiatry as having fragmented and polarized views between disciplines: "There are four, five, six important schools of thought that determine what patient care and treatment should look like. The interests are very fragmented between all parties" (Respondent 2). Lengthy discussions between individuals with different schools of thought about the proposed direction, content and implementation make it difficult to operationalize plans. This is an example of rigidity.

One CEO emphasized that operationalizing performance monitoring and finance is the "backbone" of a flexible organization. This can be done by formulating and enforcing clear rules for administration and accountability. Respondent 21 reported that, in their organization, the employees have responsibility in this area. They have their own dashboard and can monitor themselves on a number of indicators, such as billable costs, absenteeism and the inflow and outflow of clients. There is complete transparency about the results and that is sometimes difficult for these relatively young professionals. "They want to do very well and quickly become fond of their autonomy in the treatment room" (Respondent 21).

Several respondents referred to complexity theory as a way of dealing with the difficult balance between consistency and exploitation on the one hand and professional autonomy and creativity on the other hand. Respondent 18 said "That's the nice thing about complexity. You have to have faith. And you know it is a non-linear process. You know all those little birds in a swarm will eventually get you there. And that is difficult, because you should not manage and control it. You actually have to facilitate." Respondents found it difficult to clearly describe the dynamics of a complex process or system in words and used images instead, such as a dance "it is almost like dancing with your environment" (Respondent 16) or swarm (Respondents 8 and 18). This imagery expressed a fluid interplay without too many rules.

The COVID-19 pandemic as test case of flexibility in healthcare organizations

As the COVID-19 pandemic unfolded in the Netherlands, mental healthcare organizations had to react. In this section, we present how our participants responded to the pandemic and what they learned about the flexibility of their organizations. We also explore how the flexibility of the organizations influenced their organizational reaction to the pandemic.

Opinions differ on whether response to the COVID-19 is a true demonstration of flexibility. Some respondents confirmed that employees' quick reaction to the new challenge and the drastic measures clearly indicate flexibility on an operational level. "It was a kind of tailwind and a kind of energy where you also feel together" (Respondent 7). "Nobody fussed about anything. It was impressive what emerged" (Respondent 3). Other respondents questioned whether these responses to the pandemic truly demonstrated operational flexibility. Quick adaptations to the pandemic, such as establishing COVID-19 crisis teams, setting up COVID-19 wards, and implementing a 'command structure' were maybe examples of flexibility on directional and structural levels. At the operational level, high pressure, "under steam and boiling water" (Respondent 1), forces people to comply, and several respondents questioned whether this survival instinct reflects flexibility.

What helped healthcare professionals to respond to the pandemic so quickly? Respondents cited rapid decision-making processes and rapid activation of experienced and trained crisis teams that dealt with the pandemic on a directional and structural level.

These temporary and often multidisciplinary teams were given organizational control and decision-making power, which allowed them to respond quickly to the changing situation. Most crisis teams had trained for all kind of scenario's and worked top down. In the interviews, respondents used phrases such as "hierarchical and directive," "command structure," "decisive decision-making" and "central control." The respondents reported clearly and positively about the functioning of the crisis teams. A single organization also set up a RED team (so called because the color red was originally given to the opponent in military exercises) – a group of critical and counter-thinkers from various disciplines who advised the crisis team.

The flexible attitude of healthcare employees during the crisis was attractive to many of our participants. But after the first COVID-19 wave had passed, respondents noticed that the initial decisiveness and feeling of unity faded and old resistances re-emerged. Healthcare managers and employees felt that it would be a shame to return completely to the way things were before after such an achievement and shared success. But some healthcare professionals already returned to their treatment rooms after the first lockdown and resumed their old habits. Managers perceived this return to normal as a manifestation of resilience but were worried that nothing was learned from the pandemic. Many organizations held meetings to evaluate the first COVID-19 wave and to summarize what was learned and what can be done better in the future. Several participants mentioned the advantages of digital catch-up and online treatment, and many were able to work well at home. They began to realize that important things had been learned and that it would be a shame to return to the old ways. Respondent 19 distinguished between adaption and flexibility as follows: "Flexibility is moving along the external influence, adaption is making new behavior your own."

Summary and discussion

Organizational direction

Flexibility is needed to adapt to the environment, but balancing flexibility and consistency is challenging. In the large healthcare organizations, the equilibrium between flexibility and consistency is unstable, and organizations can easily become too chaotic or too rigid (Pype *et al.*, 2017; Ratnapalan and Lang, 2020). Our interviews showed that many healthcare organizations are aware that flexibility is important but do not address it in their policy; only a few participants reported flexibility as an explicit policy or strategy. It is often mentioned as a capability needed to react on external circumstances of change and not as a permanent and proactive capability.

The complexity theory (Pype *et al.*, 2017) came up several times in the interviews with the managers – sometimes by name and sometimes implied in the way managers think about their organization and the way in which paradoxes are handled by managers and professionals. Viewing organizations as complex, adaptive and layered systems (Ratnapalan and Lang, 2020; Van De Bovenkamp *et al.*, 2017) may help achieve optimal flexibility. Complexity lies between planning and control on the one hand and chaos on the other hand (Pype *et al.*, 2017). To deal with this complexity (Chaffee and McNeill, 2007; Paley, 2007), managers need to handle their own insecurities and curb their desire to control and that requires a personal development process. Our participants reported using values or indicators to provide just enough frameworks for essential subjects to create sufficient unity and cohesion in an autonomous setting; this does not mean that management should be absent.

Organizational structure

The importance of balancing exploitation and exploration arose in most interviews. Systems are designed and structures are put in place to make quantitative and financial results

transparent. Participants saw this as necessary to perform positively as an organization. Flexibility is supported by this "solid backbone." Allowing healthcare professionals to monitor their performance and be responsible for a limited set of terms and conditions creates more flexibility. Human resource policies for developing and exchanging knowledge are important. Flexibility can also be created on a structural level through cross-connections that can disseminate knowledge quickly throughout the organization (knowledge absorption).

The need for flexibility is constantly changing and requires a good relationship with the outside world and the ability to signal important developments. The structure and flexibility of the organization need to fit with dynamics of the environment (Volberda, 2004). This means exploitation and exploration are in order at the same time and can be coordinated dynamically. This is just as tricky as being both left and right handed, so is referred to as ambidexterity (Herhausen *et al.*, 2020; Janssen, 2017).

Operations

Healthcare managers must consider the nonlinear character of complex adaptive systems. The idea that you put your plan of action on paper and then implement it in the organization is outdated. Once an idea is conceived, dialogue and adjustment are continuously necessary. An operational dialogue to guide individual managers and organizational units through discussions is mentioned in the interviews as a constructive way to deal with the flexibility paradox.

The role of the healthcare professional also lies on the operational level. Highly educated professionals are an essential asset to mental healthcare organizations. These individuals handle complex operational issues and take independent responsibility. These are ingredients for self-organization mentioned in the complexity theory (Chaffee and McNeill, 2007; Holden, 2005) but can also inhibit complexity if the professionals do not feel connected to the goals or if their paradigms and beliefs block mutual cooperation. Several professionals view their treatment room as a sanctuary where they tolerate little interference. This is interesting because the flexibility of individual employees, managers or CEOs ultimately determines the flexibility of the organization (Varlander, 2012). Future research is needed to determine when an individual needs to leave their comfort zone to face uncertainty and how organizations can facilitate that process.

The relation between flexibility, resilience and adaption

The top managers in the interviews reported learning valuable lessons from the COVID-19 pandemic. When reflecting on the response to the first COVID-19 wave, terms like "flexibility," "resilience" and "adaption" were used. Our participants clarified the differences and connections between these terms in their interviews. This leads to an interesting insight.

In most interviews, managers reported a temptation to "bounce back" to normal after the first wave of the COVID-19 crisis. This resilience (Alliger *et al.*, 2015; Zank *et al.*, 2019) has advantages because it allows old routines to resume and to recover, but the disadvantage may be that it restricts necessary new developments. As shown in Figure 1, we suggest that resilience is a counterforce of flexibility that prevents the organization from falling into chaos. However, this resilience also prevents the healthcare organization from learning anything new. Adapting behaviors, processes and structure allows the organization to learn from their experiences and move forward rather than going back to the beginning. In their interviews, several respondents reflected on how to learn from the crisis and how to balance flexibility, resilience and adaptation.

Training in responding to different scenarios and having alternative structures prepared has been an important help in the response of crisis teams to the COVID-19 pandemic. All participants reported that these crisis teams were helpful on the structural level. The clear

chain of command facilitated the fast response of the organization. There are also some threat-rigidity effects at this level as well as some pitfalls, including working top down, limited planning and control, and excluding communication (Staw *et al.*, 1981). One participant reported establishing a RED team in their organization to avoid these pitfalls and groupthink mechanisms (Baron, 2005; Janis, 1972) by creating a counterforce and debate on decisions made by management and crisis teams.

During the first wave of the COVID-19 pandemic, the primary urge to survive ensured rapid and adequate responses by mental healthcare institutions. The question of whether this rapid response indicates flexibility is interesting. During the interviews, it came to mind that "if you run away from a fire to save your life, it does not mean that you are sporty, but it helps you run away if you are."

When we translate this to flexibility, we suggest that the rapid adaptation in a crisis is not a direct example of flexibility but rather the urge to survive. But when an organization is already flexible, it makes quick adaption easier.

Managerial implications

On the organizational direction, managers must consider flexibility in times of continuous change as a proactive and permanent attitude and make it an explicit part of their management strategy. With long-term plans, such as real estate policy, a clear vision allows plans to be periodically adjusted without losing direction. With real estate, the flexibility of the buildings can be considered, for example by making them multifunctional and adaptable.

The structure of the organization also influences the degree of flexibility. Clear and transparent work processes, communication protocols and decision-making procedures can support flexibility and prevent it from slipping into chaos. Exploring other management styles and paradigms can provide inspiration for alternative solutions. Training and preparation in responding to different scenarios and having alternative structures prepared proved useful in unexpected situations, such as the COVID-19 crisis. Further practice with alternative structures, unknown events and the other management styles in various scenarios is recommended – if only to become aware of implicit beliefs.

Managers also need to create ambidexterity in their leadership and in their organization by combining good results with creativity and innovation. Lessons can be learned from the complexity theory (Pype *et al.*, 2017). Managers can direct their organization more flexibly with a clear vision and a few guiding values than with detailed rules and instructions.

When it comes to operations, managers should bear in mind that views and perspectives in the treatment room are different from those in the boardroom. There are different schools of thought, especially in psychiatry, which often makes opinions ambiguous. Translating the importance of flexibility to the various disciplines and operationalizing results monitored by the professionals allows professionals to contribute to creating flexibility, consistency and results.

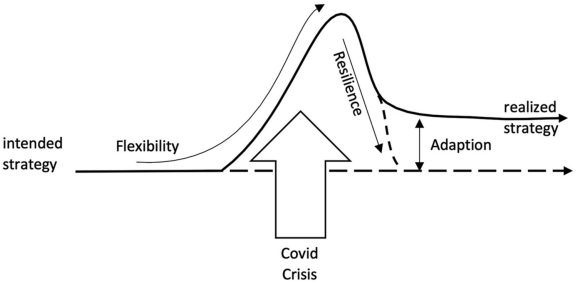

Figure 1.
The dynamics between flexibility, resilience, and adaption inspired by Mintzberg and Waters (1985)

Managers also need to anticipate the pitfalls of flexibility and resilience and respond to these pitfalls quickly. Adaptation and learning capacity also prevent managers from returning to old and familiar habits.

Overall conclusions

We examined how the top management of healthcare organizations views the flexibility of their organization and whether this fits in with the dynamics of the environment, especially with regard to the direction, structure and business operations of the organization. We found that CEOs and top managers of mental healthcare organizations create flexibility mostly in an implicit way and in a reactive manner. During the COVID-19 pandemic, a clear line of command and crisis teams were helpful in executing a rapid response to the new situation. The structure could be adapted quickly because the crisis teams had prepared for different types of crises. This was an exceptional situation as flexibility is not usually an explicit strategy. Flexibility seems to be an implicit part of the value system and is not elaborated at the organizational direction, organizational structure and operations levels.

Flexibility and resilience are closely linked mechanisms that antagonize and protect each other. Flexibility ensures a quick response and resilience provides the counterforce and rebound needed to recover. Adaption then is needed; it ensures that the situation does not return completely to the beginning and that something is learned from the experience. Balance between these mechanisms is necessary to prevent the pitfalls.

Limitations and future research

This study has several limitations. In the interviews, we asked managers about their perception of their organizations and how flexibility can be created and not their employees, which gave a one-sided perspective. Future research should further explore the different organizational levels in a few organizations, looking more closely from the perspective of the employees at how managers want to create flexibility. We also did not address the effectiveness and efficiency of the measures or what the return on investment was. This would also be interesting for future research.

We deliberately focused on mental healthcare in this study, which means our results cannot be generalized to other sectors. Future research could also examine the professional autonomy of healthcare workers and how the discussions between different schools of thought affect flexibility in other sectors, as we have seen in mental healthcare. It would also be interesting to see how pressure within emergency and intensive care units affects flexibility.

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