The drivers of (inter)organizational resilience

The drivers of (inter)organizational resilience

Rethinking power dynamics

Jennifer van den Berg

A catalogue record is available from the Eindhoven University of Technology Library
ISBN: 978-90-386-5393-8

Van den Berg, J.

Keywords: decentralized decision-making | formal empowerment | informal empowerment | organizational resilience | power distribution | psychological safety | interorganizational collaboration | heterarchy

The drivers of (inter)organizational resilience: Rethinking power dynamics
Eindhoven: Eindhoven University of Technology, 2021

Eindhoven University of Technology
Department of Industrial Engineering & Innovation Sciences
Innovation, Technology Entrepreneurship, & Marketing (ITEM) Group
http://www.tue.nl

Cover photo: Dennis Khalil
Cover / layout design: Kim White
Printed by: Proefschrifmaken.nl

THE DRIVERS OF (INTER) ORGANIZATIONAL RESILIENCE

RETHINKING POWER DYNAMICS

PROEFSCHRIFT

ter verkrijging van de graad van doctor aan de Technische Universiteit Eindhoven, op gezag
van de rector magnificus prof.dr.ir. F.P.T. Baaijens,
voor een commissie aangewezen door het College voor Promoties, in het openbaar te verdedigen op vrijdag 12 november 2021 om 16:00 uur

door

Jennifer van den Berg

geboren te Heerjansdam

Dit proefschrift is goedgekeurd door de promotoren en de samenstelling van de promotiecommissie is als volgt:

Voorzitter	Prof.dr.ir. G.J.J.A.N. van Houtum
1e promotor	Prof.dr. A.G.L. Romme
2e promotor	Prof.dr. P.M. Le Blanc
Copromotor	Dr. A.A. Alblas
Leden	Dr. J.M.P. Gevers
	Prof.dr.ir. J.C. van Burg (Vrije Universiteit Amsterdam)
	Dr. E. Kutsch (Cranfield University)

Het onderzoek of ontwerp dat in dit thesis wordt beschreven is uitgevoerd in overeenstemming met de TU/e Gedragscode Wetenschapsbeoefening.

Voor mijn ouders,
zonder wier onvoorwaardelijke steun ik nooit gekomen was
waar ik nu ben

A good half of the art of living is resilience

-Alain de Botton-

CONTENTS

1

INTRODUCTION

1.1.
BACKGROUND – WHY ORGANIZATIONS SHOULD RETHINK POWER DYNAMICS FOR RESILIENCE

As the COVID-19 pandemic has made painfully clear, organizations are facing challenges today that make them increasingly vulnerable, and only a few demonstrate the ability to handle these challenges. The response to life threatening events such as the pandemic cannot be adequately explained by existing theories of organizational adaptation, for which resilience theory offers an alternative (Mithani, 2020). Resilience in that respect is becoming an important feature, or even a source of organizations' competitive advantage (Halek & Strobl, 2016). Concerning individual organizations, the traditional hierarchy (that ranks employees according to their decision-making authority) is often ineffective under such dynamic environmental conditions (Eisenhardt & Bourgeois, 1988; Haleblian & Finkelstein, 1993; Lee & Edmondson, 2017). That is because such ranking does not assign employees (enough) decision-making authority to adequately respond to these conditions. For organizations to be resilient, they have to be able to respond quickly to dynamic environments, and as such, their employees need to be authorized, or empowered to do so. This calls for them to be *structurally* empowered by management (Maynard, Gilson, & Mathieu, 2012; Romme, 1999). Few studies of organizational resilience explicitly acknowledge the value of employee participation in decision-making processes (e.g. Meyer, 1982; Powley, 2009; Reinmoeller & van Baardwijk, 2005). This may be due to the fact that organizations mostly centralize control in response to increasing environmental demands (Staw, Sandelands, & Dutton, 1981), as the centralization and formalization of authority, processes, and procedures support resolving *routine* disruptions faster (Rudolph & Repenning, 2002). However, the disruptions currently confronting organizations are by no means routine, as COVID-19 so vividly illustrates. Such disturbances require organizations to build resilience into their entire structure, so that employees have the power to respond adequately without relying on management. Facilitating organizational structures with fewer hierarchical levels can thus cultivate organizational resilience (Mosca, Gianecchini, & Campagnolo, 2021), as they process information innovatively: by ensuring information is known by all organizational members (i.e. mutual knowledge), they will be better able to predict each other's actions, thus improving their decision-making capability and eliminating the need for hierarchical intervention (cf. Joseph & Gaba, 2020).

Organizational resilience is contingent upon many different factors, for example having slack resources (Samba & Vera, 2013; Weick et al., 1999). What ultimately distinguishes organizations as resilient, is their ability to employ such resources, which in turn depends on their members' efforts. I argue that members' mutual efforts to create a resilient organization can only be channeled in a shared decision-making structure. This calls for studying how a rearrangement of traditional power dynamics, reflected by centralized decision-making, to more decentralized decision-making structures can contribute to organizational resilience. Only a few scholars have addressed how organizational structure design impacts organizational resilience (e.g. Eisenman, Paruchuri, & Puranam, 2020; Välikangas & Romme, 2013) and, not surprisingly, organizational resilience has been identified as a major design challenge (Gulati, Puranam, & Tushman, 2012).

This challenge is even greater for design at an *inter*organizational level because interorganizational collaborations, by default, do not have a traditional structure (Alberts, 2012). Pressing issues such as climate change or pandemics often require input from organizations across industries and borders (Chesley & D'Avella, 2020) and organizations are initially limited by their level of resources and expertise (Huxham & Vangen, 2005). As they cannot address environmental dynamics themselves, they have to collaborate (Chesley & D'Avella, 2020; Huxham & Vangen, 2005). That collaboration, although equally at risk of organizational disruption (Barringer & Harrison, 2000), is a means for organizations to deal with a turbulent and complex environment (Wood & Gray, 1991), possibly giving them a competitive advantage (Kanter, 1994), through knowledge sharing routines and effective governance (Dyer & Singh, 1998). Interorganizational collaborations, however, are often difficult to sustain, and not many are resilient enough in the longer term (Chesley & D'Avella, 2020). This is because every organization needs to find a balance between collaborating and engaging with one another while at the same time maintaining its autonomy (Chesley & D'Avella, 2020). At the interorganizational level, heterarchical rather than hierarchical organizational designs are witnessed, where members have equal or similar rights to coordinate activities (Gulati et al., 2012). The design of an individual organization, or interorganizational collaboration for that matter, could therefore be vital for effectively dealing with external challenges such as COVID-19. In other words, the structure of the collaboration could facilitate and enhance adaptation to the disruption (Eisenman et al., 2020).

So, on the one hand, traditional hierarchal organizational structures are facing more and more criticism. For example, where organizational members need to respond faster to turbulence than managerial controls allow, such organizations miss out on opportunities and instead cause failures (Lee & Edmondson, 2017). Furthermore, managers lacking control create workplace politics that in turn limit the flow of information in an organization, often associated with its underperformance (Eisenhardt & Bourgeois, 1988). On the other hand, as collaboration between organizations is becoming more and more widespread, it is worth investigating how more flexible (i.e. decentralized or distributed)

structures could benefit from (inter)organizational resilience. Indeed, organizations are switching from traditional hierarchical structures toward more collaborative forms of governance, where people are stimulated to collaborate also in decision-making. At the interorganizational level, usually by design devoid of hierarchy, the active adoption of collaborative governance can also be witnessed. This in turn has implications for dealing with power, as collaboration inherently implies compromising your individual autonomy for the power of the collective—both at the intra and interorganizational level.

In this PhD project, I explore whether and how power dynamics influence (inter) organizational resilience, specifically by looking at structural employee empowerment through decentralized decision-making (intra organizational) and interorganizational collaboration through distributed decision-making. The overarching research question for this project is therefore: *How do intra- and interorganizational power dynamics influence (inter)organizational resilience?* By formulating an answer to this question, I aim to more deeply understand the mystifying concept of resilience, and thereby inspire follow-up research. Generating insights into the construct of resilience could not be more vital as the need for organizations to become resilient appears to outpace the developments in conceptual clarity. At the same time, the dynamic nature of organizational work in health care demands more research (Mayo, Meyers, & Sutcliffe, 2019). The research in this dissertation is aimed to offer insights into how resilience theory could adequately explain (inter)organizational responses to adversity in health care settings (cf. Mithani, 2020). Additionally, I seek to inform practice by developing recommendations useful in the industries under study (i.e. home care and maternity care). This is crucial as the resilience- or brittleness- of these industries directly affects lives of those who receive care. This introductory chapter first provides a concise literature review on the concept of resilience and elaborates on power dynamics and the role organizational (decision-making) structures play in creating resilience. Subsequently, the two studies in Chapters 2 and 3 are introduced and outlined.

1.2. RESILIENCE: THE (INTER)ORGANIZATIONAL CAPACITY TO ANTICIPATE, ADAPT, AND THRIVE

Based on a systematic literature review, Annarelli and Nonino (2016, p. 3) define organizational resilience as "the organization's capability to face disruptions and unexpected events in advance thanks to the strategic awareness and a linked operational management of internal and external shocks," implying the necessity to be prepared and take preventive measures, thus minimizing the probability of threats and potential impact. This type of organizational resilience involves avoiding or anticipating acts (Hamel & Välikangas, 2008; Ortiz-de-Mandojana & Bansal, 2016; Winston, 2014), or adjusting to changes (Hamel & Välikangas, 2008; Ortiz-de-Mandojana & Bansal, 2016). Freeman, Hirschhorn and Maltz (2003) define resilience as a "*capacity to act without knowing in advance what one will be called to act upon*" (p.7), so an organization will be able to deal with any potential future situations. The manifestation of COVID-19 genuinely tested this capacity, as organizations all over the world needed to be ready to deal with something they could not have predicted, let alone prepare for beforehand. Accordingly, adopting a resilience perspective means focusing on how organizational processes might create potential for the occurrence of jolts (Goodman et al., 2011). Others stress that anticipation is not the same as resilience (Butler & Gray, 2006; Weick et al., 1999) since it implies prediction and prevention of potential dangers upfront, while resilience can only manifest itself once the threat has occurred (Weick et al., 1999). Vogus and Sutcliffe (2007) also call for distinguishing between anticipation, which they see as avoiding jolts by design, and resilience (recognizing that jolts can occur and managing them as quickly as possible when they do). Resilience can also be viewed more passively, for example as being able to handle change without the need for avoidance or anticipation. This resembles viewing resilience as the capacity to show robustness while undergoing change (Coutu, 2002), implying there is no need to recover as environmental change can go unnoticed.

While these interpretations of resilience are about ensuring no negative consequences, another interpretation goes a step further to where avoidance is no longer possible and negative consequences can only be minimized. Here, organizational resilience is being able to *recover* from a jolt and return to the original state, or bounce back. This aligns with the dominant psychological perspective on resilience (Rutten et al., 2013). Recovery can be seen as a more static form of resilience (e.g. Meyer, 1982; Coutu, 2002; Markman

& Venzin, 2014; Powley, 2009; Sheffi & Rice, 2005; van der Vegt, Essens, Wahlstrom, & George, 2015; Weick, Sutcliffe, & Obstfeld, 1999; Winston, 2014). Välikangas and Romme (2013) conceive this as operational resilience. According to Meyer (1982), this incites only single loop learning and first order change, which is not retained and dissolves. First order change refers to straightforward alterations that do not require the organization to reframe its current methods (Romme & van Witteloostuijn, 1999).

According to Riolli and Savicki (2003), the construct of resilience presupposes that the organization has undergone a situation of significant adversity and adapted positively. In turn, Su, Linderman, Schroeder and Van De Ven (2014) define resilience as the dynamic organizational capability to increasingly adapt or respond to a changing environment. Thus, going even further than just recovering, organizational resilience is about being able to adapt to a jolt, (Annarelli & Nonino, 2016; Fiksel, Polyviou, Croxton, & Pettit, 2015; Goodman et al., 2011; Markman & Venzin, 2014; Samba & Vera, 2013; Woods, 2005) implying a more dynamic form of resilience. Meyer (1982) explicitly distinguishes this 'adaptive' capability from resilience and calls it retention, implying that the change the organization undergoes is of a second order and incites double loop learning, which retains and solidifies the change. Double loop learning means that organizational members actively reframe current ways of thinking in order to come up with new solutions (Romme & van Witteloostuijn, 1999).

In their definition of resilience, some go further to explicitly include achieving a new (better) state after adapting (Annarelli & Nonino, 2016; Samba & Vera, 2013). Others add the capability to move *beyond* survival and actually prosper during uncertainty (Lengnick-Hall & Beck, 2005; Markman & Venzin, 2014; Vogus & Sutcliffe, 2007). Välikangas and Romme (2013) define this dynamic aspect as strategic resilience, or the possibility to benefit from the change as it unfolds. Such strategic resilience is, for example, shown by some organizations that proved to do well in response to COVID-19, as the second study in this dissertation illustrates.

Butler and Gray, (2006), Goodman et al. (2011) and Weick et al. (1999) stress the need to be able to cope with changes as they occur, and thereby minimize the consequences (Goodman et al., 2011) or contain errors (Butler & Gray, 2006), i.e. prevent them from spreading. With respect to adapting or coping, Sitkin (1992) critically notes that a single act of adaptation leads to reliability, resulting in only short-term success, whereas the continuous presence of *adaptability* leads to resilience, translating into long-term success. This critique directly reflects on the paradigm of reliability (cf. Wildavsky, 1988), in which resilience is conceived as the capacity to act without knowing beforehand what it is that needs to be acted upon (see also: Freeman et al., 2003). Preceding the reliability paradigm is Normal Accident Theory (cf. Perrow, 1984), claiming that in tightly coupled systems characterized by interactive complexity, the resulting accidents are a 'normal' and expected consequence. The reliability paradigm moved beyond normal accident theory, as operational reliability increased over time to such an extent that any possible

disaster resulting from the interactions in a complex system would now be considered an exceptional occurrence rather than a 'normal accident'.

Later, the reliability paradigm was complemented with resilience engineering, focused on providing organizations with the engineering tools to deal with such risks in a proactive way (Hollnagel, Woods, & Leveson, 2005). Such *managing* of resilience, as Woods (2005) calls it, requires monitoring organizational decision-making in order to monitor whether the organization is moving closer to the possibility of exceeding its safety boundaries and even to monitor how it monitors such risks. In line with resilience engineering, Woods (2007) does not limit his definition of resilience to adaptability, which he sees as a general capacity that all systems have to demonstrate. Instead, he refers to resilience as the broader capability of how well a system handles disruptions and variations that fall *outside* its basic coping mechanisms, such as COVID-19.

In contrast, Rudolph and Repenning (2002) argue that even small, familiar changes can threaten the organization if they accumulate over time. Once the threshold for familiar changes is surpassed, the organization's performance often collapses. Resilience, in that sense, means being able to accommodate these changes and thus operate below this threshold (Rudolph & Repenning, 2002). Not only unexpected events or acute stressors, but also chronic stressors affect resilience (Riolli & Savicki, 2003; Samba & Vera, 2013), making resilience also about day-to-day events (Mallak, 1999). As resilience can only be witnessed *while* experiencing turbulence, it is not surprising that an organization requires adversity to actually become resilient: according to Sitkin (1992), some level of failure would make an organization more willing to take risks or to experiment. This implies that the absence of failure deprives organizations of the opportunity to grow their resilience, over time resulting in a lower level of organizational resilience.

To integrate these different conceptualizations, one can argue that organizational resilience involves the capabilities of *avoiding*, *anticipating*, *recovering* and/or *adapting*, extended by *thriving*. While avoidance and recovery imply that the organization (while undergoing change) retains its current state, anticipating, adapting, and thriving put the organization in a new and better state. Resilience is thus conceived as static (i.e. being able to recover from crises and return to the original state) as well as dynamic in nature (i.e. able to adapt in response to a crisis and achieve a new and improved state).

As these dimensions do not necessarily simplify the conceptualization or the empirical observation of resilience, it is useful to extend them to more adjacent concepts— such as antecedents or mechanisms of resilience. For example, innovation appears to be an important antecedent for organizational resilience (Carvalho & Areal, 2016; Reinmoeller & van Baardwijk, 2005), as well as high performance (Carvalho & Areal, 2016; Su & Linderman, 2016), and survival (Schemeil, 2013). Conversely, Su and Linderman (2016) see resilience as an organization having a continuous sense of, and ability to adapt to, changes in order to maintain performance. Here, resilience leads to innovation, resulting in higher performance. Concerning the relationship between performance and

resilience, performance is considered equal to resilience (Rudolph & Repenning, 2002), as separate from resilience (Schemeil, 2013), as a way to operationalize resilience (Sabatino, 2016), or an antecedent of resilience (Su et al., 2014; Välikangas, 2010). In contrast, resilience is seen as leading to performance (Markman & Venzin, 2014; Su & Linderman, 2016) or as a perspective for assessing performance (Välikangas, 2010). The concept of resilience appears to resonate well with both innovation and performance, but there are no univocal linkages between them. In general, there may be a positive correlation between performance and resilience, but Schemeil (2013) argues that organizations can be resilient while simultaneously performing badly, reflecting the possible trade-off between a focus on short-term performance at the expense of long-term resilience. Ultimately, for an organization to succeed, performance and resilience need to be balanced (Schemeil, 2013).

Time appears to be a vital component in assessing organizational resilience, although it is scarcely discussed in the literature. Fiksel et al. (2015) see resilience as an 'ongoing process' that enables organizations to accept change. Samba and Vera (2013) also define resilience as a process rather than a trait, characteristic or outcome. Others integrate the time component by referring to resilience as leading to long-term success (Sitkin, 1992) or long term existence / survival (Mallak, 1999). Relating resilience to long-term performance, Markman and Venzin (2014) argue that a firm's resilience can be defined as no less than ten years of persistent superior performance, though this definition might not perceive resilience in action as no recovery or adaptation is needed during superior performance. In fact, resilience cannot be measured directly during business as usual as it needs time for its benefits to become evident (Ortiz-de-Mandojana & Bansal, 2016), or as Meyer (1982) argues, the consequences of jolts cannot be assessed until they have settled down. Resilience is therefore often described as a latent capacity that is path dependent and develops over time (Powley, 2009; Lengnick-Hall & Beck, 2005; Lengnick-Hall, Beck, & Lengnick-Hall, 2011; Samba & Vera, 2013; Ortiz-de-Mandojana & Bansal, 2016), requiring it to be in place before it is actually necessary. Thus, resilience is not something an organization has or does not have (Ortiz-de-Mandojana & Bansal, 2016), it is something that can be learned (Coutu, 2002).

Activities related to innovation, such as improvisation (Coutu, 2002; Goodman et al., 2011; Weick et al., 1999), recombination of past practices or routines (Goodman et al., 2011; Weick et al., 1999), experimentation (Sitkin, 1992), *bricolage* (Weick et al., 1999) are all marked as key mechanisms of resilience. Improvisation, or 'the deliberate and substantive fusion of the design and execution of a novel production' differs from experimentation in that experimentation entails deliberate variation in conditions, while improvisation does not actively seek more variation than is necessary to address the issue at stake (Miner, Bassoff, & Moorman, 2001). Bricolage concerns making the best use of the materials available (Weick, 1993), something that was directly required of health care practitioners when suddenly faced with COVID-19. These innovative activities,

despite each being conceptually different, are linked: for example, improvisation makes bricolage more likely, while bricolage enables improvisation (Miner et al., 2001). Such activities lead to organizational renewal, seen as the outcome of an organization's resilience (Hamel & Välikangas, 2008). As the earlier defined dimensions anticipating, adapting, and thriving also lead to organizational renewal and thus resonate most clearly with innovation's resilience mechanism, I define organizational resilience as *the capacity to anticipate, adapt to, and thrive under change*.

1.3. POWER DYNAMICS: ENSURING REAL AUTHORITY WILL CREATE RESILIENT ORGANIZATIONS

The dimensions anticipating, adapting, and thriving all involve organizational behavior, that is, the collective actions by individuals and groups within the organization. Logical reasoning implies that organizational members possess a substantial amount of power to create a resilient organization, which the literature confirms (e.g. Goodman et al., 2011; King, Newman, & Luthans, 2016; Lengnick-Hall et al., 2011; Mallak, 1999; Sheffi & Rice, 2005; Su et al., 2014; van der Vegt et al., 2015). The fact that many organizations are not resilient today could be due to what Pfeffer (1992) already noted almost three decades ago: the organizational inaptitude to implement ideas and decisions. An important role is therefore assigned to power as it can be used to 'get things done' (Pfeffer, 1992). Power is defined as 'the potential ability to influence behavior, to change the course of events, to overcome resistance, and to get people to do the things they would not otherwise do.'(Pfeffer, 1992, p. 30). Having power means people have agency, or the capability to do things (Giddens, 1984).

Traditionally, formal authority is an important source of power in organizations. However, in order to get a job done, organizational actors with formal authority need the cooperation of many others, not only those under their authority. Furthermore, if the individual who has the authority makes the wrong decision due to loss of insights and leadership capability, the entire organization can be damaged (Pfeffer, 1992). Those with authority are required to possess a high level of self-control by being willing to abandon short-term gains in favor of long term, organizational gains (Haugaard, 2021). If they fail, trust in authority will decline. The creation of a shared vision and organizational culture is said to solve the inherent issues related to formal authority, as it enables organizational actors to mutually coordinate based on shared goals and common understanding. This would then eliminate the need for them to be told what to do by higher level managers (Pfeffer, 1992), leaving them feeling detached from the organization (Martin, 2010). However, to achieve such a shared vision is challenging and not without its downsides (for example, a lowered receptivity regarding novel ideas from outside which challenge the organization's existing paradigm). So, on the one hand, formal authority has become less and less powerful in a world where organizational actors are increasingly connected and social norms have changed (Pfeffer, 1992). Especially in non-hierarchical settings, such a conventional form of authority (derived from position or expertise) is no longer

applicable (Bourgoin, Bencherki, & Faraj, 2020). On the other hand, organizations have failed to come up with a shared vision as their actors demonstrate more and more diversity (Pfeffer, 1992). Because authority in the traditional sense is no longer reliable, there is a call for organizational actors to tap into other, more informal sources of power (Pfeffer, 1992), more recently acknowledging the need to create other ways of understanding authority (Bourgoin et al., 2020): efforts which need to be instigated by those with formal authority in the traditional sense, but which eventually have to become a joint effort by everyone involved.

Though there is much to say for more informal sources of power (e.g. interactions and connections between organizational members), this thesis argues that formal authority is still fruitful, though should be shared among organizational members not just assigned to a select few. This might call for substituting formal authority (defined as the right to decide) with 'real' authority (defined as the effective control over decisions) (Aghion & Tirole, 1997). Knights and Roberts (1982) argue that power in organizations should not be considered as an individual possession but rather as captured by the relationship between people. Managers fail to see it as such, because they do not (want to) acknowledge their dependence on their employees, resulting in management enforcing employees to follow orders, and consequently an unproductive relationship between management and staff (Knights & Roberts, 1982). Such misuse of formal authority and power is likely to harm the organization as its members will feel increasingly alienated and unmotivated to pursue organizational goals.

I therefore build on Aghion and Tirole's (1997) concept of real authority by making a case for the expansion of authority in terms of decision-making power among employees (intra organizational) and organizational members (interorganizational). The underlying premise is that organizational performance is influenced by the distribution of power (Romme, 2016). In the intra organizational setting, employee empowerment indeed creates more resilient organizations, in terms of enabling quick operational responses to environmental changes (Mallak, 1999; Sheffi & Rice, 2005; van der Vegt et al., 2015). Therefore, there is growing interest in the role of employees, specifically in how their empowerment affects organizational resilience (Samba & Vera, 2013; Sheffi & Rice, 2005). Power distribution is also a factor that contributes to the performance of an interorganizational collaboration (Huxham & Vangen, 2005).

As organizational resilience is mostly determined by organizational behavior, which is in fact steered by organizational members as powerful agents, it is vital to consider how these actors can utilize their power to create resilience. Considering the challenges with regards to authority as traditional power source, and the fact that the distribution of power is important for performance at both the intra and interorganizational level, I outline the two most obvious ways of distributing power: decentralizing and distributing decision-making.

1.3.1. EMPOWERING EMPLOYEES THROUGH DECENTRALIZED DECISION-MAKING

Employee empowerment in terms of sharing decision-making power is still limited at the organizational level. Leading scholars continue to emphasize the benefits of centralizing decision-making power during adversity (Blenko, Mankins, & Rogers, 2010; Sherf, Tangirala, & Venkataramani, 2019) and specifically for organizational resilience (Rudolph & Repenning, 2002). However, over the years, other leading scholars have voiced opposing views, advocating the need to decentralize instead of centralize decision-making power for organizational resilience (Meyer, 1982; Su et al., 2014; Vallaster, Maon, Lindgreen, & Vanhamme, 2021; van der Vegt et al., 2015; Weick et al., 1999). This is hardly surprising, as pushing decision-making authority downward improves organizations' ability to handle uncertainty (Carmeli & Markman, 2011). Organizations facing turbulent environments opt to decentralize control in order to invite novel ideas and opinions (Eisenhardt, 1989b; Krishnan, Miller, & Judge, 1997; Sharfman & Dean, 1997). It has not, however, been specified in detail how such decision-making decentralization takes shape.

I conceive of decision-making power being (potentially) shared among strategic, tactical, *and* operational levels. Scholars have already acknowledged the role of organizational levels with regards to organizational resilience (DesJardine, Bansal, & Yang, 2019; Välikangas & Romme, 2013). And even regarding their interplay, Carmeli and Markman (2011) highlight the need for both strategies and tactics and their interplay to create organizational resilience, while Annarelli and Nonino (2016) acknowledge the need for both strategic awareness and operational management of resilience. Kahn et al. (2018) highlight the value of relationships across operational level units for determining an organization's collective resilience. However, these studies do not capture the specific interplay between all three organizational levels, including decision-making processes across these levels. I argue that decision-making is a key aspect here. That is to say, resilience is determined partly by how operations affect strategy (Woods, 2005, 2007), and thus requires employee involvement in everyday decision-making to ensure operational action and strategic goals are well-aligned by continually generating information about organizational operations and their weaknesses. This insight also emerges from a study by Vallaster et al. (2021), who looked at several for profit hybrids with sustainability-driven business models. One of the organizations in this study elected employee representatives, who were involved in strategic decision-making and thereby represented the voices of other organizational members. As organizational members are often unable to implement power effectively — in terms of formal authority and informal power, the issue of how to manage power becomes ever more prevalent (Pfeffer, 1992). Changing the decision-making structure to include all organizational levels in decision-making is therefore

potentially an important strategy for organizations to learn how to manage power for the benefit of organizational resilience.

Some traditional organizations, where decision-making is often not clearly defined (Ring & van de Ven, 1994), have already complemented their hierarchical structure, with a decentralized decision-making structure. The Dutch firm Endenburg Elektrotechniek is a successful example, as its employees are structurally empowered, that is to say, they are given the opportunity to co-decide with management on organizational issues (Maynard et al., 2012; Romme, 1999, 2015). This rearrangement of power ensures that all employees can have a say in decision-making processes (Romme, 2016) and by extension ensures their commitment to strategy and policy (Romme & Endenburg, 2006). Thus, structural empowerment enables employees to represent their own interests (Lee & Edmondson, 2017), giving them both formal and informal power.[1] They can influence decision-making at various levels (i.e. indicating a formal empowerment process) and in the process develop connections and interactions with other organizational members (i.e. indicating an informal empowerment process) (Laschinger, Finegan, Shamian, & Wilk, 2004).

1.3.2. DISTRIBUTING DECISION-MAKING ACROSS ORGANIZATIONAL BOUNDARIES

This thesis distinguishes decentralized and distributed decision-making. Decentralized decision-making implies a higher authority has delegated decision-making power to lower organizational authorities. This does not apply to sharing decision-making power in interorganizational settings where there is no authority with final decisive power. In the interorganizational context, autonomous actors collaborate under conditions of non-hierarchical authority (Litwak & Hylton, 1962), and therefore the degree of hierarchy that normally measures centralization, cannot be used in the interorganizational context (van de Ven, 1976). Van de Ven draws on Warren (1973) to argue that inclusive decision-making is best used to measure centralization in an interorganizational relationship. Such inclusive or distributed decision-making potentially offsets the fear of losing the decision-making autonomy typical of actors in interorganizational collaborations (Barringer & Harrison, 2000; Schermerhorn, 1975).

Lengnick-Hall et al. (2011) move beyond a strict delineation between decentralized and distributed decision-making by ascribing responsibility to employees for sharing decision-making power, implying that no higher authority is needed. They stress, however that Human Resources would need to localize this decision-making power, and thus it

1 The studies for this thesis do not take into account the related though distinct concept of psychological empowerment (e.g. Liden, Wayne, & Sparrowe, 2000; Spreitzer, De Janasz, & Quinn, 1999).

still concerns decentralization instigated by a higher authority. Ambiguity about the distinction between decentralized and distributed decision-making also emerges from other studies. Sheffi and Rice (2005) point out the value of *distributing* decision-making power for creating resilience at the *intra*organizational level. Only a few scholars actually address distributing decision-making beyond the organizational level in the context of resilience. For example, Fiksel et al. (2015) point to the need for distributing decision-making, arguably between the organization and external actors. Vallaster et al. (2021) discuss comments by two interviewees from the for profit hybrids on involving all actors (e.g. suppliers and consumers) in the decision-making on organizational issues (e.g. through consensus).

Regardless of the conceptual clarity of decentral vs distributed decision-making, deciding in an interorganizational collaborative manner impacts interorganizational resilience. As Joseph and Gaba (2020) rightly note, when organizations become more connected, it is increasingly more difficult to identify how to design the organization optimally. At the same time there is a notable trend in organizations to distribute decision-making across organizational boundaries. These developments call for a more complete understanding of how organizations can adapt to changing circumstances (Joseph & Gaba, 2020).

1.3.3. COLLABORATION: INFORMAL EMPOWERMENT AND PSYCHOLOGICAL SAFETY ENABLE SHARED DECISION-MAKING

In the interorganizational context, Fiksel et al. (2015) mention the need for collaboration and specifically collaborative decision-making with external stakeholders such as customers and governments in order to create resilience. Though less self-evident than at the interorganizational level, collaboration also plays an important role in sharing decision-making power at the intraorganizational level. Here, collaboration features specifically regarding organizational resilience in times of adversity. This is done in a more indirect manner though, by referring to the antecedent of social capital (Cotta & Salvador, 2020; Kahn, Barton, & Fellows, 2013; Lengnick-Hall et al., 2011; Powley, 2009; Su et al., 2014). This social capital is apparently created by the interactions and interpersonal connections between organizational members, in turn enabling information sharing and integration.

This collaboration underlines the importance of an open communication climate where people can voice their opinions (Kahn et al., 2013; Lengnick-Hall et al., 2011; Su et al., 2014). This serves to (re)build relationships during adversity (Kahn et al., 2013;

Powley, 2009), claiming flexibility in collaboration as opposed to rigid command and control (Kahn et al., 2013). Alluding to the central underlying assertion in this thesis is the need for flexibilization of control. Firms with a strong resilience capability have employees who can quickly access the social capital they need and subsequently act without having to go through the organizational hierarchy (Su et al., 2014). This implies that the various organizational units are closely linked, which can foster resilience as they spur information sharing between individuals, enabling them to adapt to unanticipated threats or opportunities and combine the knowledge from different units (Gray, Bunderson, Boumgarden, & Bechara, 2019). Drawing from social capital arguably helps to achieve a common understanding of the information required and the responsibilities of each organizational member, thus improving the speediness of action that a complex environment with a time constraint such as health care requires (Waring et al., 2018).

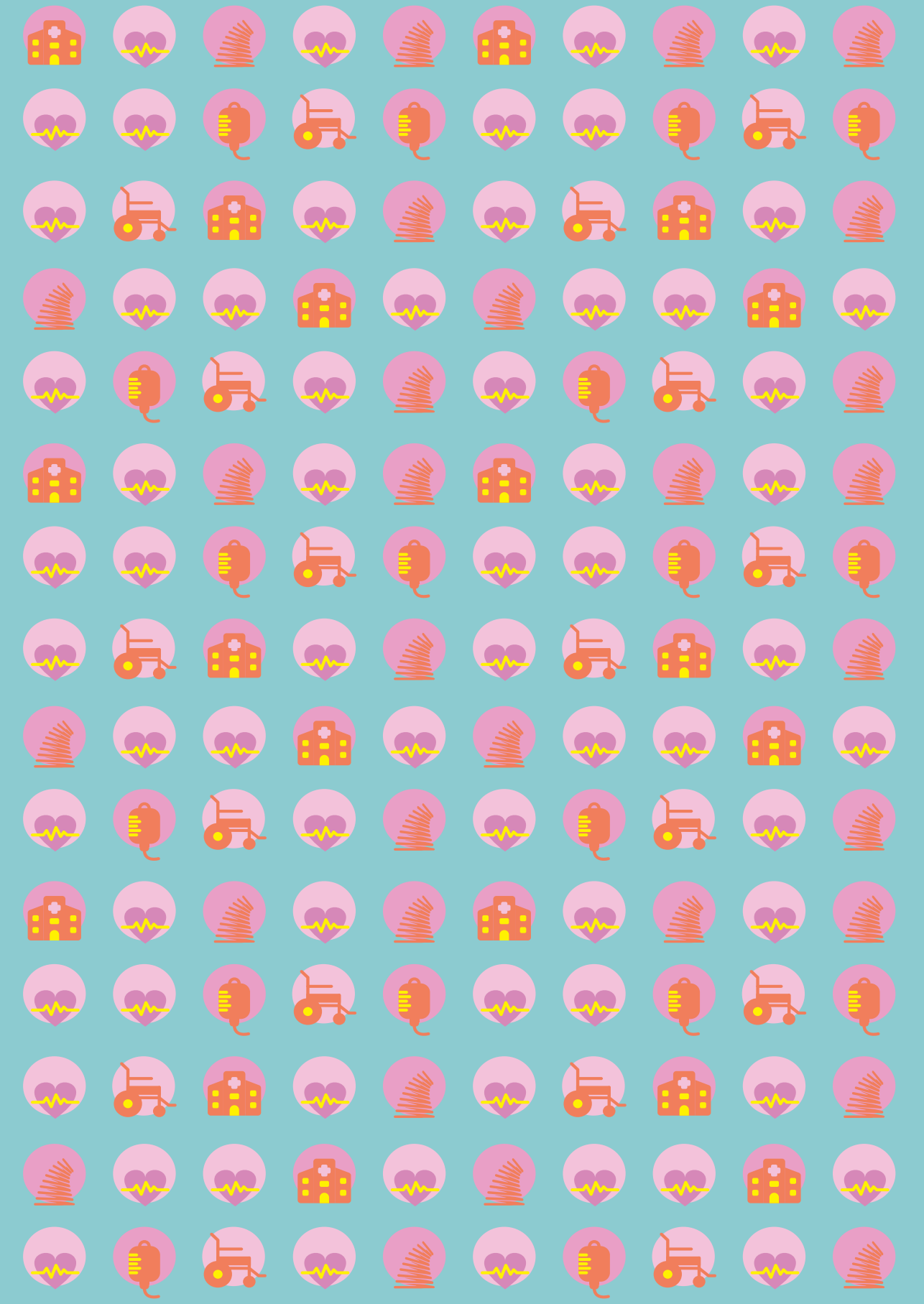
Open communication, sharing information, and achieving a common understanding all require a climate of psychological safety. Edmondson (1999, p. 354) defines psychological safety as 'a shared belief that the *team* [emphasis added] is safe for interpersonal risk-taking' and suggests 'a sense of confidence that the team will not embarrass, reject, or punish someone for speaking up.' Such a climate should facilitate open communication, which is crucial if organizational members are to detect and correct mistakes when they occur, thereby avoiding harm (Goodman et al., 2011). Organizational members must therefore discuss mistakes (Goodman et al., 2011), which implies that they need to take interpersonal risks (Lengnick-Hall et al., 2011), and thus need to feel free to speak up, even if the resulting actions turn out to be unnecessary (Woods, 2007). Scholars have repeatedly acknowledged and observed that organizational resilience requires a climate of psychological safety (Goodman et al., 2011; Lengnick-Hall et al., 2011; Woods, 2007). However, it has to be noted that psychological safety, by its very definition, initially implies communications that are not necessarily positive. That is, the members of a team may speak up about topics in ways that are not positively received by another team member. Informal empowerment on the other hand, implies a largely positive climate of communication and interaction between organizational members. Nevertheless, the expectation in this dissertation is that the two are both adjacent and interacting concepts, as I posit that psychological safety should ultimately result in organizational members growing closer and more appreciative of each other's stances and consequently become more likely to communicate in a constructive manner.

Collaborative decision-making that safeguards psychological safety and social capital finds its roots in participative management on the one hand and industrial democracy on the other. Industrial democracy finds its roots in Europe, through formal, legally imposed methods of employee representation at different levels of strategic decision-making, while participative management is a more informal, direct type of leadership that arose in the U.S. (Bass & Shackleton, 1979). The crucial difference is that in participative management, organizational members are allowed to voice their opinions and are included

in the decision-making process, though they do not have final decisive authority (Bass & Shackleton, 1979). In a more evolved version of the industrial democracy, e.g. the worker cooperative, employee participation extends even further as employees are given final decisive authority in decisions concerning design and hierarchy (Cheney, Cruz, Peredo, & Nazareno, 2014).

Another prominent example of this is sociocracy, a cooperative management system that helps organizations create synergy among their members (Halek & Strobl, 2016). This system enables people to share different perspectives, and thereby see the bigger picture. Viewing things from different angles requires well-structured and effective forms of collaboration (Halek & Strobl, 2016). The outcome of the sociocratic decision-making process resembles a Nash Equilibrium, in which no individual member of a group benefits from changing their strategy if no-one else in the group changes theirs (Halek & Strobl, 2006). Here, the implementation of the sociocratic method constitutes a kind of non-cooperative game, where no external authority imposes collaboration between group members. Sociocracy also moves beyond decision-making by unanimity, which becomes less resilient if a large group of individuals participates in decision-making (Romme, 2004). Sociocracy can be implemented in addition to the current organizational structure, enabling collaboration and information exchange from top to bottom, and vice versa. Thus, both the shop floor as well as higher management are heard and neither can overturn the other's opinion (Halek & Strobl, 2016). This means that, although authority continues to play an important role in the workplace, there is no ultimate authority, and each member can participate in decision-making directly or through representation (Romme, 1997).

Largely inspired by sociocracy, so-called holacratic organizational forms have been developed Robertson, 2015; Romme, 2015, 2016). However, where Holacracy aims to provide employees with decision-making authority within their own (operational) work sphere, sociocracy allows them to decide on strategic issues as well. Thus, methods and systems used to ensure collaborative decision-making are not limited to sociocracy, though it offers a relatively comprehensive one compared to equivalent methods or systems.



1.4. RESEARCH QUESTIONS AND STUDIES - AN OVERVIEW

The two empirical studies draw on a single and comparative case study design and the Dutch health care industry formed their context. Home care and maternity care, covering Study 1 and 2 respectively, turned out to be pre-eminently suitable industries to investigate the main concept of interest, organizational resilience. Both industries have faced and are still facing considerable challenges regarding reduced government funding and regulatory changes among other things. All three cases (Study 2 covered two focal interorganizational collaborations) demonstrated a considerably better performance than their counterparts and competitors. Notably, the sampled cases were not assessed upfront against the earlier defined resilience dimensions of anticipation, adaptation and thriving. Rather, as resilience remains difficult to (directly) measure, I opted to base myself on *strong indications* of their resilience in terms of their performance in (crisis-like) settings where others failed. The later studies of the cases were then used to assess their actual resilience. Table 1.1 provides an overview of both studies' main characteristics.

The research questions for both studies were partly informed by existing literature and partly by (initial) explorations of the behavioral and other patterns observed in empirical settings. The qualitative methods applied to investigate all the cases included in-depth interviews, extensive document reviews,[2] and participant observations. Both studies singled out one or multiple change processes as starting points for the data analysis. The qualitative methods applied to investigate all the cases included in-depth interviews, extensive document reviews,[3] and participant observations. Both studies singled out one or multiple change processes as starting point for data analysis. These processes or critical incidents constitute what is most interesting about the cases. They also enabled an actual investigation of organizational resilience, as the concept can only be seen during change and over time. Consequently, both studies have a processual character (cf. Langley, 1999). The purpose of investigating all cases with a process view was to move beyond siloed explanations of the conditions and processes connecting power dynamics and resilience,

2 Though there were considerably fewer documents for Study 2 than Study 1, the number of codes (see Tables 1.2 and 1.3) was remarkably higher because Study 1 material was coded more deductively, while for Study 2 it was coded more inductively, and still required axial coding.

3 Though there were considerably fewer documents for Study 2 than Study 1, the number of codes (see Tables 1.2 and 1.3) was remarkably higher because Study 1 material was coded more deductively, while for Study 2 it was coded more inductively, and still required axial coding.

TABLE 1.1. OVERVIEW OF THE TWO STUDIES

	Study 1	Study 2
Title	How structural empowerment boosts organizational resilience: A case study in the Dutch home care industry	The resilience of inter-organizational collaboration during a pandemic
Research question / objective	How does structural employee empowerment influence organizational resilience?	How does structural design impact interorganizational resilience?
Empirical context	Home care	Maternity care
Level of analysis	Organizational level	Interorganizational level
Unit of observation	Incidents, patterns, and causal loops enabling organizational resilience	Incidents, responses, and underlying conditions and processes enabling interorganizational resilience
Method	In-depth single case study	Comparative case study
Data types	In-depth interviews /informal discussions (13), participant observations (16), meeting minutes (151)	In-depth interviews (11), participant observations (8), meeting minutes (48) and other documental data
Period of data collection	2017-2018	2019-2020
Analysis of the data	Qualitative data analysis: narrative strategy, visual mapping	Qualitative data analysis: narrative strategy, within and cross case analysis
Main findings	The resulting theory illustrates how the interplay between structural empowerment, psychological safety, and management commitment over time creates organizational resilience through a causal loop model	The resulting theory illustrates the interplay between the underlying conditions and processes that create interorganizational resilience
Conference presentations	Latin American & European Management and Organization Studies Conference, Buenos Aires, Argentina; Academy of Management Annual Meeting, Boston, USA; European Academy of Management Annual Conference, Lisbon, Portugal	Presented at FINDER[1] Research Excellence Workshop, Atos Amstelveen, the Netherlands
Status	van den Berg, J., Alblas, A., Le Blanc, P., & Romme, A. G. L. (2021). How structural empowerment boosts organizational resilience: A case study in the Dutch home care industry. *Organization Studies*, forthcoming. Available from: Doi 10.1177/01708406211030659	Under review at *Journal of Organization Design*, for its special issue "Organization Design of Resilience in the face of Unanticipated Global Crises"

1 FINDER stands for Fostering Innovation Networks in a Digital Era, a competitive Marie Curie Research and Training Program, led by a collaboration of Radboud University and Atos, teaming up over a period of four years.

by offering insights into their interactions. Both studies address the implications of power dynamics induced by decision-making structures at either the organizational or interorganizational level.

1.4.1. STUDY 1 - HOW STRUCTURAL EMPOWERMENT INFLUENCES ORGANIZATIONAL RESILIENCE

Introduction

The first empirical study involved an in-depth case study of a Dutch home care provider that has complemented its hierarchical structure with a decentralized decision-making structure. This enabled the investigation of structural empowerment in relation to organizational resilience. The central question for this study is: *How does structural employee empowerment influence organizational resilience?*

Motivation

In recent decades, the Dutch home care industry has faced severe pressures such as cuts in government funding, resulting in many organizations going bankrupt. These pressures posed major challenges for the organization under scrutiny. Its success in coping with these challenges made it preeminently suitable for studying resilience at the organizational level.

Research design

The study was designed in an exploratory manner, combining inductive and deductive approaches that consider the existing theory and at the same time were open to discovering new empirical patterns (cf. Piekkari & Welch, 2018). The single case approach adopted in this study gave more insight into the (thus far limited conceptualized) concepts of structural empowerment and organizational resilience, their interaction, and influence of the organizational context (cf. Dubois & Gadde, 2002).

Summary results

The results showed an interplay between structural empowerment, psychological safety, and management commitment over time. Specifically, organizational resilience requires management commitment *to the maintenance of* structural empowerment and a climate of psychological safety over time. The study's causal loop model can be improved and tested in future research.

Data collection

Qualitative data were collected in the form of interviews, observations, and meeting minutes, ensuring triangulation (cf. Dubois & Gadde, 2002). These data provided insight into several critical incidents. The sample globally consisted of organizational members from all organizational levels representing each profession within the organization (i.e. managing director, manager, planner, domestic care, and personal care and nursing). A combination of stratified and convenience sampling was used: the organization was first divided into each organizational level, then whomever was willing to participate per organizational level / profession was selected. All selected organizational members were part of a hierarchical collaborative relationship with each other (i.e. some were direct supervisors of others respectively in a superior hierarchal position than others). The unit of analysis was the organization as a whole, consisting of all the different members on all organizational levels. All data sources provide (different) insights, perspectives and experiences regarding the unit of analysis defined earlier. Table 1.2 presents an overview of the database, including the number of meeting minutes, interviews or discussions, and observations.

Data analysis

Several critical incidents representing high strategic impact were analysed that occurred in the period 2012-2018. Each critical incident was written up in the form of a narrative, followed by a visual mapping strategy (cf. Langley, 1999). In this way, the data representation had a clear processual dimension. After the major findings for each critical incident and theoretical concept were highlighted, two patterns emerged. In order to substantiate these patterns, two timelines were scrutinized.

Contributions

Study 1 provides an in-depth understanding of how organizations can enhance their resilience by empowering employees through decentralizing decision-making authority, thus also challenging the common wisdom about centralizing power in adverse times. The study responds to the question how the different organizational levels (e.g. strategic, tactical and operational) on which resilience operates can be linked (Linnenluecke, 2017) and thereby extends the construct of psychological safety to include these linkages (cf. Edmondson, 1999).

TABLE 1.2. AN OVERVIEW OF THE DATABASE FOR STUDY 1

Data sources	Interviews/ discussions	Observations	Meeting Minutes
Number of units	13	16	151
Number of pages	104	24	442
Number of codes	2471	254	897

1.4.2.
STUDY 2 - HOW STRUCTURAL DESIGN IMPACTS INTERORGANIZATIONAL RESILIENCE

Introduction
The second empirical study adopted a comparative case study approach, analyzing two cases of interorganizational collaboration in the Dutch maternity care industry regarding their distributed decision-making structure in relation to interorganizational resilience. The central question for this study is: *How does structural design impact interorganizational resilience*?

Motivation
Stimulated by the Dutch government, various maternity care organizations have been increasingly integrating their care activities in recent decades. This has resulted in two specific types of interorganizational collaborations. Two of these collaborations have dealt successfully with major threats and crises (most notably the COVID-19 pandemic), and were therefore particularly suitable for investigating resilience at the interorganizational level.

Research design
As in the first study, Study 2 was approached by both induction and deduction. Unlike the first study, however, a comparative case study design was adopted. This research design enabled the development of the theory (Eisenhardt, 1989) while safeguarding an in-depth understanding of the setting, as it comprised cases from a single industrial setting. The cases were thus selected to allow for literal replication (Yin, 2006).

Data collection
Qualitative data were collected through interviews and observations of meetings (also online during COVID-19), consultation of meeting minutes, and other branch-specific documental data. Triangulation was again ensured (cf. Dubois & Gadde, 2002). The pandemic was identified as a critical incident in both cases. The sample consisted of professionals representing each of the various maternity care professions (i.e. gynecology, obstetrics and maternity care assistance). A combination of stratified and convenience sampling was used: the organizational collaboration was first divided into each participating professional group, then whomever was willing to participate per professional group was selected. All selected professionals were part of a non-hierarchical collaborative relationship with each other. The unit of analysis was the organizational collaboration as a whole, consisting of all the different participating organizations represented by professionals. All data sources provide (different) insights, perspectives

and experiences regarding the unit of analysis defined earlier. Table 1.3 is an overview of the database, including the number of meeting minutes, interviews or discussions, and observations.

TABLE 1.3. AN OVERVIEW OF THE DATABASE FOR STUDY 2

Data sources	Interviews/ discussions	Observations	Meeting Minutes
Number of units	11	8	48
Number of pages	114	19	366
Number of codes	1630	248	3738

Data analysis

A partial narrative summarized the data from the two cases in table. Presenting the data according to the main theoretical constructs (i.e. the interorganizational collaboration and resilience dimensions) shows the reader how the constructs are measured and provides a basis for theory testing. At the same time, by pursuing theory enhancement, I was able to keep an open mind for new or improved concepts that the data revealed. Without compromising the richness of the data in the narrative and table, a model outlining key conditions and processes for interorganizational resilience abstracted the data.

Summary results

The results revealed the interplay between the underlying conditions (structural, interpersonal and motivational) and processes (decision-making, motivational and behavioral) that foster interorganizational resilience. Specifically, how each condition and process enable specific resilience dimensions.

Contributions

The study looked at the effects of distributive decision-making authority on interorganizational resilience, thereby contributing to the literature by developing the ill-defined concept of interorganizational resilience. The study responds to the need to not only identify the factors that create resilience beyond the organizational level (cf.Linnenluecke, 2017), but also to examine facilitating factors of interorganizational collaborations during a crisis, giving insights into how to manage and attenuate its consequences (cf. van der Vegt et al., 2015).

1.5. OVERARCHING CONTRIBUTIONS TO THE LITERATURE

To clarify this dissertation's contributions, I highlight several articles on (inter) organizational resilience published over the past 40 years in ERIM listed journals.[4] These articles were scored in line with the studies' key (emergent) characteristics, see Table 1.4. The table includes the main concepts of resilience and power dynamics. For resilience, I distinguish the level of analysis (inter vs intra organizational and to what extent organizational members are assumed to contribute), and the type of resilience dimensions included in the applied definitions. The other part of the research question concerns power dynamics, which are incited by a decentralized and/or distributed decision-making authority. For decentralized decision-making, authority applies to the traditional hierarchical organizational setup, thereby distinguishing whether this decentralization extends to both tactical *and* operational level, alongside the strategic level. The table shows two main investigative perspectives, organizational behavior (King et al., 2016) and management (Williams, Gruber, Sutcliffe, Shepherd, & Zhao, 2017), which can both be viewed chronologically, starting with Meyer (1982) on management studies and Sitkin (1992) on behavioral studies. Most are of an empirical nature and cover multiple contexts, for example information systems (Butler & Gray, 2006; Riolli & Savicki, 2003) and manufacturing (Cotta & Salvador, 2020; Su et al., 2014). Broadly speaking, they provide useful insights for this dissertation, while the studies on resilience in health care (e.g. Goodman et al., 2011; Leuridan & Demil, 2021; Meyer, 1982) provide more grounds for comparison. The existence of such contextual silos is an important critique of the current body of literature on resilience. Indeed, research on resilience has been highly context dependent, urging for more generalizable case-based research (Linnenluecke, 2017). The remainder of this section outlines this dissertation's main contributions.

4 This list includes top journals in the management field. See: https://www.erim.eur.nl/about-erim/erim-journals--list-ejl/

1.5.1. RESILIENCE

There is still little consensus on the meaning and composition of resilience (Duchek, 2020) and clarity is needed in terms of measurement (Hillmann & Guenther, 2021). Both studies in this dissertation contribute to the conceptualization and measurement of resilience, by illustrating behaviors for (inter)organizational resilience[5], conceptualizing interorganizational resilience, and including and elaborating on thriving as a key dimension of (inter)organizational resilience. Resilience has been studied at the individual level (Shin, Taylor, & Seo, 2012; Wanberg & Banas, 2000; Youssef & Luthans, 2007) as well as team level (Lawrence & Maitlis, 2012; Weick, 1993; West, Patera, & Carsten, 2009). This thesis, by focusing on the resilience of the organization / interorganizational collaboration as a *whole,* thereby including the influence of the individual and group, considers that resilience arises from organizational behavior (see columns 1-4 in Table 1.4).

I examined the interaction between (teams of) employees and (top) managers (Study 1), as well as the interaction between groups of representatives from different organizations (Study 2). Some scholars discuss the influence of group and individual level *resilience* on organizational level resilience (e.g. King et al., 2016; Vallaster et al., 2021; Williams et al., 2017), but here I distinguish the influence of individual and group level *behavior* on (inter)organizational resilience. I argue that this is more valuable because individual or team resilience are separate constructs from (inter)organizational level resilience, and do not necessarily lead to resilient organizations or interorganizational collaborations. For example, Coutu (2002) claims resilient employees might turn their backs on the organization for their own benefit, if its weaknesses start to show. Similarly, resilient organizations that are part of a collaborative that is not resilient, might more easily withdraw from an interorganizational relationship. I have therefore identified the behaviors arising from individuals and groups within organizations / interorganizational collaborations that ultimately prove beneficial for (inter)organizational resilience. Some scholars have previously highlighted how cooperative team practices (Roth, Multer, & Raslear, 2006) and slack usage (Leuridan & Demil, 2021) in organizations can create resilience, and how it is socially constructed through the interactions and connections among organizational members (Kahn et al., 2018; Powley, 2009). According to Van der Vegt et al. (2015), (teams of) employees determine resilience with their behavior for instance by making sure the resources and tools necessary to detect disturbances are used. Accordingly, the first contribution of this thesis not only confirms this statement but actually illustrates the types of behaviors that organizational members demonstrate for

5 By referring to (inter)organizational resilience, both the inter- and intra-organizational level are implied. However, organizational and interorganizational resilience are two different constructs.

determining (inter)organizational resilience, operationalized by anticipating, adapting, and thriving.

The second contribution concerns the explicit extrapolation of these dimensions to the interorganizational level, since existing studies that touch on interorganizational resilience do not elaborate. For example, Lengnick-Hall et al. (2011) only state the importance of (inter)organizational relationships in accessing skills, resources, and competencies that enable multiple behavioral responses to turbulence, while others merely distinguish them as an important area for future research on how to deal with turbulence (van der Vegt et al., 2015). Study 2 in this dissertation empirically substantiates these assertions by providing valuable insights into interorganizational resilience and its underlying conditions and processes. Though the above might suggest that resilience on the intra- and interorganizational level can be considered as isomorphic constructs, this is by no means the case. That is, the interorganizational context differs from the organizational context (e.g. in power dynamics), making it plausible that the way resilience plays out is also different. The second study in this dissertation gives some initial insights into possible differences between the constructs. Further research would need to elaborate on those differences.

The third contribution is to move beyond the currently limited conceptualization of resilience as anticipating and adapting in response to turbulence, by explicitly including the dimension of thriving (see columns 5-7 in Table 1.4). Only some scholars include, along with anticipating and adapting, thriving in their definition of resilience: for example, in terms of the organization's capacity to renew itself (Hamel & Välikangas, 2008; Reinmoeller & van Baardwijk, 2005), stronger organizational growth rates and coupled better survival on the longer term (Ortiz-de-Mandojana & Bansal, 2016), or the organization's ability to achieve a new, more desirable state (Annarelli & Nonino, 2016). None of these actually specify what such a capacity for renewal, increased growth or new state look like, nor how organizational behavior contributes to thriving. I claim that thriving is what sets organizational resilience apart from mere performance, and best illustrates the value of organizational behavior in creating organizational resilience, thereby making the case for sharing decision-making power.

1.5.2. POWER DYNAMICS

Both studies in this thesis respond to the call for novel ways of interpreting authority (Bourgoin et al., 2020) combined with other, more informal sources of power (Pfeffer, 1992). The studies contribute by identifying the strategic, tactical, and operational level interactions as key in decentralized decision-making for organizational resilience, illustrating the conditions and processes that enable shared decision-making power

to positively affect (inter)organizational resilience, and extending the construct of psychological safety as underlying condition on the intra (i.e. strategic, tactical, and operational) and interorganizational level. Lengnick-Hall et al. (2011) review the elements they consider central to developing organizational resilience and what employee contributions they deem necessary. As outlined, they talk about sharing decision-making power and employees' role in achieving this. Van der Vegt et al. (2015) touch on the necessity for decentralized decision-making, but their editorial note is geared to setting a research agenda rather than illustrating what such decentralized decision-making entails. These studies suggest the importance of decentralized decision-making, though by their very nature do not empirically illustrate what this process looks like. To substantiate their claims, I build on earlier empirical studies. For example, Meyer's (1982) study of hospital communities showed how power shifts in response to changing issues created ad-hoc agreements on the shop floor, enabled by shared values the manager had established earlier, thus reflecting the importance of flexible procedures, free flowing information, and relationships among units. Meyer quotes a hospital department head saying, "The really important decisions aren't made in the board room [..] they're made down in the trenches" (Meyer, 1982, p. 526). Weick et al. (1999) also refer to such decentralized decision-making in their account of how decision-making authority in so-called High Reliability Organizations (HROs) is assigned there where the problem is located. In this way, hierarchy is considered to be subordinate to expertise and not the other way around, ensuring problems are addressed by those with the capabilities to solve them.

Also drawing from HRO theory, Su et al. (2014, p. 441) quote a manager at one of their research sites: "We've got a number of examples last year where we had [quality] issues coming from a supplier and we get our R&D research people on it.... And the good part is, it doesn't have to go up to the management level and back down. It's happening at this level." These studies, all empirical testimonies of the need to decentralize, do not dig deeper into the decision-making processes at play in 'the trenches' nor give a precise account of how the shop floor and management interact in these processes. This alludes to the necessity of including operational expertise in *organizational decision-making* rather than just giving them the authority to decide on operational matters. This need for interaction between organizational levels is captured in detail in Study 1. Vallaster et al. (2021) reflect on something similar to Study 1, in a case where certain employees were selected to take part in strategic decision-making on behalf of their colleagues, though they do not theorize on this. Building on earlier literature and the results of the studies in this dissertation, the fourth contribution entails the proposition that decentralized decision-making is not only important for operational responses in extreme contexts such as those faced by HROs (Weick et al., 1999), but also for strategic, tactical, *and* operational level responses by organizations facing moderately dynamic contexts (see column 8 in Table 1.4).

Conceptual and empirical works that *cross* organizational boundaries are still limited,

yet organizations are increasingly connected and actively distribute decision-making (Joseph & Gaba, 2020), necessitating research on how organizations should shape this process in order to create resilience. Sheffi and Rice (2005) illustrate the need to distribute decision-making across organizational boundaries with the example of global shipping company DHL International Ltd. that flourished in Southeast Asia during the SARS pandemic of 2003. Here, local employees were able to take control of the situation by using protective gear, enabling them to continue their line of work. At the same time, they capitalized on the fact that business travel was restricted, for example by convincing conference organizers to send material to participants. In this case, the performance of a local DHL division ensured the company thrived on a global level. Apart from underlining the need to share decision-making power, this example does not provide in-depth information on how the decision-making took place between local employees and other DHL divisions around the world. And perhaps more importantly, their example does not technically pertain to distributed decision-making as defined in this dissertation, as it concerns one organization (DHL), albeit composed of different, geographically dispersed divisions. By contrast, Fiksel et al. (2015) refer to decision-making across organizational boundaries with external stakeholders such as customers and governments in order to create resilience, though do not explain why and how this should take place. Finally, Vallaster et al. (2021) only implicitly touch on distributed decision-making by referring to a case organization that suggests the involvement of all supply chain actors in decision-making on *organizational* issues, but they do not substantiate this. That is why the fifth contribution of this dissertation originates from Study 2, as it gives a detailed account of decision-making processes in an interorganizational context and their underlying conditions, thereby adding to the empirical research on distributed decision-making (see column 9 in Table 1.4).

As argued previously, decentralizing or distributing decision-making implies collaboration at the intra or interorganizational level. Such collaboration for resilience is viewed in terms of social capital and several authors highlight the need for interactions and interpersonal connections between organizational members (Cotta & Salvador, 2020; Kahn et al., 2013; Lengnick-Hall et al., 2011; Powley, 2009; Su et al., 2014). I illustrate the impact of this social capital on both intra and interorganizational levels, and elaborate on psychological safety as an important underlying condition for social capital to benefit collaboration and, by extension, resilience. In light of such collaborative decision-making, this thesis extends the concept of psychological safety (as coined by Edmondson, 1999) for organizational resilience (Goodman et al., 2011; Lengnick-Hall et al., 2011), by suggesting it is needed not only at the team or organizational level (cf. Baer & Frese, 2003), but also *between* intra-organizational levels and even across organizational boundaries. This adds to, but in several aspects is also distinct from, later work by Edmondson and Harvey (2018) on extreme teaming. This is also the dissertation's sixth and final contribution (see column 10-11 in Table 1.4).

1.6. AUTHOR CONTRIBUTIONS

The two individual studies in this thesis were designed, conducted, and written by doctoral candidate Jennifer van den Berg, under the supervision of 1st promotor Georges Romme, 2nd promotor Pascale Le Blanc, and co-promotor Alex Alblas.

1.7. OUTLINE DISSERTATION

This thesis presents two empirical studies focusing on resilience in an intraorganizational (Chapter 2) and interorganizational (Chapter 3) context. The studies, based on a qualitative research design, were conducted at one home care organization and two interorganizational collaborations in the maternity care industry, and respond to the two research questions outlined in the previous sections. The chapters can be read as individual pieces of research, though they share several key concepts and definitions. Chapter 4 concludes the thesis with a synthesis of the individual study outcomes, and a discussion on the implications of this thesis.

TABLE 1.4. RESEARCH ON RESILIENCE AND POWER DYNAMICS

Author(s)	Resilience							Power			
	Level of analysis				Dimensions			Decision-making structure		Psychological safety	Collaboration
	Inter-organizational	Organizational	Group	Individual	Anticipation	Adaptation	Thriving	Decentralized	Distributed		
Meyer, A. D. (1982)		V			V	V		V			
Sitkin, S.B. (1992)		V				V	V				
Weick, K. E.; Sutcliffe, K. M. & Obstfeld, D. (1999)		V				V	V	V			
Rudolph, J. W. and Repenning, N. P. (2002)		V				V					
Riolli, L. & Savicki, V. (2003)		V		V		V					
Lengnick-Hall, C. A. & Beck, T. E. (2005)		V				V	V				
Sheffi, Y. & Rice Jr., J. B. (2005)		V			V	V			V		
Reinmoeller, P. & van Baardwijk, N. (2005)		V			V	V	V				
Butler, B. S. & Gray, P. H. (2006)		V		V		V					
Roth, E. M.; Multer, J. & Raslear, T. (2006)		V	V	V	V	V					
Hamel, G. & Välikangas, L. (2008)		V			V	V	V				
Powley, E. H. (2009)		V	V	V		V					
Lengnick-Hall, C. A.; Beck, T. E. & Lengnick-Hall, M. L. (2011)		V		V	V	V		V		V	V
Goodman, P. S.; Ramanujam, R.; Carroll, J. S.; Edmondson, A. C.; Hofmann, D. A. & Sutcliffe, K. M. (2011)		V				V	V			V	
Chrisman, J. J., Chua, J. H., & Steier, L. P. (2011)		V				V					
Carmeli, A. & Markman, G. D. (2011)		V			V						
Kahn, W. A.; Barton, M. A. & Fellows, S. (2013)		V	V			V					
Su, H.-C.; Linderman, K.; Schroeder, R. G. & Van De Ven, A. H. (2014)		V				V	V	V			V
van der Vegt, G. S.; Essens, P.; Wahlstrom, M. & George, G. (2015)		V	V	V		V		V			
Fiksel, J., Polyviou, M., Croxton, K. L. and Pettit, T .J. (2015)		V				V	V		V		V
Ortiz-de-Mandojana, N. & Bansal, P. (2016)		V			V	V	V				

Author(s)	Resilience							Power			
	Level of analysis				Dimensions			Decision-making structure		Psychological safety	Collaboration
	Inter-organizational	Organizational	Group	Individual	Anticipation	Adaptation	Thriving	Decentralized	Distributed		
Annarelli, A. & Nonino, F. (2016)		V			V	V	V				
King, D. D.; Newman, A. & Luthans, F. (2016)		V	V	V		V					
Williams, T.A., Gruber, D.A., Sutcliffe, K.M., Shepherd, D.A., Zhao, E.Y. (2017)		V	V	V		V					
Kahn, W.A., Barton, M.A., Fisher, C.M., Heaphy, E.D., Reid, E.M., Rouse, E.D. (2018)		V	V	V		V	V				
DesJardine, M., Bansal,P., Yang, Y. (2019)		V				V					
Vallaster, C., Maon, F., Lindgreen, A., Vanhamme, J. (2021)		V	V	V		V	V	V	V		
Cotta, D. & Salvador, F. (2020)		V		V		V					V
Leuridan, G., & Demil, B. (2021)		V	V	V	V	V					
Study 1		V	V	V	V	V	V	V	V	V	V
Study 2	V	V	V	V	V	V	V		V	V	V

2

HOW STRUCTURAL EMPOWERMENT BOOSTS ORGANIZATIONAL RESILIENCE: A CASE STUDY IN THE DUTCH HOME CARE INDUSTRY

ABSTRACT

Previous work has demonstrated that structural forms of empowerment tend to enhance individual and team resilience. However, there is hardly any knowledge about how structural empowerment affects organizational resilience. Moreover, a widespread (though largely untested) assumption is that, in adverse times, power and authority need to be centralized at the top to enhance organizational resilience. This chapter[1] explores the effects of empowerment on organizational resilience in an in-depth case study of a Dutch home care organization, in which employees are structurally empowered. The findings from this case study suggest that structural empowerment positively affects organizational resilience, but that this effect is contingent upon a climate of psychological safety as well as top management's sustained commitment to structural empowerment. We move beyond the extant conceptualization of psychological safety by demonstrating its inter-level nature in the context of structural empowerment, which operates across organizational levels when employees also engage in discussions on tactical and strategic issues. Overall, this study provides an in-depth understanding of how organizations can enhance their resilience by empowering their members, thus also challenging the common wisdom about centralizing power in adverse times.

1 An earlier version of this chapter was published as van den Berg, J., Alblas, A., Le Blanc, P., & Romme, A. G. L. (2021). How structural empowerment boosts organizational resilience: A case study in the Dutch home care industry. *Organization Studies*, 2021. Doi: 10.1177/01708406211030659

2.1. INTRODUCTION

Many organizations today are exposed to unexpected crises and other unprecedented changes, and the consequences can be dramatic for organizations that are unprepared (Beermann, 2011). That is, rapid change tends to quickly outdate organizational tools, systems, and frameworks when these are not changing in the same pace as the environment of which they are part (Mack & Anshuman, 2016). This creates a so-called 'resilience gap', implying that the environment is becoming more turbulent at a higher rate than organizations are becoming resilient (Välikangas, 2010). Organizational resilience refers to "the ability of organizations to anticipate, avoid, and adjust to shocks in their environment" (Ortiz-de-Mandojana & Bansal, 2016, p. 1615), thereby providing a "critical resource for individuals and organizations facing adversity" (Powley, 2009, p. 1291). Previous work has shown that individuals and teams demonstrate resilience (Shin et al., 2012; Weick, 1993; West et al., 2009) through, for example, individual self-efficacy (Gardner & Schermerhorn, 2004; Luthans, Vogelgesang, & Lester, 2006) and trust and respectful interactions between individuals (Weick, 1993). Whereas individual and group resilience may positively affect organizational resilience, the latter cannot be equated with an aggregation of individual and team responses, because the interaction between (teams of) employees and (top) managers is also critical. In this respect, there is a growing interest in the role of employees, specifically in how their *empowerment* affects organizational resilience (Samba & Vera, 2013; Sheffi & Rice, 2005). Previous studies have shown that empowering employees to participate in decision-making makes the organization more resilient, as it enables a quick response to changes in the environment (e.g. van der Vegt et al., 2015) and vice versa, because resilient organizations tend to have more resources available to support employees empowered to make decisions (Taylor, Dollard, Clark, Dormann, & Bakker, 2019).

Despite this body of knowledge, the common wisdom is that decision-making power needs to be centralized at the top in adverse times (Blenko et al., 2010; Sherf et al., 2019). Accordingly, the vast majority of organizations hardly or not empower their employees to help in identifying strategic and tactical problems and give input on possible solutions; indeed, the default response of many organizations in adverse times is to centralize power (Blenko et al., 2010; Sherf et al., 2019).

In this respect, few studies of organizational resilience explicitly acknowledge the active contributions of individual employees (Meyer, 1982; Powley, 2009; Reinmoeller & van Baardwijk, 2005). Traditional managerial hierarchies often prove to be ineffective under dynamic environmental conditions (Eisenhardt & Bourgeois, 1988; Haleblian & Finkelstein, 1993; Lee & Edmondson, 2017), in the sense that they inhibit employees and other staff members to respond to these conditions on the spot. Some organizations therefore complement their hierarchical structure with more distributive forms of power. One successful example involves a Dutch firm in which top management, in the face of a severe collapse of its sales and profits, did not lay off employees but listened to an alternative solution offered by an employee. By letting this employee co-decide on an important organizational topic, the organization managed to turn the situation around and avoid any layoffs (Romme, 1999, 2015). This case as well as other examples illustrate a form of *structural* empowerment in which employees obtain a substantial amount of influence, including regular opportunities to provide input on tactical and strategic issues (Maynard et al., 2012; Romme, 1999).

In organizational settings, structural empowerment goes beyond the conventional notion of psychological empowerment, which refers to the individual employee's sense of self-efficacy and autonomy (e.g. Thomas & Velthouse, 1990). Instead, structural empowerment enables employees to represent their interests in a responsible and self-determined way (Lee & Edmondson, 2017), implying they can directly or indirectly affect decision-making at various levels (i.e. their formal power) as well as develop connections and interactions with other organizational members (i.e. informal power) (Laschinger et al., 2004). This suggests structural empowerment may have positive consequences for organizational resilience, by enabling the organization to effectively respond to its fast-changing environment. The main research question therefore is: *how does structural employee empowerment influence organizational resilience?*

We address this question in an in-depth case study of a Dutch home care provider. This company structurally empowers its employees by means of a governance system called 'sociocracy' (Romme, 1999; Romme & Endenburg, 2006). This company appears to be rather resilient, by performing and thriving in adverse times, in which many competitors went bankrupt or were taken over by competitors. Though this is no actual measurement of the company's resilience, the fact that it outperformed competitors in adverse times can be considered a strong indication of resilience. In that regard, Appendix A provides the company's financial data, illustrating its performance.

The suggestion of this company's resilience coupled with the recognition of the need to transform home care organizations make this study ever more relevant: "Home care is facing an immense crisis right now. And this crisis is not at all about quality, it's about the people, are there enough people to continue to provide care? That also means that organizations that have an enormous innovative capacity and are able to appeal to the energy of the operating staff by means of their internal organizational structure, so (…)

know how to empower people, as to use that annoying term, those are the organizations that are going to survive." (Interim managing director of IVT)

The Dutch home care industry thus appears to provide a highly appropriate setting for studying the empowerment-resilience relationship, because it has been exposed to several severe pressures and changes (e.g. cuts in government funding and major regulatory changes) and can benefit from structural empowerment. Overall, this case study provides an in-depth understanding of how organizations can enhance their resilience by empowering employees, thus also challenging the common wisdom about centralizing power in adverse times.

We first explore the concepts of organizational resilience and empowerment, followed by a method section that explains how data was collected and analyzed. Subsequently, we present the main findings arising from the case study. The chapter concludes with a discussion of these findings.

2.2. BACKGROUND

2.2.1. RESILIENCE AS AN ORGANIZATIONAL CAPACITY

The concept of resilience first emerged in epidemiology, referring to how individuals successfully adapt to severe adversity at any point during their life cycle (Rutten et al., 2013). Conceptually, the organizational resilience literature draws on resource dependency theory, which seeks to understand an organization as part of its broader environment and dependent on the resources provided by the (social) networks it is embedded in (Pfeffer & Salancik, 2003). More specifically, organizational resilience refers to ways to deal with fast, disruptive environmental change (McCann, Selsky, & Lee, 2009) but also to the disruptive accumulation of many small environmental changes (Rudolph & Repenning, 2002). These environmental changes may involve unexpected events or so-called acute stressors, but also stressors of a more chronic nature (Riolli & Savicki, 2003; Samba & Vera, 2013). In response to these stressors, organizational resilience may involve the handling of day-to-day problems and events (Mallak, 1999) but also major changes in organizational strategy and structure.

Notably, organizational resilience is distinct from related constructs such as adaptability: it is not only about being able to deal with change, but also about the ability to "learn how to do better through adversity" (Wildavsky, 1988, p. 2). Organizational resilience can thus be understood as a latent organizational capability for internal and external alignment (Ortiz-de-Mandojana & Bansal, 2016; Powley, 2009; Samba & Vera, 2013). The *latent* nature of this capacity implies it needs to be in place before it can be actually used (Lengnick-Hall & Beck, 2005; Lengnick-Hall et al., 2011). Any organizational resilience capacity tends to evolve over time, for better or for worse (Lengnick-Hall et al., 2011; Ortiz-de-Mandojana & Bansal, 2016; Samba & Vera, 2013). This suggests it also is a *dynamic* organizational capability, which renews continually to keep up with changing environmental demands (Schreyögg & Kliesch-Eberl, 2007).

Moreover, organizational resilience goes beyond the capacity to bounce back from a crisis, also incorporating the 'strategic' capability to anticipate and/or possibly prevent (the need for drastic responses to) a major crisis or other setbacks (Hamel & Välikangas,

2008; Välikangas & Romme, 2013). As such, organizational resilience does not merely refer to operational responses in extreme contexts, such as those known from literature on high reliability organizations (e.g. Weick et al., 1999) but also to organizational responses to more mundane dynamics at multiple organizational levels.

In line with section 1.2, we draw on several dimensions to conceptualize organizational resilience. For one, *anticipation* involves the prediction and – when necessary – prevention of potential changes ahead of time (cf. Weick et al., 1999). By contrast, adaptation involves dealing with problems as they arise, through error detection and containment (e.g. Butler & Gray 2006), which requires the organization to simultaneously identify an environmental cue and knowing what needs to be done to improve the situation (e.g. Freeman et al., 2003). To define *adaptation*, we draw on Beermann's (2011) notion of 'autonomous adaptation' taking place at that very moment without deliberate or planned action. Where anticipation implies proactive organizational behavior, we thus conceive of organizational adaptation as being largely reactive in nature (cf. Hrebiniak & Joyce 1985). As such, we build on and add to Hrebiniak and Joyce's (1985) definition by assuming that organizational adaptation involves reactive responses to both endogenous and exogenous changes. In addition, an organization can thrive under change by becoming more resourceful and robust when facing severe challenges (e.g. Vogus & Sutcliffe 2007). Spreitzer and Sutcliffe (2007) suggest that organizational *thriving* is about collective learning and being energized. Collective learning can arise from trying new things, taking risks, learning from mistakes, and building capabilities and competencies from thereon. A collective sense of being energized involves high employee vitality, as shown in increasing determination, activity, and innovation levels. Therefore, we define *organizational resilience* as the organizational capability to anticipate, adapt and thrive in response to adversity.

2.2.2. THE ROLE OF DECISION-MAKING IN ORGANIZATIONAL RESILIENCE

Two related factors appear to affect organizational resilience: first, *employees* are assumed to influence resilience with their skills, cognitions, and behaviors; and second, the extent to which the *decision-making structure* of the organization is decentralized influences its resilience (van der Vegt et al., 2015). In this respect, empowering employees and decentralizing decision-making have been identified as key mechanisms enabling organizational resilience (Mallak, 1999; Samba & Vera, 2013; Sheffi & Rice, 2005; van der Vegt et al., 2015). That is, decentralized decision-making allows people 'close to the action' to make the necessary decisions, without consulting (higher) management

levels, thereby enabling the organization to respond more quickly and effectively to changes (Samba & Vera, 2013; Sheffi & Rice, 2005; van der Vegt et al., 2015). Studies of high-reliability organizing already pointed at the necessity of ascribing decision making authority for operational tasks to frontline employees (Martínez-Córcoles & Vogus, 2020; Roberts, 1990; Weick et al., 1999). Consequently, the way employees are engaged in decision-making is also essential to organizational resilience (Gover & Duxbury, 2018).

In this respect, we adopt a well-known typology of decision-making issues in any organization: strategic, tactical and operational issues. Decisions made on each type of issue are substantially interdependent with decisions taken on the other types of issues. For one, many strategic decisions establish the scope of decisions made at the tactical and operational levels and ultimately impact the organization's competitive advantage (Shivakumar, 2014). Indeed, the interaction between the three decision-making levels eventually determines the collective resilience of the organization as a whole (Kahn et al., 2018). Because a typical strategic decision needs to be implemented in tactical and operational terms, systematic consultation of people with tactical and operational expertise can thus help improve the quality of strategic decisions (Shivakumar, 2014). A similar interdependency exists between tactical and operational decisions.

2.2.3. THE EFFECTS OF POWER DISTRIBUTION ON ORGANIZATIONAL RESILIENCE

We argue that, for an organization to become resilient, it has to move away from traditional 'power over' relationships (Clegg, Courpasson, & Phillips, 2006; van Baarle, Dolmans, Bobelyn, & Romme, 2021) in which employees are disempowered and often feel detached from the organization (Martin, 2010). Instead, 'power to' relationships should be fostered, in which every actor will have some power to act and decide. Fostering such relationships creates internal commitment from employees by empowering them to take charge of their own work (Argyris, 1998). Such a decentralized power distribution moves the power constellation away from a traditional top-down structure toward an organization with a more flexible type of governance.

Prominent examples of decentralized structures are holacracy and sociocracy[2]. Sociocracy, also known as circular management (CM), is an organizational form that seeks to enable collaboration and information exchange from bottom to top and vice

2 Holacracy implies staff members are empowered to tackle any issue within their own work environment (e.g. team or unit), while sociocracy moves beyond this approach by broadening organizational members' sphere of influence from their direct job environment toward any other (e.g. strategic) policy issue. The holacratic blueprint arose from the sociocratic model (Robertson, 2015; Romme, 2015, 2016).

versa (Halek & Strobl, 2016). Organizational members thus jointly decide on company policy in circle meetings, where decision-making is based on the rule of informed consent (Romme, 2016). In each circle, both the operational staff and functional leaders are heard and no-one can overturn the opinion of the other (Halek & Strobl, 2016). CM appears to promote creativity and problem solving, facilitate adaptive behavior, and increase employee commitment (Buck & Endenburg, 2012). Inherent to CM is a climate of psychological safety in groups (circles), which motivates employees to take risks and speak up (Edmondson, 1999). Such a climate of psychological safety appears to be important for organizational resilience (Goodman et al., 2011; Lengnick-Hall et al., 2011), as it enables employees to signal and discuss issues.

2.2.4. OPERATIONALIZING STRUCTURAL EMPOWERMENT

Structural empowerment aims at the trickling down of authority and responsibility[3] (Maynard et al., 2012). Structural empowerment thus refers to practices or initiatives that involve sharing power, decision-making and formal control over resources (Maynard et al., 2012), ensuring that all employees can contribute to decision-making processes (Romme, 2016). It involves two processes: formal and informal empowerment (Kanter, 1993; Laschinger et al., 2004). The *formal empowerment process* implies that employees have substantial discretion in how they perform their jobs and also demonstrate flexibility in how they handle things.

The *informal empowerment process* originates from positive social connections and communication channels between staff members throughout the organization (Laschinger et al., 2004). We assume that enabling employees to participate in decision-making is what (initially) formally empowers them, whereas the informal empowerment processes to a large extent determine whether the formal empowerment comes to life. In this respect, these two empowerment processes may be conceived as instigating a self-perpetuating process, initiated by the opportunity for employees to raise their voice and reinforced by colleagues connecting and interacting with each other.

Overall, we thus consider structural empowerment to arise from formal and informal empowerment processes (Ackoff, 1994; Kanter, 1993; Laschinger et al., 2004), which extends the framework of Laschinger et al. (2004) by broadening the notion of empowerment to include not only job execution but also engaging, directly or indirectly, in policy-making at various (other) levels. This serves to challenge the conventional idea that empowerment only pertains to the employee's job and tasks. We thus posit that empowerment can also imply employee engagement at the tactical and strategic

3 Notably, such decentralization does not necessarily lead to *equal* authority among managers and employees (Lee & Edmondson, 2017).

levels. Hence, formal empowerment of employees not only refers to people 'owning' and executing their jobs in a discretionary and flexible manner (Laschinger et al., 2004), but also includes elements of so-called 'democratic hierarchies' (Ackoff, 1994) and 'circular hierarchies' (Romme, 1999), in which employees can directly or (via representatives) indirectly participate in decision-making at various levels.

2.3. METHODS

2.3.1. CASE SETTING

The specific instantiation of the empowerment notion in the case studied is circular management (CM), a governance system that supports employee empowerment via a decentralized decision-making structure. The case is a Dutch home care organization that adopted CM in 2012.

The Dutch home care industry has been exposed to severe pressures, as the number of Dutch citizens over the age of 65 is projected to increase from 3.6 % to 6.8 % (CBS, 2016); moreover, major changes in financial structures, including cuts in government funding, have led to substantial loss of income for home care providers (despite increasing numbers of clients) and an increase in the workload of nurses and caretakers, who have to do more in less time[4]. In coping with these dynamics, some companies appear to be more successful than others; in fact, several Dutch homecare service companies have gone bankrupt in the last few years. One of the more successful organizations is IVT Homecare, which makes it an interesting case for investigating organizational resilience (Appendix A shows an overview of the financial data of this firm). IVT started as a small family-owned business early 1990s, eventually growing to become a medium-sized company in 2015. It serves clients in several municipalities, offering home care services—including domestic care (DC) and personal care & nursing (PC&N). Since 2012, IVT's hierarchical structure has been complemented with a CM decentralized decision-making structure, to secure the inclusive character of the organization. In 2014, IVT faced major challenges due to governmental regulations that substantially increased employees' work pressure. In the subsequent year, IVT took over almost all employees and clients of two big competitors

4 The total government budget for home care decreased from 2 billion euros in 2014 to 1.3 billion euros in 2015 (ActiZ Benchmark Zorg, 2017). When the Dutch government imposed this major budget reduction, all Dutch home care providers were facing a strongly increasing workload among their employees as municipalities reduced the hours compensated (per client) for home care services. Each municipality had to deal with these budget cuts in their own way. In practice, it meant that municipalities could either reduce the number of hours of DC per client or exclude certain tasks from the service package provided by DC workers. Most municipalities decided to mainly reduce DC hours, going from 4 to 2.5 hours per client from January 2015 onward.

that filed for bankruptcy, more than doubling the size of the organization. Attempting to safeguard financial continuity in a fast growing company, the managing director involved all employees in the decision to divisionalize the organization (in 2016). By the end of 2017, IVT's supervisory board decided to implement a works council, the traditional method for employee participation in the Dutch context. Finally, the sudden departure of the managing director in 2018 was the last major incident (studied in this case). Table 2.2 describes these various incidents and events in more detail.

2.3.2. RESEARCH DESIGN

Organizations are inherently complex and dynamic in nature (Mintzberg, 1979). We therefore adopted Mintzberg's 'direct research' strategy, implying an exploratory and inductive approach that assumes we are likely to identify and uncover unexpected phenomena and causal patterns. This inductive approach was, however, not entirely clean as we entered the field with theoretical concepts in mind (see the previous section). In this respect, we did not expect that existing theory would be able to fully explain the patterns arising from the data. Instead, we were open to uncovering new elements that would not necessarily align with the existing theory. This approach draws on both induction and deduction and borders on so-called abduction, in which one attempts to provide a theoretical explanation for an unexpected finding, possibly leading to new theory or concepts (Piekkari & Welch, 2018), that is, one "works backward to invent a plausible world or a theory that would make surprise meaningful" (Maanen, Sørensen, & Mitchell, 2007, p. 1149). The best illustration of the combined inductive and deductive approach used is the fact that we engaged in a deductive coding exercise for concepts such as resilience (i.e. anticipating, adapting, thriving), structural empowerment and psychological safety, as they were part of our theoretical framing and as such informed the analysis. However, by keeping an open mind for whatever the data would bring, we were able to identify an important new aspect of the existing construct of psychological safety (i.e. its inter-level nature) as well as uncovered the construct of 'management commitment' as being pivotal in making sense of the data.

We opted for a single case approach, given the lack of understanding about how key concepts in the area of structural empowerment and organizational resilience (outlined in the previous section) interact with each other and how the organizational context affects this interaction (cf. Dubois & Gadde, 2002). It could be argued that sampling from multiple cases would give more insights into this interaction, and that theory development would benefit more from a multiple case study design (cf. Eisenhardt, 1989). However, as our study is largely exploratory, significant theory development is an unlikely result of our study. Furthermore, comparing multiple cases limits contextual

insights (cf. Dyer & Wilkins, 1991), while the specific context of our study is crucial in illustrating and understanding how resilience plays out. In terms of generalizability, the findings from this single case study serve to develop a theoretical framework that potentially provides a more widely applicable logic, hence providing a starting point for analytic generalization (Yin, 2012).

2.3.3. DATA COLLECTION

As IVT implemented circular management as of 2012, it lends itself well for a longitudinal retrospective as well as real-time investigation of the influence of empowerment on organizational resilience. Therefore, retrospective data (i.e. interviews and documents) as well as real-time data (i.e. observations in meetings) were collected. The retrospective data involve both primary data collected via interviews and an extensive set of secondary data, in the form of meeting minutes covering a period of six years; these meeting minutes amount to 151 documents, including the minutes of all circle meetings as well as other relevant (e.g. works council and supervisory board) meetings.

The large number of detailed minutes of meetings, at all levels of IVT, are the main data source. Notably, this type of data is rather unique, because in many other organizations there are no unobtrusive written accounts of meetings, especially at the operational levels. In IVT, these detailed minutes are produced in all circles, at all levels, as a result of the CM approach. From these meeting minutes, several critical incidents were distilled. The criticality of incidents was assessed based on how often they appeared in the meeting minutes as well as interviews with the managing director. From the meeting minutes, we obtained an initial overview of procedures followed and decisions taken, and the extent to which employees were actively involved (cf. empowered) in those decisions. It has to be noted that the meeting minutes gave limited insights into the more unobtrusive constructs of psychological safety and informal empowerment (see also the coding scheme in Appendix E). In this respect, the interview and observational data enhanced the validity and reliability of the data analysis, as these provided deeper insights into these constructs.

The critical incidents formed the focal point for the in-depth interviews. These interviews were held with employees and supervisors, to develop a deeper insight into the extent to which they (feel they) were structurally empowered, that is, whether they are provided with the opportunities, resources, information and support for empowerment. Notably, within the Dutch home care industry, the workforce inherently operates in these conditions, because they autonomously perform homecare services at clients' homes; as a result, we could focus in our study on whether these conditions also exist for homecare workers' structural empowerment. Interviews were held with four employees at the operational level, five at the tactical level (two planners, the team managers for

each home care division and the overarching home care manager), and two managing directors (including the former managing director and the interim managing director who stepped in during the time of the research). For the tactical and strategic level, the coverage level reached in the sample is very high. For the operational level, the coverage level is substantially lower. This is due to the adopted method of convenience sampling. Though we aimed to interview at least several individuals from each organizational level, the sampling also depended for a large part on who were actually available and willing to participate. Individuals working in the company's office (i.e. tactical and strategic level) were easier to connect to and to convince to participate in an interview. The operational employees were usually—apart from circle meetings—not physically present at the office. This made it more difficult to find operational employees willing to be interviewed. This was partly offset by the lead researcher joining a DC employee and a PC&N employee in their daily work routine. This setting allowed for additional observations and questioning.

Each interview took around 45-60 minutes and was supported by a semi-structured interview script. In order to safeguard an honest and open account by the interviewees on the sometimes sensitive topics that were dealt with, the lead researcher ensured the interviewees that whatever they shared would be handled in a confidential manner and anonymity would be ensured. Moreover, the observations served as a test to see whether the level of psychological safety and informal empowerment that interviewees described could actually be witnessed in their day-to-day interactions and meetings.

Notably, interviews are "verbal reports" and therefore subject to recall biases (Yin, 2012). A similar bias may arise from meeting minutes, as these texts are often more concise and less rich than the actual discussions taking place in a meeting. To triangulate the data, the meeting minutes and interviews were therefore complemented with direct observations (Dubois & Gadde, 2002). As the minutes provided the more unobtrusive data on how decisions and activities 'circulate' throughout the organization, direct observations generated additional data on how organizational members engage in structural empowerment. These observations therefore not only focused on spoken language, but also on non-verbal types of communication. The participant-observer thus attended eight circle meetings as well as the execution of work by two operational-level employees. While attending circle meetings, this researcher positioned herself as a 'fly on the wall', to influence the process as little as possible. The various observational data collected were enhanced by informal conversations before, or directly after, circle meetings or other activities. These observations served to generate additional insights into the extent to which behaviors (observed) reflect empowerment and/or affect organizational resilience. Finally, the lead researcher wrote down a number of other observations and reflections in a notebook, when she spend time at the headquarters of IVT.

Table 2.1 provides an overview of the database, including the number of meeting minutes collected, the number of interviews/conversations held, and observations made.

Per data source, the total number of pages transcribed and analyzed is listed as well as the total number of first-order codes (see also next subsection).

TABLE 2.1. PROPERTIES OF THE DATABASE

Data sources	Interviews/informal conversations	Observations	Minutes
Number of units	13	16	151
Number of pages	104	24	442
Number of codes	2471	254	897
*Organizational level**	S=3 / T=4 / O=6	ST=5 / O=4 / M=7	ST=4 / O=5 / M=2

*S = Strategic, T = Tactical, O = Operational, M = Mixed

2.3.4. DATA ANALYSIS

The data analysis focuses on key intra- and extra-organizational events, or critical incidents, that have occurred in the period 2012-2018; these incidents represent changes with a relatively high strategic impact during this period. Each critical incident was written up in the form of a narrative (Appendix B), to do justice to the richness of the data and to 'set the scene' for further data analysis. The narrative included detailed information on each incident regarding the micro-incidents it consists of and how it unfolds (chronologically) over time. We thus used a narrative strategy in making sense of the data in terms of the story regarding each incident (Langley, 1999). This was a good starting point, as we encountered ambiguous boundaries around these incidents. That is, the various micro-incidents included within each critical incident were connected in multiple ways, while simultaneously connections appeared to exist between the critical incidents themselves.

We subsequently used a visual mapping strategy, by constructing timelines of the critical incidents (Langley, 1999). These timelines were instrumental in obtaining an understanding of the time dimension and the interaction between micro incidents (Appendices C and D depict two of these timelines). These timelines include the same level of detail as the narrative, but serve to make the time component, the level of occurrence (i.e. intra/extra organizational, strategic/tactical/operational), and the relationships between micro incidents more explicit. The narrative, in this respect, was a necessary starting point without which the timelines could not have been constructed. By adopting the narrative and visual mapping strategy, the data representation obtained a clear processual dimension. Though the timelines already offered an abstraction in the

data representation with regards to the rich narrative, they were still initially ambiguous in terms of how the findings connected to our theoretical concepts.

We therefore embarked on a final abstraction effort in which we highlighted the most important findings per critical incident per theoretical concept in a table. All data were previously coded according to the theoretical concepts outlined the Background section (see Appendix E for the coding scheme). Specifically, the different data were analyzed by means of a semi-open coding approach, including a partially deductive coding exercise and an open coding exercise followed by axial and selective coding. The initial coding process was performed by the main researcher, and then discussed with and checked by the other researchers to ensure a high level of reliability in interpreting the data. From the table we inferred two patterns. In order to substantiate these patterns, we further scrutinized two of the timelines to explore how and where these patterns could be visualized. This going back and forth between different data representations informed the development of the theoretical framework. Thus, this final phase combined deductive analysis—building on concepts outlined in the Background section (i.e. psychological safety, structural empowerment, including informal and formal empowerment)—and inductive analysis that served to identify the role of management commitment and the inter level nature of psychological safety. In this respect, the various (unanticipated) theoretical insights constitute a modification of extant theorizing (Dubois & Gadde, 2002), also involving 'creative leaps' (Mintzberg, 1979).

2.4. FINDINGS

In this section, we describe the main findings. These include a narrative of the most important developments in the Dutch homecare industry, IVT and its response to each critical incident. To obtain a deeper understanding of how structural empowerment influences organizational resilience in IVT, we developed and visualized the timeline of each incident: Appendices C and D provide two examples. The main patterns arising from this narrative are summarized in Table 2.2, which serves to identify the most important findings per construct and incident. This table provides an overview of the main coding results, with six critical incidents at the horizontal axis and the key theoretical constructs (structural empowerment and psychological safety) listed on the vertical axis. This table can be considered concurrently with Table 4.1 in section 4.2.5 in Chapter 4.[5]

Two main patterns were inferred from the table and the timelines. First, structural empowerment appears to positively influence organizational resilience, but this effect only materializes when a substantial level of so-called 'inter-level psychological safety' exists and is sustained by management. Second, a permanent managerial commitment to structural empowerment appears to be a necessary condition for consolidating this positive effect of psychological safety. Table 2.2 shows that a climate of psychological safety is present in the organization throughout the first few years, but when the managing director leaves, this climate starts to crumble. In tandem, employees appear to be structurally empowered in the first few years, but this empowerment practice starts breaking down when a works council is imposed on the organization (which event is already alluded to during the takeovers incident). Notably, the deterioration of structural empowerment appears to coincide with the crumbling of psychological safety, both of which are taking place when management is either changing or not empowered itself. In the remainder of this section, these patterns are discussed in more detail.

5 The study in this chapter was initially limited to illustrating the perceived antecedents of organizational resilience (i.e. psychological safety, structural empowerment) in accordance with the published version of an earlier version of this chapter in *Organization Studies*. Therefore, the discussion of organizational resilience itself is moved partially to Chapter 4 of this dissertation.

TABLE 2.2: MAIN CODING RESULTS PER INCIDENT

	CRITICAL INCIDENTS						Summary	Patterns
	2012	2014-2015	2015	2016-2017	2017-2018	2018		
	The start of circular management	**Reduction of client hours & growing work pressure**	**Two takeovers**	**Creating divisions**	**The introduction of a works council**	**Departure of the managing director**		
EXTERNAL CONTEXT		Due to budget cuts by Dutch government, responsibility for home care moves to local governments, resulting in forced tendering procedures and care-quota imposed by the municipalities and insurance companies, respectively. These developments put huge pressures on home care service companies, by making a substantial number of their employees redundant and also severely limiting the number of hours a home care worker is allowed to spend with a client, strongly increasing workload among employees. As a result, a substantial number of companies files for bankruptcy.						
ORGANIZATIONAL CONTEXT	The gradual growth of IVT over the years implies that IVT needs to comply with the Dutch law on employee participation. As the distance between management and employees starts to increase, the managing director wants to maintain the inclusive character of the organization and counteract underperformance of one IVT department by implementing CM.	In the first half of 2014, IVT starts preparing for upcoming changes, assuming a substantial increase in work pressure for DC workers and thus also increasing absence/ sickness rates. IVT's managing director, therefore, urges all employees to signal as early as possible if someone might become overworked. Still, many employees struggle to adjust their work routine at the client's premises to the new regulations.	IVT manages to keep up its performance, which is not the case for many other home care providers. The two other home care providers operating in the same city as IVT need to file for bankruptcy. In this period, IVT experiences major growth, primarily due to the increase in DC employees and clients taken over from two (former) competitors.	IVT is organized as one legal entity, incorporating three departmental units. However, the managing director foresees the need to separate the two main units, Home Care (HC) and Maternity Care (MC), as they are increasingly diverging. In the current legal structure, the underperformance of one unit could affect the performance of the other unit, which is also unacceptable for the insurance companies and municipality. Therefore, an important starting point is to safeguard each unit's financial continuity and independence in the longer term.	By the end of 2017, IVT's supervisory board decides that a works council needs to be established and assigned the managing director to prepare the introduction of this council. While the CM approach provides the opportunity for obtaining an exemption from the legal requirement to establish a works council, the supervisory board prefers to conform to the governance code (only referring to a works council) for the Dutch home care industry.	The managing director announces he will become the managing director of another home care-providing company, located in another Dutch city where his wife works. This career step is thus largely motivated by personal reasons, but comes as a surprise to many within IVT, especially long-time office workers.		

	CRITICAL INCIDENTS						Summary	Patterns
	2012	2014-2015	2015	2016-2017	2017-2018	2018		
	The start of circular management	**Reduction of client hours & growing work pressure**	**Two takeovers**	**Creating divisions**	**The introduction of a works council**	**Departure of the managing director**		
STRUCTURAL EMPOWERMENT Formal empowerment	Employees are *not involved in the decision* to introduce CM, but it then allows them to *actively engage in* the process of preparing, discussing and deciding on other company policies. The managing director informs the SB about the adoption of CM, but does seek to train the SB in this approach (see the works council incident). Employees are *informed* through trial meetings on how CM works (at tactical & operational level).	The reduction of hours per client (from 4 to 2.5 hours) is a regulatory change imposed on IVT.	The municipality urges IVT to take over clients and employees from two bankrupt competitors, forcing top management to act quickly (A1) and only *inform* employees afterward. Management is thus *not involved in decision making* by the municipality and subsequently cannot involve its employees in the decision to take over the activities and staff of two bankrupt competitors. New operational staff (DC) is *informed* about CM and involved (C3). A lack of formal empowerment of the strategic level can be witnessed as a proposal to create a top circle is rejected by the supervisory board (SB) (C5)	All employees are *involved in the formal decision-making* process regarding this strategic proposal (D1)	Employees are *not involved in the decision- making* process (tactical, operational). The SB decides to establish a works council, despite opposition from the managing director and other staff (D4). The intro of a works council is thus imposed by the SB, leaving no opportunity for anyone to influence this decision.	Members of works council *co-decide* on appointing the interim managing director and later also the new managing director. The Interim managing director *supports* staff in letting them take control of their own work.	In all incidents prior to the implementation of a works council, formal empowerment processes prevail throughout IVT; only when urgent circumstances demand speed (in the case of clients no longer serviced by bankrupt competitors), employees are not consulted. The introduction of a works council appears to be a key turning point, after which structural empowerment practices break down.	The commitment of management to formal empowerment then has a spillover effect on informal empowerment. The commitment to structural empowerment in turn supports a climate of psychological safety to arise and thrive.
STRUCTURAL EMPOWERMENT Informal empowerment	*Strong social connections* among office staff (already present before CM introduction) creates a strong sense of involvement with the organization, enabling the adoption of CM. By introducing CM, support conditions and resources for empowerment are created.	Office staff notices an increasing distance between them and the managing director, resulting in *less positive social connections* between tactical and strategic level. DC employees *positively connect and interact* by airing issues with colleagues (in circle meetings) (operational).	During the takeover effort, the existing *social connections* among office workers are characterized by a strong sense of solidarity and commitment among these workers, which helps in dealing with the high workload arising from the unexpected takeovers (cf. tactical level) (C2). New *social ties* are established with (and among) new DC employees coming from the other two companies.	Employees *positively interact* throughout the organization, as they openly appreciate the opportunity to engage and feel genuinely included in the decision-making process (D1+D2). Management is *supported* by SB to investigate the divisionalization proposal (strategic) (D3)	As IVT has adopted CM as an empowerment system and employees are not consulted about (the SB's wish to) establishing a works council, many of them *talk about it in negative terms* while others are *indifferent* toward this decision. The informal interactions and connections between employees and management thus deteriorate in this episode. Management is *not supported* by SB with regards to CM and is thus obligated to implement a works council (strategic) (C5+D4).	The *connections* and interactions between staff members *are under pressure*, and distrust and tensions start to arise.	Prior to 2012, there already was a strong informal empowerment process that was subsequently enhanced by CM. It is not until the introduction of a works council that all organizational levels start interacting in an increasingly negative manner. This appears to be a direct result of a lack of formal empowerment by IVT's management, which trickles down to other levels.	

	CRITICAL INCIDENTS						Summary	Patterns
	2012	2014-2015	2015	2016-2017	2017-2018	2018		
	The start of circular management	**Reduction of client hours & growing work pressure**	**Two takeovers**	**Creating divisions**	**The introduction of a works council**	**Departure of the managing director**		
PSYCHOLOGICAL SAFETY	IVT's management demonstrates *trust* in employees, by implementing a rather exceptional form of governance (CM). When employees in circle meetings raise issues and questions, they feel that (e.g. unit) managers *listen to them*.	DC employees feel circle meetings (also attended by their unit manager) provides a safe setting to *speak up* about their dissatisfaction. However, many employees do *not feel heard* by management when they talk about their struggles in getting client work done.	New DC employees *feel secure to* express their appreciation toward the organization being willing to give them employment opportunities as well as a voice (operational). At the same time however, PC&N employees express to office staff that they do not feel like they have a voice (C4).	Management *trusts* employees by giving them ample opportunity to give input. Many employees, in turn, feel rather secure to *speak up* about various (tactical and operational) problems arising from divisionalization; several employees join the support circle formed to develop the proposal and feel that management *listens* to them (D1+D2).	Employees *feel secure* to express their doubts and questions concerning the decision of SB to establish a works council.	A strong sense of *distrust* among office workers arises. They increasingly hold themselves back from speaking up and raising critical questions. At the same time, the works council appears to provide a setting where employee representatives *feel secure* to give critical input to a member of the SB – for example, regarding candidates proposed for the vacant position of Managing director.	The first four incidents (up to 2017) took place in the presence of a high level of psychological safety between management and lower levels. Only after (the disempowerment due to) the introduction of the works council and the departure of the managing director, psychological safety appears to become endangered throughout the organization.	When inter-level psychological safety is sustained by management over time, it enables structural empowerment and thereby organizational resilience. At the same time, psychological safety can erode when structural empowerment is not sustained.

2.4.1. PSYCHOLOGICAL SAFETY SUPPORTS STRUCTURAL EMPOWERMENT'S EFFECT ON ORGANIZATIONAL RESILIENCE

Due to the introduction of CM, a climate of psychological safety emerged in IVT. Various other incidents in the case narrative suggest that a safe climate, in which anyone in the organization can think along and voice opinions, is critical to the positive effect of structural empowerment on organizational resilience. For example, when two other homecare providers were taken over by IVT (Appendix C), there was a clear top-down decision-making process in which employees were not included (C1). However, there was an informal empowerment process, in the sense that IVT's office staff was highly committed to IVT taking over the clients and employees of two other companies, and thus worked hard to get it done (C2). The new employees joining IVT also felt highly empowered, as they engaged in circle and other meetings (C3). While other IVT employees did not critically question the takeover of clients and staff of two competitors, it did result in some friction at the operational levels, especially between DC and PC&N, as the takeovers doubled the size of the DC division (C4). Some long-time IVT employees raised questions and doubts:

"I do remember that we were grumbling a bit like yes ... what are they doing, is that going okay and is it going okay with us, is the domestic care going to be more important than personal care and nursing? And we did hear at a certain point 'no, Bram [the managing director] really wants to keep all divisions, one needs the other' and that we did not need to worry about that." (Employee 1 PC&N)

Another example of psychological safety is how new DC employees (coming from a former competitor) talked about their integration within IVT (C4):

> "Well, I was really supported, yes. (…) I've been offered a warm blanket. And have been welcomed with open arms. Yes. And that's what it feels like. And if there was anything, you could always call." (Employee 2 DC)

These two statements point at informal empowerment, as employees perceived the transparent communication about this sensitive topic in a rather positive manner, while many of them also felt listened to, supported and taken seriously. The above statements also illustrate psychological safety, as employees felt like they could express themselves. The data regarding the takeovers incident thus signals a strong informal empowerment process, supported by a climate of psychological safety. The psychologically safe climate arose from CM, but also from the organizational culture already prevailing in IVT prior to the introduction of CM. This climate also appears to affect decision-making processes (cf. formal empowerment) in which staff members speak up and take interpersonal risks,

by raising questions and reflecting on (proposed) decisions. The creation of the divisional structure (Appendix D) illustrates the formal aspect of empowerment, as the process was designed to get all organizational members on board:

> "There was a general meeting where Bram explained what was going to happen and how, and after that […] there was a circle meeting and we were asked if we had thought about the proposed division […] So, it was indeed entirely taken from top to bottom […]. We gave positive advice […] and then it went back to the management team where the final decision was taken. Our circle was done with it quite rapidly, because it was explained very clearly." (Employee 1 DC)

Here, the managing director initially developed a proposal for forming divisions and then included all organizational levels in the decision-making process, in which employees raised questions, made suggestions, and finally, gave their consent (D1). The above quote shows that it was clear to this employee what the decision was about and that she actively participated with her co-workers, to provide input to the managing director. The later episode in which the director leaves the company suggests that IVT's climate of psychological safety also depended on a strong managerial commitment. That is, after the managing director had left, psychological safety started to decrease and people began pointing fingers and accusing each other (Appendix C, C6):

> "We have fallen between two stools now […] I want especially that we, as an organization, acknowledge that we should continue to interact respectfully and not play the blame game and act as if everything is negative and everything is wrong." (Team manager PC&N)

While this team manager here explicitly advocated how one *should* interact within the organization, she implicitly said that the opposite is the case. That is, informal empowerment appears to be weakened, as people start to communicate and interact negatively with one another, also because the climate of psychological safety breaks down when participants in meetings increasingly talk to each other in disrespectful ways.

Overall, the IVT case appears to demonstrate a substantial level of both formal and informal empowerment, with the former very likely being vital in creating and/or sustaining the latter. Both forms of empowerment appeared to positively affect the climate of psychological safety, and vice versa. Being structurally empowered in this climate of psychological safety appears to enable employees to contribute directly to how IVT responded to major challenges (especially the two takeovers). As such, structural empowerment has positively affected IVT's organizational resilience, with psychological safety supporting the structural empowerment practice. Moreover, the data collected on most critical incidents (exceptions are the client hours reduction and departure of the managing director) underline that psychological safety in IVT appeared to exist not only within groups and teams, but also across different hierarchical levels. For example, in the divisionalization incident the managing director explicitly invited and motivated operational employees to speak up in circle meetings, which they did (D2). Another

example is how, in a meeting of the Home Care circle, a DC worker openly questioned the HC manager:

> Elma confronts the Home Care manager with feedback that the DC circles were supposed to receive, but did not. [*So, this employee does not shy away from speaking up*] The PC&N manager then summarizes Elma's criticism. Elma subsequently points out that she thinks the Home Care manager makes it seem easier than it in reality is. (Observation HC Division circle meeting, June 12, 2018)[6]

In this circle meeting, both division managers and operational staff were present. In this particular situation, an operational staff member enacted her sense of psychological safety and empowerment by not only speaking up to a manager (responsible at a tactical level), but also openly criticizing her actions and promises. The low perceived risk arising from speaking up about issues both within and across the operational, tactical and strategic levels can be conceived as *inter-level psychological safety*. This is the psychological safety that exists when operational workers feel sufficiently secure to speak up about any issue in the organization, including tactical and strategic issues, not only within a group of co-workers but also in settings including superiors from higher levels. We will further develop this theoretical construct in the Discussion section.

2.4.2. TOP MANAGEMENT'S COMMITMENT AS A CONSOLIDATOR OF THE POSITIVE EFFECT OF PSYCHOLOGICAL SAFETY

The second pattern involves the key role of sustained commitment to structural empowerment at the top management level. For example, in the divisionalization incident the managing director and supervisory board decided to use the CM circle meetings to consult all staff members (D1). The supervisory board thus formally agreed "to investigate a possible division of activities" (minutes January 26, 2016) which led the managing director, supported by external consultants, to develop a detailed proposal (D3) that was subsequently discussed in all circles (D1). Moreover, a special support circle was installed, to allow delegates and heads of all circles to scrutinize the intended divisional structure of IVT in more detail (D1). Eleven months after the process started, the supervisory board authorized the final proposal (minutes December 6, 2016) (D1).

However, already during the takeovers episode (Appendix C), the supervisory board started to show a decreasing commitment to structural empowerment, as the (CM-based) request to exempt IVT from the legal requirement to install a works council was being

6 Elma here refers to a DC employee. The researcher's observation and interpretation of the non-verbal behavior of the meeting participants are outlined in italic text between brackets.

"ALL ALARM BELLS WENT OFF,
EXTRA PHONE LINES WERE
ACQUIRED AND EVERYONE
WITHIN IVT WHO COULD
POSSIBLY HOLD A JOB
INTERVIEW WAS LOCATED
IN A CUBICLE, AN OFFICE,
AND THAT FRIDAY WE HAD
SOME PREPARATION TIME
AND I STILL KNOW VERY WELL,
SATURDAY MORNING I WAS
SITTING HERE AT 0800 AM,
HAVING MY FIRST JOB INTERVIEW,
TILL ... SUNDAY WE CONTINUED,
ON MONDAY I ALSO CAME BACK
FOR INTERVIEWS AND FINALLY,
IN FOUR DAYS' TIME,
WE STOPPED AT 240 EMPLOYEES"

- team manager domestic care -

prepared (June 2015): this request was strangled at birth when the supervisory board opposed to reshaping itself into a top circle (in line with CM principles), claiming it would give rise to an unacceptable level of employee participation in strategic and other issues addressed at the top level (September 2015) (C5). In a special meeting, set up to discuss how CM and a works council could co-exist, the interim managing director inquired:

> … why it was decided to implement a works council after all. P [an external CM consultant] replies that the supervisory board had to justify itself. The interim managing director then asks why the supervisory board wants a works council if all employees are perfectly satisfied with CM: the supervisory board does apparently not support the philosophy of CM. Bram [the former managing director] had to accept that. (Observation of CM Educational trajectory meeting, April 25, 2018)

Here, we get an initial insight into the reasons why the supervisory board is dismissive toward CM and the lack of discretion the managing director apparently had in the matter. In the divisionalization incident, the intention to create circular management structures in both divisions (September 2016) was not implemented when the supervisory board decided to create a single works council for both divisions (February 2017) (D4). The lack of commitment to structural empowerment via CM thus became evident when the supervisory board decided to establish a works council, which is not required by Dutch law when CM is fully implemented. Board members were (acting as if they were) oblivious of this fact, when the interim managing director raised the issue in a meeting of the supervisory board:

> Interim managing director: "Two office employees are concerned about CM and how to sustain it. One of them wonders what the works council can do that CM can't." [*The interim managing director is talking here, while the members of the supervisory board listen and nod*]. One of the SB members replies: "CM is the overlying concept, but the works council is needed due to legislative obligations." [*The other members do not comment on this*]. (Observation of supervisory board meeting, May 29, 2018)

This conversation shows that the supervisory board members were either not aware of the functionality and benefits of CM as a structural empowerment approach (incl. the legal exemption from the requirement to install a works council) and/or acted as if they were not aware because their sense of control is jeopardized. The interim managing director appeared to draw on both explanations, when he reflected upon the lack of commitment at the supervisory board level:

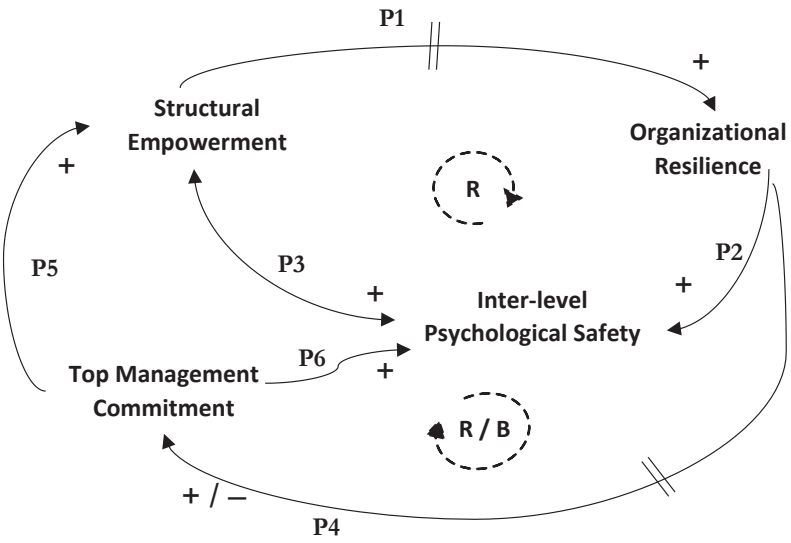
> "(…) but I think that something happened there recently, why they [supervisory board] have fallen back on the fear that if you do not introduce a works council, you're seen as not complying with external regulations". (Interim managing director)

Overall, we conclude that IVT's practice of structural empowerment requires a sustained commitment by top management. While this top management commitment to structural empowerment was present during the first two incidents in IVT's narrative, the later incidents (starting from the takeovers) appear to involve a decreasing commitment at the top level. Especially during and after the introduction of a works council and the departure of the director, a shrinking commitment to structural empowerment by IVT's top management undermined the interactions and communications between staff members, thereby also directly affecting the informal empowerment process.

2.4.3. THEORETICAL FRAMEWORK

The findings previously outlined suggest that structural empowerment positively influences organizational resilience, when a substantial level of 'inter-level' psychological safety is present and management sustains its commitment to structural empowerment and psychological safety over time. Figure 2.1 provides a visual overview of these causal patterns, in terms of a so-called causal loop diagram (Sterman, 2000). A causal link marked as positive (+) indicates a positive relation, meaning the two factors change in the same direction; in a cause-effect marked negative (–), a change in the cause gives rise to an opposite change in the effect variable. For example, top management commitment positively affects structural empowerment as well as inter-level psychological safety. The two short lines across the empowerment-resilience causal link refer to a major time delay; this delay involves the time that passes when structurally empowered employees regularly raise questions and share ideas in circle meetings, managers absorb and integrate these inputs at the tactical and strategic levels into decisions, implement these decisions, and so forth. This process results in decisions that are better substantiated by all organizational members and as a result are easier to implement: if everyone is on board with the decision, its implementation is not likely to meet any opposition and instead will be smoothened by the active participation of those responsible for carrying out the tasks implied by the decision (see the divisionalization incident D1/D2). In addition to the key causal patterns identified earlier in this section, Figure 2.1 also incorporates the (rather self-evident) reciprocal relationship between structural empowerment and inter-level psychological safety (cf. Simonet, Narayan, & Nelson, 2015; Valadares, 2004) and the positive impact of organizational resilience on psychological safety (cf. Lengnick-Hall et al., 2011; Valadares, 2004). The textbox in Figure 2.1 describes the six causal propositions (with short explanations), which together constitute the causal loops visualized in the figure.

A pivotal proposition is the delayed cause-effect relationship (P4) between organizational resilience and top management commitment. In the IVT case, we observed that top management's commitment to structural empowerment was present in the first half of



P1: Structural empowerment positively affects organizational resilience. Explanation: structural empowerment leads to more engagement (e.g. raising questions and sharing ideas) in meetings with managers, which results in decisions that are better substantiated and easier to implement (see the divisionalization incident D1/D2); moreover, by witnessing the active engagement of other employees, silent employees are likely to be motivated to speak up in the future.

P2: Organizational resilience positively affects inter-level psychological safety. Explanation: the "success" experiences of employees observing that their engagement pays off and contributes to a more resilient organization, will increase and/or sustain the safety they perceive when speaking up to address any (e.g. tactical or strategic) issue that is not part of their regular task domain.

P3: Inter-level psychological safety positively affects structural empowerment, and vice versa. Explanation: the higher the safety for speaking up (also on non-operational issues) perceived by employees, the more they will engage in meetings with managers by raising questions, sharing ideas, and so forth. Moreover, the more structurally empowered employees are, the lower the perceived interpersonal risk arising from speaking up about any (e.g. tactical or strategic) issue is.

P4: Organizational resilience positively/negatively influences top management's commitment. Explanation: this effect is positive when top management is aware of the benefits of structural empowerment for organizational resilience; and it is negative when top managers are unaware of the benefits of structural empowerment for organizational resilience and/or their sense of control and security is jeopardized.

P5: Top management commitment to structural empowerment positively affects structural empowerment. Explanation: theoretically, this cause-effect relationship is rather self-evident, but in practice top managers often do not demonstrate and/or sustain commitment to structural empowerment of employees, which undermines any (emerging) practice of structural empowerment.

P6: Top management commitment to structural empowerment positively affects inter-level psychological safety. Explanation: when top managers demonstrate and sustain their commitment to structural empowerment, employees will perceive low interpersonal risks in speaking up about any issue in meetings with these and other managers.

FIGURE 2.1. CAUSAL LOOP DIAGRAM OF THE MAIN FINDING

the case narrative, but started breaking down in the second half. In Figure 2.1, we capture this in the dual nature of the causal effect of organizational resilience on top management commitment; we thus hypothesize that:

a. this effect is positive (+) if top managers are aware of the benefits of structural empowerment for organizational resilience; this was apparently the case in the first part of the narrative;
b. this effect is negative (–) if top managers are unaware of the benefits of structural empowerment for organizational resilience and/or their sense of control and security is jeopardized; the second part of the case narrative illustrates this.

Given that this causal link between resilience and commitment is about building awareness and knowledge (at the top level), we also assume it involves a major time delay. While there are more than two causal loops in Figure 2.1, we focus here on the two main (overlapping) loops. First, the reinforcing loop in the upper half of the Figure (denoted with R) depicts how structural empowerment, organizational resilience and psychological safety reinforce each other – in a virtuous or vicious process enfolding over time. The other causal loop (denoted with R/B) depicts the causal chain from top management commitment, structural empowerment, organizational resilience and back to top management commitment. Here, the dual nature of the causal link between resilience and top management commitment highly affects the organizational patterns occurring over time. If top management sustains its commitment to structural empowerment as well as deliberately supports a climate of psychological safety, employees and middle managers will take interpersonal risks and speak up whenever they feel the need to do so, which over time helps to grow organizational resilience, and so forth. But when (a key part of) top management is unaware of the benefits of structural empowerment and/or its sense of control and security is jeopardized, its commitment to empowerment will start decreasing, which will undermine the empowerment practice; this causal loop then changes from a reinforcing (R) into a balancing (B) loop (Sterman, 2000). In turn, the upper reinforcing loop will transform from a virtuous loop into a vicious one; that is, decreasing structural empowerment implies lower levels of psychological safety and organizational resilience, and so forth.

2.5. DISCUSSION

The IVT case study suggests that a prerequisite for the beneficial effect of structural empowerment on organizational resilience is the presence of a climate of psychological safety *across* organizational levels. Moreover, structurally empowered employees are likely to enhance organizational resilience, but only if the top echelon of the organization sustains its commitment to structural empowerment over time.

2.5.1. EXTENDING THE CONSTRUCT OF PSYCHOLOGICAL SAFETY

Only managers that are open to change and willing to actually do something with input received, do effectively invite employees to raise their voice (Detert & Burris, 2007; Roberts, 1990) and prevent that empowerment enters "the realm of political correctness" in which no-one dares to speak up (Argyris, 1998, p. 9). Thus, the co-existence of managerial commitment and psychological safety provide two critical conditions for structural empowerment to come alive and fuel organizational resilience (as outlined in Figure 2.1).

Edmondson (1999) pioneered the concept of psychological safety *within* groups/teams. Other authors have advocated the application of this construct at the organizational level (Baer & Frese, 2003; Fulmer & Gelfand, 2012), but previous work has hardly or not engaged with psychological safety *beyond* the team level and *across* multiple hierarchical levels. Our study suggests that a climate of psychological safety may need to extend beyond the team level, to affect how employees and managers at different organizational levels interact with each other by speaking up and taking interpersonal risks. Especially during instances of major change, direct interactions and consultations between management and employees appear to be vital (cf. Morgan & Zeffane, 2003). The divisionalization incident illustrates how such consultations between management and employees, within a climate of psychological safety, can increase organizational resilience.

However, an organizational climate in which employees easily speak up can give rise to the paradoxical situation in which managers invite employees to speak up about ideas for improving organizational performance, but at the same time stimulate 'unwanted' behavior, for example, in the form of criticizing a particular manager (Cunha, Simpson, Clegg, & Rego, 2019). This might evoke a ceremonial process in which employees are initially invited to speak up and ask questions, but their opinions and input are subsequently ignored or by-passed in making decisions. Such ceremonial behavioral patterns may mask a major incongruity between what the organization claims to stand for (in this case: structural empowerment of employees) and what it actually practices, based on ingrained ways of thinking about leadership and management (Argyris, 1977). Here, managers might publicly espouse the notion of empowerment, but then not actually "walk the talk of empowerment" (Argyris, 1998, p. 8), especially when they revert to the familiar command and control approach because structural empowerment proves difficult and intrinsic commitment to it is lacking (Bowen & Lawler, 1995).

These behavioral patterns are also known as the 'paradox of empowerment' (Berti & Simpson, 2021) implying employees feel increasingly disempowered because their agency is quite limited, while the jargon of empowerment espoused by managers is often masking these limitations. To counteract this paradoxical situation, managers can create the opportunity for 'emancipatory dialogue' (Raelin, 2013), in which organizational members open up to each other's critical scrutiny, while simultaneously voicing their own opinions. More importantly, any emancipatory dialogue would imply that people open up to hostile information, that is, information that makes them uncomfortable (Gouldner, 1970; Raelin, 2013). The structural empowerment practice observed in (the first part of) the IVT narrative appears to offer employees ample opportunities to engage in such emancipatory dialogue.

2.5.2. MANAGERIAL COMMITMENT TO STRUCTURAL EMPOWERMENT

It is commonly assumed that employees have substantial discretion to decide how to respond to ambiguous demands, but often feel they do not have the power to do so (Berti & Simpson, 2021). Thus, managers simultaneously need to relinquish some of their formal power, by giving employees substantial discretion in (giving input for) decision-making, to grow the power of the collective organization and create an empowered workforce. This requires that managers change their mindset from viewing employees as 'hierarchical unequals' to considering them as individuals with different kinds of knowledge and expertise that are relevant to decision-making (Labianca, Gray, & Brass,

2000), thus acknowledging that power is not a zero-sum game (Lincoln,Travers, Ackers, & Wilkinson, 2002). Here, IVT had the advantage that the mindset of its management was already focused on engaging employees in decision processes (prior to 2012).

Some prior studies of decision-making have touched upon the benefits of looking beyond the strategic level of executive and supervisory boardrooms (Korsgaard, Schweiger, & Sapienza, 1995; Raes, Heijltjes, Glunk, & Roe, 2011). However, where these studies focused on the interface between the strategic and tactical level, our study underlines the necessity to also include the interaction between tactical *and* operational decision-making levels. The more individual employees can contribute to (strategic and tactical) decision-making and reflection, the larger and the more varied the palette of ideas is on which the organization can build (Alexiou, Khanagha, & Schippers, 2019). Simultaneously, structural empowerment at all organizational levels can help overcome the blind spots of management arising from their selective cognitive focus (Ocasio, 1997). Thus, there is clear organizational value in structurally empowering employees to participate in decision-making. However, the findings from the IVT case suggest that this value is not always recognized by management.

That is, efforts to change the conventional structure at the supervisory board level (to comply with the guidelines of CM) met with huge resistance within the board of IVT. In this respect, efforts to change a deeply embedded structure perceived as highly legitimate are often met with resistance because such changes jeopardize key actors' sense of control and security (Powell, 1991). IVT's supervisory board members indeed may have felt threatened by the idea of including an employee representative in the board room, therefore purposefully halting the institutionalization process of structural empowerment.

At the same time, only these key agents can alter such an institutionalized structure. That is, institutional contradictions – as reflected in a (largely) redundant institution such as the works council in the case studied – may motivate organizational members to change their beliefs regarding (what would be) legitimate solutions as well as turn to other logics to justify their actions (Seo & Creed, 2002). Presumably, the fact that CM was initiated by the managing director and the supervisory board decided to implement a works council (regardless of CM), also signals a lack of shared vision at the top level of IVT. In this respect, the construct of organizational resilience remains ambiguous, and thus executive and supervisory board members may not (partly) attribute it to employee empowerment. The supervisory board at IVT proved unaware of the benefits of structural empowerment and, moreover, its sense of control was jeopardized.

2.5.3. THEORETICAL CONTRIBUTIONS

Our study serves to open up the black box of structural empowerment, by exploring how it generates patterns of organizational behavior that promote organizational resilience. The IVT case study suggests that a sustained commitment by top management to structural empowerment is a necessary condition for consolidating the positive role of psychological safety as a key condition for (sustaining) empowerment. Figure 2.1 positions this insight in a theoretical framework that underlines the dynamic complexity of the relationships between structural empowerment, organizational resilience, inter-level psychological safety and top management commitment. Our study thus makes two main contributions to the literature.

First, we find that structural empowerment positively affects organizational resilience, but also that structural empowerment is contingent upon a climate of psychological safety. We move beyond the latter construct, as coined by Edmondson (1999), by showing that psychological safety is not only vital for team performance (Choo, Linderman, & Schroeder, 2004; Huang, Chu, & Jiang, 2008), but also organizational performance. Edmondson (1999, p. 354) defined psychological safety as 'a shared belief that the *team* [emphasis added] is safe for interpersonal risk-taking' and that it is 'meant to suggest a sense of confidence that the team will not embarrass, reject, or punish someone for speaking up'. Our findings remain true to this initial definition, but broaden the 'shared belief' component of Edmondson's definition to also include inter-group and multi-level interactions across the entire organization—especially also meetings between employees and managers in which non-operational issues are discussed. Baer and Frese (2003) already argued that psychological safety is an organizational rather than team-level construct, and we extend their argument by introducing the construct of *inter-level psychological safety*, referring to interpersonal risk-taking *across* different organizational levels. This aligns to a certain extent with later work by Edmondson and Harvey (2018) on psychological safety in cross boundary teams.

Second, our study suggests that the positive effect of structural empowerment on resilience is also contingent on top management's commitment to structural empowerment. The latter directly affects any (emerging) structural empowerment practice, but also indirectly via its effect on psychological safety (see Figure 2.1). Thus, top management commitment that is sustained over time appears to be a key condition for consolidating any positive effects of structural empowerment. Within IVT, the lack of top management commitment to structural empowerment and psychological safety surfaced over time. Here, the pivotal role of top management commitment's to structural empowerment, as a key driver of organizational resilience, extends previous studies that

focus on workplace resilience at the level of individuals and teams (Goodman et al., 2011; King et al., 2016) without acknowledging the role of top management.

We also shed new light on structural empowerment by arguing that it needs to include employees as agents (potentially) affecting organizational decisions beyond the operational sphere. The extant literature typically assumes the decision-making influence of employees to be limited to "involving subordinates in making non-trivial work unit decisions" (Scandura, Graen, & Novak, 1986, p. 579). Indeed, managers commonly define empowerment in such a way that it does not allow employees to contribute to strategic and tactical decisions (Wilkinson, 1998). This study highlights the value of engaging employees in non-trivial decisions that move *beyond* the work unit. This finding also justifies our extension of the framework of Laschinger et al. (2004) in the Background section, where we argued that employees should be empowered not only within their operational task domains, but also be able to influence tactical and strategic decisions.

2.5.4. LIMITATIONS AND DIRECTIONS FOR FUTURE RESEARCH

One clear limitation of this study is the single case approach adopted, which generated in-depth insights that cannot be readily generalized to other settings. This limitation, along with the exploratory research design also entails that any definite conclusions cannot be drawn and future research would first need to consolidate rather than extend these preliminary conclusions. It can do so for example by isolating the variables and their separate effects on resilience by means of experimental research. Nevertheless, this case study generated novel insights that can fuel future research in other organizations and other contexts.

Our theoretical framework highlights four core constructs and their relationships, and therefore does not capture any other constructs and relationships. For example, top management commitment itself is not an isolated condition, but is likely to be affected by many other variables (e.g. Calabretta, Gemser, & Wijnberg, 2017; Detert & Burris, 2007) beyond the scope of this chapter. Moreover, we conceived of organizational resilience as the main outcome of three other variables (Figure 2.1) and assumed that resilience, in turn, affects psychological safety and top management commitment, giving rise to dynamic feedback loops. These assumptions bring along several limitations. First, the concepts of psychological safety and informal empowerment turned out to be difficult to disentangle because of their conceptual similarity and the current version of the model in Figure 2 does not allow for this disentanglement as informal empowerment here is considered in combination with formal empowerment (i.e. under the larger umbrella of

structural empowerment). Second, this entanglement can also be witnessed in proposition 1 in Figure 2: the very act of raising questions and sharing ideas that is now subsumed under the construct of structural empowerment, is similar to accounts of psychological safety. In that regard, psychological safety can indeed be seen as an antecedent of organizational resilience, a relationship that has indirectly been covered in proposition 3. Finally, it must be noted that the framework in Figure 2 has been created on the basis of the single case study and only draws relationships that actually came forward from the data. The study does not pretend that these relationships have been tested, they mostly serve as propositions for further research. Indeed, the framework in Figure 2.1 could and should be further developed and tested, also as a mathematical simulation model (Sterman, 2000).

Our findings suggest that structural empowerment can have beneficial consequences other than improving resilience, such as increasing employees' commitment, engagement and performance (Buck & Endenburg, 2012; Sessions, Nahrgang, Vaulont, Williams, & Bartels, 2020). Future research can more systematically scrutinize the specific effects of structural empowerment on beneficial employee behavior, such as citizenship behavior (e.g. LePine, Erez, & Johnson, 2002).

This study also provides insights into the importance of top management sustaining its commitment over time. Using longitudinal research designs, future research can explore how managerial commitment to structural empowerment affects psychological safety and organizational resilience, and especially how changes in such commitment affect organizational resilience. As the initiation of psychological safety and structural empowerment so heavily depends on management, future research should dive deeper into the specific leadership behaviors enabling employee empowerment and psychological safety (e.g. Neeley & Reiche, 2020), which in turn are critical for organizational resilience. This also raises the question as to how an organization can actually maintain structural empowerment and psychological safety, in the absence of top management commitment: can empowerment initiatives be made less dependent on individual managers? In an ideal world, organizational resilience would be a capability that is deeply ingrained in the organization's structure and culture, and not a house of cards that dissolves when the top echelon changes its mind.

2.6. CONCLUSION

This study opens up the black box of structural empowerment, by exploring how the latter generates patterns of organizational behavior which promote organizational resilience. The IVT case study suggests that a sustained commitment by top management is a necessary condition for structural empowerment and is also critical in consolidating the positive role of psychological safety as another key condition for structural empowerment. With these findings, the main contribution to the literature is the grounded hypothesis that structural empowerment positively affects organizational resilience, but also that structural empowerment is contingent upon a climate of inter-level psychological safety. Here, we move beyond the extant conceptualization of psychological safety by demonstrating its inter-level nature in the context of structural empowerment, especially when employees engage in discussions on tactical and strategic issues.

THE RESILIENCE OF INTER-ORGANIZATIONAL COLLABORATION DURING A PANDEMIC

ABSTRACT

The success factors and challenges of interorganizational collaboration have been widely studied from different disciplinary perspectives. However, the role of design in making such collaborations resilient has received little attention, although deliberately designing for resilience is likely to be vital to the long-term success of any interorganizational collaboration. This chapter explores the resilience of interorganizational collaboration by means of a comparative case study in the Dutch maternity care industry, which has been facing major challenges due to financial cutbacks, government enforced collaborative structures and the recent COVID-19 pandemic. Our findings make two contributions to the literature. For one, we further develop the construct of interorganizational resilience, which has been little explored but is likely to gain momentum—especially in industries in which organizations are better off when dealing collaboratively with environmental turbulence. Second, we shed light on how structural design in terms of distributed decision-making power affects resilience, thereby making a first attempt at meeting the challenge of designing for interorganizational resilience.

3.1. INTRODUCTION

Complex societal challenges such as the COVID-19 crisis require collaboration between organizations, especially when they cannot address these challenges on their own (Chesley & D'Avella, 2020; Huxham & Vangen, 2005). Collaboration then serves as a means for organizations to deal with a turbulent and complex environment (Wood & Gray, 1991) and give them a competitive advantage (Kanter, 1994). However, interorganizational collaborations are often difficult to sustain, nor are they resilient enough in the longer term (Chesley & D'Avella, 2020) because each organization needs to find a balance between collaborating and engaging with one another and simultaneously maintaining their autonomy (Chesley & D'Avella, 2020).

Interorganizational collaborations tend to draw on heterarchical rather than hierarchical organizational designs, associated with members having equal power or similar rights to coordinate activities, often resulting in extensive (i.e. time consuming) mutual adjustment and consensus building (Gulati et al., 2012). Thus, in such heterarchical structures, power is dealt with in a more dynamic and fluid sense than in hierarchical structures (Aime, Humphrey, DeRue, & Jeffrey, 2014). Heterarchical structures therefore have important consequences for power dynamics within the interorganizational collaboration, especially in relation to trust. It is often difficult to develop trust under non-hierarchical circumstances (Ring, 1997) and many managers feel safer to exercise power (Hardy, Philips, & Lawrence, 1998) instead of acknowledging other members hold equal power as they do. Traditionally, collaborative relationships between individual professionals in maternity care are also determined by status differences, which have led some professionals (e.g. gynecologists) to feel superior (i.e. as if they possess more decision-making power) than other professionals (e.g. obstetricians). This may further impede the development of trust. That is, such a status hierarchy does not invite the professionals to communicate across their professional boundaries (Edmondson, 2003). In developing trust in the collaboration, we therefore expect an important role is reserved for psychological safety (cf. Edmondson, 1993). That is, the members of the collaboration need to speak their minds in order to create mutual understanding. Only then will they develop trust and be willing to accept the terms of non-hierarchical decision-making.

Despite the apparent challenges in collaborating, effective interorganizational collaboration is particularly vital to organizations providing care services (Suter et al.,

2009). This is because an incapability to collaborate can negatively impact the care delivered to patients or clients (Zwarenstein, Goldman, & Reeves, 2009). The complexity of health-related issues and the domain-specific knowledge of the individual professionals in (e.g. home or maternity) care often severely restricts their ability to come up with integral solutions for issues demanding such solutions (Orchard, Curran, & Kabene, 2005). Interdisciplinary and interorganizational collaboration that makes active use of the various knowledge sources and backgrounds of the professional experts involved is vital in tackling this type of issues.

In the Netherlands, maternity care professionals have long been aware of the necessity to engage in interorganizational collaboration, in order to come up with jointly created solutions. The onset of the COVID-19 crisis in March 2020 provided an unexpected test of the resilience of their collaborative ties: "And Saturday morning we already held a meeting via Zoom with all obstetricians and maternity care assistants, about how we were to handle this [COVID-19] in the future. And Monday we were at the hospital with a delegation to see how we were going to handle it together" (Maternity care director). Accordingly, interorganizational collaboration in Dutch maternity care benefited from short communication lines and was thus able to respond swiftly when a national lockdown was announced. Its heterarchical structure appeared to facilitate the way these interorganizational collaborations dealt with the crisis.

This suggests the design of interorganizational collaboration structures could be vital for effectively dealing with external challenges such as COVID-19. That is, the structure of the collaboration could facilitate and enhance adaptation to the disruption (cf. Eisenman et al., 2020). More specifically, structures with less hierarchical levels and more decentralized decision-making processes may cultivate their resilience (Mosca et al., 2021). At the interorganizational level, this calls for distributed decision-making, a form of empowerment that goes beyond decision-making within each organization. Distributed decision-making is necessary as no-one in the interorganizational collaboration is, by definition, superior to the other.

Only a few studies have addressed the impact of organizational design on organizational resilience (e.g. Eisenman et al., 2020; Välikangas & Romme, 2013) and therefore organizational resilience has been identified as a major design challenge (Gulati et al., 2012). The latter challenge is even greater for the design at an *inter*organizational level, as interorganizational collaborations cannot be organized in traditional ways (Alberts, 2012). Therefore, there appears to be scientific value in uncovering how to deal with the challenge of designing for the resilience of interorganizational collaborations. Since collegiality instead of hierarchy results in better outcomes for patients (Feiger & Schmitt, 1979), hierarchical status differences appear to have direct consequences for the care delivered. Accordingly, the assumption is that the pressing issue of high death rates among newborns could be tackled by improving maternity care collaborations (cf. van der Velden et al., 2009).

Though this research does not aim to investigate whether there is a direct relationship between the death rate among newborns and the effectiveness of maternity care collaborations in the Netherlands, it does aim to deliver insights in to how these collaborations can benefit from heterarchical structures. As such, there is social value in gathering insights into how care organizations can collaborate effectively in order to ensure good care delivery. Thus, we aim to provide insights that render both scientific value in informing research on designing for interorganizational collaborations and social value in finding out if and how heterarchical structures facilitate interorganizational collaborations in maternity care. Accordingly, in this chapter we investigate *how the design of interorganizational collaboration impacts the resilience of this collaboration*. We do this by adopting a comparative case study approach in which we analyze two cases of interorganizational collaboration in the Dutch maternity care industry. We use qualitative methods such as in-depth interviews, participant observations, and the analysis of documental data. This chapter contributes to the extant literature by providing a novel perspective on interorganizational collaboration and resilience.

3.2. BACKGROUND

3.2.1. INTERORGANIZATIONAL AND INTERPROFESSIONAL COLLABORATION

In essence, interorganizational collaboration entails both cooperation and coordination. Cooperation requires commitment and aligned interests from all participants, whereas coordination requires effective alignment and adjustment of actions (Gulati, Wohlgezogen, & Zhelyazkov, 2012) in exchanging knowledge, products or service (Jones, Hesterly, & Borgatti, 1997). Some of these exchanges may be done through temporary organizational forms, brought to life to tackle challenges in a complex and volatile environment (Bigley & Roberts, 2001). For instance, the so-called meta organization is such a temporary form that effectively reduces environmental complexity (Solansky, Beck, & Travis, 2014; Toubiana, Oliver, & Bradshaw, 2017); it involves interorganizational collaboration that comprises "networks of firms or individuals not bound by authority based on employment relationships, but characterized by a system-level goal" (Gulati et al., 2012, p. 573). It is this system-level goal, combined with a shared purpose that distinguishes well-performing *teams* from mere groups, in which the individuals collectively pursue their own goals (Katzenbach & Smith, 2005). The interorganizational collaborations in this study could largely be designated as such meta organizations or teams, instigated by government in order to tackle challenges to maternity care such as those created by financial cutbacks.

These collaborations are often characterized by the different professionals involved in the various participating organizations. As such the term 'interorganizational' is in this study also referred to as 'inter-professional.' Interprofessional collaboration is conceived as "the process of developing and maintaining effective interprofessional working relationships with learners, practitioners, patients/ clients/families and communities to enable optimal health outcomes" (Schroder et al., 2011, p. 190). Especially the ability to collaborate with other professionals is vital to health care practice (Suter et al., 2009), as the incapability to collaborate can negatively impact the care delivered (Zwarenstein et al., 2009). The complexity of health issues and limited knowledge of individual health professionals hampers their ability to come up with solutions for these

issues by themselves (Orchard et al., 2005). A collaborative practice in which the different professionals jointly come up with solutions (cf. Orchard et al., 2005), in that sense, would improve the care delivered (Schroder et al., 2011).

To develop a collaborative practice assessment tool, Schroder et al. (2011) listed several concepts for effective interprofessional collaborations in health care, derived from other research. These concepts include effective communication between professional groups, role awareness, responsibility/accountability, coordination, cooperation, autonomy, and mutual trust and respect, shared decision-making, conflict management, shared goals, professional distinctiveness, team identity and team potency. Looking further into these indicators does not prove satisfactory, however, as it is not clear how the constructs were conceptualized. We therefore seek to clarify these indicators by studying the interorganizational collaboration from a structural perspective.

In a heterarchical structure, power dynamically shifts from one member to the other, depending on which capabilities the situation demands (Aime et al., 2014). By contrast, power relations among care professionals are traditionally rather static and characterized by power inequalities arising from status differences. This potentially creates challenges, but also opportunities for power dynamics in the interprofessional collaboration (cf, Orchard et al., 2005; D'Amour, Ferrada-Videla, San Martín-Rodriguez, & Beaulieu, 2005). Especially in care professions, gaining autonomy is an important step in developing one's professional status (Engel, 1970; Schutzenhofer, 1987). A high level of autonomy lowers the likelihood of professionals communicating and sharing authority with other professionals (Institute of Medicine, 1999, 2001). Simultaneously acknowledging the need to collaborate, but wanting to hold on to autonomy and independence therefore reflects an inherent tension in the collaborative process (Thomson & Perry, 2006). That is, autonomy indicates freedom of choice, while collaboration requires a joint solution, meaning the professional's preferred solutions needs to be checked with and possibly adjusted to the rest of the group.

Collaborating necessitates the professionals to *jointly* exercise power by making themselves heard and join in decision-making as well as know how to share responsibilities and coordinate their activities (D'Amour, Goulet, Labadie, San Martín-Rodriguez, & Pineault, 2008). As conceptualized in Chapter 1 and 2 of this doctoral dissertation, power dynamics can play out in a formal and informal process (Kanter, 1993; Laschinger et al., 2004). Through positive social interactions, actors within the interorganizational collaboration can gain informal power while the nature of their profession gives them formal power. We suspect that especially informal power is important in creating interorganizational collaborations that result in quality care outcomes. Indeed, looking at such collaborations from a knowledge creation perspective, "the greatest innovation may emerge from ongoing, informal and unplanned relationships" (Hardy, Philips, & Lawrence, 2003, p.342-343).

In order to collaborate effectively, professionals need to develop trust among each other (D'Amour et al., 2008). We argue this is reflected by the extent to which the members of the collaboration show that they have trust in the collaboration and/or decision-making process. As in Study 1, the concept of psychological safety plays an important role in both the collaboration and the decision-making process the professionals take part in. That is, the collaborating professionals can be broadly conceived as a team, in that they collaborate for a common goal. We therefore continue to draw from Edmondson in her definition of psychological safety as 'a shared belief that the *team* [emphasis added] is safe for interpersonal risk-taking' and suggests 'a sense of confidence that the team will not embarrass, reject, or punish someone for speaking up (Edmondson, 1993, p. 354). It appears that trust and respect between the professionals in a team improve when they develop a thorough understanding of each other's roles and responsibilities (professionals knowing each other's roles, which avoids care duplication and disputes about territory) (Suter et al., 2009), implying they need to communicate.

Though effective communication in interprofessional care collaboration is foremost seen as the ability of the professionals to negotiate and resolve conflicts and coordinate care as well as use language that fits with the audience (Suter et al., 2009), we consider the most crucial part of effective inter-organizational communication the extent to which the members of the collaboration show the ability to communicate quickly, openly and transparently, as shown for example by if they provide each other with feedback, make requests or make announcements. This aligns directly with the merits of psychological safety and resilience, as it facilitates members of the collaboration to signal and repair mistakes in the moment of occurrence, thereby avoiding damage (Goodman et al., 2011).

3.2.2. RESILIENCE IN THE INTERORGANIZATIONAL CONTEXT

There is an abundant literature relating to the topic of resilience in the interorganizational context, which can provide some groundwork for this study. These include but are not limited to work on interorganizational resilience (e.g. Jung, Song, & Park, 2019; Lengnick-Hall et al., 2011), interorganizational systems (e.g. Hart & Saunders, 1998), interorganizational reliability (e.g. Rice, 2021), and inter-functional systems (Auh & Menguc, 2005). The term resilience arose from resource dependency theory, which seeks to understand the organization by viewing it as part of the (social) *networks* in its environment and dependent on the resources provided by it (Pfeffer & Salancik, 2003). This has direct implications for the interorganizational level, since organizations that are

closely connected to other organizations may be more resilient by benefiting from the resources of collaborating organizations (Yung & Song, 2018).

Interorganizational *systems* have been studied in terms of power dynamics and level of trust and commitment to the interorganizational relationship (e.g. Hart & Saunders, 1998). These studies, useful to the extent that they consider similar factors of influence as the literature on interprofessional care collaborations, do appear to consider the interorganizational system as a supply chain in which power dependencies and subsequent asymmetries are present (Hart & Saunders, 1998). They also focus on dyadic power and trust relationships, and do not investigate these relationships among all participating members. The necessity of interorganizational relationships and associated social capital in enabling responses to turbulence is nevertheless highlighted (Lengnick-Hall et al., 2011). The latter aligns with literature on inter-functional systems in that the coordination needed between different functional areas (i.e. the different organizations in the collaboration) improves communication and as such enables people from different organizations to deal with conflicting views (Auh & Menguc, 2005). Improved communication in turn can be considered to positively affect inter-functional relationships.

Rice (2021) extends the, largely limited to the organizational level, HRO literature (e.g. Weick et al., 1999) by referring to High reliability *collaborations* (HRCs). She illustrates how power asymmetry comes forward in communication between the different members of the collaborative. She finds the collaborative decision-making process is influenced by those who claim urgency: certain members of the collaboration claimed power (and were given power by others) by persuading others that their claim was more urgent.

Based on this prior work, we argue that the literature on organizational resilience could benefit from considering interorganizational resilience as something that is distinct from the resilience of the individual organizations participating in the collaborative (cf. Yung et al., 2019), or the supply chain (cf. Hart & Saunders, 1998). Specifically for interprofessional care collaborations as investigated in this study, we argue that the resilience of the collaborative should be assessed in terms of the relationships among *all* participating professionals, especially as these are expected to improve communication and serve to eliminate the negative consequences of power asymmetry (cf. Hart & Saunders, 1998) and prevent misplaced urgency claims (cf. Rice, 2021).

The literature on resilience in an interorganizational context thus only partially offers a satisfactory point of departure. In Chapter 2, we noted that organizational resilience tends to develop over time (Lengnick-Hall et al., 2011; Ortiz-de-Mandojana & Bansal, 2016; Samba & Vera, 2013), which suggests it is a dynamic organizational capability, one that has to be renewed continually to keep up with changing environmental demands (Schreyögg & Kliesch-Eberl, 2007). Therefore, organizational designs need to incorporate resilience in order to be able to dynamically adapt to changing environmental demands (Alberts, 2012). This is in line with contingency thinking that implies an organization is supposed to be designed to fit its environment (Burton & Obel, 2018). Indeed, the ability

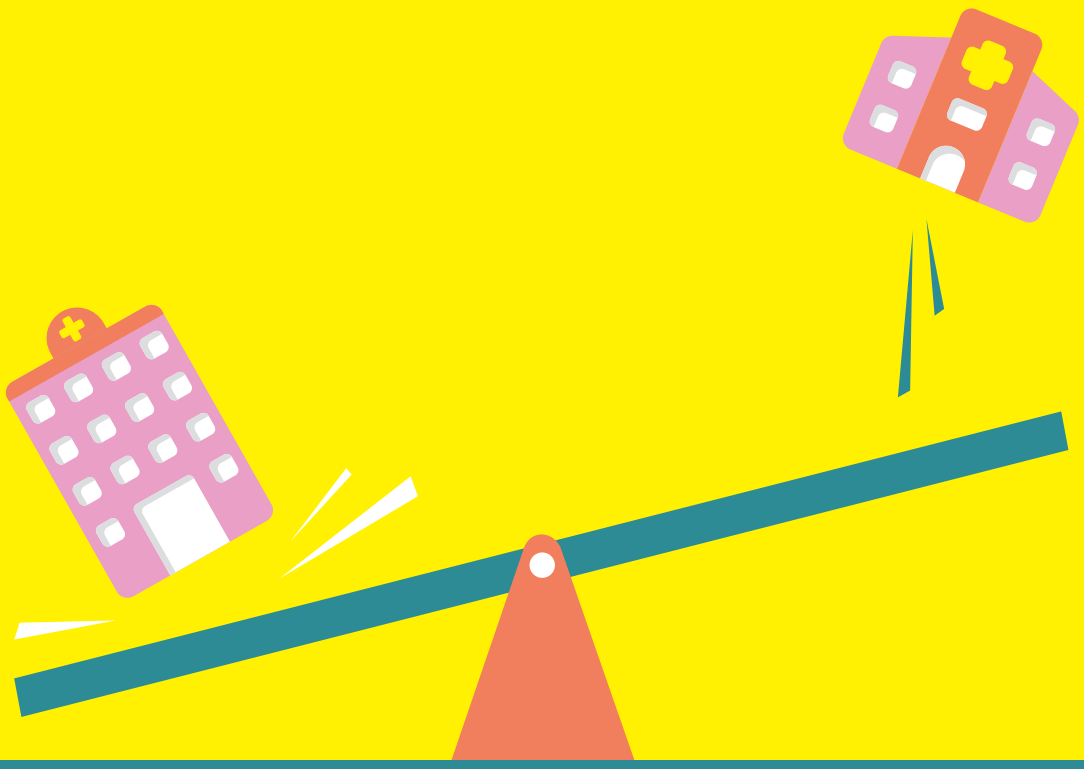
to *adapt dynamically* is vital here, since it makes no sense to adapt the organizational structure as a one-off exercise in a continually changing environment (Nissen, 2014).

The existing body of knowledge about the design on the *inter*organizational level is limited. We therefore argue that we can learn from how the design of a single organizational structure can benefit resilience (see Chapter 2). Here we found that less hierarchical (i.e. increasingly flat) organizational designs appear to be more resilient than their centralized counterparts (cf. Mosca et al., 2021), as they ensure employees' autonomy in deciding upon actions (Mallak, 1999) and thus enable them to act quickly, based on facts on the ground (Sheffi & Rice, 2005). For the purpose of this study, we therefore apply an organizational design perspective to how the structure of interorganizational collaboration—such as those reflected by meta organizations—can be shaped (Burton & Obel, 2018). In turn, organizational resilience refers to how well an (interorganizational) meta organization succeeds in overcoming adversity (King et al., 2016) and thus dynamically adapts to the environment. Several key constructs (as used in Chapter 2) are relevant here: anticipation, adaptation, and thriving. These constructs also draw on literatures other than resilience, including open systems theory (e.g. Hrebiniak & Joyce, 1985) and positive organizational behavior (e.g. Spreitzer & Sutcliffe, 2007).

For one, *anticipation* involves the prediction and – when necessary – prevention of potential changes ahead of time (cf. Weick et al., 1999). By contrast, adaptation involves dealing with problems as they arise, through error detection and containment (e.g. Butler & Gray 2006), which requires the organization to simultaneously identify an environmental cue and knowing what needs to be done to improve the situation (e.g. Freeman et al., 2003). To define *adaptation*, we draw on Beermann's (2011) notion of 'autonomous adaptation' taking place at that very moment without deliberate or planned action. Where anticipation implies proactive organizational behavior, we thus conceive of organizational adaptation as being largely reactive in nature (cf. Hrebiniak & Joyce 1985). As such, we build on and add to Hrebiniak and Joyce's (1985) definition by assuming that organizational adaptation involves reactive responses to both endogenous and exogenous changes. In addition, an organization can thrive under change by becoming more resourceful and robust when facing severe challenges (e.g. Vogus & Sutcliffe 2007). Spreitzer and Sutcliffe (2007) suggest that organizational *thriving* is about collective learning and being energized. Collective learning can arise from trying new things, taking risks, learning from mistakes, and building capabilities and competencies from thereon. A collective sense of being energized involves high employee vitality, as shown in increasing determination, activity, and innovation levels. Moreover, trust appears to enhance both vitality and learning, directly or mediated by connectivity, and is therefore is an important enabler of thriving (Spreitzer & Carmeli, 2009). That is, individuals that develop trust in their organizations, tend to increase their level of vitality to engage in tasks and develop trust in their employers, enabling learning as they feel support from their employer in taking risks and trying new things. Connectivity, then, implies that individuals experience

their relationships with each other in such a way that they perceive the influence of the other as an impetus to learn. While the notion of thriving can potentially be extended to the organizational level (Gittell, Cameron, & Rivas, 2006; Markman & Venzin, 2014; Samba & Vera, 2013), little is known about how it relates to organizational performance (Spreitzer & Sutcliffe, 2007; Walumbwa, Muchiri, Misati, Wu, & Meiliani, 2018).

These three organizational resilience responses – anticipating, adapting, and thriving – can be effectively differentiated from other ways to deal with changes. For example, an organization can resist or absorb change (e.g. Linnenluecke & Griffiths 2010) by installing a large buffering capacity of inventory and other assets (Woods, 2005). This type of response is not included in the label of organizational resilience, although it may help the organization uphold its functionality and legitimacy during major changes. In this study, we therefore consider that the resilience of any inter-organizational collaboration arises from its ability to anticipate, adapt and/or thrive in response to adversity. Drawing on both the literature and the empirical setting, decision-making, communication, cooperation and coordination, shared goals, conflict management and mutual trust and respect appear the most vital factors in determining the effectiveness of the interorganizational collaborations under study, and by extension, in determining their design. For all of these factors to have a positive influence on the interorganizational collaborations' resilience, informal empowerment dynamics are likely to play an important role.



3.3. RESEARCH METHOD

As introduced earlier, the main question informing our study is how the design of interorganizational collaboration affects its resilience. This 'how' question invites an in-depth case study approach (Yin, 2006). Moreover, to allow for an in-depth analysis of the causal mechanisms and processes linking interorganizational collaboration and resilience, we need to focus on cases that have demonstrated a high level of resilience—to avoid that doubts about the question "whether or not resilience is high" would interfere with our analysis. We thus decided to focus on two cases of interorganizational collaboration in the Dutch maternity care industry, which both successfully dealt with major threats and crises in the past 10 years (incl. major financial cutbacks on maternity care by Dutch government and the COVID-19 pandemic). The likeliness of their resilience had been established upfront by a well-informed expert in the field. By contrast, some other interorganizational collaborations performed less well. Two examples include a collaborative in the vicinity of where Case B is located and a collaborative located in the middle of the Netherlands. Both struggled with their collaboration, even making the news in the Netherlands. To illustrate, in one of the collaboratives the hospital closed, without consultation with the obstetricians, the obstetric ward, forcing them to take their clients to another hospital located 50 km further. As a result this other hospital experienced increased pressure on its care capacity. Though this is no actual measurement of their *lack of* resilience, we base ourselves on the strong indication thereof, justifying the exploration of those two cases (i.e. A and B) that did not show any such miscommunications or other major turmoil threatening the collaboration, and by extension, their resilience.

3.3.1. CASE DESCRIPTION

Around 2009, the Dutch government started stimulating various professionals and their organizations in the maternity care industry to collaborate in a local cooperative alliance, a so-called "Verloskundig Samenswerkings Verband" or in short VSV (van der Velden et al., 2009). These government-induced (but voluntary) interorganizational collaborations were meant to integrate the care activities offered by primary care (e.g. obstetrics care and

maternity care assistance) professionals who were either self-employed or employed by small companies, and secondary care (e.g. gynecologists and pediatricians) professionals employed by hospitals. This type of interorganizational collaboration was assumed to decrease the death rate among newborns and thus improve maternity care performance (van der Velden et al., 2009). By 2017, some of these interorganizational collaborations not only aimed at an integration of care delivery, but also on a far-reaching bundled payment process—introducing an evolved version of the VSV, called IGO. The main distinction between IGO and VSV is that the former invoices the entire maternity care service provided (to a particular client) to the insurance company, and then pays the self-employed primary care professionals and the hospital (employing various medical professionals) for their contributions. Both VSVs and IGOs still exist today, but the Dutch government aims to permanently move to the IGO entity with bundled payment, by 2028 (Nederlandse Zorgautoriteit, 2020).

In this chapter, we study two maternity care collaborations—one VSV (Case A) and one IGO (Case B)—that both have successfully weathered the storms in maternity care. These cases were scrutinized in terms of their collaboration specifics and how these affected their resilience. Both cases include organizations from secondary care (i.e. hospital, including gynecologists, pediatricians and other medical specialists) and primary care (mostly small organizations in obstetrical care and maternity care assistance). Maternity care assistance is a specific type of post-natal care that is unique to the Netherlands. Here, a qualified nurse helps clients and their newly born in the week after birth, for example by teaching the client and her partner about basic childcare and checking the recovery of the client and newly born daily.

Case A already exists for two decades, being one of the oldest collaborations in maternity care in the Netherlands. The initial collaboration was rather open ended and not formalized. By 2007, a formal collaborative was established with the aim of having a joint ultrasound center. This center required a formal entity running it, as it would receive a budget that needed to be divided among the collaborating organizations. This formal entity was set up as a foundation, spurring more collaboration and providing a solid base for the provision of integral maternity care. Around 2012, the VSV started to implement a specific decision-making methodology, called sociocracy (Romme, 1999), to improve trust and collaboration between the participants. From 2014 till 2016, the foundation received a subsidy from the government, to experiment with transforming to an IGO. This attempt did not succeed, and the trust among partners in the collaboration started to crumble. To avoid further damage to the collaboration, the members decided to remain a VSV. Early 2018, the foundation and the VSV were therefore separated, and as such, the collaboration went back to being an (largely informal) networked organization.

Case B arose around 1975 from the establishment of an obstetrics task force: a collaboration between obstetricians, general practitioners, gynecologists, and neonatal care providers. Already back then, the aim was to detect risks during pregnancy and

adjust treatment to the individual client, to ensure the best possible care. By 2012, it transformed into a VSV, focusing on the joint execution of tasks, the improvement of information exchange between professionals, and the provision of integral care. For the latter reason, this interorganizational collaboration transformed in 2019 into an IGO, in the form of a Cooperation (as legal entity). Our two cases thus differ both in terms of the legal form, decision-making process and funding structure. Case A represents a horizontal collaboration, less formalized than case B in terms of its legal form (after 2018); but case A adopted a somewhat more distributed decision-making approach compared with case B. Case B is in itself no care provider, instead it works with the members of this cooperation as sub-contractors. Table 3.1 outlines the main characteristics of the two cases.

TABLE 3.1. CASE CHARACTERISTICS

	Case A	**Case B**
Starting year	2007	2019
Legal form	Initially a foundation, later a (informal) networked organization	Cooperation (excluding liability)
Decision-making process	Distributed decision-making through (sociocratic) decision-making by informed consent	Centralized decision-making through mandate to management of the cooperation
Funding structure	Separate payment to each organization	Integral payment to collaborative entity

3.3.2. RESEARCH DESIGN

In line with Eisenhardt (1989), we emphasize the commonalities rather than idiosyncrasies of the two cases studied. In this respect, we follow the primary argument of Eisenhardt that theory development mostly benefits from a comparison of cases *across* organizational contexts, by obtaining comparative insights but losing contextual insights (see also: Dyer & Wilkins 1991). In our study, we counteracted this trade-off by comparing cases within a single context, thereby safeguarding an in-depth understanding of the (e.g. national and industrial) setting. We selected the two cases in such a way that we obtained full access to all relevant data and could assume literal replication (Yin, 2006). Though the internal characteristics of the cases are different (Table 3.1), the industrial and institutional background of the two collaborations is similar; therefore, we would expect similar results for each. The case selection also reflects theoretical sampling, precisely because the cases differ in terms of several internal characteristics such as decision-making; in addition, elements of convenience sampling were also used, by selecting two cases we could actually obtain access to. This combined sampling approach was initiated by the search for two

interorganizational maternity care collaborations that showed an indication of high resilience. Case A was already on our radar through the Dutch Center for Sociocracy, as it makes us of the same decision-making method as the organization in Study 1. A well-informed expert from case A, having a clear overview of the interorganizational maternity collaborations in the Netherlands, subsequently pointed us at case B. After a first, quick assessment of the case characteristics, we opted to include both cases in our study.

3.3.3. DATA COLLECTION

From fall 2019 till summer 2020, the first author collected qualitative data by means of interviews, observations of meetings, consultation of meeting minutes, and other branch-specific documental data that apply to both case A and case B (see Table 3.2). This triangulation of data served to offset any biases and increase the validity of the results, which also helped discover novel aspects of the phenomenon studied (Dubois & Gadde, 2002), such as the underlying conditions and processes giving rise to interorganizational resilience. That is, the presence of some concepts and constructs under study were difficult to establish based only on a single data source. This was the case, for example, when analyzing the data on the more unobtrusive construct of informal empowerment, which is usually difficult to obtain from sources such as documents and instead requires substantiation from data sources providing insight into people's interactions, such as observations.

TABLE 3.2. OVERVIEW OF DATA SOURCES

	Case A	Case B
Nr of meeting minutes	31	17
Nr of observations of meetings	4	4
Nr of interviews	5	6
Nr of other documents	54	

The observations included face-to-face meetings as well as online meetings (the latter during the COVID-19 pandemic). These participant-observations primarily gave insights into the (non-verbal) interactions during the decision-making process, including the type of interactions that led to decisions. While attending face-to-face meetings, the main researcher positioned herself as a 'fly on the wall', not actively participating to influence the process as little as possible.[1] These observations of meetings were enhanced

1 As the meeting participants felt more comfortable having her at the meeting table rather than in the background, a certain level of interaction between the researcher and the research subjects could not be avoided.

by informal conversations prior, or directly after, the meetings. By contrast, the online meetings required a different approach, especially when the observation of (nonverbal) communication became more difficult through low video quality or simply through weak internet connections. In all online meetings observed, the main researcher announced herself at the start of the meeting, after which she would turn off her camera and microphone.[2]

After the observations were done, the meeting minutes for both cases were explored in more detail. These detailed minutes gave insights into the decision-making process, especially regarding coordination and communication (i.e. transparency, lack of or miscommunication, feedback, announcements, discussions, requests, and propositions). The minutes also shed light on several critical incidents that occurred, both within and outside the VSV/IGO collaboration. The criticality of incidents was assessed based on how often they appeared in the meeting minutes, which were consulted for the entire period that the collaborations existed.[3]

A large number of documents (including government reports) were read and analyzed, delivering results that helped to triangulate various key patterns and critical incidents arising from the observations and meeting minutes. Moreover, various documents provided branch-specific data collected in other studies (Struijs, de Bruin-Kooistra, Heijink, & Baan, 2016; Struijs, de Vries, de Bruin-Kooistra, & Baan, 2017; Struijs, de Vries, van Dorst, Over, & Baan, 2018), which reinforced the longitudinal nature of the study.

Interviews were held with different organizations and their professionals, like gynecologists, obstetricians and representatives of maternity care assistance providers. For case A, the interviewees included one gynecologist, two obstetricians, a maternity care assistance director, and one maternity care assistance manager. Specifically for case B, the interviewees included one gynecologist, three obstetricians, and two managers (one in charge of managing the IGO and the other in charge of managing maternity care assistance in the region). The sampling of these interviewees was intended to represent all main actors in the maternity care collaborations. The sample was, however, limited to those professionals that were actually present in the meetings. This served to obtain exclusive insights into the decision-making process during the meetings, but as a consequence did not deliver any insights into the day-to-day collaboration. This was partly offset by asking specifically about their daily interactions in the interviews. The interviews gave more detailed insights into critical incidents and how professionals in the interorganizational collaborations experience the collaborative process.

2 Although participants were (presumably) less aware of the researcher's presence than during a physical meeting and therefore likely to be less inclined to weigh their input/answers/etc. during this meeting, this benefit did not outweigh the downside of simply not being able to effectively capture non-verbal aspects communication—as would have been possible in a physical setting.

3 In their current form since 2012 and 2019 respectively.

Each interview took around 45 minutes and was conducted utilizing a semi-structured interview script. During the first interviews, the COVID-19 pandemic had already broken out, providing a unique test of collaborative 'resilience' because maternity care was, like other types of care, directly impacted by the crisis. COVID-19 was therefore included explicitly in the interview guide. Based on the answers of the interviewees, the pandemic could be identified as a critical incident in both cases. Though both cases entail several other critical incidents in the last decade, we opted to isolate the pandemic as the key crisis studied in this chapter; this serves to focus on how the interorganizational collaborations activated their resilience potential in real-time, in response to an extra crisis in an industrial context that had already been exposed to several severe challenges earlier.

3.3.4. DATA ANALYSIS

The various data were analyzed by means of a semi-open coding approach, including a partially deductive coding exercise and an open coding exercise followed by axial and selective coding. The documental data gave rise to relevant codes that describe the context in which the two case were embedded. Appendix F shows the coding scheme for the main concepts that arose from the data and resulting theoretical constructs.

The coding process comprised several steps which took us from first level codes informed by the literature on interorganizational / interprofessional collaboration and organizational resilience (i.e. shared decision-making, coordination, shared goals, effective communication, mutual trust and respect, cooperation, psychological safety, conflict management and resilience dimensions of anticipation, adaptation and thriving) to second-order codes of shared vision, inter-organizational trust, inter-organizational psychological safety).

Some codes did not turn out to be relevant, such as conflict management (i.e. no data was collected indicating the existence of conflicts or the management of it). The code of shared decision-making proved to be better subsumed under the umbrella of adjacent codes such as coordination and effective communication. The code for shared goals appeared to cover mostly data indicating the existence of a shared *vision* rather than a shared goal. That is, the acts illustrative of the code shared vision are of a non-deliberate nature and were required by the unexpected onset of COVID-19. As such they did not point to any formerly set goals.

Codes arising inductively from the data consist of inter-organizational commitment and inter-organizational support, which were, together with inter-organizational trust derived from diving deeper into the first order code of mutual trust and respect. Informal empowerment, which also informed the analysis for Study 1 was also included upfront in the coding process. The coding process was initially performed by the main researcher

and then discussed with and checked by the other researchers to ensure reliability of the data analysis.

To present our data, we followed Eisenhardt and Graebner (2007) by producing a partial narrative in summarizing the data from the two cases in Table 3.3. This table presents the data according to the main theoretical constructs (i.e. the interorganizational collaboration and resilience dimensions), enabling the reader to see how the constructs are measured and thus providing ground for theory testing. At the same time, we actively pursued theory enhancement by being open to new or improved concepts to arise from the data; as such, we combined induction and deduction. Specifically, this meant that the theoretical model in Figure 3.1 was partly informed by concepts arising from the existing literature (e.g. the structural conditions created by heterarchical organizational designs and mutual coordination, and the resilience dimensions as conceptualized in the Introduction and Chapter 2) and partly by concepts arising from the data (e.g. trust, communication and support). Without compromising the richness of the data from the narrative and table, we abstracted the data in a model (Figure 3.1) outlining key conditions and processes for interorganizational resilience as an outcome. The design of the model itself, categorizing the different concepts as conditions, processes and outcomes, was also informed by literature (cf. Benner & Tushman, 2003).

3.4. FINDINGS

3.4.1. FEBRUARY - JULY 2020 "HOW DID INTERORGANIZATIONAL COLLABORATIONS IN MATERNITY CARE ENGAGE WITH THE COVID-19 PANDEMIC?"

The Netherlands, initially feeling far removed from the virus, slowly but surely realized the threat of COVID-19 was real, as of February 2020. Both VSV and IGO experienced the same turbulence and dealt with these in somewhat distinct, though also surprisingly similar ways. To illustrate this, we created a narrative of what took place in the Netherlands as a whole (regarding maternity care), and how VSV and IGO dealt with the crisis during the period directly before and after the COVID-19 outbreak.

When in February 2020 the news spread that the first Dutch person was infected with the virus, the Dutch population was still largely unaware of what was to come. None the less, professionals in the IGO collaboration already touched upon the impending crisis, by postponing certain planned activities with COVID-19 in the back of their minds: "With regards to Corona, the mini symposium surrounding retraining in the case of child molestation is being postponed" (Meeting minutes, February 14th 2020); "With regards to Corona, the follow-up conversation with the Minister is being postponed" (Meeting minutes, February 14th 2020). Other than what these meeting minutes suggest, nothing official was announced yet (mid-February) by the Dutch government concerning COVID-19, nor were specific guidelines for maternity care given. It was not until March 3rd that the CPZ (College Perinatale Zorg)[4] recognized a need among maternity care professionals to receive information about measures against the virus. At that time, there was no specific protocol for dealing with the virus yet, so the advice was to follow the flu protocol. Nationwide, the focus was on keeping patients as much as possible out of

4 A network organization established by professional organizations, committed to integral care and prevention surrounding pregnancy and birth (CPZ.nl).

hospitals, and the safety region[5] and ROAZ[6] (Regional collaborative on acute care) were put in charge. Therefore, professionals were advised to contact the ROAZ. March 14th, CPZ concluded that, now COVID-19 infections were on the rise, professionals needed to follow national policy developments, and they again stressed that the information provided by the regional ROAZ would need to be taken into consideration.

The day before a lockdown was announced nationwide on Sunday March 15th, immediate consultation took place amongst the board members of both interorganizational collaborations, making sure that everyone could continue their work knowing precisely what to do the following Monday. For case B, the board (consisting of an obstetrician, gynecologist, hospital representative, maternity care assistance manager and general manager) already had established a mandate to act on behalf of the organizations that were part of the interorganizational collaboration. This justified that some decisions throughout the next months would probably be taken without including all different professionals in the decision-making process. For case A, this surprisingly worked out similarly. Where usually all professionals were asked for their informed consent, some decisions were now taken without it.

This was possible as, throughout the years, the collaboration was already established in such a way that the professionals were aware of each other's viewpoints to the extent that they knew upfront whether the other professional would agree or not: "By now you know, because you work together for a long time already, like well, probably everyone agrees with this. Here is consent without having to ask for it." (Obstetrician 1).

In making the decisions, the VSV did not wait for guidelines by the largest professional organizations for gynecologists and obstetricians, the NVOG (Dutch association for gynecologists) and KNOV (Dutch association for obstetricians), but trusted their own judgment. By March 16th, the professional organization for maternity care assistants, Bo Geboortezorg, called upon VSVs to appoint one maternity care assistance coordinator responsible for co-coordinating with the coordinator for obstetricians on behalf of all maternity care assistants. On the same day, however, it was announced by the KNOV that obstetricians were to do more consultations by phone and do fewer home visits. Clear consultation between the two professional organizations apparently did not take place as a maternity care assistance manager argued: "There could have been better coordination of care, if you look at the professional organizations KNOV and Bo Geboortezorg. But KNOV was very fast with for example, well, yes, the obstetricians will no longer do house visits in the week after birth. We will try to do this as much as possible through video calling. And well, yes, there hadn't been any consultation with Bo Geboortezorg, like, is this feasible for maternity care assistance? Is this desirable?" (Maternity care manager) As

5 The Netherlands consists of 25 safety regions, each is concerned with the safety of habitants and visitors of the particular region. The safety region is responsible for coordination in times of crisis and disaster (Rijksoverheid.nl)

6 A regional body ensuring that agreements are made to organize and improve acute care in the region (lnaz.nl)

such, maternity care assistants felt measurements were being imposed on them, resulting in an excessive workload.

On March 17th, the NVOG, KNOV, NVK (Dutch association for pediatrics) and RIVM (National Institute for Public Health and the Environment) decided to follow the international RCOG[7] guideline as there was still limited information available on pregnant women and their children regarding COVID-19. Professionals were therefore urged by their professional organizations to notify them when they encountered a client with COVID-19 to help them collect data. By this time, professionals were advised to follow general information provided by the RIVM regarding COVID-19 measures. Primary care providers were recommended to consult with secondary care in the case of a COVID-19 infection or to contact the NVOG. A flowchart was provided to guide professionals in shaping their COVID-19 policy, largely informed by knowledge gained during the earlier outbreaks of SARS and MERS viruses.

On March 18th, both Bo Geboortezorg and KNOV, together with NVOG and NVK, called on professionals to make local agreements so outpatient deliveries could be secured. In some regions, obstetricians were not allowed to join their clients into the hospital in the case of outpatient deliveries, but instead were forced to transfer them. This was arguably due to the fact that care professionals were not allowed to work at both the hospital and clients' homes; but an obstetrician, part of the IGO Board, claimed it reflected a lack of trust in the collaboration.

On March 19th, ZN (the Dutch association for care insurers) sent a letter to all branch and professional organizations to inform care professionals on how they plan to support them, to ensure they are not unnecessarily burdened with financial insecurity and bureaucracy. In 2019, the South/West region of the Netherlands had already developed a dashboard, initially aimed to inform primary care professionals on the availability of delivery rooms in the hospital. The COVID-19 crisis accelerated the further development of this dashboard, to ensure it could be used not only on a local scale, but also to show the available capacity of all VSVs and adjoined hospitals in the region.
Next to this, a regional call center was set up, supporting all professionals in the regions with transferals from within and outside the region.

By March 26th, the dashboard and call center were put into use. One gynecologist of case A reflects on how these systems facilitated the VSV in supporting other organizations and saved them time in making decisions: "And we even have operated people from Den Bosch and Breda, because they did not have space anymore or because operating rooms were closed. So we partly did care support for outside the region. We have had good consultations with Utrecht, with surroundings hospitals, like, how are you doing, do you have space left and things like that. And there,- we also had a sort of dashboard

7 Royal College for Obstetricians and Gynecologists, a professional organization that produces guidelines as an aid to good clinical practice in maternity care (rcog.org.uk)

in which you could see if wards were full or not, so obstetricians knew immediately oh, it is no use calling them". (Gynecologist 1)

By March 31st, hospitals were still taking care of pregnant women and newborns, the departments for obstetrics and neonatology being open to consultations and acute care, and separated carefully from wards with COVID-19 patients. The importance was stressed to address care in the region, especially regarding sufficient protective materials, care providers, and locations. VSVs were urged again to contact the ROAZ and make joint agreements within the VSV for different scenarios to ensure the region provided high-quality maternity care. Indeed, a large part of policy enacted by local interorganizational collaborations such as case A and B was formulated by regional institutions such as the ROAZ, but -when properly done,- in agreement with those very collaborations.

The ROAZ did not manage to do so as case A argued it did not adequately respond to the needs of obstetricians, and case B argued it did not adequately respond to their IGO form. That is, as the ROAZ was not used to an organization in which both primary and secondary care were represented, it disregarded the IGO and instead invited primary and secondary care representatives from another region. This resulted in the initial exclusion of case B in the regional decision-making. The IGO counteracted this, however, by appointing a coordinator who was to be in charge of communication with the ROAZ, which eventually resulted in inclusion in the decision-making process. The VSV also experienced exclusion as it felt the ROAZ attempted to impose regulations on them. They handled their disgruntlement slightly differently than case B however, by simply deciding to follow their own path and by having decided already previously not to wait for guidelines. In the end, these turned out to be merely guidelines anyway, how these guidelines were to be implemented by the field still required a substantial amount of discretion from the professionals themselves.

Both case A and B recognized, as measures were not coordinated well on a national level that many interorganizational collaborations suffered from inadequate coordination between obstetricians and gynecologists. A gynecologist working for the VSV shares the following about this: "And there were many VSVs by the way, where they immediately approached each other and where the VSV solved the obstetrics problems. So-But there are also – I truly did receive messages from VSVs where the collaboration wasn't good. And that during Corona, there was no communication whatsoever anymore. So that the hospital would put stuff on their website that the obstetricians did not know anything about, that they should go to the obstetricians or something. You know? Then you get crazy things like that." (Gynecologist 1) "There, the hospital started following its own policy together with the gynecologists and consulted less with the obstetricians. So, they have become two separate parts." (Gynecologist 1)

What comes forward from these personal reflections is the failure of the national and regional organizations in charge to steer local organizations in dealing with the crisis. More specifically, those local organizations that did collaborate well were not offered an

opportunity to get a head start. In contrast, simultaneously, this offered the final blow for those local organizations that already collaborated badly.

Though information exchange was already an issue for years, it was recognized that exchanging information between professionals under the current circumstances was especially difficult. On April 6th, a secured website was made available where professionals could share client data without any extra costs. Care insurers had decided to temporarily increase the rates for maternity care assistants, as the crisis required extra measures to be taken by the professionals. This temporary increase of rates was only to last from April 1st till July 1st. Care insurers also expressed the willingness to compensate maternity care providers in general, for missing out on income due to COVID-19. This to guarantee that their clients were provided with the necessary care, now and after COVID-19.

By April 7th, the government decided to endorse a law of urgency concerning digital decision-making for its decentral bodies, enabling them to temporarily make legal decisions through digital meetings (Rijksoverheid, 2020). Case B already met digitally in April, before any guidelines specific to maternity care were expressed by the CPZ. By April 9th, CPZ signaled to the GGD (the Area Health Authority), LNAZ (national network for acute care), and the Ministry of Health, Welfare and Sport, on behalf of the field parties, that not in all regions a clear overview concerning protective materials was in place. Simultaneously, the Ministry was in search of creative solutions regarding COVID-19 and offered an extra financial incentive for companies and organizations that were willing to work on such solutions.

Regarding meeting online, case A was hesitant at first, postponing meetings, but eventually it held her first digital meeting in June 2020. For the IGO, the impact of meeting online was characterized by the members of the board as not beneficial to the collaboration. This included a sense of missing out on what is being said, simply not providing the platform to discuss sensitive or severe topics, and a lack of discussion necessary to come up with decisions. Professionals working for the VSV expressed somewhat similar feelings, though not as explicitly as for the IGO. By July, case A and B both had held a physical meeting again; this was possible as these meetings involved a few people only. So, both interorganizational collaborations showed themselves to be able to adapt to the situation by meeting online. The IGO took it a bit further and started thinking about how to extend this online trend as to minimize physical encounters not only between professionals, but also between professionals and their clients: "The consequences of the Coronavirus have a big impact on regular care. That's why it is considered to organize online meetings for vulnerable clients." (Meeting minutes, April 14th 2020).

On May 8th, the initially stringent measures were relaxed to the extent that pregnant women's partners were allowed to be present again during ultrasounds, and during delivery, one extra person was allowed in the room. Case A already showed itself uncompliant with the strictness of these measures before this relaxation, as the following quote from

"AND SATURDAY MORNING WE ALREADY HELD A MEETING VIA ZOOM WITH ALL OBSTETRICIANS AND MATERNITY CARE ASSISTANTS, ABOUT HOW WE WERE TO HANDLE THIS [COVID-19] IN THE FUTURE. AND MONDAY WE WERE AT THE HOSPITAL WITH A DELEGATION TO SEE HOW WE WERE GOING TO HANDLE IT TOGETHER"

- maternity care director -

an obstetrician working for the VSV shows: "[…] That in our case you can just approach the gynecologist like, see this lady does not speak a word- right, it is for example not allowed to have a third person present at the delivery, but this lady does not speak a word of Dutch, can her neighbor please come along as an interpreter? And that we can then also say, yes, of course, this is better for everyone, instead of only saying, no, that third person is not allowed in." (Obstetrician 1) According to the obstetrician, the fact that the professionals from primary and secondary care were able to communicate freely based on a mutual connection without needing to consider ranks, enabled them to come up with solutions that, though not complying with national rules, offered the best care for clients in situations such as the one above.

Once the relaxation of measures was announced, it was already acknowledged that it could be that the new measures were not aligned with the then implemented policy by certain hospitals, ultrasound centers or obstetrics practices that were still trying to contain the inflow of patients. VSVs and IGOs were to discuss options to create a clear local policy. If agreed upon with regional and local partners and substantiated, these actors were permitted to maintain their own policy. For case B, apparently the then endorsed policy deviated from the newly proposed policy by the government, as measures were not relaxed. In the board meeting of July, the consequences of this incongruence were reflected upon: "Anne [obstetrician] mentions that [the hospital] still does not allow a plus one, which has resulted at least in a substantial number of Turkish women choosing to give birth at home rather than at the hospital. So that is something to consider, she says to Peter [gynecologist]." (Observation of IGO board meeting 6-7-2020)

This observation shows that through a straight-up communication between primary and secondary care, case B was aware of the incongruence and actively reflected on it, and possibly already acted on removing its negative consequences. As such, this observation also illustrates what both the VSV and IGO stressed as the key to their success in responding to the COVID-19 crisis: the short communication lines. These were created by direct and clear communication and coordination between the involved professionals, which was already claimed to have been in place before the crisis presented itself. For case A, this communication was explicitly attributed to the use of sociocracy, which, arguably, made sure that possible hampering factors were removed from the communication process: "This way we actually have created trust in the decision-making process, through which the general trust had become so large that it eventually very much benefited the collaboration. [..] And then actually with that corona crisis there was a quick coordination in the region, […] And if there were miscommunications, they were eliminated immediately. So it [sociocracy] really paid off, especially the short lines, being able to communicate, no power games or what have you" (Gynecologist 1)

The absence of power play mentioned by the gynecologist,- and already reflected by the earlier mentioned situation of the interpreter in the delivery room,- was more characteristic of the VSV than of the IGO. This indeed might relate back to the use of

sociocracy: If what is argued by the gynecologist is actually true, then the trust created by sociocracy removed the need for professionals to guard their territory and enabled them to decide with the common instead of the individual goal in mind.

For case B, another key factor for success, - likely enabling the short communication lines, - was the fact that all professionals involved acted as one organizational entity. This meant that *one* central organization, instead of different professionals, was responsible for delivering *one* product (maternity care) and sending out *one* message to clients, resulting in the ability communicate clearly and to act quickly: "[..] And the benefit is, because you are one organization, you can all do it the same way and you don't need to consult with everyone." (Obstetrician 2)

From this quote, it appears that the IGO circumvented the need to use a specific decision-making structure, by claiming that by being one organization, not everyone necessarily needed to be consulted for every decision that was taken: by design, the board already had a mandate to decide on behalf of the subcontracted professionals. Though not formally being one organization, case A recognized the value of acting as one, since all professionals were part of one and the same chain and knew each other: "Yes, I think the success factor was that you know each other, we are really just one [emphasis] chain. The success factor was that people were convinced of the fact that the hospital also faced a problem once a COVID patient could not go home because of a lack in protective materials." (Maternity care assistance director)

What already comes forward from this particular quote is that, besides communication between the different professionals, support by hospitals also appeared to be an important determinant of success for both cases. That is, hospitals supported care professionals working outside of the hospital by providing them with the materials they needed.

One obstetrician of case B claimed that obstetricians took over some of the work of the gynecologists to prevent them from collapsing in case primary care needed their support in the future. All of this was based on the idea that they were dependent on each other in order to successfully cope with the crisis: "We found ourselves in a very strange situation as maternity care assistants, because we were not part of acute care and obstetricians were. So, the obstetricians could receive protective materials, but we couldn't. But we were involved in the same delivery, if it was a home birth. So that was a very strange situation. And there were regions where hospitals said, yes that is your problem, we cannot help you with that. And there were ones that said, well we will do what we can. But [the hospital] just said, we are going to arrange that together. And so they have provided us with protective materials." (Maternity care assistance director)

Arguably, this interorganizational support on a local level partly compensated for the earlier experienced disadvantages caused by the inadequate performance of the ROAZ and the professional organizations, as all professionals were now at least able to do their work properly and felt acknowledged by the hospitals.

Over the summer, as the first COVID-19 wave had ended, an absence in COVID-19 notifications for maternity care could be witnessed, which was reflected in the actions by the interorganizational collaborations. For example, at the IGO it was acknowledged that the initial central communication spurred by the acuteness of the first wave was slowly starting to loosen: "So now every organization is doing its own thing again. Then you hear through the grapevine like, yes, next to the partner there is probably allowed one more person to be present. Then I think, yes, why not just communicate this centrally again because then we're all up to date again. You indeed notice this slackening, what you see nationally with those 1,5 meter measures, you now also see that happening on the floor, indeed like oh well, we will know soon enough. And that's a, at the moment that you are in an acute situation, you are much more inclined to indeed keep it centralized and say no, that information needs to come to us and then we spread it again amongst the members. And that's what you notice now indeed, like, now we lost that a little." (Obstetrician 2)

At the same time, there were developments concerning acute care, of which maternity care is part. Partly induced by COVID-19, it was suggested by the ministry of VWS to decrease the number of locations where critical care is provided, while at the same time shifting focus to prevention of acute care and providing care closer to home (Ministerie van VWS, 2020). This could mean care on location, but also through e-health and remote monitoring. In proposing the plans for acute care, the Ministry showed initial signs of reflection, recognizing that COVID-19 has put pressure on the organization of healthcare provision in its entirety (Ministerie van VWS, 2020). The ministry pressed ahead on this observation by arguing that healthcare will have to be organized differently and suggested hybrid forms of care, consisting of a mix of physical and digital contacts.

For case B, such reflection was already taking place, as the board members came to realize that because of the crisis, certain things that appeared impossible before suddenly became possible and were more focused on client needs. Therefore, a plan was established to minimize the number of physical maternity visits, as it was found during the crisis that these are not strictly necessary (as also reflected by the earlier plan to organize online meetings with vulnerable clients). The IGO further showed the ability to thrive by implicitly reflecting upon the collaboration: COVID-19 was considered an 'experiment,' strengthening collaboration, and positive responses from outside as being an impetus for the continuance of the collaboration. Case A also reflected upon the collaboration during COVID-19, concluding it went well and that the crisis underlined the importance of collaboration. As opposed to case B, this reflection was made an explicit part of the board meeting, having the board members ask their fellow professionals how they experienced the crisis. It even taught them about sociocracy and how it is not the tenacity of the method but their own inclination to not press ahead: "Because there was more pressure behind it to arrange it quickly, that very quickly some sort of decisions could be made and that things would not, right, like what happens now sometimes, things remain

endlessly in some sort of discussion and that was now not the case, or at least very shortly. Because everyone felt the urgency that there really needed to be made a decision, a consent decision on how to handle certain things". (Obstetrician 1)

Through these reflections, the two cases provide an example of what was being witnessed nationwide: COVID-19 did not only result in fear and insecurity, it also gave rise to new insights and new solutions. In the care industry, the urgency of the pandemic appeared to give leeway to break free from old patterns and to finally collaborate across disciplines and domains, and conversations about impossibilities shifted to conversations about creativity, flexibility, and being solution-oriented (Blokzijl, Schouten, & van Zijp, 2020). Both IGO and VSV appear to have done so, demonstrating not only the ability to anticipate and adapt but even to thrive in a crisis where other organizations appear to have failed. They accomplished this by knowing how to communicate and coordinate quickly, enabling well-suited action at a local level. All of this while the national and regional organizations lagged behind, and, more importantly, failed to synchronize and coordinate their actions and communications with local organizations such as these particular interorganizational collaborations. Table 3.3 serves to create an overview of the incidents from the narrative, in chronological order.

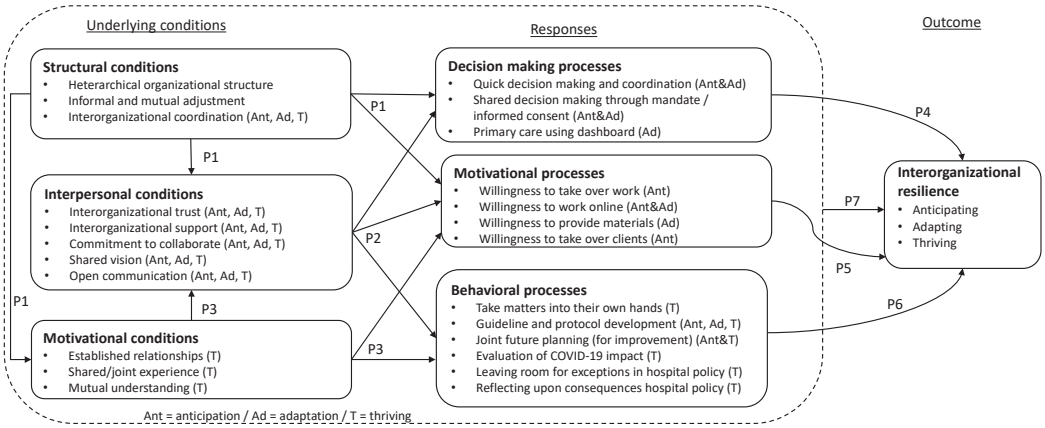
TABLE 3.3. CHRONOLOGICAL OVERVIEW OF CRITICAL INCIDENTS

National situation	Regional situation	Response Case A	Response Case B	Underlying conditions enabling responses
March 3rd National policy is to keep patients as much as possible out of the hospital and the safety region and ROAZ are put in charge. No protocol or guidelines for maternity care available yet	**March 3rd** CPZ recognizes need for more information among professionals and advises local organizations to follow flu protocol and make first contact with ROAZ		**(B1) February 14th** Planned activities for March are postponed with regards to COVID-19 whilst its influence is still unsure (*anticipation*)	
March 14th COVID-19 infections are on the rise, national policy developments need to be followed **March 15th** Government announces lockdown	**March 14th** maternity care organizations are urged to contact ROAZ	**(A1) March 14th** Quick actions by the VSV due to short communication lines, quick coordination and decision-making based on (implicit) consent enabling actions taken before they are officially required by the government (*anticipating*) and adjustment to the COVID-19 situation *(adapting)*	**(B2) March 14th** Quick actions by the IGO due to short communication lines, quick coordination and decision-making based on mandate enabling actions taken before they are officially required by the government (*anticipating*) and adjustment to the COVID-19 situation *(adapting)*	Interorganizational trust in the decision-making process and commitment to the collaboration enable quick decision-making and actions enabling anticipation and adaptation
March 16th KNOV makes a decision with far-reaching consequences for maternity care assistants without consulting Bo Geboortezorg	**March-** Hospitals distance themselves from external care professionals by following their own policy and reducing communication	**(A2) March-** Maternity care assistants experience disproportionate workload and low vitality (*lack of thriving*), offset by hospital providing them with protective materials, enabling them to adjust to the situation (*adapting*)	**(B3) March-** Hospital provides professionals with protective materials ensuring their ability to adjust to the situation (*adapting*) and obstetricians take over work from gynecologists in order to ensure future care buffer in case primary care collapses, preventing care depletion (*anticipating*)	Interorganizational support and commitment to the collaboration ensure professionals provide each other with materials and are willing to take over work which enable anticipation and adaptation and offset a lack of thriving
March 17th CPZ introduces RCOG guideline and general advice on how to proceed in the case of COVID-19 infection. A flowchart is provided to guide professionals in shaping their COVID-19 policy	**March 17th** Due to lack of COVID-19 related data on pregnant women and their children, guidelines are general and still require interpretation by the professionals	**(A3) March / April** Active protocol development by maternity care assistants before any protocols are devised by the professional organizations to prevent care discontinuation (*anticipating*) / Guidelines from professional organizations are not followed, organization acts according to own good judgement, thereby adjusting to the situation (*adapting*) and showing a willingness to take risks (*thriving)*	**(B4) March/April** Active new protocol development by obstetricians before any protocols are devised by the professional organizations prevent care discontinuation (*anticipating)*/ Reuse of protocol for Swine Flu is considered, which is to be adjusted for COVID-19 (*adapting*)	A shared vision, interorganizational trust in the decision-making process and commitment to the collaboration enable guideline / protocol development enabling anticipation, adaptation and thriving
March 18th Professional organizations call for local agreements to secure outpatient deliveries	**March-** Some regions do not allow obstetricians to join their clients into the hospital and enforce a transferal		**(B5) March-** Obstetricians do not need to transfer client in the case of outpatient delivery due to the existence of mutual trust between primary and secondary care, implying a willingness to take risks (*thriving)*	Established relationships between primary and secondary care create interorganizational support and interorganizational trust in the collaboration, thereby enabling thriving

National situation	Regional situation	Response Case A	Response Case B	Underlying conditions enabling responses
March Accelerated and continued development of dashboard initiated by region South/West (initially to inform primary care on availability of hospital delivery rooms)	**March 26th** Regional implementation of the online dashboard providing insights into available capacity of all VSVs and hospitals in the region and call center to enable transferals between hospitals	**(A4) March** Quick actions on behalf of primary care based on timely information provided by dashboard, enabling them to adjust their decisions (*adapting*) / Support given to other hospitals in the region by taking care of their clients, preventing the overload of these hospitals (*anticipating*)		Coordination through regional infrastructure enables adaptation and creates a sense of interorganizational support which enables anticipation
March 31st Hospital departments for obstetrics and neonatology are still open to consultations and acute care. Possible concerns about sufficient protective materials, care providers, and locations should be addressed regionally	**March 31st** VSVs are urged again to contact the ROAZ and make joint agreements within the VSV for different scenarios to ensure the region provided high-quality maternity care.	**(A5) March** ROAZ does not adequately respond to needs obstetricians and imposes rules /VSV decides not to follow these rules but decide on their own course of action showing a willingness to take risks (*thriving*)	**(B6) March** ROAZ does not know how to deal with IGO form and excludes IGO from decision-making. IGO board steps up and makes sure she is included in the decision-making process, showing determination (*thriving*)	Interorganizational trust in the collaboration is strengthened by the joint experience of distrust in ROAZ which spurs the interorganizational collaborations to take matters into their own hands, enabling thriving
April 7th Government introduces Law of urgency for digital decision-making	**May 4th** CPZ introduces specific guidelines for VSVs	**(A6) June 16th** first meeting is held online after guidelines are introduced showing the ability to adjust to the new situation (*adapting*) **July 1st** it is acknowledged that meeting digitally should be considered in the future, thus learning from the situation (*thriving*)	**(B7) April 14th** Meetings are held online before guidelines are introduced, ensuring the continuation of communication and decision-making (*anticipating*)	Commitment to the collaboration and interorganizational trust in the decision-making process create the willingness to meet online which enables anticipation, adaptation and reflection about its future continuation results in thriving
May 8th Relaxation of government measures concerning number of people allowed in the delivery room	**May-** Some regions align with new government measures, other maintain their own policy	**(A7) March-May** Mutual understanding between primary and secondary care ensures hospital is willing to leave room for exceptions to the rules, thus taking risks and spurring collective learning (*thriving*)	**(B8) July 6th** Hospital maintains own, more restrictive policy with consequences for maternity care that are reflected upon and collectively learned from in board meeting (*thriving*)	Established relationships create open communication and mutual understanding between primary and secondary care, which enables thriving
July 3rd Minister of Medical Care and Sports provides Second Chamber with a preliminary report on future acute care implementation	**End of 2019 / beginning of 2020** Regional developments calling for novel, hybrid forms of care provision, moving toward less physical and more digital care		**(B9) April 14th** Plan to diminish the number of house visits already before government calls for it, showing proactivity(*anticipating*) and to organize online meetings for vulnerable clients showing determination and willingness to try new things (*thriving*)	Open communication, a shared vision and commitment to the collaboration enable joint future planning which enables anticipation and thriving
June – September Relaxation of general COVID-19 measures by the government	**June – September** CPZ no longer provide updates concerning COVID-19 measures for maternity care professionals	**(A8) June 22nd** Acknowledgment of struggles in making the switch to continue work as usual, requiring professionals to learn from these struggles and adjust their activities accordingly (*adapting / thriving*)	**(B10) July 30th** Acknowledgement of a trend in slackening central communication and the necessity to centralize it again, showing willingness to learn (*thriving*)	Open communication and commitment to the collaboration result in the acknowledgement of struggles which enables adaptation and thriving
June End of 1st COVID-19 wave in the Netherlands		**(A9) June-July** Evaluation takes place of the first COVID-19 period with regards to collaboration and decision-making process indicating collective learning (*thriving*)	**(B11) June-July** Explicit plans are made for future care improvement showing determination and willingness to try new things (*thriving*)	Open communication and interorganizational trust in and commitment to the collaboration enable learning from COVID-19 which enables thriving

3.4.2. THEORETICAL IMPLICATIONS

From the narrative and Table 3.3 we can infer certain conditions and processes leading to one overall outcome: interorganizational resilience. That is, the responses in both cases can be subdivided in decision-making, motivational and behavioral processes. We also see that the underlying conditions that incite these processes are of a structural, inter-personal and/or motivational nature, and that the inter-personal conditions are facilitated by the other two, and in turn elicit each type of response processes (see Figure 3.1).



Proposition 1: Structural conditions facilitate interpersonal and motivational conditions and promote decision-making and motivational processes.
Proposition 2: Interpersonal conditions promote decision-making, motivational and behavioral processes and enable all resilience-related processes.
Proposition 3: Motivational conditions facilitate inter-personal conditions, promote motivational and behavioral processes and enable thriving.
Proposition 4: Shared decision-making processes enable anticipation and adaptation.
Proposition 5: Motivational processes enable anticipation and adaptation.
Proposition 6: Behavioral processes enable all dimensions of interorganizational resilience, especially thriving.
Proposition 7: Interorganizational resilience is (largely) determined by the interplay between conditions and processes.

FIGURE 3.1. CONCEPTUAL MODEL

The underlying conditions appear to determine the strength of the relationships between processes and outcomes (cf. Benner & Tushman, 2003) such as interorganizational resilience. For example, by drawing on trust (as inter-personal condition) and a heterarchical structure (as structural condition), the decision-making process is enabled in such a way that the interorganizational collaboration can quickly make decisions.

3.5. DISCUSSION

We started this study by arguing that the structure of an interorganizational collaboration is vital in determining its resilience potential and that uncovering how to design for resilience of interorganizational collaborations would provide both scientifically and socially valuable insights. While our findings do underline this assumption, we observe an emergent pattern in which inter-personal and motivational conditions—largely prompted by the structural conditions—appear to be pivotal in shaping the potential for resilience. Especially as they both promote behavioral processes that make the interorganizational collaboration go beyond merely performing reasonably well (i.e. anticipating and adapting) to perform and thrive in the face of major changes (i.e. anticipating, adapting *and* thriving). Figure 3.1 outlines the conceptual model arising from our findings. Each of the seven propositions in this model is explained in the remainder of this section.

3.5.1. PROPOSITIONS

Proposition 1: *Structural conditions facilitate interpersonal and motivational conditions and promote decision-making and motivational processes.* Presumably, coordination in interorganizational relationships should be facilitated by centralized rather than decentralized decision-making (Provan & Milward, 1995). However, this study showed that the heterarchical structure of both collaborations, characterized by a non-hierarchical informal collaboration, provided the basis on which the professionals were able to develop the interpersonal and motivational conditions and subsequently shape the decision-making and motivational processes.

The structure of both cases implies no organization/participant in the collaboration has more authority than the others; thus, all organizations have an equivalent say in the decision-making process. As a result, the traditional hierarchy between care professionals (gynecologist vs. obstetrician) needs to be replaced by interorganizational coordination based on informal and mutual adjustment—which offers an alternative for the traditional power-over constellation (Clegg et al., 2006; van Baarle et al., 2021). If organizations seek to collaborate effectively, they must therefore recognize they cannot exercise power

and control over the others and should commit to not exploiting or abusing others when the opportunity to do so presents itself (Todeva & Knoke, 2005). Precisely because participants do not have authority over each other, meta organizations need to focus on coming up with solutions based on mutual agreement, resulting from dialogue and negotiation (Berkowitz & Bor, 2018). As such, in the VSV and IGO collaborations, coordination did not take place in a one directional fashion, rather, it was done in dialogue with each other. This enabled swift decision-making in the early days of the pandemic (Table 3.3, A1/B2), but also later on, when primary care had to make quick decisions based on information from the dashboard (A4).

Apart from the apparent influence of structure on decision-making, structural conditions also influence motivational conditions. That is, if the interaction between the professionals would have been merely formal and hierarchical, there would not have been informal empowerment (cf. Laschinger et al., 2004) to instigate the positive interaction necessary to build relationships and a shared experience and understanding over time. In a similar way, the structural conditions influence the interpersonal conditions, as those conditions could not be instigated or sustained under circumstances of formal, hierarchical conditions. For example, the interorganizational coordination effort between the hospital and the obstetricians, which ensured that no transfer of clients would be needed in the case of outpatient delivery, increased their commitment and trust in the collaboration (cf. Gulati et al., 2012). Indeed, Beck and Plowman (2014) found in a study on temporary, emergent interorganizational collaborations that did not involve plans or the appointment of a leader upfront, trust and identity *succeeded* rather than preceded their actions.

Finally, motivational *processes* can only occur if the professionals are structurally enabled to e.g. coordinate in order to provide each other with materials. The motivational processes indicate a willingness on behalf of the professionals to do something for each other, which might have implications for the power balance in a collaborative. Specifically, the apparent need of one professional in the collaborative can, in the situation described by Todeva and Knoke (2005), be responded to by exploiting the other and thus abusing power. This was by no means the case in the collaboratives studied. The professionals in case A and B even recognized and appreciated the advantageous position of the other parties (for example in the case of a hospital taking over clients from another, more heavily pressured hospital with less capacity). In that regard, our findings align with Aime et al. (2014), in the sense that the heterarchical structures of the collaboratives enabled the different professionals to perceive such 'shifts in power' as legitimate and subsequently enabled them to be creative in how they dealt with the challenges faced (e.g. taking over clients).

Proposition 2: *Interpersonal conditions promote decision-making, motivational and behavioral processes and enable all resilience-related processes.* Because the commitment to deliver the best possible care to their clients is exactly what the VSV and IGO share,

professional commitment is safeguarded in the DNA of these collaborations. This distinguishes them from other types of interorganizational collaboration in which individual engagement often is optional (Chesley & D'Avella, 2020). However, the perception of the constituent organizations on how to achieve the best possible care did not align initially. This is a well-known contradiction in health care, where professionals have similar backgrounds but may still fail to establish common ground, due to misinterpretations and different expectations caused by for example hierarchy (Wu, 2018). Traditionally, collaborative relationships between individual professionals in maternity care are also based on hierarchical patterns, which may impede the development of trust. In turn, creating and developing trust among organizations in an interorganizational collaboration can be rather challenging, precisely because the traditional hierarchy is missing (Ring, 1997). As trusting the other party is witnessed as a risky endeavor, more often organizations therefore revert to power to achieve coordination (Hardy, Philips, & Lawrence, 1998). However, this hierarchical power play was not present in the VSV and IGO cases, and as such, mutual trust was already there. Over the years, the interplay between new structural and motivational conditions gave rise to a virtuous cycle of interorganizational trust in both the collaborative work and decision-making process: interorganizational trust facilitated negotiations, reduced conflicts and as such enabled shared decision-making, eventually leading to improved performance (cf. Zaheer, Mcevily, & Perrone, 1998).

Trust in the collaboration and decision-making process appear to eventually enable the decision-making, motivational and behavioral processes, and in turn give rise to anticipation and adaptation, but mostly thriving. According to Spreitzer and Carmeli (2009), trust at the individual employee level does indeed appear to increase vitality and learning. However, when looking at interorganizational collaborations, such trust does not pertain to the individual organization or one's employer, but to the interorganizational collaboration and the organizations that are part of it. For example, we saw that trust stimulated professionals in both cases to jointly come up with solutions to the COVID-19 crisis, and hand over the decision-making authority to a selective part of the collaborative, knowing that the stakes of the individual organizations were safeguarded nonetheless (A1/B2). The results from the case study also suggest there was substantial trust in developing protocols and guidelines together, rather than trusting in those devised elsewhere (A3/B4). Indeed, trust is vital for collaborative knowledge creation and dissemination (Newell & Swan, 2000). Another example is the trust between hospitals and obstetricians, the first allowing the second to operate on her grounds, while COVID-19 regulations advised otherwise (B5). We also witnessed trust in daring to communicate openly amongst each other about how the entire period went and what could possibly be learned from it for the future (A9/B11). The above might be more indicative of interpersonal than interorganizational trust, but concerning the former's institutionalizing effects on the latter (Zaheer et al., 1998), the results might nevertheless be interesting.

These examples of acting on trust especially point at the experience of connectivity, as the collaboration stimulated the professionals to be open to each other's input. Apparently it felt 'safe enough' for the professionals to open up, that is, psychologically safe (Edmondson, 1999). Building on Edmondson and Roloff's work on team collaborations, such a collective psychological safety is vital to learning and performance of interorganizational collaborations under turbulent circumstances (Edmondson & Roloff, 2009; van den Berg, Alblas, Le Blanc, & Romme, 2021).

Moreover, trust appeared to motivate the various professionals to actively engage in collaboration and give them the feeling of being supported by others, in turn increasing the collective level of vitality and learning. This interorganizational support is evident most distinctively from the interview data, in terms of primary and secondary care providing each other with materials, thinking along with each other and helping each other out in taking over (high) workload. For example, the hospital proved itself to be lenient in the case of outpatient deliveries (B5) and taking care of clients of other hospitals (A4). The hospital, as a member of the VSV or IGO, decided to provide the obstetricians and maternity care assistants with materials (A2/B3). This aligns with Berkowitz and Bor (2018), who argue that when members of a meta-organization are themselves in control of the resources (instead of the meta-organization), decisions are made in a more horizontal manner.

What characterizes the importance of a shared vision at an interorganizational level, rather than within an organization, is the collaborative effort in creating the vision together (Chesley & D'Avella, 2020). Over the years, both collaborations have actively done so. As can be seen in Table 3.3, protocol development (A3/B4) and actively making new plans for future care provision (B9,11) refer to the existence of such a shared vision; without it, the organizations would not be able to come up with collective protocols and plans or make shared decisions. Shared vision and goals in a collaborative effort effectively reduce tensions (Sherif, 1958), which arguably has a positive effect on the other inter-personal conditions. Having a shared vision also influences commitment, as the organizations would never make the effort to jointly write protocols, if they were not adamant to make the collaboration work. Commitment is further reflected in their willingness to meet online (A6/B7), make future plans (B9,11), dare to own up to what went wrong (A8/B8,10), *and* explicitly learn from the crisis (A6-9/B8,10,11). In turn, these factors point at open communication, perhaps most strikingly reflected in the incident in which the hospital is willing to leave room for exceptions to COVID-19 regulations (A7). Open communication can also be witnessed in the acknowledgment of what went wrong (A8/B8,10), the (explicit) evaluation of the first COVID-19 wave and future planning (A9/B9,11).

The interpersonal conditions appear to be mutually reinforcing each other, as communication supports vision co-creation and the building of commitment and trust (Chesley & D'Avella, 2020). Open communication, spurred by the presence of

trust and cooperativeness, can benefit the interorganizational coordination efforts (P1), in turn encouraging the organizations to (further) commit to the collaboration and increasing trust even more (Gulati et al., 2012). Because shared decision-making systems such as VSV and IGO involve many organizations and their interrelations, centralized decision-making is often argued to better facilitate integration and coordination (Provan & Milward, 1995). Our study shows a more nuanced picture here: coordination *was* improved by the shared nature of the system, precisely because the conditions described by Gulati et al. (2012) were present. It thus appears that all inter-personal conditions interact together to fuel the processes giving rise to interorganizational resilience.

Proposition 3: *Motivational conditions facilitate inter-personal conditions, promote motivational and behavioral processes and enable thriving.* By collaborating closely based on commitment and stimulated by governmental guidelines, the connections in both cases strengthened over time, resulting in established relationships, and a shared understanding and experience of the crisis and the resulting challenges the interorganizational collaborations faced. By experiencing hardship, collaborative relationships tend to strengthen over time, creating a 'collective willingness to collaborate' across the organization (Hernandez, Baker, Hess, & Harris, 2020, p. 150). The VSV and IGO collaborations experienced such hardship, not only through the COVID-19 crisis itself, but indirectly through the inadequate performance of the ROAZ for example, giving rise to a joint experience of distrust toward the ROAZ (A5/B6). This distrust might arise from asymmetrical power relations and conflicting interests between the two cases and an organization such as the ROAZ, suggesting a low level of involvement in the *broader* interorganizational network (cf. Hardy et al., 2003). Both cases also illustrate how close relationships result in a shared understanding, for example regarding the hospital and its willingness to think along and understand the needs of obstetricians, simply by allowing them to enter the hospital during outpatient deliveries (B5) or even allowing a 3rd person in the delivery room when the obstetrician acknowledges the need for it (A7).

All in all, the two cases illustrate how a joint experience of hardship, combined with the acknowledgement of strong interdependence, creates a collective willingness to collaborate. The fact that the motivational conditions promoted the above processes may link back to the facilitation of interpersonal conditions: for example, the establishment of collaborative relations, mutual understanding and a shared experience enabled trust to develop over time. Indeed, trust can be seen as a characteristic of the nascent interorganizational relationship (Beck & Plowman, 2014; Grandori & Giuseppe, 1995). The presence of trust at the start of each collaboration, combined with its reinforcement over time, ensured both cases were more than able to face the challenge of COVID-19. Another illustration hereof is the shared experience of distrust in a failing ROAZ having a catalyzing effect on the mutual trust between the partners in the collaboration (A5/B6). The fact that motivational conditions facilitated the interpersonal conditions can also be witnessed from the trust and support from the hospital toward primary care. The

outpatient delivery (B5), the extra person in the room (A7), and open communication in discussing restrictive hospital policy (B8) all result from the previously established relationships and mutual understanding.

Proposition 4: *Shared decision making processes enable anticipation and adaptation.* This proposition directly aligns with proposition 1, in that structural interorganizational conditions promote interorganizational decision-making processes. By design, a meta organization has the potential to evoke tensions, as its member organizations exhibit more diversity than individuals—each having its own identity, mission and tensions to begin with (Brès, Raufflet, & Boghossian, 2018). In the VSV and IGO cases, we did not observe major tensions, arguably due to a certain relaxation built into their decision-making processes. For example, the very first incident had to be addressed very quickly by both cases, because they could not afford to lose time. Here, the decision-making process adopted (either based on informed consent or a mandate to the board) implied all voices were heard and represented in the process, enabling the collaboration to immediately take a decision (A1/B2). As such, both interorganizational collaborations appeared to be in a more favorable position than most other maternity care collaborations, as the one cost associated with interorganizational cooperation—losing decision making autonomy—had been eliminated (cf. Schermerhorn, 1975). At the same time, the first incident implied an overall adaptation to the COVID-19 crisis itself, as the sudden nature and rapid manifestation of the virus precluded any form of preparedness.

The fact that the VSV was able to quickly come up with solutions, once COVID-19 arrived, was for a large part attributed to the sociocratic decision-making structure. Like the quote from obstetrician 1 underlined (see narrative), time spent on discussing the actual implementation of decisions during COVID-19 was limited, since commitment had already been obtained during the years before, when decisions had been repeatedly taken by means of the informed consent principle (see Romme 2016; Romme & Endenburg 2006), creating a mutual understanding of each other's stances. Eventually this enabled the collaboration to focus on what needed to be done to handle the first COVID-19 threat. The fact that commitment was already established also meant that more time and attention could be spent on activities ensuring future performance (cf. Romme, 2019). Likewise, decision-making based on a mandate (in case B) resolves any issues over power differences, because the mandate has been created and given (to the management of the collaborative entity) by all members of the collaboration (Hall, Clark, Giordano, Johnson, & Van Roekel, 1977).

While both decision-making processes are formalized to a certain extent, the execution of shared decisions is characterized by informal communication and collaboration, indicating informal empowerment. For instance, the various partners in the collaboration operated as equals in serving clients, regardless of any traditional status differences (e.g. between gynecologist and obstetrician). The fact that both collaborations operated in a highly informal manner also exemplifies the pre-existing trust between the partners in the

collaboration (Gulati & Nickerson, 2008). Another telling example of shared decision-making is the dashboard, provided by a regional body (A4): due to the heterarchical nature of the collaboration, obstetricians were *allowed* to act on the data provided by the dashboard and adjust their decisions and actions accordingly. Indeed, the obstetricians retained their professional autonomy and were not held back by rules and procedures otherwise prevailing in hospitals. Under more formalized circumstances, their autonomy would probably have been undermined, ultimately jeopardizing their commitment (cf. Organ & Greene, 1981).

Proposition 5: *Motivational processes enable anticipation and adaptation***.** Motivational processes are the only processes that are prompted by all types of conditions, therefore arguably requiring the most stimuli of all three process types. The motivational processes pertain to the willingness to take over work (B3), to meet online (A6/B7), to provide materials (A2/B3) and a willingness to take over clients from partners in the collaboration (A4). The IGO appeared to be more proactive than the VSV, for example regarding online meetings: Case B did not sit and wait for regulations to guide their response or for the crisis to blow over, but immediately engaged in analyzing the COVID crisis and developing response scenarios. Case A proved to be more hesitant at first, and eventually adapted to the new challenges. Whether more anticipatory or adaptive in nature, the actions taken by both collaborations point to the partners' commitment and willingness to reciprocate, thereby strengthening and widening the collaboration (Zaheer & Venkatraman, 1995), thus having a positive effect on its resilience. This type of 'network citizenship' behavior (Provan, Sydow, & Podsakoff, 2018) is beneficial to the interorganizational collaboration, but not necessarily also to the individual partner organizations. Citizenship behavior in an interorganizational context has received little attention (Gerke, Dickson, Desbordes, & Gates, 2017) thus far, but may be an important determinant of the performance of interorganizational collaboration in health care (cf. Basu, Pradhan, & Tewari, 2017). This type of citizenship behavior is also fueled by behavioral processes, as outlined next.

Proposition 6: *Behavioral processes enable all dimensions of interorganizational resilience, especially thriving.* The interorganizational collaborations both demonstrated the capability to move beyond doing what was necessary and actually think and act outside the box. This included taking matters into their own hands when ROAZ failed to meet their needs. It appears that the general approach in case A was more one of shirking the governmental rules and completely trusting on the partners' own good judgement to do what is right. Case B did try to comply with the rules. The best example of this is when ROAZ failed to include both collaborations in its decision-making (as such inhibiting multidirectional information flow and learning; see Hardy et al., 2003): subsequently, case A decided to follow its own path, while case B still wanted to be included in ROAZ's decision-making process (A5/B6). In this respect, the VSV was tried and tested when it comes to dealing with setbacks; this collaboration had already lowered its trust in national and regional

agencies in the years before. By contrast, the IGO was still eager to comply, as it was still 'wet behind the ears'. Thinking and acting outside the box also incorporated active development of guidelines and protocols (A3/B4); adapting to the fact that national and regional agencies did not yet have guidelines or protocols available and anticipating on future developments regarding meeting online and the set-up of house visits (A6/B9). Both collaborations also moved beyond what was necessary when the hospital in case B gave obstetricians room for outpatient deliveries (B5) and the hospital in case A relaxed the rules imposed by the government (A7).

The resilience of both collaborations during the COVID-19 crisis did not only arise from the way they collaborated, but also from the way they experienced the situation at hand and actively reflected on this experience. According to Simonin (1997), experience alone does not ensure that an organization benefits from collaboration, rather it needs to internalize this experience in such a way that it can steer future activities. Both collaborations indeed did this, as they reflected on what COVID-19 brought about for the collaborative work, such as a change in communication (B10), the implications of online meetings (A6) and the consequences of a strict hospital policy (B8). These reflections elicited joint future planning for improvement. The IGO collaboration, more so than its VSV counterpart, proactively planned for the future (B9,11), which again reflects its anticipatory nature; this difference may arise from the fact that the IGO is a relatively young collaboration and thus (more) eager to prove itself. By engaging in deep reflection, the IGO collaboration moved beyond mere decision-making to sense making, in which the partners developed a shared understanding of key threats and challenges, rationalize the current situation, and develop the path forward (cf. Weick, 1993).

The ability of both cases to achieve such interorganizational sense making, arguably, results from being able to synchronize their visions and focus on a shared goal: providing the best possible maternity care. For the VSV case, this synchronization process was also induced by the informed consent approach to decision-making (adopted in sociocracy). This decision-making method enables the partners to acknowledge and understand each other in the way arguments are being formulated and exchanged, but simultaneously lets each individual partner hold on to the own argument. This resonates with Fiol (1994) who argued that people can agree on how to convey an argument (i.e. make a collective decision) while still being able to disagree on its content. Arguably, such concurrent agreement and disagreement is essential to collective learning (Fiol, 1994). However, the literature suggests that when the participants' perspectives on a key issue as well as their interests in it do not align, they are supposed to be much more inclined to negotiate in a self-interested manner rather than interact cooperatively (Seidl & Werle, 2018). Our findings suggest a more nuanced picture, by claiming that cooperativeness requires a collective awareness of and respect for each other's stakes and viewpoints, and thus essentially the acceptance of non-alignment. This shows that the development of an interorganizational collaboration often involves learning and adapting by continually

evaluating and adjusting the collaborative path (Berends & Sydow, 2019). As such, one can argue that interorganizational collaborations show the potential for thriving by design. **Proposition 7:** *Interorganizational resilience is (largely) determined by the interplay between conditions and processes.* In the Background section, we defined interorganizational resilience as the collaboration's capability to anticipate, adapt and thrive, thus extending the organizational and intrapersonal dimensions of resilience to the interorganizational level. This extension of the conventional definition of resilience resonates with, for example, Stoverink, Kirkman, Mistry, and Rosen (2020), who recently built on Weick's theory on organizational resilience to come up with antecedents for team resilience (Weick, 1993). The fact that the construct of interorganizational resilience remains largely underdeveloped in the (organization design) literature informed our, at first sight, somewhat careless extrapolation. For now, interorganizational resilience is conceived as "the ability to adapt to challenging and unexpected conditions, while continuing to collaborate interdependently to address wicked issues that can't be solved by one organization alone" (Chesley & D'Avella, 2020, p. 300). Through extrapolating findings from the intra-organizational to the inter-organizational level, Chesley and D'Avella (2020) conclude that commitment, vision, adaptation, relationships and significance of an issue are important determinants of interorganizational resilience. Our study aligns with these findings, to the extent that commitment, vision and relationships indeed appear to be important underlying conditions for interorganizational resilience and its enabling processes; moreover, we made a preliminary categorization of these conditions and processes and theorized about their connections. The significance of an issue, identified by Chesley and D'Avella (2020), implies that all involved organizations deeply care about it and acknowledge the importance of their contributions to solving it. We did not explicitly study the collective awareness of the significance of maternity care services in this chapter, but this collective awareness appears to be strong among all professionals in the medical care and cure industry. Adaptation clearly is an important dimension of interorganizational resilience in the VSV and IGO cases, though often in combination with anticipation and thriving. Whereas the focus of the study by Stoverink et al. (2020) was on team resilience, its results support our analysis of resilience at the interorganizational level. By equating interorganizational with team resilience, one could argue interorganizational collaboration operates highly similar to team work (Solansky et al., 2014).

At the organizational level, resilience apparently requires leadership for its insurance (Chesley & D'Avella, 2020; Stoverink et al., 2020), assuming that organizational members are interdependent but depend on managers to deal with major turbulence. By contrast, such leadership does not (ex ante) exist in interorganizational collaboration and, therefore, participants rely much more on each other for their collective performance and resilience. Here, in search for a better conceptualization of interorganizational resilience, the construct of team resilience might more closely resemble it than organizational resilience.

None the less, interorganizational collaboration crucially differs from (most) team collaborations in organizational settings, in at least one point: the absence of hierarchy. While the common wisdom is that a lack of leadership is problematic for creating interorganizational resilience, our findings suggest that a single leader is not necessary for a resilient interorganizational collaboration, but only if its structural conditions and decision-making processes enable shared decisions on all key challenges—also in the face of adversity.

3.5.2. CONTRIBUTIONS

With this study we aimed to find out how the structure of an interorganizational collaboration determines its resilience. To that end, we have gained preliminary insights in how structural conditions influence and interact with interpersonal and motivational conditions and how this interplay results in certain processes that enable resilience. The propositions describing this interplay serve as the main contribution of this study; these propositions can also guide and inform future research in this area. They especially imply the necessity of a broader focus on organizational design theory, to not only consider the question of how the structure of an organization can be aligned with its objectives in terms of coordination, but also the 'softer' question of how people's motivations and interactions can be optimized in such a way that they ensure the interorganizational collaboration's design works out effectively.

This study also serves to conceptualize interorganizational resilience by attempting to explicate how it resembles but is also distinct from organizational resilience. By witnessing how resilience played out in an interorganizational context, we noticed that it appears to be more similar to team than intraorganizational resilience (Stoverink et al., 2020). However, we tentatively concluded that interorganizational and team resilience are similar, but distinct conceptualizations of the resilience construct. This is important as interorganizational collaborations face different, arguably farther-reaching challenges than intra-organizational teams, for example regarding the absence of hierarchy and its implications for trust building (Ring, 1997) and the likelihood of inducing power misuse (Hardy et al., 1998). The quest to overcome these challenges, such as the one embarked on by the professionals in this study, calls for more research into how resilience can be developed at the interorganizational level.

We also contribute to the literature by further developing the dimensions of resilience, especially the underdeveloped dimension of thriving (Spreitzer & Sutcliffe, 2007; Walumbwa et al., 2018). Thriving was already considered in the Chapter 1 as the dimension that sets resilience apart from mere performance, but is thus far mainly conceptualized at the individual level instead of the organizational or interorganizational

level. Our empirical findings suggest that thriving largely arises from the interpersonal and motivational (rather than structural) conditions and that behavioral processes are the most distinctive result. However, thriving does draw on structural conditions, especially the heterarchical nature of decision-making on collaborative challenges. This suggests that designing for interorganizational resilience foremost needs to lead to structures that enable people in the collaboration to create positive interpersonal and motivational conditions that enable them to display the conducive behaviors. The empirical findings appear to underline the suggestion that thriving distinguishes resilience from performance. For the collaboratives to coordinate quickly (decision making process) or be willing to take over work (motivational process) enables them to perform but to actually plan for improvements (behavioral processes) shows they aim to move beyond just doing what is necessary to continue operating.

We also contribute to the literature on inter-organizational collaboration. Much of this literature overtly or covertly tries to establish whether an interorganizational relationship is worth pursuing in the first place (Barringer & Harrison, 2000). Our study showcases an interorganizational relationship that is simply not optional, one in which all participating organizations by themselves are indispensable links in the larger network of maternity care. This empirical setting provides a novel perspective on interorganizational collaboration, in that it shows interorganizational collaborations which operate on the cutting edge of voluntariness and rules imposed by government and are subjected to both formal (i.e. induced by medical rules) and informal interactions (i.e. induced by interpersonal relationships) of the professionals. Specifically, the empirical setting of case B can offer relevant insights that can inform similar forms of interorganizational collaboration in other western countries. That is, also in other countries (e.g. New Zealand, the U.S. and the U.K.) funding reforms of maternity care are being implemented (Struijs et al., 2017).

Finally, the findings regarding the functioning of two interorganizational collaborations should be generalizable to a broader set of societal issues requiring collaborative rather than individualistic approaches (Chesley & D'Avella, 2020; Huxham & Vangen, 2005). As today's issues such as COVID-19 increasingly require collaborative approaches, it appears legitimate to use the findings from this study to inform collaborative efforts tackling major societal issues. Though valuable for other settings, we must be cautious in claiming generalizability. That is, the study is highly contextualized in both geography (i.e. Netherlands) and industry (i.e. the care industry).

3.5.3. LIMITATIONS AND FUTURE RESEARCH PATHS

The exploratory nature of our study has moved the initial focus away from solely design (i.e. structural conditions as implied by the research question) towards the interplay of other conditions and processes that are the result of such a design. The decision-making, motivational and behavioral processes brought forward in section 3.5 might therefore appear to be detached from the earlier cited research. For example, proposition six appears to emphasize behavioral aspects, rather than structural design as stated in the Introduction section of this chapter. One might therefore criticize whether the findings of this study are aligned with our research aim, that is, to find out *how the design of interorganizational collaboration impacts the resilience of this collaboration*. Precisely through these conditions and processes, the design of the collaborations in this study has impacted their resilience. Still, the insights into these conditions and processes do not result in a straightforward view on what the interplay between them means for the actual design of these collaborations. The propositions are still formulated at a rather high abstraction level and further substantiation should provide grounds for investigating how the findings can actually serve as input for more practical design principles.

Most notably, these propositions include preliminary extrapolations of well-known constructs—such as psychological safety, trust and sense making—from the individual, group or organizational level to the *inter*organizational level. The different types of conditions and processes interact with each other, and there appears to be a mutually reinforcing relationship between the interpersonal conditions that deserve further scrutinizing, especially the role of trust. As in Study 1, a conceptual disentanglement appears to exist between concepts such as effective communication, informal empowerment and inter organizational psychological safety. Further research could focus on disentangling these concepts and isolating their individual influences on interorganizational resilience. Further research could also dive deeper into the specific characteristics of an interorganizational structure and focus on contrasting the two forms of interorganizational collaboration observed in this study.

In a practical sense, our study sought to deliver results that provide insights into how specific collaborative structures can impact interorganizational resilience. In this respect, we developed a conceptual model of the conditions, processes and outcomes of interorganizational resilience. Our findings suggest that motivational and interpersonal conditions are important determinants of interorganizational resilience, but it has to be acknowledged that the critical incident on which the model was built represents a rather limited timeframe. As resilience plays out over time, this can be regarded as a major limitation of this study. Case A did, however, provide data for over a longer period than case B, and can be considered as rather resilient given its good performance over the entire

period compared to other VSVs. Nevertheless, a study over a longer time frame, including the analysis of several critical incidents (as in Chapter 2), will add to the substantiation of the propositions formulated earlier. This could also offer the opportunity to further investigate how the collaboratives can become more embedded and involved (cf. Hardy et al., 2003), especially with regard to the broader interorganizational network consisting of professional organizations and other care collaboratives. Future (longitudinal) research needs to build a stronger body of evidence in this area.

3.6. CONCLUSION

The COVID-19 crisis provided an interesting and unique opportunity for investigating how the design of interorganizational collaboration impacts its resilience. We exploited this opportunity by exploring interorganizational collaboration and resilience in the topical setting of Dutch maternity care. Our findings suggest a heterarchical design of collaborative decision-making fuels interorganizational resilience. Moreover, favorable motivational and personal conditions (e.g. established relationships and trust) make the interorganizational collaboration thrive, rather than merely anticipate and adapt to major changes. In line with Goldman and Xyrichis (2020), we believe that studying collaboration and resilience in the context of the COVID-19 pandemic will continue to provide unique opportunities for learning from and strengthening health care.

4

DISCUSSION

4.1. SYNOPSIS

This dissertation started out with the question how organizational and interorganizational power dynamics influence (inter)organizational resilience. To answer this question, I built on two studies, the first focusing on structural empowerment at the organizational level, and the second on distributed decision-making at the interorganizational level. The outcomes of these studies are useful for theory as well as practice. Both studies suggest an important role for power dynamics in creating and sustaining organizational resilience, illustrate how resilience arises from (inter)organizational structures conducive to positive power dynamics, and provide insights into the underlying structural conditions and processes. The interplay between the conditions and processes appears to be the strongest determinant of resilience. These include conditions such as (management) commitment, psychological safety and trust, along with coordination, sense making, and behavioral processes related to citizenship. To further elaborate the implications of these studies, this chapter starts by discussing their interrelated findings. I then discuss the contributions to the literature, the limitations of these studies, directions for future research, and practical implications, followed by some concluding remarks.

4.2. HOW POWER DYNAMICS CREATE (INTER) ORGANIZATIONAL RESILIENCE

4.2.1. POWER IN THE PRESENCE AND ABSENCE OF HIERARCHY

Both studies suggest an important role for power dynamics characterized by either decentralized or distributed decision-making. The case organization in Study 1 draws on a traditional hierarchy, complemented with a decentralized decision-making structure, safeguarding that every employee's voice is heard in decision-making. Study 2 involves two case organizations that operate in an interorganizational setting. They have a heterarchical rather than hierarchical structure, implying that no organization/participant in the collaboration has more authority than the others; thus, all organizations have an equivalent say in the decision-making process. This means that traditional differences in status between care professionals (e.g., the gynecologist having a higher status than the obstetrician) need to be disregarded to enable coordination based on informal and mutual adjustment and agreement.

Both studies thus appear to offer an alternative for the traditional *power over* constellation to be complemented with or replaced by a *power to* constellation (Clegg et al., 2006; van Baarle et al., 2019), where power over is experienced as dominating, while *power to* or *power with* are considered empowering (Simpson, Clegg, & Freeder, 2013). Being powered over arguably provides organizational members with the 'psychological freedom' to employ mechanisms such as resistance to decisions (though covertly), while being 'empowered' obligates them to commit to the decision that they participated in making (Mulder, 1971). This argument appears to be premised on the assumption that organizational members are resisting decisions and are not motivated to take part in, nor take responsibility for co-deciding them. The studies in this dissertation go beyond this rather outdated contention, as they involve organizations whose members are more than willing and motivated to decide and take responsibility, most strikingly witnessed in Study 1, where operational level employees voluntarily participated in policy related decision-making.

Study 1 demonstrated that management can still exercise power over employees if it wishes, and thus have the ultimate decision authority. That is, managers in hierarchical organizations that implement structural empowerment might feel inclined to fall back on traditional decision-making when the going gets tough, and as such are not 'walking the talk' (Argyris, 1998, p. 8). In essence, this is because the implementation of structural empowerment appears challenging and their intrinsic motivation to follow up on it is lacking (Bowen & Lawler, 1995), as demonstrated by the episodes regarding the introduction of a works council and subsequent departure of the managing director. Study 1 in this respect highlighted how important it is that top management are aware of the benefits of structural empowerment, and most notably, the negative effect not only of ignoring it, but also of considering it as threatening their level of control. Under such circumstances, traditional power dynamics—determined by the power-over constellation—can still prevail over shared power dynamics, as management has obviously not let go of deeply rooted beliefs about leadership (Argyris, 1977). Though employees' loss of decision-making autonomy is usually not considered detrimental in traditional hierarchical organizations, for the organization in Study 1, it is explicitly acknowledged as non-beneficial to organizational performance. Because organizational members were already used to having the formal power to co-decide, any development that posed a threat to this power (such as the works council and the managing director's departure) was received negatively. According to Li, Hausknecht, and Dragoni (2020), the departure of a leader can significantly impact an organization's status quo, giving rise to feelings of uncertainty among organizational members. This was indeed witnessed for the incidents mentioned earlier, when the managing director's crumbling power base created such feelings already before his actual departure. In that sense, the works council and the managing director's departure were 'identity threatening issues' (moving away from a culture based on structural empowerment), that evidently had a significant emotional impact on organizational members, leading them to withdraw from the rules of conduct or the organization altogether (Maitlis & Ozcelik, 2004).

The application of 'power to' in Study 2 might initially appear more straightforward, due to the absence of an ultimate decision authority to power over others. Organizations aiming to collaborate effectively need to recognize that they cannot exercise power and control over others and commit to not exploiting or abusing power over others when the opportunity arises (Todeva & Knoke, 2005). However, there may be pitfalls with power misuse. The interorganizational collaborations in Study 2 differ from other types of interorganizational collaborations where individual engagement, at least initially, is often optional (Chesley & D'Avella, 2020). Consider for example Apple and Samsung joining forces in order to sell even more phones: no external authority is forcing the collaboration, nor are lives at stake once they decide to stop working together, though financial gains are of course at risk. Interorganizational collaboration was not imposed on the organizations in Study 2, but strongly motivated by the government, and they realized their collaboration

would very likely reduce perinatal deaths. These organizations therefore have a greater stake in the success of their collaboration than Apple and Samsung in the hypothetical example. Consequently, participating obstetrics professionals may be more vulnerable to power misuse by hospitals. Obstetrics practitioners cannot simply back out of a collaboration once the hospital decides to be coercive. A further challenge is the potential for *power over* dynamics on account of professional status. In intraorganizational health care collaborations, traditional hierarchical relationships between medical professions can still be lingering in the background, causing for example miscommunication (Wu, 2018). As the professionals collaborating in Study 2 were all from different organizations, there was no hierarchy. However, the status differences as a result of the traditional hierarchy are still present, and can impact both the intra and interorganizational level (Comeau-Vallée & Langley, 2020). Despite these pitfalls, the organizations did not experience any power misuse or status related tensions. As they were collaborating in a level playing field, the organizations were not afraid of losing control or giving up their autonomy. Indeed, both interorganizational collaborations appeared to be in a more favorable position than most other maternity care collaborations, as the fear associated with interorganizational cooperation—of losing decision-making autonomy—had been eliminated (cf. Schermerhorn 1975). Every voice in the participating organization was safeguarded in the decision-making process by means of consent or mandate. The way they designed their decision-making processes therefore contributed directly to avoiding power misuse and ensuring 'power to' was applied.

Apparently, in both studies, the decision-making structures in both studies by design eliminated any power differences. Fifty years ago, Mulder (1971) had an opposing view, demonstrating that if there is a relatively large power difference between managers and employees, including employees in decision-making tends to only increase the power differences. Those with greater expertise and status (i.e. power) have the opportunity to wield *power over* those with less expertise and status, by setting the agenda for shared meetings, providing information selectively, and so forth (Mulder, 1971). The crucial difference in both studies reported here is that the decision-making structures (e.g. sociocracy) did not allow for such power over, as everyone was entitled to voice their opinions and no-one could overrule anyone else's voice. In both studies, the decision-making structures perpetuated and created positive power dynamics, ensuring that time was made available for activities that ensured good future performance (Romme 2019). This enabled for example speedy actions during COVID-19 (Study 2) and quick takeovers of bankrupt competitors (Study 1). These actions are what ultimately created resilience.

4.2.2. THE ORGANIZATIONAL CHALLENGE: THE PARADOX OF EMPOWERMENT

Symptomatic initiatives and disempowerment

When substituting power-over with power-to, organizations must bear in mind certain pitfalls. According to Romme (1996), empowerment initiatives remain symptomatic as a solution to the hampering effects of top down structures as long as the organizing principles are based on power, rather than feedback. Such initiatives create the paradox of empowerment (Berti & Simpson, 2021), whereby managers say they want to empower their subordinates, but (intentionally or unintentionally) refrain from doing so, leaving employees feeling disempowered or worse. This can be observed when employees are initially included in the decision-making process, but their input is ultimately not acknowledged. The period around the time of introducing the works council in Study 1 saw structural empowerment crumbling, as management had suddenly decided to no longer include tactical and operational levels in the decision-making process.

As seen in Study 1, such a paradox of empowerment can have more far-reaching implications than just a feeling of disempowerment. This emerged from a study by Coupland et al. (2005) of workers in a steel mill. By introducing a team working initiative, management promised it would listen to workers' views and create greater unity; however, management did not deliver on this promise and in the eyes of the employees, management behavior had not changed. This situation combined with increased job insecurity, made workers, silently and individually, resent the initiative and resist management authority. Years before, Ezzamel and Willmott (1998) described a similar situation, with a failed top down imposition of empowerment. Here, management expected that the introduction of self-managing teams would make workers feel empowered; however, they experienced it as a threat to their self-identity and a means of divisive control. They now had to check up on each other, which went against their normal working relationships as mates. Being each other's supervisor led to interpersonal conflicts. Management failed to realize that employees would not perceive delegating authority in a top down, controlling manner as an opportunity to become empowered. The works council and the managing director's departure in Study 1 similarly illustrate the rise of (silent) resentment and conflicts as a result of—what was not intended as such but eventually appeared to be—a temporary (i.e. not-structural) empowerment initiative.

Indeed, the organization in Study 1 started what appeared to be a genuine attempt at structural empowerment by the then managing director. However, over the years there was little strategic appreciation of and commitment to structural empowerment and the managing director's departure was a key turning point. Distrust of structural

empowerment was mainly prompted by conflict and the fact that the managing director and the supervisory board did not see eye to eye. It was probably partially related to the rather far-reaching design. Structurally empowering employees usually implies they are empowered to the extent that they can decide non-trivial, *operational* matters (Scandura et al., 1986). In Study 1, this was extended to include employees in decision-making on tactical and strategic matters as well. The advantages of looking beyond the boardroom with regards to decision-making have been recognized, though are limited to the strategic-tactical interface (Korsgaard, Schweiger, & Sapienza, 1995; Raes et al., 2011). Study 1 showed the value of also including the tactical-operational and strategic-operational interface in decision-making. The reference to the operational level employee who critically, though constructively, spoke up to a manager during a meeting with organizational members of all levels illustrates this most compellingly. However, it is also the most likely reason why the supervisory board was hesitant and obviously feared loss of control by letting employees have such a far-reaching influence on organizational matters.

Solutions for the empowerment paradox

During the incidents discussed above, unsurprisingly employees did not feel empowered to make decisions (Berti & Simpson, 2021). To counteract this paradox of empowerment, a substantial paradigm shift needs to take place in organizations, implying an active role for both management and subordinates. Managers need to genuinely include employees in the decision-making, implying they need to share some of their formal power (their individual formal authority) in order to create *real* collective authority (cf. Aghion & Tirole, 1997). This will eventually increase the organization's collective power, as more members are able to exercise power. Management will have to employ so-called third-order controls, thereby actively shape how organizational members view decision-making (Perrow, 1977). The use of third-order controls changes the premises that steer attention and thus guide (decision-making) behavior. The introduction of circular management to structurally empower employees illustrates the managing director's attempt to employ such third-order controls. This is arguably the only way decentralization can take place effectively (Perrow, 1977). It in turn requires managers to consider employees as valuable sources of knowledge and expertise in the decision-making process (Labianca, Gray, & Brass, 2000), let go of ingrained hierarchical viewpoints, and instead acknowledge that by sharing power, they do not lose their individual power but win collective power for the organization as a whole (cf. Lincoln et al., 2002). By letting go of their hierarchical viewpoints, leaders should recognize their subordinates' superiority in expertise, networks, and/or influence, and practice the art of 'downward deference.' Here management actively seeks a connection with subordinates, collaborates with them, values their judgement, and assigns them influence (Neeley & Reiche, 2020). The introduction of the works council in Study 1 revealed that not everyone at top management level had succeeded

in letting go of such viewpoints, and hindered structural empowerment from achieving its full potential.

By genuinely including employees in decision-making, management not only increases the power of the collective, but also overcomes the strategic blind spots that can make organizations less responsive to their environment and by extension, less resilient. To avoid the risk of cognitive overload, managers can opt for a limited strategic attention span, though a broader focus would help them identify more opportunities (Eklund & Mannor, 2020). Decentralized decision-making avoids the resulting risk of managerial cognitive overload, as the agency for discovering opportunities now lies with more organizational actors besides management. Turbulent environments might require people who have the necessary executive functions (i.e., cognitive abilities) to divide their attention appropriately among those aspects that require it, to ensure quick thinking and acting on the spot (Chan, Wang, & Ybarra, 2021). Individuals with strong executive functions are more likely to come up with innovative solutions for organizational problems (Chan et al., 2021), simultaneously enabling organizations to benefit from a multitude of ideas (Alexiou et al., 2019). This supports them in overcoming managerial blind spots (Ocasio, 1997) and ensuring organizational resilience, yet requires employees to step up their game, develop their executive functions, and actively participate in decision-making if they are offered this opportunity. Study 1 showed that many employees were willing and appreciative of the opportunity to participate in decision-making and develop their executive functions, as the divisionalization incident illustrated most vividly.

This is another compelling reason why management should share decision-making power with their subordinates: to ensure organizational resilience, also in their absence. This resonates with the viewpoint that resilience should not be completely dependent on leaders, who come and go (Välikangas, 2010). It also opposes the idea that organizations can only change once a successor takes over or the current leader's power base decreases (Kets de Vries & Miller, 1986), implying an organization's capacity to become resilient depends on its leader. Indeed, some argue that leadership is important for a resilient organization (Reinmoeller & van Baardwijk, 2005): at the organizational level, to ensure it, resilience arguably requires leadership (Chesley & D'Avella, 2020; Stoverink et al., 2020), assuming that organizational members are interdependent but depend on managers to deal with major turbulence. This was observed in Study 1, where the former managing director set the tone for the informal, decentralized culture that formed the basis for organizational resilience in the first period. Here, management indirectly determined the resilience strategy by creating a certain culture (cf. Kets de Vries & Miller, 1986). Management thus (initially) reflected a commitment to structural empowerment, implying that commitment at first must originate outside of organizational members. Indeed, structural empowerment is an initiative that needs to be introduced by management, as it first and foremost requires top level commitment rather than commitment from employees. However, organizational members' already established commitment to the organization arguably supports their

receptivity of structural empowerment. This organizational commitment originates from a commitment to top management (especially office employees' commitment to the managing director) (cf. Hunt & Morgan, 1994). Structural empowerment in turn was seen as increasing organizational members' commitment to their organization, in line with McDermott, Laschinger, and Shamian (1996), who found that nurses who were structurally empowered (i.e. had access to resources, information, opportunities and support) were more committed to their organization. Thus, it is apparently necessary that the commitment to structural empowerment originates from management, but whether this subsequently takes shape in the rest of the organization, depends on the employees' attitude. The fact that structural empowerment so easily waned around the time of the managing director's departure showed that its success till then very much hinged on management's (former) commitment, rather than on employee commitment, and as such, organizational resilience still strongly depended on leadership.

Not coincidentally, the declining commitment at that time also showed that organizational members approached each other in an increasingly negative manner (or not at all). Indeed, commitment relies for a large part on the existence of positive interactions and relationships, that is to say informal empowerment processes, (see Laschinger et al. (2004) between organizational members. Based on Study 1, I therefore posit that having employees participate in decision-making is what (initially) empowers them formally, whereas informal empowerment processes mostly determine whether the formal empowerment endures. In this respect, the two empowerment processes may be conceived as instigating a self-perpetuating process, initiated by the opportunity for employees to make their voices heard, and reinforced by colleagues connecting and interacting. Notably, Mary Parker Follet (1941) argued that power is, in essence, not something that one person bestows upon the other, rather it is something that a person—while being given the freedom to do so—develops him or herself (see also: Boje & Rosile, 2001).

4.2.3. THE INTERORGANIZATIONAL CHALLENGE: COMMITMENT AND FORMALIZATION

Creating and sustaining commitment in the absence of hierarchy

While the empowerment paradox proved to be a pitfall at the intraorganizational level, the challenges surrounding commitment observed in Study 1 might prove an even bigger challenge at the interorganizational level. At this level, it cannot initially be created at the top of the hierarchy and therefore depends more heavily on informal empowerment. Through extrapolating findings from the intra-organizational to the inter-organizational level, Chesley and D'Avella (2020) conclude that commitment is indeed an important

determinant of interorganizational resilience. Such commitment involves expectations and enactment, so the expectation of what and how members commit to the collaboration and the enactment of committing and continued process of committing (Chesley & D'Avella, 2020). The interorganizational collaborations in Study 2 both proved to clarify mutual expectations, and subsequently enacted their commitment.

In line with Study 1, Kornberger, Leixnering, and Meyer (2019) found that coherent collaborative decision-making in an interorganizational relationship depended on a commitment from those in *leadership positions* to do the right thing. Likewise, Chesley and D'Avella (2020) argue that interorganizational relationships should revolve around credible, passionate people with expertise and *leadership quality*. Study 2 showed a different angle on this, as there were no individuals in leadership positions, and thus participants relied on each other to ensure collective performance and resilience. Indeed, here commitment did not first arise outside those in leadership positions but had to come from the individual member organizations, which arguably proves that collective rather than individual leadership is necessary. In the case of collective leadership, the informal empowerment processes in Study 1 are even more significant in the interorganizational context because the commitment not only needs to be sustained through members' positive interactions and relationships (Study 1), but also needs to be initiated by them.

Informal empowerment processes have positive consequences for the social capital that interorganizational collaborations can draw from. In essence, social capital is created through changes in people's relationships that in turn facilitate productive activity (Coleman, 1988). In Study 2, social capital was already in place and grew over the years as the various organizations showed a commitment to collaborate from the start, and government-induced measures partly enforced their close collaboration. As in Study 1, the organizations in Study 2 were committed to delivering the best possible care to their clients and professional commitment was thus safeguarded in the organizational collaborations. For Study 1, this professional commitment was complemented with an organizational commitment (spurred and perpetuated by structural empowerment). For Study 2, professional commitment did not necessarily translate into a commitment to the actual collaboration. The commitment to the *collaboration* derived from a collective awareness of the significance of high quality maternity care and, specifically, the various organizations acknowledging the importance of their individual contributions, i.e. solving the issue of perinatal deaths (cf. Chesley & D'Avella, 2020). This calls for purposely including all stakeholders in the issue facing the collaboration (Chesley & D'Avella, 2020). Commitment therefore appeared to be reciprocally related to informal empowerment processes and the positive interactions and relationships between professionals in the different organizations.

Informal empowerment also clearly created a shared experience among employees and professionals in the different organizations, further solidifying commitment. As relationships between these professionals took shape, this resulted in a common

understanding and experience of whatever challenge came their way. A joint experience of struggles creates a willingness for everyone to collaborate, thus strengthening the collaborative relationship (Hernandez et al., 2020). This willingness to collaborate was also partly thanks to their acknowledgement of being dependent on each other, which can only arise through informal empowerment processes. A shared experience was thus established because of the informal empowerment processes that shaped their collaboration.

For Study 1, a joint experience of hardship and a recognition of co-dependence existed, especially at the tactical level, arguably spurring willingness to collaborate in order to overcome challenges. The takeovers proved to be a good example. At the operational level, such a joint experience does not occur to the same degree, as employees work individually. Here, shared experience derived from attending sociocratic meetings, when employees had the opportunity to meet and discuss common challenges, but this was limited to the operational level. For example, the situation concerning reduced client hours and growing work pressure spurred operational workers to voice their concerns, though they did not feel their experience was shared by office staff. In contrast, when operational staff voiced concerns about divisionalization, they felt that management heard them and acknowledged their experience of the situation.

Thus, at the interorganizational level, the shared experience pertains to the entire collaboration, while at the intraorganizational level, shared experience remains partly localized at a particular organizational level and is only moderately shared between levels. As commitment at the intraorganizational level was substantially created by (and made dependent on) management, such a shared experience is apparently less strong than at the interorganizational level. This is also where Study 1's weakness comes to the fore, as an organization's widely shared experience and informal empowerment process would probably have counteracted the negative consequences of the managing director's departure. Despite the substantial role of informality in the interorganizational collaborations, formalization can pose a threat in the longer term.

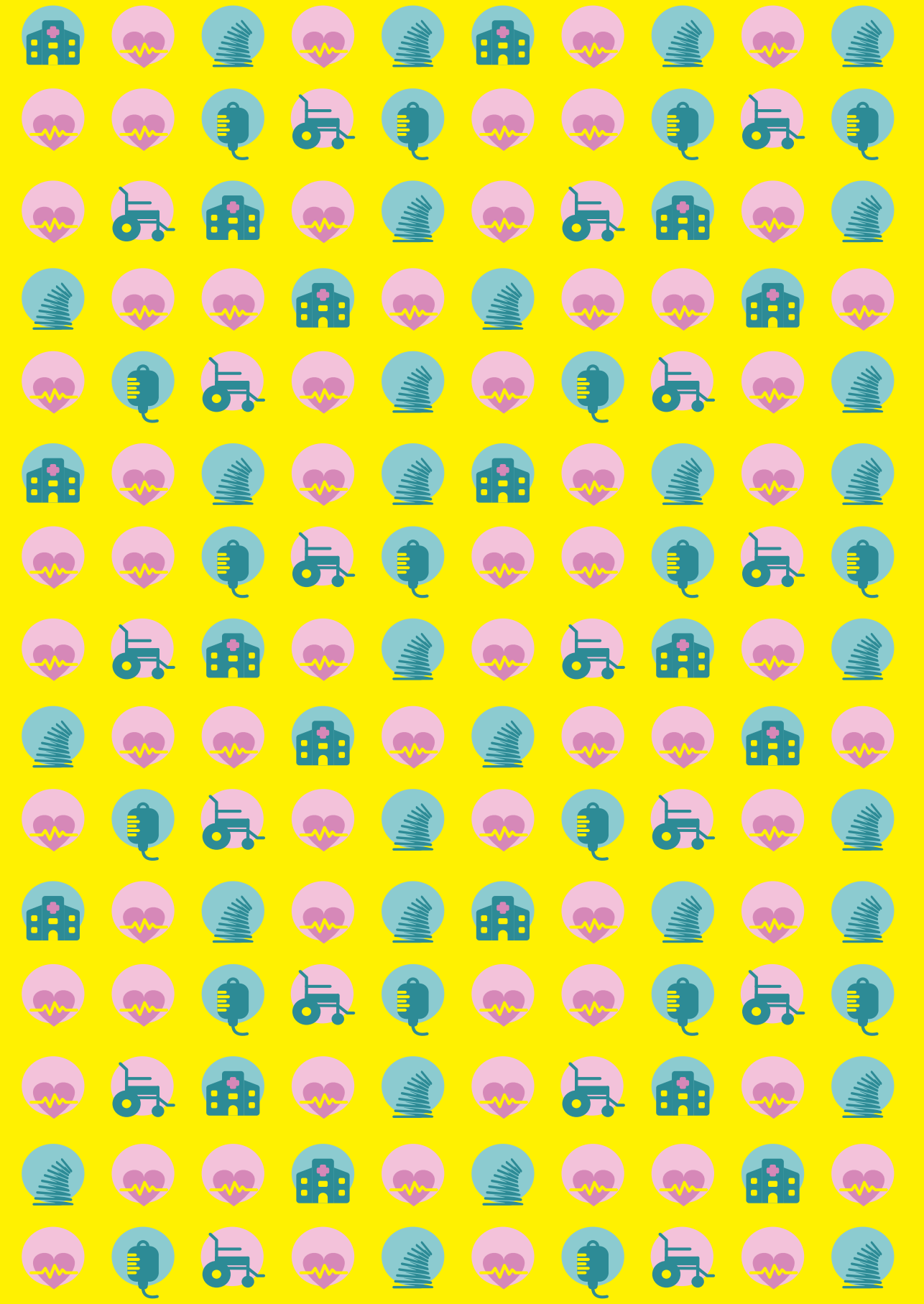
Formalization as a threat to commitment

One challenge exclusively faced at the interorganizational level, was the increasing formalization of an initially informal collaboration. According to Van de Ven (1976), once an interorganizational relationship intensifies, it is bound to become more formalized and centralized; this happens because the policies and procedures that are developed to safeguard performance, bind members of the collaboration as they consent to these policies and procedures, thereby increasing centralization. Even from the start, centralization arguably supports the coordination of interorganizational relationships. As the multitude of organizational entities already poses difficulties for integration and coordination by design, an interorganizational collaboration is better facilitated by centralized as opposed to decentralized systems (cf. Provan & Milward, 1995). Many

interorganizational relationships are indeed based on formal agreements (Hall et al., 1977).

Nevertheless, in challenging environments such as those created by the COVID-19 crisis, informal coordination occurs more frequently (Jones et al., 1997). Though arguably providing some freedom to coordinate interorganizational collaborative activities, this freedom also brings challenges, such as the need to collectively establish decision rights attached to specific roles, with related responsibilities, and the authority to stimulate information distribution (Alberts, 2012). The interorganizational collaborations in Study 2 appear to counter these challenges effectively. Their decision-making processes visibly prove their ability to collectively determine decision rights and authority. This can be observed for example in their disregard of status differences between professionals and otherwise prevailing rules and procedures in hospitals during the first COVID-19 episode. This finding directly opposes team level research on formalization, which argues teams could benefit from direction created by external formalization, such as certain medical rules that professionals need to abide by (cf. Hempel, Zhang, & Han, 2012). If professionals had adhered to the rules during the COVID-19 epidemic, this would have compromised care continuity as primary care was supposed to transfer its clients to a hospital. Study 2 findings thus suggest that in an interorganizational setting where hierarchy is absent and contextual circumstances are dynamic, formalization (i.e. following the rules) is a hampering rather than a steering process. In this particular context, too far-reaching formalization would undermine the autonomy of the primary care professionals and therefore pose a direct threat to their commitment (Organ & Greene, 1981), and as such, negatively affect interorganizational collaboration. That is, not being trusted to do their job, they would feel less inclined to continue collaborating with those who hinder them from performing their work.

To some extent, formalization *can* positively influence an interorganizational collaboration, as shown by Kornberger et al. (2019), who illustrate a process whereby central organizations in the interorganizational collaboration become flatter, and the more grassroots, bottom up organizations become more centralized. As this made organizations increasingly similar in structure, it facilitated collective decision-making (Kornberger et al., 2019). This illustrates the increasing flexibility of interorganizational collaboration as a whole in response to the formalization of *individual* organizations, something that interorganizational collaborations require when facing turbulent times such as COVID-19. In contrast, at team level, such *internal* formalization reduces flexibility (cf. Hempel et al., 2012). For the collaborating organizations (resembling a team format) in Study 2, no such dynamic changes in individual organizational structures were seen, though dynamism in formalized behavioral routines *was*, as observed when the hospital (traditionally a centralized actor) markedly deformalized by letting primary care providers work on their premises, contrary to existing rules. The flexibility of the interorganizational collaborations in this dissertation appears to come from the individual organizations



moving toward each other in terms of decision-related and behavioral processes, rather than from the structure of the collaboration.

Thus, by design, commitment is difficult to create and sustain throughout an interorganizational collaboration. Shifting to more formalized means of collaboration, at least in terms of professional rules that limit the room to manoeuvre, poses an additional threat to this commitment. A certain equalization and as such formalization in decision-making behavior could however benefit the collaboration. That is, the interorganizational collaborations in Study 2 were continually committed to the collaboration, finding its origins and consolidation in the shared decision-making processes. These processes (formalized or not) appear to (still) benefit significantly from more informal communication and collaboration, in themselves testament to a high level of trust between organizations (cf. Gulati & Nickerson, 2008). The next section outlines the other crucial underlying condition of (inter)organizational resilience next to commitment: trust.

4.2.4. THE UNDERLYING CONDITIONS AND PROCESSES ENABLING (INTER)ORGANIZATIONAL RESILIENCE

Decreasing organizational trust vs. increasing interorganizational trust

Commitment, either by management, employees, or actors in an interorganizational relationship is an important condition that needs to be in place for power dynamics to positively influence (inter)organizational resilience. The creation and sustainability of commitment is, however, contingent on a certain level of trust in the collaboration between those actors. In Study 1, trust motivated organizational members to speak openly, actively participate in decision-making, pursue organizational goals, and go the extra mile, as the takeover incident demonstrated. According to Spreitzer and Carmeli (2009), trust at the individual employee level increases vitality and learning. Though Study 1 demonstrated an initial high level of trust between staff and workforce, this deteriorated over time. The introduction of the works council and the managing director's departure best illustrate this deterioration.

Study 1 illustrated a decline in trust over time, while Study 2 illustrated a reinforcement of trust over time. Trust apparently motivated the various professionals to actively engage in collaboration and gave them the feeling of being supported by others, in turn increasing the *collective* level of vitality and learning (cf. Spreitzer & Carmeli, 2009). Where trust at the organizational level appears to be consolidated through management's instigation of structural empowerment, in the interorganizational context, this consolidation needs to be derived from elsewhere: the interpersonal condition of trust originates from the

efforts of the collaborative as a whole, as instigated by the structural conditions (e.g., mutual coordination) and motivational conditions (e.g., established relationships). Concerning interorganizational collaborations, such trust does not pertain to the individual organization or employer, but to the interorganizational collaboration and the associated organizations.

It can be challenging to establish interorganizational trust among actors with a traditionally large power distance, such as hospitals and obstetricians. In interorganizational relationships apparently based on trust, organizations can still disguise attempts to revert to consolidating asymmetrical power relations in order to achieve coordination (Hardy et al., 1998). Trusting the other party is considered risky and by exercising power, a dominant organization (i.e. the hospital) can reduce this risk and ensure cooperation on its terms. Needless to say, such power misuse negatively affects trust and prevents collaborative synergy. Creating and developing trust in interorganizational collaborations can be challenging, precisely because the traditional hierarchy is missing (Ring, 1997), and organizations might feel inclined to fall back on it. Though aware of the traditional hierarchy, no hierarchical power play appeared to take place in Study 2's collaborations. This indicates that trust was already there before the collaborations officially took shape, and throughout the years its consolidation facilitated negotiations, reduced conflicts, and thus enabled shared decision-making, finally leading to improved performance (cf. Zaheer et al., 1998) and, by extension, interorganizational resilience.

Psychological safety – the emancipatory dialogue

Another condition that emerges when specifically looking at trust in relation to decision-making processes, is psychological safety. This is important, as the effectiveness of decentralized or distributed decision-making is contingent upon a climate of psychological safety. Here, employees or members of the collaboration are more engaged in terms of raising questions and sharing ideas with management or with each other (see Edmondson, 1999), resulting in decisions that potentially create resilience. Such psychologically safe communication appears to especially benefit care professionals because open and honest information-sharing builds trust, supports the acquisition of the resources required to perform work, and helps to raise and address issues (McDermott et al., 1996).

At the intraorganizational level, management must show willingness to be open to and listen to what their subordinates have to say, even if this is something they do not necessarily want to hear initially (cf. Cunha et al., 2019). Therefore, to counteract the paradoxical situation noted by Berti and Simpson (2021), managers can create an 'emancipatory dialogue' (Raelin, 2013), in which organizational members openly exchange feedback and opinions. According to McDermott et al. (1996), structurally empowered care professionals benefit from positive feedback (e.g. celebrating success), especially from co-workers. Such an emancipatory dialogue would require all organizational members (not just management) to be open to not only positive feedback but uncomfortable

information as well (Gouldner, 1970; Raelin, 2013). The first part of the narrative in Study 1 reflects the existence of such an emancipatory dialogue in the organizational decision-making processes, and later a gradual disappearance of this dialogue: during the introduction of the works council, feedback was exchanged (especially from employees raising doubts about whether it was necessary), however, following the managing director's departure, this emancipatory dialogue turned into a climate of distrust when organizational members refrained from speaking up.

In the interorganizational setting, the emancipatory dialogue might be even more crucial: the willingness and courage to speak up are not necessarily motivated by a higher authority, and therefore arguably have even farther-reaching implications regarding trust. Precisely because organizations have no authority over each other, the interorganizational collaboration needs to engage in dialogue and negotiation to come up with solutions based on mutual agreement (cf. Berkowitz & Bor, 2018). Indeed, the interorganizational coordination in Study 2 did not take place in a one directional fashion, but in an emancipatory dialogue. Psychological safety was also experienced in Study 2, as professionals from the various organizations were open to each other's input and showed they were willing and courageous enough to speak up to each other. Though there should be fewer barriers to the feared consequences of speaking up (there is no power distance nor penalty in terms of dismissal, which could be the case in a traditional organization), I observed that status differences still exist in the background. These could in theory negatively influence the existence and enactment of interorganizational psychological safety, as those lower in professional status may feel uncomfortable speaking up to those with a higher professional status. This was not observed, on the contrary: an obstetrician in Study 2 explained that she approached a gynecologist, without considering their different status, to jointly come up with a solution that would allow an interpreter in the delivery room despite visitor restrictions. This probably best illustrates the lack of hierarchical tension and presence of psychological safety.

The studies in this dissertation thus show how the construct of psychological safety plays out at the intra and interorganizational level. Only a few scholars have discussed psychological safety *beyond* the team level (Baer & Frese, 2003; Fulmer & Gelfand, 2012), and no one has so far explicitly discussed the construct *across* multiple hierarchical levels within an organization. The studies in this dissertation do contribute to earlier work on psychological safety across different organizations at the interorganizational level (see Edmondson & Harvey, 2018). Study 1 suggests that a climate of psychological safety may need to extend beyond the team level, to affect how employees and managers at different organizational levels interact with each other by speaking up and taking interpersonal risks. Especially during instances of major change, direct interactions and consultations between management and employees appear to be vital (cf. Morgan & Zeffane, 2003). The divisionalization incident illustrates such consultations between management and employees, within a climate of psychological safety. Management showed they genuinely

want to hear what employees have to say, thereby effectively inviting them to speak up. Thus, employees will only speak up if management seriously considers the employees' input (Detert & Burris, 2007; Roberts, 1990). Only then can they avoid organizational members becoming locked into a system of politically correct empowerment (Argyris, 1998), where no-one speaks up anymore, or worse, there is a system of silent aversion to authority.

Organizational failure versus interorganizational success – the need to collaboratively create a shared vision

A climate of (inter)organizational psychological safety is a prerequisite to achieve another key condition for (inter)organizational resilience: a shared vision. In complex environments, such as those faced by the case organizations in this thesis, a clear vision is vital, as it forms one of the 'constants' that stimulate organizations to stay afloat during ever changing circumstances (Halek & Strobl, 2016). If tasks are unclear and role boundaries ambiguous, shared vision and knowledge will enable organizational members to understand what needs to be done (Raveendran, Silvestri, & Gulati, 2020), and thus enable them to act accordingly. In Study 1, I observed a lack of shared vision among management concerning the implementation of structural empowerment, likely due to being unaware of the benefits of empowerment for organizational resilience and partly due to fear of losing control. That is, the supervisory board perceived the managing director's attempt to change the embedded and legitimated organizational structure to properly institutionalize structural empowerment as a threat to their sense of control and security (cf. Powell, 1991). So, the intraorganizational level was characterized by a previously defined vision that did not include all actors (i.e. employees) in the process of creation, and that vision was at the same time not aligned with the level (i.e. management) that should be responsible for its co-creation.

By design, an interorganizational collaboration also has the potential to evoke the tensions observed in Study 1, as organizations exhibit more diversity than individuals—each with their own identity, mission, and tension from the start (cf. Brès et al., 2018). As such, the tension seen in Study 1 could easily have been witnessed in Study 2. Conversely, however, Study 2 showed how professionals in both interorganizational collaborations created a vision together, reducing the tension evident from the intraorganizational context (cf. Sherif, 1958). What characterizes the importance of a shared vision between organizations, compared to within an individual organization, is the collaborative effort to create the vision (Chesley & D'Avella, 2020). Being able to do so probably coincided with a certain relaxation in their decision-making processes, also observed in Study 1. For Study 1 and the VSV case in Study 2, the process of synchronizing a vision was induced by the informed consent approach to decision-making (adopted in sociocracy). The collaborative way the actors came up with decisions rested on openly discussing and raising issues without being apprehensive of others' counter reactions, relating to the

earlier discussed notion of psychological safety. These conversations were of a cooperative and assertive nature, cooperative indicating that participants were willing to listen to each other, and assertive indicating that participants continued to put across their own views (Hardy, Lawrence, & Grant, 2005). The decision-making processes (especially those of a sociocratic nature) in the case organizations by nature created such conversations. These conversations enabled the employees and professionals to acknowledge and understand each other from the way the arguments were formulated and exchanged, but at the same time let each individual stick to their own argument. This resonates with Fiol (1994), who argued that people can agree on how to convey an argument (i.e. make a collective decision) while still being able to disagree on its content.

Conversely, the literature suggests that if participants' perspectives on a key issue as well as their interests in it are not aligned, they are much more inclined to negotiate in a self-interested manner rather than interact cooperatively (Seidl & Werle, 2018). This very likely occurred in the case described in Study 1, where the supervisory board obviously did not share the same perspective and interests in structural empowerment as the managing director. As collaboratively creating a vision appeared to be a success factor for Study 2, despite non-alignment, lessons drawn from the interorganizational level might be applicable to the intraorganizational level. Apparently the intraorganizational level could also have benefited from such collaborative vision creation (where all organizational members would be included). This would not have counteracted strategic non-alignment, but could at least have increased collective awareness of and respect for each other's interests and viewpoints. The type of conversations noted by Hardy et al. (2005) in that sense do not only enable decision-making, but also create a collective identity. A collective identity created through conversations enables organizations to view themselves as a collective instead of a group of disconnected organizational representatives. A collective identity also helps professionals to address conflicts, commit to compromises, take collective risks, and ensure support from their organizations, especially in the absence of hierarchy (Hardy et al., 2005). Illustrating this point is the incident when the professional organization for obstetricians made an ill-considered decision with negative consequences for maternity care assistants, offset by hospitals providing the assistants with the materials needed to deal with these consequences. The idea of 'we are all in it together' motivated hospitals to act on behalf of the maternity care professionals as a collective, rather than view themselves separately from the maternity care assistants in status. Such a collective identity creates a shared experience and enables the formation of a common understanding that is needed to create a shared vision.

Thriving through sense making

Having a shared experience and common understanding was marked as a reason why employees and organizations were committed to the collaboration (Study 1 & 2) and could come up with a shared vision (Study 2). The notion of a shared experience and

common understanding borders on the concept of a team mental model. Such 'collective unconsciousness' is the notion that a group of people share and retain information in a way that goes beyond individual cognition (Klimoski & Mohammed, 1994). Extending this to the organizational level, such a shared mental model ensures knowledge sharing between organizational members or teams, thus eliminating the need for hierarchical intervention (Joseph & Gaba, 2020). At the interorganizational level, such a shared mental model could be even more valuable for ensuring knowledge sharing, as by default, hierarchical intervention is absent. Thus, a shared experience ensures commitment and the creation of a shared vision, while the shared mental model ensures an outcome that guarantees the collaborations' resilience: sense making. It was not the shared experience alone, but the shared mental model that proved to be the crucial factor why the collaborations in Study 2 were so successful.

According to Simonin (1997), experience alone does not ensure that an organization benefits from collaboration, as it needs to internalize this experience in such a way that it can steer future activities. Study 2 illustrated this in how people experienced the challenges and actively reflected on them. For example, by reflecting on the consequences of policy, changes in their communication, and future plans, the IGO collaboration (case B in Chapter 3) moved beyond mere decision-making to sense making. Here the organizations developed a shared understanding of key threats and challenges, rationalized their current situation, and developed the path forward (cf. Weick, 1993). In some cases, sense making did not necessarily involve achieving a joint vision or having a shared experience; it meant that various actors were open and respectful about each other's experience, as shown by the non-alignment in the previous section. An illustrative example is the situation faced by the IGO collaboration when the hospital instigated a policy opposed by an obstetrics practitioner. Arguably, such concurrent agreement and disagreement are essential for collective learning (Fiol, 1994), as they resemble collaborative thinking. Collaborative thinking goes beyond the naïve assumption that knowledge can be replicated just by transferring it from one person to another: it involves organizational members redeveloping each other's knowledge and learning collaboratively from each other (Pyrko, Dörfler, & Eden, 2017). The shared decision-making processes in interorganizational collaborations enable such collaborative thinking and collective learning, and explain why sense making was witnessed in Study 2. As the organization in Study 1 applied a similar decision-making process, there too collaborative thinking and learning could have been witnessed. This was not, however, observed to the same extent as in Study 2, as much of this thinking and learning was still 'controlled' by management and depended on whether management stayed true to the implementation of structural empowerment. More agency should therefore be assigned to organizational members to initiate and continue the collaborative thinking and learning process derived from structural empowerment. Indeed, collaborative thinking cannot be imposed by managers,

and thus cannot be managed, rather it needs to be nurtured by its members (Pyrko et al., 2017).

Anticipating and adapting by going the extra mile

Alongside sense-making, informal empowerment processes also induced behavior conducive to resilience: citizenship behavior. At the intraorganizational level, such citizenship behavior is widely known as consisting of altruism, conscientiousness, courtesy, sportsmanship, and civic virtue (LePine et al., 2002). Behavior reflecting civic virtue was seen in Study 1. Civic virtuous behavior is testimony to organizational members' engagement in organizational concerns (Organ, Podsakoff, & MacKenzie, 2006). For example, the operational level expressed concern for the organization by voluntarily attending circular meetings, while the tactical level took additional steps during takeovers by working extra hours, all for the benefit of the organization. The takeovers also reflected the presence of sportsmanship, defined as organizational members' willingness to tolerate unideal circumstances (working long days during takeovers) while not complaining (Organ et al., 2006). This urge to go the extra mile by showing civic virtue and sportsmanship arguably arose from a feeling of being appreciated and nurtured, especially applicable to the tactical level. Not surprisingly, care professionals perceive being looked after and supported an important aspect of their empowerment (McDermott et al., 1996). A sense of caring and being compassionate with one another increases employees' integration in the organization and as such enhances the power of the organization as a whole, as employees become more committed and loyal (Simpson et al., 2013). The initial informal culture coupled with structural empowerment likely gave rise to employees' experience of being cared for. Simultaneously this enabled them to express their compassion for each other and the organization (civic virtue), and increased their tolerance of less than ideal circumstances such as the increasing work pressure for both operational and tactical levels (sportsmanship). Such citizenship behavior is probably one of the key factors that made the organization in Study 1 more resilient compared to other organizations, or as Simpson et al. (2013, p. 399) suggested, enabled it to 'organizationally outflank' other organizations.

In contrast, the second part of the narrative indicated that such citizenship behavior took a turn for the worse. As structural empowerment enables organizational members to speak their minds, and openly critique organizational circumstances, the situation with the works council triggered organizational members to abandon any behavior relating to sportsmanship and instead not tolerate the new circumstances. Employees expressed critique regarding the works council, especially doubts about how to sustain sociocracy. Here, their attitude resembled 'extra role behavior' (e.g. Demerouti, Bakker, & Gevers, 2015) more so than citizenship behavior. That is, their behavior resembled 'principled dissent' against what they considered organizational injustice (Organ et al., 2006): the wrongful complementation of sociocracy with an, in their eyes, lesser and unnecessary

alternative. This dissent was enabled by structural empowerment, but ultimately perpetuated by a feeling of not being taken seriously, especially at the tactical level. The decision to go ahead with the works council obviously disregarded their opinions. Though this principled dissent originated from a feeling of doing good for the sake of the organization (protecting its informal culture based on structural empowerment), this motivation is ultimately at risk. That is, employees who feel neglected can be less willing to go the extra mile for their employer in the future (Simpson et al., 2013).

In the interorganizational context, the commitment and willingness to reciprocate appear to strengthen and widen the collaboration (Zaheer & Venkatraman, 1995), and enable professionals from various organizations to also engage in citizenship behavior, or 'network citizenship' behavior (Provan, Sydow & Podsakoff, 2018). The type of citizenship behavior witnessed resembles Study 1, in that it consisted of behaviors reflecting civic virtue and sportsmanship. Arguably, civic virtue may be less likely at the interorganizational level as maternity care professionals are probably mainly concerned with their own organization rather than the benefits for the interorganizational collaboration. Indeed, network citizenship behavior benefits the interorganizational collaboration, but not necessarily also the individual partner organizations (Provan et al., 2018). However, a strong realization of the mutual benefit the collaboration offered, enabled the professionals to behave according to civic virtuosity. As such it is an even greater testimony of the professionals' commitment to the interorganizational collaboration, that they were willing to 'put themselves out there' for the benefit of the collaboration while risking negative consequences for their own organizations. On the other hand, sportsmanship in the interorganizational setting might at first glance appear logical, as the organizations in the collaboration would not have a higher authority to whom they could address their complaints.

Citizenship behavior in an interorganizational context has received little attention (Gerke et al., 2017) thus far, but may be an important determinant of interorganizational collaboration performance in health care (cf. Basu et al., 2017). Both interorganizational collaborations demonstrated the ability to go beyond what was strictly necessary. This was reflected by a willingness to take over work, to work online, to provide each other with materials, and to take over clients. They managed to integrate actions between stakeholders that traditionally do not work well together (i.e. hospitals and obstetricians), all at a time when external regulations were lacking or advising otherwise. In the organizational context, structural conditions are already in place to facilitate such citizenship behavior; for example, operational employees are automatically given access to materials needed to perform their work. In the interorganizational context, however, this is not necessarily the case, as witnessed from the shortage of protective equipment for maternity care assistants. The fact that the hospital provided maternity care assistants the required materials indicates that the interorganizational collaboration as a whole was in control of its resources, almost similarly to the organization in Study 1. Being in control of

resources not only facilitated citizenship behavior, but also shared decision-making (cf. Berkowitz & Bor, 2018).

In conclusion, these sections outlined the challenges and interrelated major conditions for (inter)organizational resilience: (managerial) commitment, trust and psychological safety, a shared vision, and the processes originating from these conditions (sense making and citizenship behavioral processes) that enable organizational resilience. The next section dives deeper into how resilience plays out and the specific process that interlinks all the above conditions and processes: informal empowerment.

4.2.5. THOUGHTS ON (INTER)ORGANIZATIONAL RESILIENCE

Resilience dimensions – thriving consolidates the conditions

In both studies, resilience was analyzed in terms of three dimensions: anticipating, adapting, and thriving. Notably, none of these dimensions was analyzed at an intra-construct level, rather they were analyzed primarily at the inter-construct level. For example, I do not claim all forms of anticipation result in resilience; instead, the results of both studies suggest that the degree to which anticipation is present (as conceptualized in earlier chapters and the coding schemes of appendices E & F) influences the degree to which organizational resilience occurs. This section provides additional data, comparing these dimensions at the organizational and interorganizational levels. This comparison demonstrates the importance of informal empowerment processes in the intra- as well as interorganizational context, in creating the conditions for organizational resilience (especially thriving): see Tables 4.1 and 4.2. The data for Study 1 presented in Table 4.1 needs to be considered alongside the information provided in Table 2.2.

At the intraorganizational level, the most striking observations are the importance of informal empowerment over formal empowerment in determining organizational resilience, the contingency of thriving on anticipation and adaptation, and the presence of the underlying conditions (i.e. management commitment and psychological safety) as well as the interplay between these dimensions at the various organizational levels (see also Table 2.2). The informal empowerment process appears to be more vital for determining the relationship between structural empowerment and organizational resilience than formal empowerment alone. The formal empowerment process as instigated by structural empowerment is only visible for people at all organizational levels during the introduction of CM and the divisionalization efforts. The incidents regarding the works council and the managing director's departure show that there is hardly any formal empowerment present, and moreover, informal empowerment processes are crumbling. The formal

TABLE 4.1. RESILIENCE DIMENSIONS ON THE ORGANIZATIONAL LEVEL

		CRITICAL INCIDENTS						
		Start of circular management	**Reduction of client hours & growing work pressure**	**Two takeovers**	**Creating divisions**	**Introduction of a works council**	**Departure of the managing director**	**Pattern**
ORGANIZATIONAL RESILIENCE	Anticipation	Management allows employees to influence (e.g. tactical) decisions, which enables them to *anticipate* various key issues ahead of time and prevents them from becoming dissatisfied with management while maintaining closely connected to them.	Management *anticipates* an increasing workload and absence rates among Domestic Care (DC) employees; managers and office staff urge DC employees to signal when feeling overworked.	Management anticipates the need to strengthen IVTs position within the local community (C1) and recognizes it needs to prioritize HRM and client administration to handle job interviews etc. related to the takeovers.	To safeguard the financial continuity of each unit within IVT, its management *anticipates* the need for an organizational structure with more decentralized accountabilities (D5) and the need to implement changes specifically to the PC&N unit of the home care division (D7).	The managing director did *not anticipate* any possible objection (C5) by the SB to CM and therefore did not actively engage the SB in the CM adoption and implementation process. (See "Intro of CM" incident). As a consequence, the SB was not transformed into a CM top circle and was not properly trained in CM. Thus, the SB believes a works council has to be installed, regardless of the CM practice (D4)	The message that the managing director will leave takes all staff members by surprise, leaving *hardly any time for anticipatory (tactical and operational) measures*. The SB does also not anticipate the possibility of a departure of the director and therefore has to improvise by quickly appointing an interim director.	Either formal and/or informal empowerment enable anticipation and/or adaptation and/ or thriving at various organizational levels Thriving only takes place when there is at least anticipation and / or adaptation Thriving only takes place when psychological safety and top management commitment to empowerment are actively present Thriving disappears over time
	Adaptation	Many employees are initially indifferent toward the introduction of CM or experience difficulties in *adapting* to it, as they do not fully grasp how it works. When time progresses, however, most employees appear to embrace CM by raising their voice more often and more easily than before CM was introduced.	IVT *cannot prevent* that many employees struggle with how to adjust their work routine at the client's premises to the new regulations	Management creates a battle plan *in response to* municipal requests to take over staff and clients from two other companies (at the strategic level) (C7), followed by office staff working extra hours and doing extra tasks (at the tactical level) to implement the takeover (C2). Many new employees (coming from the two other organizations) initially struggle to *get used* to CM (C3), but then learn to actively participate in circle meetings.	In response to increasing complexity of PC&N, management decides to only continue with higher level skilled PC&N employees (D7) Tactical staff and operational employees take part in a temporary support circle in response to the managing director's invitation to join in the decision-making process. Based on their input, a final proposal for the division is created and presented to the MT (D1)	The decision to install a works council gives rise to indifference among some employees and opposition by others who have *difficulty adapting* to the idea of the necessity to implement it (tactical, operational).	The interim-director and his support staff at IVT's office *have difficulties in adapting* to the new situation – for example, they are not able to pay salaries in time (C8). The experience and tacit knowledge of the managing director were not sufficiently secured upfront, and office staff thus *struggles* with the absence of the former director and the interim-director trying to replace him. Simultaneously, the capacity for office staff has not been adjusted to current size of personnel (C12). The new works council *adapts* to the new situation by actively contributing to the recruitment of a new director.	

	CRITICAL INCIDENTS						
	Start of circular management	**Reduction of client hours & growing work pressure**	**Two takeovers**	**Creating divisions**	**Introduction of a works council**	**Departure of the managing director**	**Pattern**
Thriving	Both the managing director and unit managers appear to increasingly *thrive* by taking more risks and engaging more in innovative activities, also in dialogue with employees through the (CM) circles implemented.	Lack of *thriving* among employees, due to increasing work pressure and feedback from many dissatisfied clients.	Management appears to *thrive*, as it learns to (strategically) strengthen IVT's position within the local community by responding effectively to the municipality's urgent request (C1). In particular, all managers applaud the energetic attitude and determination of the office workers (tactical) (C2) and the new DC workforce that feels welcome and appreciated in their continued commitment to clients (operational) (C3/C4).	The managing director appears *to thrive* in terms of pursuing a redesign of the organizational structure: he runs the proposal by its entire workforce and subsequently implements the change (D6). Employees also *thrive*, as the process enables them to take the risk to speak up and raise (tactical and operational) questions concerning the proposal (D1/D2).		A lack of thriving appears among office staff as they isolate themselves from the rest and start finger pointing as a result of arising tensions due to absence managing director and repercussions takeovers and being overworked (C6)	

empowerment that *is* present (e.g. letting members of the works council co-decide on the appointment of an interim director after the managing director left) does not appear to offset the negative interactions arising from the top-down manner in which the works council was imposed. The clear absence of informal empowerment appears to have inhibited the materialization of any other formal empowerment attempts.

TABLE 4.2. RESILIENCE DIMENSIONS ON THE INTERORGANIZATIONAL LEVEL

		CRITICAL INCIDENTS			
		Rise of COVID-19 infections + national lockdown	**Ad-hoc creation of guidelines & agreements + increasing pressure on resources**	**Relaxation of measures / End of 1st COVID-19 wave**	**Pattern**
INTER-ORGANIZATIONAL RESILIENCE	Anticipation	• Planned activities for March are postponed due to COVID-19 whilst its influence is still unsure (B) • Quick actions due to short communication lines, quick coordination and decision-making based on (implicit) consent enabling actions taken before they are officially required by the government (A+B)	• Active protocol development by maternity care assistants (A) and obstetricians (B) before any protocols are devised by the professional organizations to prevent care discontinuation (A) • *Obstetricians take over work from gynecologists in order to ensure future care buffer in case primary care collapses, preventing care depletion (B)* • *Support given to other hospitals in the region by taking care of their clients, preventing their overload (A)* • *Meetings are held online before guidelines are introduced, ensuring the continuation of communication and decision-making (B)*	Plan to diminish the number of house visits before government calls for it, showing proactivity (B)	*Informal empowerment* enables anticipation and/or adaptation and/or thriving from all organizations equally Thriving only takes place when the interpersonal conditions (e.g. trust) and the motivational conditions (e.g. established relationships) are present Thriving increases over time
	Adaptation	Quick actions by the collaborations due to short communication lines, quick coordination and decision-making based on (implicit) consent enabling adjustment to the COVID-19 situation (A+B)	• *Hospital provides maternity care assistants with protective materials, enabling them to adjust to the situation (A)* • Guidelines from professional organizations are not followed, organization acts according to own good judgement, thereby adjusting to the situation (A) • *Hospital provides professionals with protective materials ensuring their ability to adjust to the situation (B)* • Reuse of protocol for Swine Flu is considered, which is to be adjusted for COVID-19 (B) • Quick actions on behalf of primary care based on timely information provided by dashboard, enabling them to adjust their decisions (A) • First meeting is held online after guidelines are introduced showing the ability to adjust to the new situation (A)	Acknowledgment of struggles in making the switch to continue work as usual, requiring professionals to learn from these struggles and adjust their activities accordingly (A)	

		CRITICAL INCIDENTS			
		Rise of COVID-19 infections + national lockdown	**Ad-hoc creation of guidelines & agreements + increasing pressure on resources**	**Relaxation of measures / End of 1st COVID-19 wave**	**Pattern**
INTER-ORGANIZATIONAL RESILIENCE	Thriving		• Maternity care assistants experience disproportionate workload and low vitality (lack of thriving) (A) • Guidelines from professional organizations are not followed, organization acts according to own good judgement, thereby showing a willingness to take risks (A) • *Obstetricians do not need to transfer client in the case of outpatient delivery due to the existence of mutual trust between primary and secondary care, implying a willingness to take risks (B)* • ROAZ does not adequately respond to needs obstetricians and imposes rules /VSV decides not to follow these rules but decide on their own course of action showing a willingness to take risks (A) • ROAZ does not know how to deal with IGO form and excludes IGO from decision-making. IGO board steps up and makes sure she is included in the decision-making process, showing determination (B) • It is acknowledged that meeting digitally should be considered in the future, thus learning from the situation (A)	• *Mutual understanding between primary and secondary care ensures hospital is willing to leave room for exceptions to the rules, thus taking risks and spurring collective learning (A)* • Hospital maintains own, more restrictive policy with consequences for maternity care that are reflected upon and collectively learned from in board meeting (B) • Plan to organize online meetings for vulnerable clients showing determination and willingness to try new things (B) • Acknowledgment of struggles in making the switch to continue work as usual, requiring professionals to learn from these struggles and adjust their activities accordingly (A) • Evaluation takes place of the first COVID-19 period with regards to collaboration and decision-making process indicating collective learning (A) • Acknowledgement of a trend in slackening central communication and the necessity of recentralizing, showing willingness to learn (B) • Explicit plans are made for future care improvement showing determination and willingness to try new things (B)	

It appears that if either formal or informal empowerment exists, this enables anticipation and/or adaptation and/or thriving at various organizational levels. For example, an informal empowerment process during the takeovers episode enabled adaptation by both tactical and operational levels. Similarly, an (in)formal empowerment process during the divisionalization episode enabled anticipation at the strategic level. In contrast, a clear lack of any (in)formal empowerment during the last two incidents resulted in strategic and tactical levels being unable to either anticipate or adapt to and, not surprisingly, thrive in these situations. Consequently, thriving only appears to occur if there is at least a substantial amount of anticipation and/or adaptation.

A closer look at the data suggests that thriving, compared to anticipating and adapting, only occurs if psychological safety and top management commitment to empowerment are present. During the introduction of CM, there was an obvious commitment of the top people to empowerment and a climate of psychological safety developed throughout the organization. Ultimately, this enabled the strategic and tactical levels to thrive by undertaking more risks and innovative activities. This is even more discernable in the takeovers (albeit more latently) and divisionalization, where psychological safety and top management commitment to empowerment were present. The takeovers demonstrated a high level of trust among the office staff and this was also created between new operational staff and management. Management honored its commitment to empowerment as it entrusted the office staff with the responsibility to make the takeover efforts a success. The takeovers showed that by having an energized, determined, and active tactical workforce, management was able to thrive by accepting the risk of taking over employees and clients from bankrupt competitors, thereby strengthening their position within the community. In turn, the new operational staff was able to thrive as they were motivated and appreciated by the strategic and tactical level to act upon their empowerment and perform to their best ability.

Thus, the takeovers showed that an informally empowered tactical level could thrive, thereby enabling the strategic level to thrive as well. In turn, the (in)formal empowerment of the operational level by tactical and strategic levels resulted in operational thriving. During the divisionalization, thriving was a result of tactical and operational level employees' audacity and willingness to speak up and formulate questions during (support) circle meetings. The entire process of decision-making resulted in final advice from the support circle that included the opinions of *all* organizational levels. This enabled management to thrive by implementing an innovative decision (dividing into different foundations), which involved anticipating unsure future developments. The divisionalization showed that formal empowerment led to operational and tactical thriving, and finally also enabled strategic thriving.

At the interorganizational level, the most striking observation is that the agency for enabling the various resilience dimensions resides with all members equally. While the act of anticipation at the intraorganizational level appears to be largely done by management,

no higher authority is present to engage in anticipation at the interorganizational level. The (initially) supportive relationship observed between the strategic, tactical, and operational levels in Study 1, is also seen between the various organizations in Study 2. While the incidents in Study 1 mostly arose internally (apart from reducing client hours, growing work pressure, and takeovers), the situation in Study 2 (COVID-19) arose externally. Arguably, this was an even more daunting situation than the challenges faced in Study 1. In both studies, thriving is apparently mostly enabled by informal empowerment processes[1] in which organizations and members support each other, open up to each other, collaboratively take risks, and learn in the process. Also striking is the fact that in Study 1, thriving appeared to deteriorate at the end of the timeline, whereas thriving in Study 2 continued and became stronger towards the end of the timeline. Finally, while thriving in Study 1 required underlying conditions, something similar applied to Study 2: the interpersonal conditions (e.g. trust) and motivational conditions (e.g. established relationships) are essential for thriving. Not surprisingly, these conditions (as in Study 1), all relate to informal empowerment processes.

Does resilience differ between the organizational and interorganizational level?

At the beginning of this dissertation, I defined organizational resilience as anticipation, adaptation, and thriving in response to *change*. Here, I wanted to remain close to the literature by conceptualizing resilience as something that can be demonstrated in times of normal (more mundane) changes *and* during significant changes such as a crisis. The working definitions later used in Chapter 2 and 3 were adjusted to the specific empirical context (i.e. crises in the home care and maternity care industries), which was illustrated by adversity, or crises, rather than simply 'change'.

Based on Study 2, I included the interorganizational level, thus extending a construct formerly defined at the organizational, team and individual level. As conceptual clarity remains scarce (Hillmann & Guenther, 2021), it is not surprising that conceptual cross fertilization occurs. As Study 2 showed, work on team resilience (Stoverink et al., 2020) building on organizational resilience theory, could very well support the analysis of resilience at the interorganizational level. Here, in seeking a better conceptualization of interorganizational resilience, the construct of team resilience might resemble it more closely than organizational resilience, when professionals from different organizations collaborate as a group. Viewing the interorganizational collaboration as one team comprising representatives of multiple organizations, it indeed appears to operate highly similarly to a team (Solansky et al., 2014). Nevertheless, it differs from a traditional, hierarchically operating team due to the absence of a formal hierarchy within the

1 As informal empowerment was not explicitly discussed in the Study 2 findings (Chapter 3), the activities reflecting informal empowerment processes in Table 3.3 are shown in italics in Table 4.2.

interorganizational collaboration's team. Viewing the interorganizational collaboration as composed of different teams (representing the different organizations in the collaboration), helps to explain the benefits of this missing hierarchy. Drawing on research in multiteam settings, Matusik, Mitchell, Hays, Fath, and Hollenbeck (2021) argue that hierarchy, though initially facilitating a reduction in cognitive depletion, ultimately impedes team learning as it negatively affects horizontal coordination. Indeed, the extent to which team members align and synchronize their activities is often reduced by negative power dynamics associated with hierarchy, such as conflicts and competition.

This absence of hierarchy (and associated averse power dynamics) could be the key reason why the interorganizational collaborations performed as well as they did. This dissertation to a certain extent challenges the assumption that organizational resilience requires leadership by *management* in order to be sustained (cf. Chesley & D'Avella, 2020; Stoverink et al., 2020). Study 1 showed that leadership by management was necessary in the early days of introducing structural empowerment, but that continuity very much depended on employees at all organizational levels taking on this leadership and enacting their formal empowerment without having to rely on management. This led me to believe that the organization in Study 1 could have maintained its performance after the managing director's departure. Study 2 strengthened this belief as it demonstrated a setting where such leadership by default should arise from all parties equally. The crucial difference compared to Study 1 is that interorganizational collaborations cannot fall back on traditional command and control (as witnessed in organizational settings, see 'the empowerment paradox') even when facing setbacks. In these circumstances, power distribution is easier to sustain, enabling and perhaps even forcing interorganizational collaborations to develop their informal empowerment processes. Study 2 thus also makes a case for *distributed* rather than localized leadership (cf. Gronn, 2002).

Till now, I have viewed resilience from different conceptual angles (organizational, team) in relation to my findings. In the organizational setting of Study 1, not just the psychological safety and management commitment conditions, but also the dimensions of anticipation and adapting largely rested on management and thus formal empowerment. In Study 2's interorganizational setting, thriving did not rely on a specific actor or organizational level, but on conditions created jointly by all actors, leading to informal empowerment. Based on the former elaboration of power related conditions and processes for resilience, I note that organizational resilience differs from interorganizational resilience in two ways: resilience on the interorganizational level shows more potential for thriving and is to a larger extent determined by informal empowerment processes, the former being a direct result of the latter. As a definition for interorganizational resilience, I first drew on Chesley & D'Avella (2020, p. 300), who see interorganizational resilience as "the ability to adapt to challenging and unexpected conditions, while continuing to collaborate interdependently to address wicked issues that can't be solved by one organization alone". Based on the above, I extend this definition as follows: interorganizational resilience

is the ability *to anticipate,* adapt and *thrive* in response to challenging and unexpected circumstances *by facilitating and drawing from informal empowerment processes* that ensure the continuation of interdependent collaboration to address wicked issues that cannot be solved by one organization alone.

To conclude these reflections on (inter)organizational resilience, I must admit being aware of the apparent inconsistency in conceptualizing 'resilience'. Whereas organizational resilience was defined upfront (see Introduction and Chapter 2) as a *latent* capability, the findings from both studies suggest resilience has been considered more as an *explicit* (capability) outcome of certain conditions and processes. This inconsistency disappears to some extent, however, once resilience is conceived as being part of a dynamic loop model (see Study 1), in which it serves simultaneously as an already existing condition (aligning more with the latent capability characterization) and an visible outcome.

4.2.6. SYNTHESIZING THE FINDINGS OF BOTH STUDIES

When considering the overarching findings of the studies, several constructs appear to be important antecedents and processes leading up to resilience at both the organizational and interorganizational level. These include psychological safety as the main underlying condition of organizational resilience, informal empowerment and shared decision-making as the main processes instigated by psychological safety and finally, the simultaneous existence and interaction of anticipation, adaptation and thriving as dimensions leading to resilience (see Figure 4.1.).

The main underlying condition of psychological safety is accompanied by the adjacent concept of trust and the existence of commitment (either by management or the collective of collaborating professionals) and having a shared vision on structural empowerment (Study 1) or the delivery of maternity care (Study 2). Together, these conditions first enable an informal empowerment process in which the (inter)organizational members positively interact and communicate with one another. Though not claimed to be a prerequisite, this informal empowerment does subsequently improve the process of shared decision-making, as it for example removes the well-known barrier of distrust. Shared decision-making, in turn, enables (inter)organizational members to display certain behaviors such as citizenship and sense-making. While citizenship behavior mostly appears to resemble acts of anticipation and adaptation, sense making alludes to the ability of (inter)organizational members to actually thrive as well. In turn, resilience appears to feed into psychological safety. For example, citizenship in terms of organizational members verbally engaging in organizational concerns in sociocratic meetings (Study 1) and sense making in terms of openly rationalizing the COVID-19 situation and subsequently synchronizing visions (Study 2). Finally, the processes of informal empowerment and

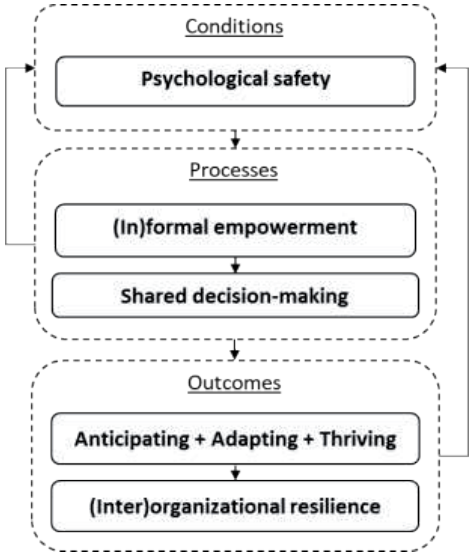


FIGURE 4.1.

shared decision-making appear to feed back into psychological safety as positively engaging with one another facilitates the decision-making process while also ensuring organizational members are more willing to and constructive in how they raise (possibly) sensitive issues.

Contrasting the findings of the two studies, I find that resilience at the organizational level is possibly threatened by the empowerment paradox (i.e. management reverting to command and control) and the lack of the *collaborative* creation of a shared vision. At the interorganizational level, resilience is possibly undermined by a process of increasing formalization, but benefits from the collaborative creation of a shared vision.

4.3. MAIN CONTRIBUTIONS

In Chapter 1, I started out by saying that I aim to gain and provide a deeper understanding of the resilience concept, thereby motivating other researchers to continue opening up the black box of resilience and to, along the way, develop knowledge that could actually be used in the care industry. Accordingly, I posed the overarching question of *how intra- and interorganizational power dynamics influence (inter)organizational resilience.* In my opinion, the two motivations and combined research question could not be more relevant to address, as organizations that are not resilient today are simply less likely to survive under increasingly dynamic circumstances. Survival of health care organizations appears even more crucial from a moral stance, as their demise would directly affect the lives of those in need of care. Consequently, this dissertation responds to a recent call for research on the interplay of structures and processes over time, given the critically dynamic nature of organizational work in health care settings (Mayo et al., 2019). The main contribution of this thesis is of an organization theoretical nature, including the areas of organizational behavior (e.g. King et al., 2016) and management (e.g. Williams et al., 2017), more so than it attempts to contribute to any particular stream in the resilience literature (e.g. resilience engineering, high reliability organizing), as briefly touched upon in section 1.2.

Nevertheless, I do aim to contribute to the *empirical substantiation of resilience* as a construct in organizational collaborations, by illustrating the patterns of organizational behavior that drive resilience and, accordingly, the key dimensions of the construct. Both studies give an initial illustration of how organizational members enable organizational anticipation, adaptation, and thriving, and how these dimensions can be extended from the organizational to the interorganizational level. They also shed light on the *underlying conditions* (e.g., psychological safety) and processes (e.g., sense making) for interorganizational resilience. Both studies in that sense do contribute, in a descriptive sense, to the conceptualization and measurement of resilience. Coming to a better conceptualization and measurement of resilience is vital for determining which organizations are and which aren't resilient, and subsequently how their resilience can be improved.

Specifically, the findings of Study 1 imply a significant contribution to the literature with regard to psychological safety as an inter-level organizational construct (Baer & Frese, 2003; Edmondson, 1999) and the importance of management commitment to structural

empowerment over time (Goodman et al., 2011; King, Newman, & Luthans, 2016). The Study 2 findings add to the conceptualization of resilience at the interorganizational level (cf. Linnenluecke, 2017) and the conditions and processes that create its most distinctive dimension: thriving (cf. Spreitzer and Sutcliffe 2007; Walumbwa et al. 2018). These insights are valuable because conclusive evidence of what constitutes resilience in the interorganizational context is even scarcer than in the organizational context, even though interorganizational collaborations are becoming more prevalent.

The other key contributions relate to resilience's underlying conditions and driving processes, instigated by or related to power dynamics. Both studies have investigated such power dynamics in terms of shared decision-making, thereby extending traditional views on formal authority (Bourgoin et al., 2020) and highlighting the use of informal power (Pfeffer, 1992). Study 1 demonstrates that decentralized decision-making should include strategic, tactical, and operational levels in organizational decision-making that go beyond the employee's direct work sphere (Laschinger et al., 2004; Scandura et al., 1986; Wilkinson, 1998) in environments that are turbulent in a dissimilar way to HROs (Weick et al., 1999). Study 2 illustrates how distributed decision-making processes in an interorganizational context play out and what the underlying conditions are, thereby adding to the empirical research on distributed decision-making in relation to resilience (Fiksel et al., 2015; Vallaster et al., 2021). Thereby, the findings of both studies suggest that, to better understand resilience as an organizational capability, we must first take into account the conditions and processes that precede it and as such scrutinize resilience as an outcome.

Overall, this dissertation illustrates that the conditions and processes enabling shared decision-making power positively affect (inter)organizational resilience. It specifically extends the construct of psychological safety (Edmondson, 1999) as underlying condition for resilience in a generic sense (cf. Baer & Frese, 2003), by specifying its impact on the interactions between strategic, tactical, and operational levels. I have built on other work touching on psychological safety in the interorganizational setting, which closely resembles team psychological safety (e.g. Bstieler & Hemmert, 2010; Ma, Rhee, &Yang, 2013), a parallel also acknowledged in extrapolating team resilience from interorganizational resilience (Stoverink et al., 2020).

Edmondson and Harvey (2018) already covered psychological safety in settings across the boundaries of organizations or teams, though some important differences with the work in this dissertation exist. Most notably, the teams covered in their study implies the presence of a team *leader.* In Study 2, and to a certain extent Study 1, the setting in which the organizational members convene to collaborate does not allow for an official leader who oversees the team and/or allocates tasks. By contrast, this dissertation shows 'team' members who collaboratively determine tasks and jointly decide who *leads* the meetings and when. Though Edmondson and Harvey (2018) discuss psychological safety in teams consisting of members from virtually all different types of backgrounds,

they does not explicitly discuss psychological safety across teams and boards with highly different hierarchical positions (as observed in Study 1).
Nevertheless, the studies in this dissertation can be regarded as showing parallels with Edmondson and Harvey's study *and* contributing to it. They concluded that how different experts can collaboratively create value whilst overcoming diverging understanding and interests needs both more theoretical and practical development in future work. Here, the insights provided by Study 2 illustrate, if only modestly, how professionals in the Dutch maternity care industry managed to do just that.

As already briefly addressed in section 4.2.5, the concept of multiteam systems also resonates with the findings of Study 2. This literature stream has created considerable understanding of the interaction processes that allow multiteam systems (such as the maternity care collaboratives) to cross boundaries and contribute to higher order shared goals. Study 2 demonstrates that effective coordination between the maternity care organizations (i.e the teams) does not benefit from the conventional coordination in traditional teams based on formal authority structures (cf. Matusik et al., 2021; Davison, Hollenbeck, Barnes, Sleesman, & Ilgen, 2012). Considering the individual maternity care organizations as teams part of a multiteam system, the effectiveness of their collaboration becomes more reliant on cross team processes when these teams are highly interdependent (Marks, DeChurch, Mathieu, Panzer, & Alonso, 2005). This interdependence is exactly what I witnessed from Study 2, illustrating how the findings of this study contribute to the theory on multiteam systems.

Psychological safety is often related to employee voice and silence (e.g. Nechanska, Hughes, & Dundon, 2020; Sherf, Parke, & Isaakyan, 2021). But the studies in this doctoral thesis go beyond work on the merits of employee voice, in that they include not only management's perceived willingness to listen to employees, but actually engaging them in the decision-making process. This amounts to a contribution to the Organizational Behavior literature, which focuses on 'observing perceptions of voice rather than establishing workplace democracy' (Nechanska et al., 2020, p. 4). The studies in this thesis could therefore be considered complementary to the OB literature in offering insights into how employee voice can be utilized for the benefit of structural empowerment, and by extension the organization.

4.4. LIMITATIONS AND DIRECTIONS FOR FUTURE RESEARCH

For this dissertation, we embarked on a search to find interesting and specific cases that would allow studies of how resilience unfolds. After succeeding in this search, the resulting illustrations created rather ambitious, both inductively and deductively generated frameworks. These case studies provide explanations that result from reasoning as the analysis unfolded, thereby resulting in so-called 'working theories'. These working theories have important implications and set a research agenda for future work. Nevertheless, one can criticize several aspects of this dissertation.

To start, both studies used a case study design. Whereas Study 2 offsets some of the downsides of the single case approach adopted in Study 1, both are heavily contextualized—not only in terms of industry (health care) but also in terms of geography (the Netherlands). Therefore, this thesis builds on (the generation of) insights that may not be easily generalized for other settings. The Netherlands has a tradition of consensus building and there is a small power distance between organizational levels, defined as 'the extent to which the less powerful members of organizations and institutions accept and expect that power is distributed equally' (Hofstede, 2011, p. 9). This likely explains why multiple organizations implementing collaborative decision-making structures such as sociocracy already exist in the Netherlands. Arguably, these structures could also work in countries with similar small power distances such as Germanic and English speaking western countries, but not to those with higher power distances such as Asian countries (cf. Hofstede, 2011). The Dutch context can therefore not be compared to just any other geographic context: as Romme (1996) rightly noted, countries where the power distance within organizations is substantially larger, first need to deal with the cultural barriers, before attempting to implement circular structures.

Still, both studies generate in-depth and novel insights that can fuel future research in other organizations and contexts. For example, both studies suggest the beneficial consequences of positive power dynamics that form the basis for improved resilience, such as increasing employees' commitment, engagement, and performance (Buck & Endenburg, 2012; Sessions et al., 2020) at the organizational level. Certain processes that enable power dynamics to influence interorganizational resilience could benefit from more longitudinal research, such as the briefly introduced concept of citizenship behavior (e.g. Provan et al., 2018), or sense-making (Weick, 1993). This could provide greater insights

into how such processes play out over time and identify their impact on resilience. Further research is also warranted on apparent antecedents or conditions of (inter)organizational resilience such as empowering leadership (cf. Wallace, Johnson, Mathe, & Paul, 2011), the related pro-active, future oriented management style conducive to resilience (Halek & Strobl, 2016), and inter-level and interorganizational psychological safety, which in turn have implications for employee voice and silence (Detert & Burris, 2007; Sherf et al., 2019).

Structural empowerment is also closely related to psychological empowerment at the individual and team level (Spreitzer, 2008). More importantly, psychological empowerment influences structural empowerment as psychologically empowered employees might attempt to shape their work context (i.e. create conditions for structural empowerment) to stimulate their empowerment. Being psychologically empowered also relates to better performance, stimulating management to structurally empower their employees, once again contributing to psychological empowerment (Spreitzer, 2008). As such psychological empowerment is one factor that interacts with structural empowerment and most likely influences the relationships found in Study 1. In that regard, this study is limited by the fact that structural empowerment has not been isolated from closely related factors, such as psychological empowerment.

Finally, further research could and already is diving deeper into the potential, unintended negative *and* positive effects of structural empowerment related to voice behavior. Hussain, Shu, Tangirala, and Ekkirala (2019) for example theorized on the 'by-stander effect,' implying that the more information organizational members share with each other and the more capable they are of voicing up the hierarchy (observed in Study 1), the less likely it is they will pass the information to management. This is because they perceive their peers are equally capable of doing so, and therefore do not acknowledge their unique contribution in passing on information. Albert Einstein said "The world will not be destroyed by those who do evil, but by those who watch them without doing anything" (quoted in Hussain et al., 2019, p. 828). The study by Bain, Kreps, Meikle, and Tenney (2021) of amplifying voice shows a different, though complementary view by arguing that employees who raise and promote a colleague's ideas improve their own and their co-worker's status and that the ideas put forward are received more positively. In contrast to what was argued earlier by Hussain et al. (2019), this study thus shows how organizational members can capitalize on raising their voice, something that is inherent to sociocracy. That is, I witnessed that sociocracy invites people to not only speak up but also to openly appreciate each other's contributions. A resulting presumption is that, by doing so, the risk for a by-stander effect as discussed above is lowered. The reinforcing effect of both psychological safety and informal empowerment that is reflected by such a way of interacting becomes ever more crucial, as witnessed in both studies in this thesis. Particularly when you take into account that feelings associated with speaking up (e.g. anxiety) possibly affect the informal empowerment process, as

employees who express prohibitive voice are more likely to cope with the resulting sense of social insecurity by avoiding interpersonal interaction (Welsh, Outlaw, Newton, & Baer, 2021). To conclude, the insights from these three studies on voice behavior, as the studies described in this dissertation, underline the necessity of both psychological safety and informal empowerment for the effectiveness of positive power dynamics in any interorganizational setting.

Both studies elude to a certain level of commitment from organizational members in instigating and perpetuating positive power dynamics for resilience, though with an important distinction: while Study 1 provides insights into the importance of top management sustaining its commitment over time, Study 2 provides a different perspective as management is absent. Study 1 raises the question how an organization can safeguard positive power dynamics and psychological safety in the absence of top management commitment, and thus whether empowerment could also be spurred by people other than managers. Study 2 might help to answer this question, as the positive power dynamics did not depend on management but on the individual participating organizations; investigation over time could therefore show whether resilience here is embedded in the structure of the interorganizational collaboration. Though Study 1 already reflects a longitudinal setting, both contexts deserve and require future investigation using longitudinal research designs, to explore not only managerial commitment (on the intraorganizational level) but also other interpersonal and/or structural conditions on both (intra- and interorganizational) levels (e.g. trust).

Both studies provide evidence for propositions that should be further developed and can be tested in future research. These include preliminary extrapolations of well-known constructs—such as psychological safety, trust and sense making—from the individual, group or organizational level to the *inter*organizational level. They also include an operationalization and extrapolation of the lesser-known construct of resilience. Both studies also highlight several conditions and processes that lead to resilience. The different conditions and processes interact with each other: in Study 1, organizational resilience appeared to be the result of structural empowerment, top management commitment, and psychological safety, though this relationship may be reciprocal and the variables can interact in other ways (e.g. the consolidating effect of top management commitment on structural empowerment through psychological safety). It has to be noted that, in investigating the influence of structural empowerment on organizational resilience, the empirical setting did not allow for a further isolation of the factors (as in controlled experiments) and, as such, it is possible that factors other than those included in the study (i.e. psychological safety and management commitment) have affected the results. Further research in an experimental setting could offset these limitations. For Study 2, a mutually reinforcing relationship between the interpersonal conditions merits further scrutiny, especially the role of trust. In future work, the propositions arising from both studies can be further developed and tested; the model in Study 1 would also benefit from

development into a mathematical simulation model (Sterman, 2000). While I strongly believe in the merits of these propositions for informing future research, I do not claim they are exhaustive in terms of the conceptualization of (inter)organizational resilience. Therefore, future research can further validate other underlying conditions, processes, and dimensions of the (inter)organizational resilience construct.

To do justice to the richness of the database in Study 2, further research could dive deeper into the specific characteristics of an interorganizational structure and focus on contrasting the two forms of interorganizational collaboration observed in this study. The focus in Chapter 3 was on illuminating the commonalities of the cases with respect to their power dynamics and resilience potential, although their organizational structures differ significantly. The latter observation is not further explored in this dissertation but can be fleshed out in future work.

Overall, future studies can explore more data, other than those arising from one isolated incident (i.e. COVID-19) in order to further substantiate the propositions arising from Study 2. Indeed, the focus in Study 2 was limited to the first wave of COVID-19, though the VSV had already existed for an extensive period till then and had faced other high impacting incidents (the experiment to create an IGO structure). In the VSV case, this incident had significant consequences for developing interorganizational trust as well as interpersonal trust over time (cf. Zaheer et al., 1998). Some of the findings regarding this earlier incident indicate the presence of tensions at the intraprofessional rather than the interprofessional level. Work by Comeau-Vallée and Langley (2020) could support future research on the interorganizational collaborations in Study 2, especially how to mobilize both intraprofessional and interprofessional boundaries to support the collaborative relationship. Finally, continued work arising from Study 2 could benefit from a critical look at collaboration and cooperation. The study focused on the outcome (interorganizational resilience) and the conditions and processes that led to it rather than interorganizational collaboration. I believe there is much opportunity for further work on the interorganizational collaborations in Study 2 to contribute significantly to the literature. The review by Castañer and Oliveira (2020), explicating the conceptual distinctiveness of collaboration, cooperation and coordination, could be useful here.

In a practical sense, this doctoral thesis sought to deliver insights into how (inter) organizational structures can impact resilience. In this respect, Study 1 gave rise to the development of a theoretical framework consisting of a dynamic loop model in which the underlying conditions of structural empowerment and organizational resilience are illustrated. Study 2 concluded with a conceptual model linking the different types of conditions and processes resulting in interorganizational resilience. The findings from Study 1 suggest that conditions of a more external nature (such as structural empowerment and management commitment) give rise to resilience, while Study 2 implies that conditions of a more internal nature (i.e. motivational and interpersonal conditions) are important determinants of resilience. The system perspective used for both

studies resulted in the discovery of many potentially interesting concepts, all relevant to understand the cases, but also possibly making it challenging for the reader to follow the story. Future research could therefore focus on some of these concepts (e.g. structural empowerment) in more detail. The above suggestions regarding Study 2 (to focus on trust or collaboration) also respond to this challenge.

The unique and lengthy narratives in themselves might, at first glance, weaken the link between the data and the claims made in this dissertation and, as such, have consequences for not only the generalizability but also replicability of the studies. Here, the approach adopted in this doctoral dissertation resonates well with the philosophy of action research, which advocates research that delivers 'actionable knowledge' or knowledge that is useful for practitioners and theoretically robust at the same time (Coghlan, 2019). Nevertheless, future research needs to build a stronger body of evidence regarding the findings that arise from both studies in this thesis.

4.5. PRACTICAL IMPLICATIONS

This dissertation provides evidence and guidelines for organizations aiming to better utilize employee potential in order to make their organization more resilient. There are various practical methods and principles and sociocracy is a governance method applied in two of the cases studied.

Fifty years ago, an institution set up to ensure employee participation such as a works council suffered low levels of interest from organizational members, despite most employees' academic background (Mulder, 1971). The fact that organizations increasingly adopted sociocracy reflects an important development in both management and employees' interest in staff participating in organizational decision-making, at least in the Dutch and European context. To underline this fact, a works council was considered not far-reaching enough in terms of employee participation, and operational level employees with no academic background volunteered to join such institutions in Study 1. The Sociocracy Group, which provided initial access to the cases studied, can benefit from the results presented here that offer scientific substantiation of sociocracy as a governance method. Another example of utilizing employee potential for organizational performance can be seen at the Dutch home care organization Buurtzorg, where teams of care providers work autonomously, that is to say without being steered by a higher management level (Laloux, 2014). Especially in the context of home care, autonomous teams could benefit from a governance method such as sociocracy. The decision-making method applied at Buurtzorg is very similar to sociocracy, whereby the focus is on finding solutions together, not based on achieving consensus, but an absence of predominant objections (Laloux, 2014). The crucial difference is that the different organizational levels are interlinked through delegates (in lower circles) and functional leaders (in higher circles), who ensure that the issues raised move up and down the hierarchy (cf. Romme, 2015). The VSV in Study 2 implemented sociocracy in decision-making between *organizations* (e.g. obstetrics practices) rather than organizational levels, and in that respect the double linking as it occurs in Study 1's hierarchical organization can be implemented almost identically. In that sense, the interorganizational collaborations in Study 2 more closely resemble a traditional organization implementing sociocracy than an autonomous team. Nevertheless, the interorganizational collaborations involved groups of professionals working in (largely) non-hierarchical circumstances and they performed

well implementing shared decision-making such as sociocracy. This suggests there are grounds to pursue cross fertilization between the concepts and whether sociocracy could be adapted and used in team settings.

Study 1 underlines the importance of structurally empowering employees so that they can improve an organization's performance and resilience. To enable such a redistribution of power as proposed in this dissertation, organizations need leaders who can bring about this change. It may be wise, bearing in mind this requirement, to consult employees and lower level consultation circles when recruiting top managers. They can select management characteristics that align with the principles of sociocracy and empowerment. This is line with the beliefs of business man Ricardo Semler, who decided to flatten his organization's structure by abandoning rules and ranks, letting employees decide for themselves on work related matters, and who they wanted to manage them. He took his conviction even further by declaring his role as CEO obsolete (Semler, 1993). Though more pioneers like Semler exist, widespread implementation of structural empowerment remains scarce as traditional organizational paradigms based on *power over* relations remain deeply engrained and hard to give up. Thus, an organization that genuinely wants to pursue employee empowerment first of all needs to ponder the question of whether the organizational paradigm is aligned with this endeavor and if not, what steps it needs to take to firstly ensure that in the longer term, structural empowerment can be institutionalized in the organizational structure.

Study 2 underlines the importance of informal empowerment in achieving resilient collaborations. As positive interactions and relationships create a shared experience over time, shared understanding and a shared vision eventually enable sense making that moves the collaboration beyond simple performance to thrive. Formalization in that sense is a threat to commitment in an interorganizational setting. This finding has implications for organizations—concentrating on structural empowerment could lead to a greater focus on formal empowerment aspects (e.g. access to information) than on informal empowerment. Too much formalization could also prevent employees or members of a collaboration from displaying citizenship behavior. The simultaneous existence of formal and informal empowerment can safeguard positive interactions and relations, thereby providing impetus for citizenship behavior. As well as the opportunity to become structurally empowered, organizations would therefore do well to offer employees sufficient room to maneuver in working together, becoming acquainted with each other, and sharing positive experiences when coordinating work together. This calls for instigating team building related activities (focused on bonding) alongside activities focused on decision-making such as the sociocratic meetings in Studies 1 and 2.

Finally, this dissertation has attempted to ensure that knowledge gained from studies on health care can actually be used in other contexts. This addresses the call by Mayo et al. (2019) that future research should also focus on integrating organization science research (focused on broad generalizability and organizing processes) and health care

research (focused on contextualized problems and organizational structures and practices' role in solving them). Finally, this dissertation has attempted to ensure that knowledge gained from studies on health care can actually be used in other contexts. This study thereby responds to the call by Mayo et al. (2019) that future research should also focus on integrating organization science research (focused on broad generalizability and organizing processes) and health care research (focused on contextualized problems and organizational structures and practices' role in solving them). This also calls for researchers to become more engaged with the organizations they are immersed in, especially in the field of organizational change and development (see Van de Ven, 2007, on engaged scholarship). However, requiring researchers to engage more with the organizations studied is an especially challenging task in times of (post) COVID-19, where at the very least, physical detachment is increasingly becoming the norm. Apart from practical barriers to engaged scholarship, its increasing prevalence can be witnessed as a counterbalance to the largely positivistic stance of the established research community, which has resulted in rigorous and robust research, but now increasingly seeks relevance and legitimacy too (cf. Van de Ven & Johnson, 2006).

4.6. CONCLUDING REMARKS

Both studies provided interesting and unique opportunities to investigate resilience during times of turbulence, at an intra- as well as interorganizational level. Considering the impact of external turbulence on Dutch health care organizations, especially during the first COVID-19 episode, studying their resilience becomes ever more relevant. This thesis has focused on power dynamics for organizational resilience, specifically power originating from decision-making structures. By doing so, it has provided insights by generating patterns of organizational behavior arising from the power dynamics that play a role in creating and sustaining resilience and add to the conceptualization of resilience at the intraorganizational and specifically, the interorganizational level.

Study 1 challenged common wisdom by pointing to the need for decentralization rather than centralization in times of adversity. Study 2 similarly provided a novel perspective by proving the benefits of shared or collective leadership compared to an individual leading entity ensuring resilience. Both claims are premised, however, on the existence of the necessary structural conditions and combined decision-making processes that ensure shared decision-making on all key challenges. Not surprisingly, the studies reported here suggest that organizations with more heterarchical rather than hierarchical designs, or hierarchical structures complemented with distributive decision-making structures, fuel (inter)organizational resilience. The effectiveness of such designs depends on several conditions, such as a climate of psychological safety, (management) commitment, established relationships, and trust. Study 1 suggests that the more externally imposed conditions are important for resilience in that structural conditions first need to be created by management, whereas Study 2 highlights conditions more internally characteristic of the collaborative effort. Such interpersonal and motivational conditions create thriving rather than only anticipating and adapting. Thriving illustrates the particular value of organizational behavior for creating organizational resilience, and by including it in the definition of (inter)organizational resilience, I underline the need to share decision-making power.

The careful reader will probably have noticed that the concept of resilience, despite being outlined as conceptually distinct from performance in the Introduction, is often used interchangeably with performance. This is because performance appears to lend itself better to empirical investigation than resilience. That is, resilience is what can be perceived

when an organization manages to maintain performance while undergoing changes. Alternatively, an organization is also expected to maintain performance during times of stability. While performance is thus a more constant and visible aspect of an organization, resilience is only revealed during change. I claim that thriving in response to turbulent circumstances is what sets organizational resilience apart from good organizational performance during times of stability and prosperity.

The work presented in this dissertation, despite first appearances, is not meant as grounds for a plea against hierarchy, rather as argumentation for why it should be supplemented with collective decision-making in the intra and interorganizational context. There was a time when management alone decided organizational design processes, and had an almost complete understanding of what needed to be done (Raveendran et al., 2020). This is no longer the case. Automated, routine-based organizational processes easily grasped by management have been largely substituted by processes requiring specialized shop floor knowledge focused on solving non-routine complexities. Centralization arguably supports the swift resolution of routine disruptions (Rudolph & Repenning, 2002), but disruptions have indeed largely moved beyond routine, as COVID-19 shows. Like employees, organizations that take part in collective decision-making often need to make on the spot decisions and those involved cannot afford to wait for a unit with hierarchical superiority to decide (Kornberger et al., 2019). Therefore, in order to deal with both routine and non-routine disruptions, arguably an efficient organization would need to be both centralized and decentralized (Perrow, 1977), or characterized by both bureaucratic (centralized and authoritarian) and post-bureaucratic (more flexible and decentralized) organizational structures, such as 'soft bureaucracies' (Courpasson, 2000). By design, such a soft bureaucracy would not function as a structure of the interorganizational collaboration, though the threat of formalization might move the collaboration toward it. Despite the apparent benefits of both central and decentral structures, the studies in this dissertation strongly suggest that shared decision-making (reflecting decentralized, more flexible structures) is conducive to collaboration, and by extension, resilience.

I indeed consider that the positive power dynamics arising from decentralized and distributed decision-making structures are vital to organizational resilience, and thereby note that the time spent implementing a decision and dealing with its consequences is much longer than the time spent making the decision (Pfeffer, 1992). So why has this dissertation focused on implementation of decisions? I would like to claim that the research reported in this thesis supports the argument that investing upfront in how decisions are made at least curbs potential negative consequences, and at best ensures (inter)organizational resilience.

On a more personal note, it is my opinion that the necessity of a psychologically safe environment to come to decisions could not be more obvious. Throughout this research, the concept has started to resonate with me on a personal level as I realized that even in academia, people often feel silenced and unable to speak up about issues they face.

I was lucky to experience no such environment, but was nevertheless held back by my own, self-created fear of not being good enough, preventing me from making use of the psychological safety that was already there. Over the years I learned and am still learning, to act on this psychological safety and feel it as my personal, and perhaps professional, mission to continue to underline why I think being open and fearless in our communication is of the utmost importance. I would like to conclude with saying that I sincerely hope that by reporting my work as careful, vivid and comprehensive as I possibly could, both fellow scholars and (care) practitioners feel informed, and most importantly, inspired to continue investigating how organizations can become resilient and how they can effectively employ power dynamics to benefit (inter)organizational decision-making.

REFERENCES, APPENDICES & MORE

REFERENCES

Ackoff, R. L. (1994). *The democratic corporation: A radical prescription for recreating corporate America and rediscovering success.* New York: Oxford University Press.

ActiZ Benchmark Zorg. (2017). https://www.actiz.nl/benchmark2017

Aghion, P., & Tirole, J. (1997). Formal and Real Authority in Organizations. *Journal of Political Economy*, *105*(1), 1–29.

Aime, F., Humphrey, S., DeRue, D.S., & Paul, J.B. (2014). The riddle of heterarchy: Power transitions in cross-functional teams. *Academy of Management Journal*, *57*(2), 327-352.

Alberts, D. S. (2012). Rethinking Organizational Design for Complex Endeavors. *Journal of Organization Design*, *1*(1), 14–17.

Alexiou, A., Khanagha, S., & Schippers, M. C. (2019). Productive organizational energy mediates the impact of organizational structure on absorptive capacity. *Long Range Planning*, *52*(2), 155–172.

Annarelli, A., & Nonino, F. (2016). Strategic and operational management of organizational resilience: Current state of research and future directions. *Omega*, *62*, 1–18.

Argyris, C. (1977). Double loop learning in organizations. *Harvard Business Review*, *55*(5), 115–126.

Argyris, C. (1998). Empowerment: the emperor's new clothes. *Harvard Business Review*, *76*, 98–105.

Auh, S., & Menguc, B. (2005). Top management team diversity and innovativeness: The moderating role of interfunctional coordination. *Industrial Marketing Management*, *34*(3), 249-261.

Baer, M., & Frese, M. (2003). Innovation is not enough: Climates for initiative and psychological safety, process innovations, and firm performance. *Journal of Organizational Behavior*, *24*(1), 45–68.

Bain, K., Kreps, T.A., Meikle, N.L., & Tenney, E.R. (2021). Amplifying Voice in Organizations. *Academy of Management Journal*, *64* (4), 1288-1312.

Barringer, B. R., & Harrison, J. S. (2000). Walking a tightrope: Creating value through interorganizational relationships. *Journal of Management*, *26*(3), 367–403.

Bass, B.M., & Shackleton, V.J. (1979). Industrial democracy and participative management: A case for a synthesis. *Academy of Management Review*, *4*(3), 393-404.

Basu, E., Pradhan, R. K., & Tewari, H. R. (2017). Impact of organizational citizenship behavior on job performance in Indian healthcare industries: The mediating role of social capital. *International Journal of Productivity and Performance Management*, *66*(6), 780–796.

Beck, T. E., & Plowman, D. A. (2014). Temporary, emergent interorganizational collaboration in unexpected circumstances: A study of the Columbia space shuttle response effort. *Organization Science*, *25*(4), 1234–1252.

Beermann, M. (2011). Linking corporate climate adaptation strategies with resilience thinking. *Journal of Cleaner Production*, *19*(8), 836–842.

Benner, M. J., & Tushman, M. L. (2003). Exploitation , Exploration , and Process Management : The Productivity Dilemma Revisited. *Academy of Management Review*, *28*(2), 238–256.

Berends, H., & Sydow, J. (2019). Process views on inter-organizational collaborations. *Research in the Sociology of Organizations*, *64*(July), 1–10.

Berkowitz, H., & Bor, S. (2018). Why Meta-Organizations Matter: A Response to Lawton et al. and Spillman. *Journal of Management Inquiry*, *27*(2), 204–211.

Berti, M., & Simpson, A. V. (2021). The Dark Side of Organizational Paradoxes: The Dynamics of Disempowerment. *Academy of Management Review*, *46* (2), 252-274.

Bigley, G. A., & Roberts, K. H. (2001). The Incident Command System : High-Reliability Organizing for Complex and Volatile Task Environments. *Academy of Management Journal*, *44*(6), 1281–1299.

Blenko, M. W., Mankins, M. C., & Rogers, P. (2010). The Decision-Driven Organization. *Harvard Business Review*, *88*(6), 54–62.

Blokzijl, L., Schouten, H., & van Zijp, C. (2020). *Stand van het land. Regiobeelden.* https://www.rijksoverheid.nl/documenten/rapporten/2020/07/31/stand-van-het-land-regiobeelden

Boje, D. M., & Rosile, G. A. (2001). Where's the Power in Empowerment ? Answers From Follett and Clegg. *The Journal of Applied Behavioral Science*, *37*(1), 90–117.

Bourgoin, A., Bencherki, N., & Faraj, S. (2020). "And Who are You?"A Performative Perspective on Authority in Organizations. *Academy of Management Journal*, *63*(4), 1134–1165.

Bowen, D. E., & Lawler, E. E. (1995). Empowering service employees. *Sloan Management Review*, *36*(4), 73–84.

Brès, L., Raufflet, E., & Boghossian, J. (2018). Pluralism in Organizations: Learning from Unconventional Forms of Organizations. *International Journal of Management Reviews*, *20*(2), 364–386.

Bstieler, L., & Hemmert, M. (2010). Increasing learning and time efficiency in interorganizational new product development teams. *Journal of Product Innovation Management*, *27*(4), 485–499.

Buck, J. A., & Endenburg, G. (2012). The creative forces of self-organization. *The Sociocratic Center*, 26. http://sociocracyconsulting.com/wp-content/uploads/2016/04/CreativeForces-updated2012.pdf

Burton, R. M., & Obel, B. (2018). The science of organizational design: fit between structure and coordination. *Journal of Organization Design*, *7*(5).

Butler, B. S., & Gray, P. H. (2006). Reliability, mindfulness, and information systems. *MIS Quarterly*, *30*(2), 211–224.

Calabretta, G., Gemser, G., & Wijnberg, N. M. (2017). The Interplay between Intuition and Rationality in Strategic Decision Making: A Paradox Perspective. *Organization Studies*, *38*(3–4), 365–401.

Carmeli, A., & Markman, G. D. (2011). Capture, governance, and resilience: Strategy implications from the history of Rome. *Strategic Management Journal*, *32*(1), 322–341.

Carvalho, A., & Areal, N. (2016). Great places to work: Resilience in times of crisis. *Human Resource Management*, *55*(3), 479–498.

Castañer, X., & Oliveira, N. (2020). Collaboration , Coordination , and Cooperation Among Organizations : Establishing the Distinctive Meanings of These Terms Through a Systematic Literature Review. *Journal of Management*, *46*(6), 965–1001.

CBS. (2016). *Financiële kengetallen zorginstellingen 2014.* Centraal Bureau Voor de Statistiek. https://www.cbs.nl/nl-nl/achtergrond/2016/27/financiele-kengetallen-zorginstellingen-2014

Chan, T., Wang, I., & Ybarra, O. (2021). Leading and managing the workplace: The role of executive functions. *Academy of Management Perspectives*, *35*(1), 142–164.

Cheney, G., Santa Cruz, I., Peredo, A.M., & Nazareno, E. (2014). Worker cooperatives as an organizational alternative: Challenges, achievements and promise in business governance and ownership. *Organization*, *21*(5), 591-603.

Chesley, J., & D'Avella, V. (2020). Resilience of inter-organizational systems. In E. H. Powley, B. Barker Caza, & A. Caza (Eds.), *Research Handbook on Organizational Resilience* (1st ed., pp. 299–319). Cheltenham: Edward Elgar Publishing Ltd.

Choo, A. S., Linderman, K., & Schroeder, R. G. (2004). Social and Method Effects on Learning Behaviors and Knowledge Creation in Six Sigma Projects. *Academy of Management Proceedings*, *2004*(1), C1–C6. https://doi.org/10.5465/ambpp.2004.13857620

Clegg, S. R., Courpasson, D., & Phillips, N. (2006). *Power and Organizations*. London: SAGE Publications Ltd.

Coghlan, D. (2019). *Doing action research in your own organization (5th edition)*. London: Sage Publishing.

Coleman, J. S. (1988). Social Capital in the Creation of Human Capital. *American Journal of Sociology*, *94*(1988), S95–S120.

Comeau-Vallée, M., & Langley, A. (2020). The Interplay of Inter- and Intraprofessional Boundary Work in Multidisciplinary Teams. *Organization Science*, *41*(12), 1649–1672.

Cotta, D., & Salvador, F. (2020). Exploring the antecedents of organizational resilience practices – A transactive memory systems approach. *International Journal of Operations and Production Management*, *40*(9), 1531–1559.

Coupland, C., Blyton, P., & Bacon, N. (2005). A longitudinal study of the influence of shop floor work teams on expressions of "us" and "them." *Human Relations*, *58*(8), 1055–1081.

Courpasson, D. (2000). Managerial Strategies of Domination. Power in Soft Bureaucracies. *Organization Studies*, *21*(1), 141–161.

Coutu, D. L. (2002). How resilience works. *Harvard Business Review*, *80*(5), 46.

Cunha, M. P. E., Simpson, A. V., Clegg, S. R., & Rego, A. (2019). Speak! Paradoxical Effects of a Managerial Culture of 'Speaking Up.' *British Journal of Management*, *30*(4), 829–846.

D'Amour, D., Ferrada-Videla, M., San Martín-Rodriguez, L., & Beaulieu, M. D. (2005). The conceptual basis for interprofessional collaboration: core concepts and theoretical frameworks. *Journal of interprofessional care*, *19*(sup1), 116-131.

D'Amour, D., Goulet, L., Labadie, J. F., San Martín-Rodriguez, L., & Pineault, R. (2008). A model and typology of collaboration between professionals in healthcare organizations. *BMC health services research*, *8*(1), 1-14.

Davison, R. B., Hollenbeck, J. R., Barnes, C. M., Sleesman, D. J., & Ilgen, D. R. (2012). Coordinated action in multiteam systems. *Journal of Applied Psychology*, *97*(4), 808.

Demerouti, E., Bakker, A. B., & Gevers, J. M. P. (2015). Job crafting and extra-role behavior : The role of work engagement and fl ourishing. *Journal of Vocational Behavior*, *91*, 87–96.

DesJardine, M., Bansal, P., & Yang, Y. (2019). Bouncing Back: Building Resilience Through Social and Environmental Practices in the Context of the 2008 Global Financial Crisis. *Journal of Management*, *45*(4), 1434–1460.

Detert, J. R., & Burris, E. R. (2007). Leadership Behavior and Employee Voice : Is the Door Really Open ? *Academy of Management Journal*, *50*(4), 869–884.

Dubois, A., & Gadde, L. (2002). Systematic Combining: an Abductive Approach To Case Research. *Journal of Business Research*, *55*, 553–560.

Duchek, S. (2020). Organizational resilience: a capability-based conceptualization. *Business Research*, *13*(1), 215–246.

Dyer, J. H., & Singh, H. (1998). The Relational View : Cooperative Strategy and Sources of Interorganizational Competitive Advantage. *Academy of Management Review*, *23*(4), 660–679.

Dyer, W. G., & Wilkins, A. L. (1991). Better Stories, Not Better Constructs, To Generate Better Theory: a Rejoinder To Eisenhardt. *Academy of Management Review*, *16*(3), 613–619.

Edmondson, A. (1999). Psychological Safety and Learning Behavior in Work Teams. *Administrative Science Quarterly*, *44*(2), 350–383.

Edmondson, A.C. (2003). Speaking up in the operating room: How team leaders promote learning in interdisciplinary action teams. *Journal of Management Studies*, *40*(6), 1419-1452.

Edmondson, A., & Roloff, K. (2009). Overcoming Barriers to Collaboration: Psychological Safety and Learning in Diverse Teams. In E. Salas, G. F. Goodwin, & C. Shawn Burke (Eds.), *Team Effectiveness in Complex Organizations. Cross disciplinary perspectives and approaches* (pp. 183–208). New york: Routledge Taylor & Francis Group.

Eisenhardt, K. M. (1989a). Building Theories from Case Study Research. *Academy of Management Review*, *14*(4), 532–550.

Eisenhardt, K. M. (1989b). Making Fast Strategic Decisions in High-Velocity Environments. *Academy of Management Journal*, *32*(3), 543–576.

Eisenhardt, K. M., & Bourgeois, L. J. (1988). Politics of Strategic Decision Making in High-Velocity Environments : Toward a Midrange Theory. *Academy of Management Journal*, *31*(4), 737–770.

Eisenhardt, K. M., & Graebner, M. E. (2007). Theory building from Cases: Opportunities and Challenges. *Academy of Management Journal*, *50*(1), 25–32.

Eisenman, M., Paruchuri, S., & Puranam, P. (2020). The design of emergence in organizations. *Journal of Organization Design*, *9*(25).

Eklund, J. C., & Mannor, M. J. (2020). Keep Your Eye on the Ball or on the Field ? Exploring the Performance Implications of Executive Strategic Attention. *Academy of Management Journal*. https://doi.org/https://doi.org/10.5465/amj.2019.0156

Engel, G. V. (1970). Professional autonomy and bureaucratic organization. *Administrative Science Quarterly*, *15*(1) 12-21.

Ezzamel, M., & Willmott, H. (1998). Accounting for Teamwork : A Critical Study of Group-Based Systems of Organizational Control. *Administrative Science Quarterly*, *43*(2), 358–396.

Feiger, S.M., & Schmitt, M.H. (1979). Collegiality in interdisciplinary health teams: Its measurement and its effects. *Social Science & Medicine. Part A: Medical Psychology & Medical Sociology*, *13*, 217-229.

Fiksel, J., Polyviou, M., Croxton, K.L., & Pettit, T. J. (2015). From Risk to Resilience: Learning to Deal With Disruption. *MIT Sloan Management Review*, *56*(2), 79–86.

Fiol, C.M. (1994). Consensus , Diversity , and Learning in Organizations. *Organization Science*, *5*(3), 403–420.

Follet, M. P. (1941). *Dynamic administration: The collected papers of Mary Parker Follett* (H. C. Metcalf & L. F. Urwick (Eds.)). New York: Harper & Row.

Freeman, S. F., Hirschhorn, L., & Maltz, M. (2003). Moral purpose and organizational resilience: Sandler O'Neill and Partners, L.P. in the aftermath of September 11, 2001. *Academy of Management Annual Meeting Proceedings*, *2003*, B1–B6. https://doi.org/10.5465/AMBPP.2003.13792457.

Fulmer, C. A., & Gelfand, M. J. (2012). At What Level (and in Whom) We Trust: Trust Across Multiple Organizational Levels. *Journal of Management*, *38*(4), 1167–1230.

Gardner, W. L., & Schermerhorn, J. R. (2004). Unleashing individual potential: Performance gains through positive organizational behavior and authentic leadership. *Organizational Dynamics*, *33*(3), 270–281.

Gerke, A., Dickson, G., Desbordes, M., & Gates, S. (2017). The role of interorganizational citizenship behaviors in the innovation process. *Journal of Business Research*, *73*, 55–64.

Giddens, A. (1984). *The Constitution of Society: Outline of the Theory of Structuration*. Berkeley: University of California Press.

Gittell, J. H., Cameron, K., Lim, S., & Rivas, V. (2006). Relationships, Layoffs, and Organizational Resilience Airline Industry Responses to September 11. *Journal of Applied Behavioral Science*, *42*(3), 300–329.

Goldman, J., & Xyrichis, A. (2020). Interprofessional working during the COVID-19 pandemic: sociological insights. *Journal of Interprofessional Care*, *34*(5), 580–582.

Goodman, P. S., Ramanujam, R., Carroll, J. S., Edmondson, A. C., Hofmann, D. A., & Sutcliffe, K. M. (2011). Organizational errors: Directions for future research. *Research in Organizational Behavior*, *31*, 151–176.

Gouldner, A. W. (1970). *The Coming Crisis of Western Sociology*. London: Heinemann.

Gover, L., & Duxbury, L. (2018). Inside the Onion: Understanding What Enhances and Inhibits Organizational Resilience. *Journal of Applied Behavioral Science*, *54*(4), 477–501.

Grandori, A., & Giuseppe, S. (1995). Inter-firm Networks: Antecedents, Networks and Forms. *Organization Studies*, *16*(2), 183–214.

Gray, S. M., Bunderson, J. S., Boumgarden, P., & Bechara, J. P. (2019). Engineering interaction : Structural change , locus of identification , and the formation and maintenance of cross-unit ties. *Personnel Psychology*, *72*(4), 599–622.

Gronn, P. (2002). Distributed leadership as a unit of analysis. *The Leadership Quarterly*, *13*(May), 423–451.

Gulati, R., & Nickerson, J. A. (2008). Interorganizational Trust, Governance Choice, and Exchange Performance. *Organization Science*, *19*(5), 688–708.

Gulati, R., Puranam, P., & Tushman, M. (2012). Meta-Organization Design: Rethinking Design in Interorganizational and Community Contexts. *Strategic Management Journal*, *33*(6), 571–586.

Gulati, R., Wohlgezogen, F., & Zhelyazkov, P. (2012). The Two Facets of Collaboration: Cooperation and Coordination in Strategic Alliances. *Academy of Management Annals*, *6*(1), 531–583.

Haleblian, J., & Finkelstein, S. (1993). Top Management Team Size , CEO Dominance , and Firm Performance : The Moderating Roles of Environmental Turbulence and Discretion. *Academy of Management Journal*, *36*(4), 844–863.

Halek, P., & Strobl, G. (2016). Keeping the Flow: Creating Opportunities Based on Well Structured Collaboration. In O. Mack, K. Anshuman, A. Krämer, & T. Burgartz (Eds.), *Managing in a VUCA World* (pp. 59–76). Cham: Springer International Publishing.

Hall, R. H., Clark, J. P., Giordano, P. C., Johnson, P. V., & Van Roekel, M. (1977). Patterns of Interorganizational Relationships. *Administrative Science Quarterly*, *22*(3), 457–474.

Hamel, G., & Välikangas, L. (2008). The Quest for Resilience. *Harvard Business Review*, *81*(9), 52–63.

Hardy, C., Lawrence, T. B., & Grant, D. (2005). Discourse and collaboration: The role of conversations and collective identity. *Academy of Management Review*, *30*(1), 58–77.

Hardy, C., Phillips, N., & Lawrence, T. B. (2003). Resources, knowledge and influence: The organizational effects of interorganizational collaboration. *Journal of Management Studies*, *40*(2), 321-347.

Hardy, C., Phillips, N., & Lawrence, T. (1998). Distinguishing trust and power in interorganizational relations: Forms and facades of trust. In C. Lane & R. Bachman (Eds.), *Trust Within and Between Organizations: Conceptual Issues and Empirical Applications* (pp. 64–87). Oxford: Oxford University Press.

Hart, P. J., & Saunders, C. S. (1998). Emerging electronic partnerships: antecedents and dimensions of EDI use from the supplier's perspective. *Journal of Management Information Systems*, *14*(4), 87-111.

Haugaard, M. (2021). The four dimensions of power: conflict and democracy. *Journal of Political Power*, *14*(1), 153–175.

Hempel, P. S., Zhang, Z.-X., & Han, Y. (2012). Team Empowerment and the Organizational Context: Decentralization and the Contrasting Effects of Formalization. *Journal of Management*, *38*(2), 475–501.

Hernandez, M., Baker, S., Hess, M., & Harris, J. (2020). Organizational resilience: a social exchange perspective. In E. H. Powley, B. B. Caza, & A. Caza (Eds.), *Research Handbook on Organizational Resilience* (pp. 131–152). Cheltenham: Edward Elgar Publishing Ltd.

Hillmann, J., & Guenther, E. (2021). Organizational Resilience: A Valuable Construct for Management Research? *International Journal of Management Reviews*, *23*(1), 7–44.

Hofstede, G. (2011). *Dimensionalizing Cultures: The Hofstede Model in Context*. Online Readings in Psychology and Culture, Unit 2. https://scholarworks.gvsu.edu/orpc/vol2/iss1/8/

Hollnagel, E., Woods, D.D., & Leveson, N. (eds.) (2005). *Resilience engineering: Concepts and precepts*. Brookfield: Ashgate Publishing Ltd.

Hrebiniak, L. G., & Joyce, W. F. (1985). Organizational Adaptation : Strategic Choice and Environmental Determinism. *Administrative Science Quarterly*, *30*(3), 336–349.

Huang, C. C., Chu, C. Y., & Jiang, P. C. (2008). An empirical study of psychological safety and performance in technology R & D Teams. *Proceedings of the 4th IEEE International Conference on Management of Innovation and Technology, ICMIT*, 1423–1427. https://doi.org/10.1109/ICMIT.2008.4654580

Hunt, S. D., & Morgan, R. M. (1994). Organizational Commitment : One of Many Commitments or Key Mediating Construct ? *Academy of Management Journal*, *37*(6), 1568–1587.

Hussain, I., Shu, R., Tangirala, S., & Ekkirala, S. (2019). The voice bystander effect: How information redundancy inhibits employee voice. *Academy of Management Journal*, *62*(3), 828–849.

Huxham, C., & Vangen, S. (2005). *Managing to collaborate. The theory and practice of collaborative advantage*. New York: Routledge Taylor & Francis Group.

Institute of Medicine. (1999). In L. T. Kohn, J. M. Corrigan, & M. S. Donaldson (Eds.), *To err is human: Building a safer health system.* Washington, DC: National Academy Press.

Institute of Medicine. (2001). *Crossing the quality chasm: A new system for the 21st century*. Washington, DC: National Academy Press.

Jones, C., Hesterly, W. S., & Borgatti, S. P. (1997). A General Theory of Network Governance : Exchange Conditions and Social Mechanisms. *Academy of Management Review*, *22*(4), 911–945.

Joseph, J., & Gaba, V. (2020). Organizational structure, information processing, and decision-making: a retrospective and road map for research. *Academy of Managment Annals*, *14*(1), 267–302.

Kahn, W. A., Barton, M. A., & Fellows, S. (2013). Organizational Crises and the Disturbance of Relational Systems. *Academy of Management Review*, *38*(3), 377–396.

Kahn, W. A., Barton, M. A., Fisher, C. M., Heaphy, E. D., Reid, E. M., & Rouse, E. D. (2018). The geography of strain: Organizational resilience as a function of intergroup relations. *Academy of Management Review*, *43*(3), 509–529.

Kanter, R. M. (1993). *Men and women of the corporation.* (2nd ed.). New York: Basic Books.

Kanter, R. M. (1994). Collaborative advantage: Succesfull partnerships manage the relationship, not just the deal. *Harvard Business Review*, *72*(4), 96–108.

Katzenbach, J. R., & Smith, D. K. (2005). The discipline of teams. *Harvard business review*, *83*(7), 162.

Kets de Vries, M. F. R., & Miller, D. (1986). Personality, Culture, and Organization. *Academy of Management Review*, *11*(2), 266–279.

King, D. D., Newman, A., & Luthans, F. (2016). Not if, but when we need resilience in the workplace. *Journal of Organizational Behavior*, *37*(5), 782–786.

Klimoski, R., & Mohammed, S. (1994). Team Mental Model: Construct or Metaphor? *Journal of Management*, *20*(2), 403–437.

Knights, D., & Roberts, J. (1982). The Power of Organization or the Organization of Power? *Organization Studies*, *3*(1), 47–63.

Kornberger, M., Leixnering, S., & Meyer, R. E. (2019). The Logic of Tact: How Decisions Happen in Situations of Crisis. *Organization Studies*, *40*(2), 239–266.

Korsgaard, M. A., Schweiger, D. M., & Sapienza, H. J. (1995). Building Commitment , Attachment , and Trust in Strategic Decision-Making Teams : The Role of Procedural Justice. *Academy of Management Journal*, *38*(1), 60–84.

Krishnan, H. A., Miller, A., & Judge, W. Q. (1997). Diversification and Top Management Team Complementarity : Is Performance Improved by Merging Similar or Dissimilar Teams ? *Strategic Management Journal*, *18*(5), 361–374.

Labianca, G., Gray, B., & Brass, D. J. (2000). A Grounded Model of Organizational Schema Change during Empowerment. *Organization Science*, *11*(2), 235–257.

Laloux, F. (2014). *Reinventing organizations: A guide to creating organizations inspired by the next stage in human conciousness.* (1st ed.). Brussels: Nelson Parker.

Langley, A. (1999). Strategies for theorizing from process data. *Academy of Management Review*, *24*(4), 691–710.

Laschinger, H. K. S., Finegan, J. E., Shamian, J., & Wilk, P. (2004). A longitudinal analysis of the impact of workplace empowerment on work satisfaction. *Journal of Organizational Behavior*, *25*(4), 527–545.

Lawrence, T. B., & Maitlis, S. (2012). Care and possibility: Enacting an ethic of care through narrative practice. *Academy of Management Review*, *37*(4), 641–663.

Lee, M. Y., & Edmondson, A. C. (2017). Self-managing organizations: exploring the limits of less-hierarchical organizing. *Research in Organizational Behavior*, *37*, 35–58.

Lengnick-Hall, C. A., & Beck, T. E. (2005). Adaptive fit versus robust transformation: How organizations respond to environmental change. *Journal of Management*, *31*(5), 738–757.

Lengnick-Hall, C. A., Beck, T. E., & Lengnick-Hall, M. L. (2011). Developing a capacity for organizational resilience through strategic human resource management. *Human Resource Management Review*, *21*(3), 243–255.

LePine, J. A., Erez, A., & Johnson, D. E. (2002). The nature and dimensionality of organizational citizenship behavior: A critical review and meta-analysis. *Journal of Applied Psychology*, *87*(1), 52–65.

Leuridan, G., & Demil, B. (2021). Exploring the dynamics of slack in extreme contexts: A practice-based view. *Human Relations*. https://doi.org/10.1177/00187267211007786

Li, H., Hausknecht, J. P., & Dragoni, L. (2020). Initial and longer-term change in unit-level turnover following leader succession: Contingent effects of outgoing and incoming leader characteristics. *Organization Science*, *31*(2), 458–476.

Liden, R. C., Wayne, S. J., & Sparrowe, R. T. (2000). An examination of the mediating role of psychological empowerment on the relations between the job, interpersonal relationships, and work outcomes. *Journal of Applied Psychology*, *85*(3), 407–416.

Lincoln, N. D., Travers, C., Ackers, P., & Wilkinson, A. (2002). The meaning of empowerment: The interdisciplinary etymology of a new management concept. *International Journal of Management Reviews*, *4*(3), 271–290.

Linnenluecke, M., & Griffiths, A. (2010). Beyond adaptation: Resilience for business in light of climate change and weather extremes. *Business and Society*, *49*(3), 477–511.

Linnenluecke, M. K. (2017). Resilience in Business and Management Research: A Review of Influential Publications and a Research Agenda. *International Journal of Management Reviews*, *19*(1), 4–30.

Litwak, E., & Hylton, L. F. (1962). Interorganizational Analysis : A Hypothesis on Co-ordinating Agencies. *Administrative Science Quarterly*, *6*(4), 395–420.

Luthans, F., Vogelgesang, G., & Lester, P. B. (2006). Developing the psychological capital of resiliency. *Human Resource Development Review*, *5*(1), 25–44.

Ma, D., Rhee, M., & Yang, D. (2013). Power Source Mismatch and the Effectiveness of Interorganizational Relations: The Case of Venture Capital Syndication. *Academy of Management Journal*, *56*(3), 711–734.

Maanen, J. Van, Sørensen, J. B., & Mitchell, T. R. (2007). The Interplay between Theory and Method. *Academy of Management Review*, *32*(4), 1145–1154.

Mack, O., & Anshuman, K. (2016). Perspectives on a VUCA World. In O. Mack, K. Anshuman, A. Krämer, & T. Burgartz (Eds.), *Managing in a VUCA World* (pp. 3–17). Cham: Springer International Publishing.

Maitlis, S., & Ozcelik, H. (2004). Toxic decision processes: A study of emotion and organizational decision making. *Organization Science*, *15*(4).

Mallak, L. A. (1999). Toward a theory of organizational resilience. *PICMET '99: Portland International Conference on Management of Engineering and Technology.*, *1*, 1–14. https://doi.org/10.1109/PICMET.1999.808142

Markman, G. M., & Venzin, M. (2014). Resilience: Lessons from banks that have braved the economic crisis-And from those that have not. *International Business Review*, *23*(6), 1096–1107.

Marks, M. A., DeChurch, L. A., Mathieu, J. E., Panzer, F. J., & Alonso, A. (2005). Teamwork in multiteam systems. *Journal of Applied Psychology*, *90*(5), 964.

Martin, R. L. (2010). The Execution Trap. Drawing a line between strategy and execution almost guarantees failure. *Harvard Business Review*, *88*(7–8), 64.

Martínez-Córcoles, M., & Vogus, T. J. (2020). Mindful organizing for safety. *Safety Science*, *124*(January), 1–5.

Matusik, J. G., Mitchell, R. L., Hays, N. A., Fath, S., & Hollenbeck, J. R. (2021). The Highs and Lows of Hierarchy in Multiteam Systems The Highs and Lows of Hierarchy in Multiteam Systems. *Academy of Management Journal*. https://doi.org/10.5465/amj.2020.0369

Maynard, M. T., Gilson, L. L., & Mathieu, J. E. (2012). Empowerment-Fad or Fab? A Multilevel Review of the Past Two Decades of Research. *Journal of Management*, *38*(4), 1231–1281.

Mayo, A. T., Myers, C. G., & Sutcliffe, K. M. (2021). Organizational Science and Health Care. *Academy of Management Annals*. https://doi.org/10.5465/annals.2019.0115

McCann, J., Selsky, J., & Lee, J. (2009). Building Agility, Resilience and Performance in Turbulent Environments. *People & Strategy*, *32*(3), 44–51.

McDermott, K., Laschinger, H. K. S., & Shamian, J. (1996). Work empowerment and organizational commitment. *Nursing Management*, *27*(5), 44–47.

Meyer, A. D. (1982). Adapting to Environmental Jolts. *Administrative Science Quarterly*, *27*(4), 515–537.

Miner, A. S., Bassoff, P., & Moorman, C. (2001). Organizational Improvisation and Learning : A Field Study. *Administrative Science Quarterly*, *46*(2), 304–337.

Ministerie van VWS. (2020). *Houtskoolschets acute zorg. Een discussiestuk over de inrichting en bekostiging van het acute zorglandschap.* https://www.rijksoverheid.nl/documenten/rapporten/2020/07/03/houtskoolschets-acute-zorg

Mintzberg, H. (1979). An emerging strategy of "direct" research. *Administrative Science Quarterly*, *24*(4), 582–589.

Mithani, M. A. (2020). Adaptation in the face of the new normal. *Academy of Management Perspectives*, *34*(4), 508–530.

Morgan, D. E., & Zeffane, R. (2003). Employee involvement, organizational change and trust in management. *International Journal of Human Resource Management*, *14*(1), 55–75.

Mosca, L., Gianecchini, M., & Campagnolo, D. (2021). Organizational life cycle models: a design perspective. *Journal of Organization Design*, *10*(1), 3-18.

Mulder, M. (1971). Power Equalization Through Participation ? *Administrative Science Quarterly*, *16*(1), 31–38.

Nechanska, E., Hughes, E., & Dundon, T. (2020). Towards an integration of employee voice and silence. *Human Resource Management Review*, *30*(1). https://doi.org/https://doi.org/10.1016/j.hrmr.2018.11.002

Nederlandse Zorgautoriteit. (2020). *Advies toekomst bekostiging integrale geboortezorg*. https://www.rijksoverheid.nl/documenten/rapporten/2020/09/01/advies-toekomst-bekostiging-integrale-geboortezorg

Neeley, T., & Reiche, B. S. (2020). How Global Leaders gain Power through Downward Deference and Reduction of Social Distance. *Academy of Management Journal*. https://doi.org/https://doi.org/10.5465/amj.2019.0531

Newell, S., & Swan, J. (2000). Trust and inter-organizational networking. *Human Relations*, *53*(10), 1287–1328.

Nissen, M. (2014). Organization Design for Dynamic Fit: A Review and Projection. *Journal of Organization Design*, *3*(2), 30–42.

Ocasio, W. (1997). Towards an Attention-Based View of the Firm. *Strategic Management Journal*, *18*(S1), 187–206.

Orchard, C. A., Curran, V., & Kabene, S. (2005). Creating a Culture for Interdisciplinary Collaborative Professional Practice. *Medical Education Online*, *10*(1), 4387.

Organ, D. W., & Greene, C. N. (1981). The Effects of Formalization on Professional Involvement : A Compensatory Process Approach. *Administrative Science Quarterly*, *26*(2), 237–252.

Organ, D. W., Podsakoff, P. M., & MacKenzie, S. B. (2006). *Organizational citizenship behavior: Its nature, antecedents, and consequences*. London: SAGE Publications Inc.

Ortiz-de-Mandojana, N., & Bansal, P. (2016). The long-term benefits of organizational resilience through sustainable business practices. *Strategic Management Journal*, *37*(8), 1615–1631.

Perrow, C. (1977). The Bureaucratic Paradox: The Efficient Organization Centralizes in Order to Decentralize. *Organizational Dynamics*, *5*(4), 3–14.

Perrow, C. (1984). Normal accidents. Living with high risk technologies. New York: Basic Books.

Pfeffer, J. (1992). *Managing with power. Politics and Influence in Organizations.* Boston: Harvard Business School Press.

Pfeffer, J., & Salancik, G. R. (2003). *The external control of organizations: A resource dependence perspective*. Redwood City: Stanford University Press.

Piekkari, R., & Welch, C. (2018). The Case Study in Management Research : Beyond the Positivist Legacy of Eisenhardt and Yin? In C. Cassell, A. L. Cunliffe, & G. Grandy (Eds.), *The Sage Handbook of Qualitative Business and Management Research Methods* (1st ed., pp. 345–358). London: SAGE Publications Ltd.

Powell, W. W. (1991). Expanding the scope of institutional analysis. In W. W. Powell & P. J. DiMaggio (Eds.), *The new institutionalism in organizational analysis* (pp. 183–203). Chicago: University of Chicago Press.

Powley, E. H. (2009). Reclaiming resilience and safety: Resilience activation in the critical period of crisis. *Human Relations*, *62*(9), 1289–1326.

Provan, K. G., & Milward, H. B. (1995). A Preliminary Theory of Interorganizational Network Effectiveness : A Comparative Study of Four Community Mental Health Systems. *Administrative Science Quarterly*, *40*(1), 1–33.

Provan, K. G., Sydow, J., & Podsakoff, P. M. (2018). Network Citizenship Behavior. Toward a behavioral perspective on Multiorganizational Networks. In T.K. Das (Ed.), *Cultural and Behavioral Strategy* (pp. 155–188). Charlotte, NC: Information Age Publishing Inc.

Pyrko, I., Dörfler, V., & Eden, C. (2017). Thinking together: What makes Communities of Practice work? *Human Relations*, *70*(4), 389–409.

Raelin, J. A. (2013). The manager as facilitator of dialogue. *Organization*, *20*(6), 818–839.

Raes, A., Heijltjes, M., Glunk, U., & Roe, R. (2011). The interface of the top management team and middle managers: A process model. *Academy of Management Review*, *36*(1), 102–126.

Raveendran, M., Silvestri, L., & Gulati, R. (2020). The role of interdependence in the micro-foundations of organization design: Task, goal, and knowledge interdependence. *Academy of Management Annals*, *14*(2), 828–868.

Reinmoeller, P., & van Baardwijk, N. (2005). The Link Between Diversity and Resilience. *MIT Sloan Management Review*, *46*(4), 61–65.

Rice, R. M. (2021). High reliability collaborations: Theorizing interorganizational reliability as constituted through translation. *Management Communication Quarterly*. https://doi.org/10.1177%2F08933189211006390

Ring, P. S. (1997). Processes facilitating reliance on trust in inter-organizational networks. In M. Ebers (Ed.), *The Formation of Inter-organizational Networks* (pp. 113–145). Oxford: Oxford University Press.

Ring, P. S., & van de Ven, A. H. (1994). Developmental Processes of Cooperative Interorganizational Relationships. *Academy of Management Review*, *19*(1), 90–118.

Riolli, L., & Savicki, V. (2003). Information system organizational resilience. *Omega*, *31*(3), 227–233.

Roberts, K. H. (1990). Some Characteristics of One Type of High Reliability Organization. *Organization Science*, *1*(2), 160–176.

Robertson, B. J. (2015). *Holacracy. The new management system for a rapidly changing world.* New York: Henry Holt & Company.

Romme, A. G. L. (1996). Making organizational learning work: Consent and double linking between circles. *European Management Journal*, *14*(1), 69–75.

Romme, A. G. L. (1997). Work, authority and participation: the scenario of circular organizing. *Journal of Organizational Change Management*, *10*(2), 156–166.

Romme, A. G. L. (1999). Domination, Self-determination and Circular Organizing. *Organization Studies*, *20*(5), 801–831.

Romme, A. G. L. (2004). Unanimity Rule and Organizational Decision Making: A Simulation Model. *Organization Science*, *15*(6), 704–718.

Romme, A. G. L. (2015). The big misconceptions holding holacracy back. *Harvard Business Review*. https://hbr.org/2015/09/the-big-misconceptions-holding-holacracy-back

Romme, A. G. L. (2016). *The Quest for Professionalism. The case of management and entrepreneurship.* Oxford: Oxford University Press.

Romme, A. G. L. (2019). Climbing up and down the hierarchy of accountability: implications for organization design. *Journal of Organization Design*, *8*(20), 1-14.

Romme, A. G. L., & Endenburg, G. (2006). Construction Principles and Design Rules in the Case of Circular Design. *Organization Science*, *17*(2), 287–297.

Romme, A. G. L., & van Witteloostuijn, A. (1999). Circular organizing and triple loop learning. *Journal of Organizational Change Management*, *12*(5), 439–454.

Roth, E. M., Multer, J., & Raslear, T. (2006). Shared situation awareness as a contributor to high reliability performance in railroad operations. *Organization Studies*, *27*(7), 967–987.

Rudolph, J. W., & Repenning, N. P. (2002). Disaster Dynamics: Understanding the Role of Quantity in Organizational Collapse. *Administrative Science Quarterly*, *47*(1), 1–30.

Rutten, B. P. F., Hammels, C., Geschwind, N., Menne-Lothmann, C., Pishva, E., Schruers, K., van den Hove, D., Kenis, G., van Os, J., & Wichers, M. (2013). Resilience in mental health: Linking psychological and neurobiological perspectives. *Acta Psychiatrica Scandinavica*, *128*(1), 3–20.

Sabatino, M. (2016). Economic crisis and resilience: Resilient capacity and competitiveness of the enterprises. *Journal of Business Research*, *69*(5), 1924-1927.

Samba, C., & Vera, D. M. (2013). Toward a Theory of Organizational Resilience: The Assessment-Acceptance-Amendment Model. *Academy of Management Proceedings*, *2013*(1). https://doi.org/10.5465/AMBPP.2013.16476abstract

Scandura, T. A., Graen, G. B., & Novak, M. A. (1986). When Managers Decide Not to Decide Autocratically. An Investigation of Leader-Member Exchange and Decision Influence. *Journal of Applied Psychology*, *71*(4), 579–584.

Schemeil, Y. (2013). Bringing International Organization In: Global Institutions as Adaptive Hybrids. *Organization Studies*, *34*(2), 219–252.

Schermerhorn, J. R. (1975). Determinants of Interorganizational Cooperation. *Academy of Management Journal*, *18*(4), 846–856.

Schreyögg, G., & Kliesch-Eberl, M. (2007). How dynamic can organizational capabilities be? Towards a dual-process model of capability dynamization. *Strategic Management Journal*, *28*(9), 913–933.

Schroder, C., Medves, J., Paterson, M., Byrnes,V., Chapman, C., O'Riordan, A., Pichora, D., & Kelly, C. (2011). Development and pilot testing of the collaborative practice assessment tool. *Journal of interprofessional care*, *25*(3), 189-195.

Schutzenhofer, K. K. (1987). The measurement of professional autonomy. *Journal of Professional Nursing*, *3*(5), 278-283.

Seidl, D., & Werle, F. (2018). Inter-organizational sensemaking in the face of strategic meta-problems: Requisite variety and dynamics of participation. *Strategic Management Journal*, *39*(3), 830–858.

Semler, R. (1993). *Maverick: The Success Story behind the World's Most Unusual Workplace*. New York: Warner Books.

Seo, M.-G., & Creed, W. E. D. (2002). Institutional Contradictions , Praxis , and Institutional Change : A Dialectical Perspective. *Academy of Management Review*, *27*(2), 222–247.

Sessions, H., Nahrgang, J. D., Vaulont, M., Williams, R., & Bartels, A. L. (2020). Do the Hustle! Empowerment from Side-hustles and Its Effects on Full-time Work Performance. *Academy of Management Journal*, *64*(1), 235–264.

Sharfman, M. P., & Dean, J. W. (1997). Flexibility in strategic decision making: Informational and ideological perspectives. *Journal of Management Studies*, *34*(2), 191–217.

Sheffi, Y., & Rice, J. B. (2005). A Supply Chain View of the Resilient Enterprise. *MIT Sloan Management Review*, *47*(1), 41–49.

Sherf, E. N., Parke, M. R., & Isaakyan, S. (2021). Distinguishing voice and silence at work: Unique relationships with perceived impact, psychological safety, and burnout. *Academy of Management Journal*, *64*(1), 114–148.

Sherf, E. N., Tangirala, S., & Venkataramani, V. (2019). Why managers do not seek voice from employees: The importance of managers' personal control and long-term orientation. *Organization Science*, *30*(3), 447–466.

Sherif, M. (1958). Superordinate goals in the reduction of intergroup conflict. *American Journal of Sociology*, *63*(4), 349–356.

Shin, J., Taylor, M. S., & Seo, M.-G. (2012). Resources for Change: The relationships of organizational inducements and psychological resilience to employees' attitudes and behaviors toward organizational change. *Academy of Management Journal*, *55*(3), 727–748.

Shivakumar, R. (2014). How to tell which decisions are strategic. *California Management Review*, *56*(3), 78–97.

Simonet, D. V., Narayan, A., & Nelson, C. A. (2015). A Social-Cognitive Moderated Mediated Model of Psychological Safety and Empowerment. *The Journal of Psychology*, *149*(8), 818–845.

Simonin, B. L. (1997). The Importance of Collaborative Know-How : An Empirical Test of the Learning Organization. *Academy of Management Journal*, *40*(5), 1150–1174.

Simpson, A. V., Clegg, S. R., & Freeder, D. (2013). Compassion, power and organization. *Journal of Political Power*, *6*(3), 385–404.

Sitkin, S. B. (1992). Learning through Failure - The Strategy of Small Losses. *Research in Organizational Behavior*, *14*, 231–266.

Solansky, S. T., Beck, T. E., & Travis, D. (2014). A complexity perspective of a meta-organization team: The role of destabilizing and stabilizing tensions. *Human Relations*, *67*(8), 1007–1033.

Spreitzer, G. M. (2008). Taking Stock: A Review of more than Twenty Years of Research on Empowerment at Work. In C. Cooper & J. Barling (Eds.), *The Handbook of Organizational Behavior* (Issue 1, pp. 54–72). London: SAGE Publications Inc.

Spreitzer, G. M., & Carmeli, A. (2009). Trust, Connectivity, and Thriving-Implications for Innovative Behaviors at Work. *The Journal of Creative Behavior*, *43*(3), 169–191.

Spreitzer, G. M., De Janasz, S. C., & Quinn, R. E. (1999). Empowered to lead: The role of psychological empowerment in leadership. *Journal of Organizational Behavior*, *20*(4), 511–526.

Spreitzer, G. M., & Sutcliffe, K. (2007). Thriving in organizations. In D. L. Nelson & C. L. Cooper (Eds.), *Positive Organizational Behavior* (pp. 74–85). London: SAGE Publications Ltd.

Staw, B. M., Sandelands, L. E., & Dutton, J. E. (1981). Threat Rigidity Effects in Organizational Behavior : A Multilevel Analysis. *Administrative Science Quarterly*, *26*(4), 501–524.

Sterman, J. D. (2000). *Business Dynamics: Systems Thinking and Modeling for a Complex World*. New York: McGraw-Hill Education.

Stoverink, A. C., Kirkman, B. L., Mistry, S., & Rosen, B. (2020). Bouncing back together: Toward a theoretical model of work team resilience. *Academy of Management Review*, *45*(2), 395–422.

Struijs, J. N., de Bruin-Kooistra, M., Heijink, R., & Baan, C. A. (2016). *Op weg naar integrale bekostiging van de geboortezorg*. RIVM.

Struijs, J. N., de Vries, E. F., de Bruin-Kooistra, M., & Baan, C. A. (2017). *Bekostigingshervormingen in de geboortezorg. Wat kunnen we leren van het buitenland?* RIVM.

Struijs, J. N., de Vries, E. F., van Dorst, H. D. C. A., Over, E. A. B., & Baan, C. A. (2018). *Geboortezorg in beeld. Een nulmeting en de eerste ervaringen.* RIVM.

Su, H.-C., & Linderman, K. (2016). An Empirical Investigation in Sustaining High-Quality Performance. *Decision Sciences*, *47*(5), 787–819.

Su, H.-C., Linderman, K., Schroeder, R. G., & Van De Ven, A. H. (2014). A comparative case study of sustaining quality as a competitive advantage. *Journal of Operations Management*, *32*(7–8), 429–445.

Suter, E., Arndt, J., Arthur, N., Parboosingh, J., Taylor, E., & Deutschlander, S. (2009). Role understanding and effective communication as core competencies for collaborative practice. *Journal of Interprofessional Care*, *23*(1), 41–51.

Taylor, C., Dollard, M. F., Clark, A., Dormann, C., & Bakker, A. B. (2019). Psychosocial Safety Climate. In M. F. Dollard, C. Dormann, & M. Awang Idris (Eds.), *Psychosocial Safety Climate. A new work stress theory.* (1st ed., pp. 199–228). Cham: Springer Nature Switzerland AG.

Thomas, K. W., & Velthouse, B. A. (1990). Cognitive Elements of Empowerment: An "Interpretive" Model of Intrinsic Task Motivation. *Academy of Management Review*, *15*(4), 666–681.

Thomson, A. M., & Perry, J. L. (2006). Collaboration processes: Inside the black box. *Public administration review*, *66*, 20-32.

Todeva, E., & Knoke, D. (2005). Strategic alliances and models of collaboration. *Management Decision*, *43*(1), 123–148.

Toubiana, M., Oliver, C., & Bradshaw, P. (2017). Beyond Differentiation and Integration: The Challenges of Managing Internal Complexity in Federations. *Organization Studies*, *38*(8), 1013–1037.

Valadares, K. J. (2004). The practicality of employee empowerment: Supporting a psychologically safe culture. *Health Care Manager*, *23*(3), 220–224.

Välikangas, L. (2010). *The resilient organization. How adaptive cultures thrive even when strategy fails.* New York: The McGraw-Hill Companies, Inc.

Välikangas, L., & Romme, A. G. L. (2013). How to Design for Strategic Resilience: A Case Study in Retailing. *Journal of Organization Design*, *2*(2), 44–53.

Vallaster, C., Maon, F., Lindgreen, A., & Vanhamme, J. (2021). Serving Multiple Masters: The role of micro-foundations of dynamic capabilities in addressing tensions in for-profit hybrid organizations. *Organization Studies*, *42*(6), 911-947.

van Baarle, S., Dolmans, S., Bobelyn, A., & Romme, A. G. L. (2021). Beyond Command and Control: Tensions Arising From Empowerment Initiatives. *Organization Studies*, *42*(4), 531–553.

van de Ven, A. H. (1976). On the Nature, Formation, and Maintenance of Relations Among Organizations. *Academy of Management Review*, *1*(4), 24–36.

van de Ven, A.H., & Johnson, P.E. (2006). Knowledge for Theory and Practice. Academy of Management Review, *31* (4), 802-821.

van den Berg, J., Alblas, A. A., Le Blanc, P. M., & Romme, A. G. L. (2021). How structural empowerment boosts organizational resilience: A case study in the Dutch home care industry. *Organization Studies*. https://doi.org/10.1177/01708406211030659

van der Vegt, G. S., Essens, P., Wahlstrom, M., & George, G. (2015). Managing Risk and Resilience. *Academy of Management Journal*, *58*(4), 971–980.

van der Velden, K., Hoff, J., Everhardt, E., Kallewaard, J., Veen, S., Harmelink, I., Langerak, D., Oerlemans, N., Paans, H., Wijsen, B., Vogeler, C., & Pultrum, J. (2009). *Veilige zorg rond zwangerschap en geboorte. Advies Stuurgroep zwangerschap en geboorte*.

Vogus, T. J., & Sutcliffe, K. M. (2007). Organizational resilience: Towards a theory and research agenda. *IEEE International Conference on Systems, Man and Cybernetics*, *October*, 3418–3422. https://doi.org/10.1109/ICSMC.2007.4414160

Wallace, J. C., Johnson, P. D., Mathe, K., & Paul, J. (2011). Structural and Psychological Empowerment Climates, Performance, and the Moderating Role of Shared Felt Accountability: A Managerial Perspective. *Journal of Applied Psychology*, *96*(4), 840–850.

Walumbwa, F. O., Muchiri, M. K., Misati, E., Wu, C., & Meiliani, M. (2018). Inspired to perform: A multilevel investigation of antecedents and consequences of thriving at work. *Journal of Organizational Behavior*, *39*(3), 249–261.

Wanberg, C. R., & Banas, J. T. (2000). Predictors and outcomes of openness to changes in a reorganizing workplace. *Journal of Applied Psychology*, *85*(1), 132–142.

Waring, S., Alison, L., Carter, G., Barrett-Pink, C., Humann, M., Swan, L., & Zilinsky, T. (2018). Information sharing in interteam responses to disaster. *Journal of Occupational and Organizational Psychology*, *91*(3), 591–619.

Warren, R. L. (1973). *Truth, Love and Social Change*. Chicago: Rand McNally & Company.

Weick, K. E. (1993). The Collapse of Sensemaking in Organizations : The Mann Gulch Disaster. *Administrative Science Quarterly*, *38*(4), 628–652.

Weick, K. E., Sutcliffe, K. M., & Obstfeld, D. (1999). Organizing for high reliability: Processes of collective mindfulness. *Research in Organizational Behavior*, *21*(3), 81–123.

Welsh, D.T., Outlaw, R., Newton, D.W., & Baer, M. (2021). The Social Aftershocks of Voice: An Investigation of Employees' Affective and Interpersonal Reactions after Speaking Up. *Academy of Management Journal*. https://doi.org/10.5465/amj.2019.1187

West, B. J., Patera, J. L., & Carsten, M. K. (2009). Team level positivity: Investigating positive psychological capacities and team level outcomes. *Journal of Organizational Behavior*, *30*(2), 249–267.

Wildavsky, A. B. (1988). *Searching for safety*. New Brunswick, NJ: Transaction Publishers.

Wilkinson, A. (1998). Empowerment : theory and practice. *Personnel Review*, *27*(1), 40–56.

Williams, T. A., Gruber, D. A., Sutcliffe, K. M., Shepherd, D. A., & Zhao, E. Y. (2017). Organizational response to adversity: Fusing crisis management and resilience research streams. *Academy of Management Annals*, *11*(2), 733–769.

Winston, A. (2014). Resilience in a hotter world. *Harvard Business Review*, *92*(4), 56-64.

Wood, D. J., & Gray, B. (1991). Toward a Comprehensive Theory of Collaboration. *The Journal of Applied Behavioral Science*, *27*(2), 139–162.

Woods, D. D. (2005). Creating foresight: lessons for enhancing resilience from Columbia. In W. H. Starbuck & M. Farjoun (Eds.), *Organization at the Limit: Lessons from the Columbia Disaster* (pp. 289–309). Malden: Wiley-Blackwell Publishing Ltd.

Woods, D. D. (2007). Chapter 2: Essential Characteristics of Resilience. In E. Hollnagel, D. D. Woods, & N. Leveson (Eds.), *Resilience Engineering. Concepts and Precepts.* Farnham: Ashgate Publishing Ltd.

Wu, A. W. (2018). Reaching common ground: The role of shared mental models in patient safety. *Journal of Patient Safety and Risk Management*, *23*(5), 183–184.

Yin, R. K. (2006). Case Study Reserach - Design and Methods. *Clinical Research*, *2*, 8–13.

Yin, R. K. (2012). *Applications of Case Study Research* (3rd ed.). Thousand Oaks, CA: SAGE Publications Inc.

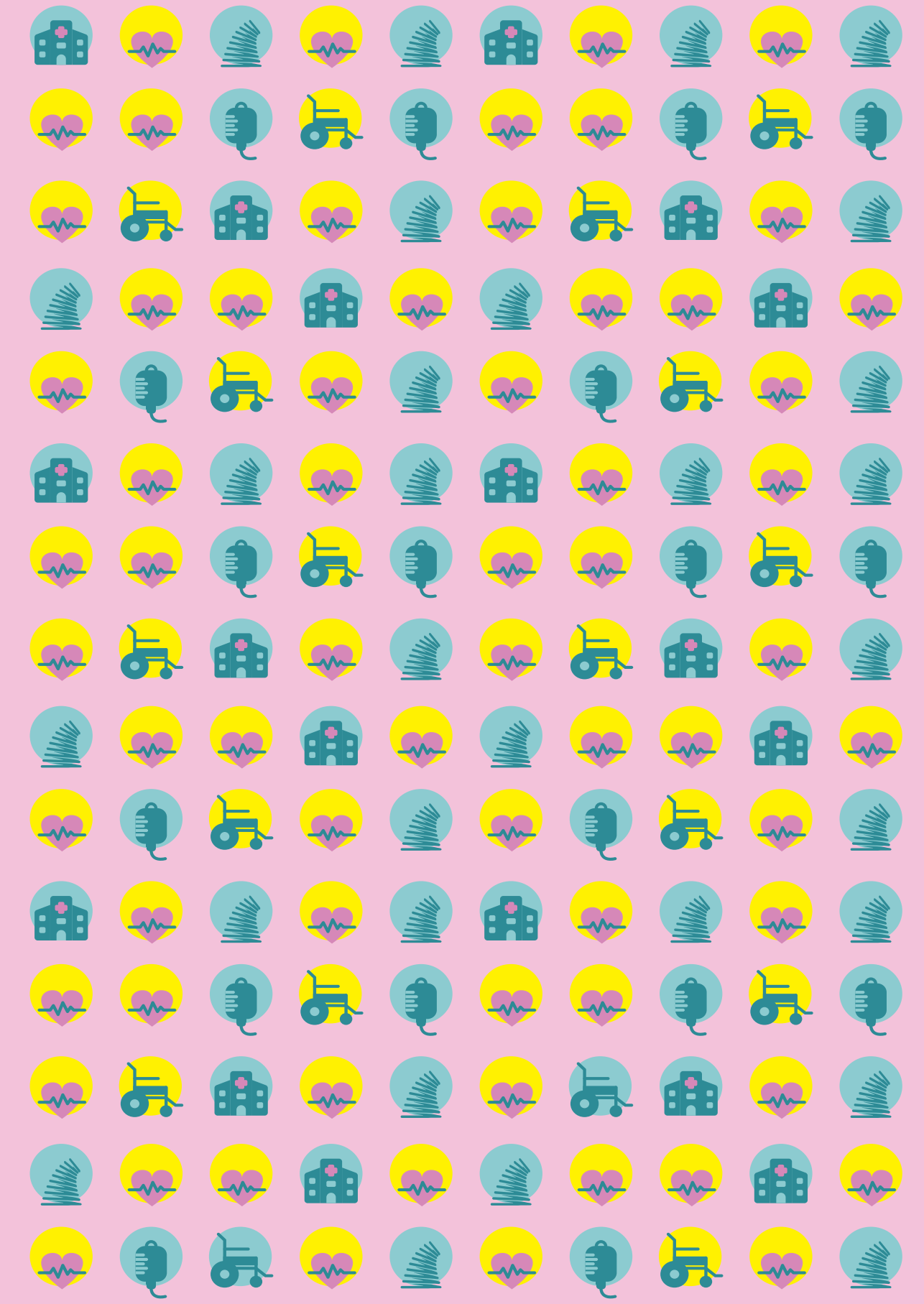
Youssef, C. M., & Luthans, F. (2007). Positive Organizational Behavior in the Workplace. *Journal of Management*, *33*(5), 774–800.

Jung, K., Song, M., & Park, H. J. (2019). The dynamics of an interorganizational emergency management network: Interdependent and independent risk hypotheses. *Public Administration Review*, *79*(2), 225-235.

Zaheer, A., Mcevily, B., & Perrone, V. (1998). Does Trust Matter ? Exploring the Effects of Interorganizational and Interpersonal Trust on Performance. *Organization Science*, *9*(2), 141–159.

Zaheer, A., & Venkatraman, N. (1995). Relational governance as an interorganizational strategy: An empirical test of the role of trust in economic exchange. *Strategic Management Journal*, *16*(5), 373–392.

Zwarenstein, M., Goldman, J., & Reeves, S. (2009). Interprofessional collaboration: Effects of practice-based interventions on professional practice and healthcare outcomes. *Cochrane Database of Systematic Reviews*, *3*. https://doi.org/10.1002/14651858.CD000072.pub2



APPENDIX A. FINANCIAL PERFORMANCE IVT HOMECARE

To establish that IVT Thuiszorg (Homecare) is suitable as a case for a study of organizational resilience, we conducted a financial benchmark regarding its financial performance. Any financial performance measure is obviously more of an outcome indicator of organizational resilience, rather than organizational resilience itself. The financial benchmark is used to assess the financial performance of the organization between 2010 and 2015 in comparison to the nationwide standard. Overall, the financial results show that IVT performed well in times that where rather harsh for the entire Dutch home care industry. Financial performance was measured by means of market budgets, turnover and operating expenses, return on equity, quick ratio, current ratio, solvency, and financial resistance. This analysis is summarized in the remainder of this appendix.

Total market budget - The government is the main provider of the home care industry budget in the Netherlands. Focusing on the period 2011-2015, the total budget is mainly composed of three financial legislative arrangements: ZVW, AWBZ and WMO. The first two are national laws/budgets. The WMO budget is special in the sense that it is completely controlled by municipalities. The latter budget is therefore hard to estimate for the home care sector. The Dutch trade association for care organizations (ActiZ, 2017) estimates that the total market budget for home care services decreased from 2 billion euros in 2014 to 1.3 billion euros in 2015.

Turnover / operating expenses - To better understand why some organizations in this specific industry went bankrupt, company turnover has been compared with operating expenses. Around the year 2013, operating expenses have increased with 2.5% while the growth in company turnover remained at 1.3% causing a gap of 1.2% between the growth of company income and cost. This implies that home care organizations had to demonstrate substantial resilience in addressing and bridging this gap. Many home care providers were not capable of doing so, and thus either went bankrupt or were merged or acquired by another company (M&A). In this respect, the number of M&A's in the Dutch home care industry increased from 4 in 2012 to 19 in 2016.

Return on equity - In 2012, the return on equity (ROE) of IVT decreased in comparison to the industry average. However, it recuperated its ROE in 2013 and this ratio has

remained stable ever since. In 2012, the municipality significantly reduced the number of hours that IVT was allowed to spend on care.

Quick ratio and Current ratio - The quick ratio reflects the extent to which an organization can fulfill its fixed obligations. The quick ratio of IVT has remained rather constant from 2011 until 2015, with a small decrease in 2012 (but remaining above 100%). The current ratio shows whether the organization is capable to pay off short-running debts. In the home care industry, the current ratio is similar to the quick ratio, because inventories (e.g. of materials) are rather limited.

Solvency – The solvency percentage is calculated to show the state of being able to pay off (any) debts as they come due. Overall, in the entire period IVT had a solvency ratio that is similar to the market average: it stays well above 0.0 percent and in some years reaches above 20 percent, pointing at a very strong solvency ratio.

Financial resistance - The financial resistance value is calculated as the balance between equity and turnover. This ratio serves to evaluate the ability of an organization to deal with potential losses in revenue and revert a potential bankruptcy. The stronger the financial resistance ratio is, the longer the organization will be able to survive a decreasing trend in revenue. Since 2012, IVT exhibited a constant growth in the financial resistance value, staying above the industry average in the entire period analyzed

APPENDIX B. NARRATIVE

THE INDUSTRY

The Netherlands is currently facing a strongly increasing population over 65, growing from 3.1 million in 2017 to 4.7 million by the year 2040. The so-called 'double-edged population aging' trend, in which people are getting older but are also forced to spend more years at home, initially offered home care providers a solid foundation for their business. The attractiveness of home care services is being undermined, however, by recent changes in financing structures, including major budget cuts by the Dutch government, resulting in a loss of income for home care providers and a forced lay-off of many home care workers. Key turning points were two decentralization waves (as of 2007 and 2015 respectively) in which, first, the responsibility for domestic care (DC) services and later also for personal care and nursing (PC&N) moved from the national to the municipal level, which resulted in forced tendering procedures and care-quota imposed by the municipalities and insurance companies respectively.

These developments have put huge pressures on home care companies, by making a substantial number of their employees redundant and also severely limiting the number of hours a home care worker is allowed to spend with a client. As a result, a substantial number of home care providers had to file for bankruptcy. The Dutch home care industry, given its exposure to various severe pressures and challenges, thus appears to provide a highly appropriate setting for studying (how empowerment affects) organizational resilience.

THE CASE ORGANIZATION

One company that has shown to be able to survive and thrive in this highly turbulent environment is IVT Thuiszorg (in the remainder of this chapter: IVT). IVT came into being in 1990, founded by a nurse who wanted to make home care more personal by bringing it closer to clients. Her endeavor initially turned into a small family business, in which decisions were made bottom-up in a rather intuitive manner. All staff members knew each other and IVT's (limited number of) clients. Employees that worked for IVT

from the early 1990s recalled the organization in its early days as being 'cozy', 'informal', 'idiosyncratic' and 'unique'. Employees collaborated with the company's managing director on a level playing field, in which they felt trust, safety, and commitment.

In 2008, the son of IVT's founder took over the managing directorship of the company from his mother, which helped to optimize various management and business processes needed in a growing organization. As a result, IVT steadily grew from a very small size in the early 1990s to a medium-sized company employing 423 people in 2015. Especially from 2014 to 2015, IVT experienced an important growth spurt, largely due to the increase in DC employees (Table B.1). IVT's strategic move resulting in this growth will be further elucidated in the case narrative.

TABLE B.1. NUMBER OF PEOPLE EMPLOYED

	2014	2015
Board	1	1
Office	34	44
Employees PC&N	36	40
Employees DC	120	282

CASE NARRATIVE

2012: The start of Circular Management. The gradual growth of IVT over the years implied that the distance between management and employees started to increase. In 2012 the managing director, therefore, sought a way to maintain the inclusive character of the organization. To that end, he adopted a method called circular management (outlined in the Background section). Circular management (CM) was introduced to allow employees to influence policy decisions and to prevent employees from getting dissatisfied with management in the future—thus reflecting an act of anticipation by the managing director. In this respect, a works council was believed to be dysfunctional because most representatives in this council would need to discuss and advise on topics they are not familiar with. The managing director felt this would not substantially enhance employee participation, so he opted for CM as an alternative. Notably, Dutch law requires any company larger than 100 employees to implement either a works council or CM.

Furthermore, one of the departments within IVT had long underperformed, while the department's manager and employees did not take any responsibility for this underperformance. This problem also motivated the managing director's choice for CM, based on the assumption that allowing employees to participate in decision-making would likely enhance their sense of responsibility.

Once the choice for CM was made, the managing director together with a colleague followed an external training in the CM methodology. They subsequently started with the implementation of pilot circles and participated in all first meetings to explain how the method works. This implementation process turned out to be a major challenge for all staff, who specifically struggled with the concept of policy: for example, what are (not) policy issues and when should such an issue be addressed in a circle meeting? For many employees at the operational level, CM turned out to be rather challenging as they were not used to (nor educated in) actively discussing, crafting and monitoring policy issues. While these tensions continued to exist in subsequent years, CM appeared to have a positive influence on employees, especially in terms of making them feel heard—as will be illustrated in several subsequent incidents.

2014-2015: Reduction of client hours and growing work pressure. As of 2015, all Dutch home care providers were facing a strongly increasing workload among their employees, when the Dutch government imposed a 32% reduction of DC budgets. Each municipality had to deal with these budget cuts in its own way. In practice, it meant that municipalities could either reduce the number of hours of DC per client or exclude certain tasks from the service package provided by DC workers. Most municipalities decided to mainly reduce DC hours, going from 4 to 2.5 hours per client from January 2015 onward. This change did not leave any room for creative solutions by IVT. But early 2014 the municipality had already informed IVT about the expected reduction of DC hours, which allowed all IVT managers and employees to take precautions and prepare this big change in work routines. In other words, the organization was able to anticipate as well as adapt to this change.

As a result, in the first half of 2014 IVT started preparing for the upcoming changes, assuming a strong increase in work pressure for DC workers and thus also an increasing absence due to sickness. IVT's managing director, therefore, urged all employees to signal as early as possible that someone might become overworked. Despite these good intentions, however, IVT could not entirely prevent that many employees struggled with how to adjust their work routine at the client's premises to the new regulations; thus, they often would either blame the municipality or criticize the IVT office for not understanding how the new regulations affected their work.

Like all its competitors, IVT thus had to deal with many angry clients and frustrated employees. Nonetheless, IVT did manage to keep up its performance, which was not the case for many other home care providers. The two other home care providers operating in the same city as IVT thus had to file for bankruptcy, resulting in a golden opportunity for IVT.

2015: Two takeovers. In December 2014 and January 2015, two local competitors of IVT had to file for bankruptcy. The unexpected nature of these bankruptcies gave rise to rapid adaptations in IVT's strategy. Also urged by the municipality, IVT's managing director and supervisory board decided to directly take over the home care services to

the (former) clients of the two other companies, by also hiring many of their employees. The two takeovers had to take place very quickly, mainly because many clients of the two bankrupt companies were highly dependent on home care, due to their age and/or physical disability. Due to this limited time frame, IVT's managing director had to act in relative isolation, by only obtaining consent for the proposed takeovers from the supervisory board. Once the takeover of the clients and employees of the two companies was communicated internally, all IVT's office staff members immediately appeared to understand the necessity and underlying opportunity arising from the double takeover. They thus dedicated themselves fully to the endeavor, without questioning or criticizing the decision. In this respect, the takeover hugely benefited from the commitment of IVT's office staff, while it did not require any active involvement of its existing DC workers, who continued to serve clients they had also been serving before the takeover.

However, the process of taking over the clients and employees of the two (former) competitors happened at such a fast pace that office staff did not have any time to reflect on the efforts. In reality, it meant that IVT's office employees were facing unexpected issues and challenges arising from the takeover each day. Because IVT's office comprised only the managing director and a hand full of employees, everyone had to work overtime for many weeks, including several weekends. Nonetheless, the office workers and managing director were highly motivated to turn the takeover into a success and thus supported each other where needed. Consequently, the takeover decision made by IVT's managing director and supervisory board was implemented at by means of tactical and operational processes characterized by adaptation and thriving, given the high levels of energy and engagement during the takeover process.

IVT thus doubled in operational staff and clientele within a month. As a result, IVT's office remained understaffed for quite some time. Moreover, IVT's team managers and planners faced a strongly increasing workload, due to the growing number of (phone calls and emails from) clients and employees. Moreover, many new clients found it difficult to adjust to IVT as their new service provider (incl. the reduced DC hours per client). Office staff therefore needed to spend substantial amounts of time in explaining these clients how their DC would be arranged.

For the new employees, not much changed in their work routines other than the reduction of hours per client, because they would typically continue to serve the same clients. But many new employees appeared to experience their first few months at IVT as exciting, especially concerning the practice of circular management. Eventually, the new hires turned out to appreciate CM even more as IVT's existing workforce, as they felt they now had a say in things, which was not the case at their former employers. Indeed, the new employees at IVT felt they were listened to, appreciated and engaged in preparing and making policy decisions.

2016-2017: Creating divisions. While the double takeover required IVT to improvise and adapt, about a year later an event took place that gave rise to a much more

anticipatory approach. At that time, IVT was organized as one legal entity, incorporating three departmental units (IVT's main office and the Home Care and Maternity Care departments). However, the managing director of IVT foresaw the need to separate the two main units, Home Care (HC) and Maternity Care (MC), as they were increasingly diverging. In the current legal structure, the financial underperformance of one unit could affect the performance of the other unit, which was also unacceptable for the insurance companies and municipality. Therefore, an important starting point was to safeguard the financial continuity and independence of each unit in the longer term. In January 2016, the managing director therefore introduced the plan to the general management circle to create a divisional structure involving three different foundations (for HC and MC respectively, and a separate foundation that 'owns' the HC and MC foundations), which it received positively. To this end, he also obtained an agreement from the supervisory board to investigate the possibilities for transforming IVT toward a divisional structure and hired an external company to advise on how to practically proceed.

In June 2016, the managing director explained this plan in several circle meetings. In October 2016, a more detailed plan for creating divisions was communicated and discussed in all circles. All participants were thus consulted. Moreover, a special support circle was installed, in which delegates and heads from all circles participated and discussed the intended divisional structure of IVT in more detail. The two meetings of this support circle were also attended by the managing director. The entire exercise served to tactically and operationally engage all managers and employees in the transformation to the new structure. A high level of thriving on change was also evident from how people spoke up in meetings and exchanged ideas, and thus learned to understand and embrace the upcoming change. Both operational and office workers experienced this process as a positive, transparent and genuine effort to engage them in decision-making and organizational change. The support circle unanimously agreed with the proposed divisional structure, and in December 2016 the supervisory board took the final decision to implement it.

2017-2018: The introduction of a works council. By the end of 2017, IVT's supervisory board decided that a works council needed to be established and assigned the managing director to prepare the introduction of this council. While the CM approach would formally have provided the opportunity to ask the Dutch government to exempt IVT from the legal requirement to establish a works council, the supervisory board preferred to conform to the governance code (only referring to a works council) prevailing in the Dutch home care industry. This decision invoked a range of responses within IVT. Some used it as an opportunity to become more involved, whereas others were merely indifferent toward the fact that a works council would be created.

However, several employees were rather critical, especially those who had committed themselves to CM as *the* way to organize employee participation within IVT. While these employees critically assessed the decision to implement a works council, they felt

safe enough to express their hesitations and critical comments in circle meetings. This critique especially appeared to arise from the assumption that the works council would be in a constant battle with the managing director and other managers. Therefore, IVT's managing director and managers sought to establish a works council that would align well with the CM practice, by focusing on collaboration rather than opposition.

2018: Departure of the managing director. The unexpected departure of IVT's managing director largely coincided with the introduction of the works council. The managing director announced he would become the managing director of another home care-providing company, located in another Dutch city where his wife worked. This career step was thus largely motivated by personal reasons, but came as a surprise to many within IVT, especially long-time office workers.

Many employees realized that, with the managing director leaving, change was inevitable. Several staff members observed that the managing director took his deep, tacit knowledge of IVT with him. As a result, IVT's office workers together with an interim managing director (appointed by the supervisory board, while it recruited a successor) had to immediately take over the various tasks of the managing director, which was a rather painful process. For example, halfway 2018 the interim managing director and controller of IVT had not yet managed to produce the 2017 annual report.

The departure of the managing director did appear to spur the adaptive capacity of the newly established works council, as this council was invited by the supervisory board to contribute to the recruitment and appointment of both the interim and the new managing director. The works council members thus engaged by raising ideas, giving opinions and expressing doubt (also about proposed candidates) to the supervisory board, which took their input rather seriously.

Figure B.1 visualizes how the various critical incidents overlap in time as well as their positioning in the two decentralization waves arising from national policy changes.

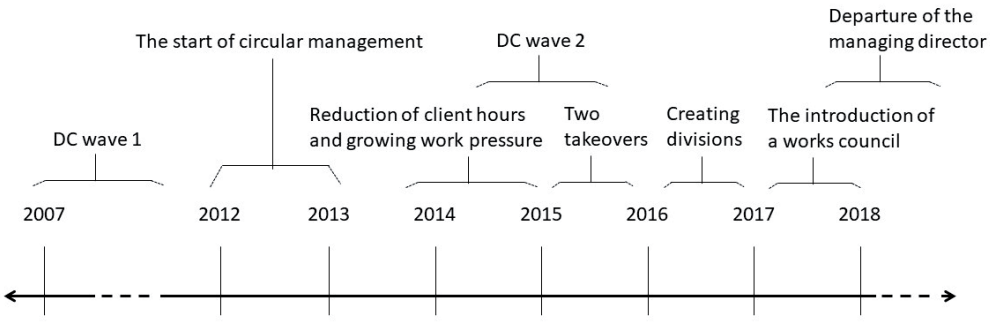
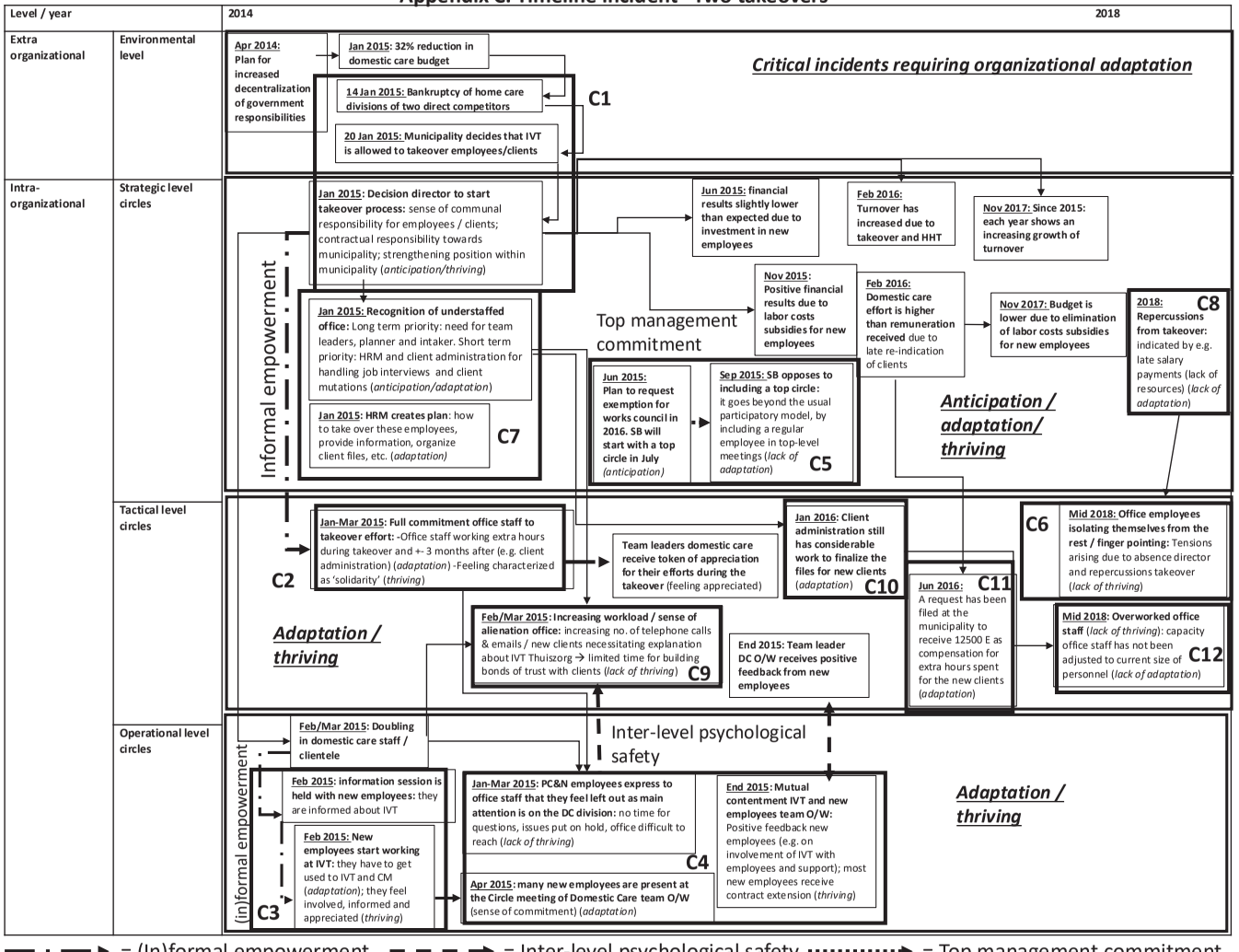


FIGURE B.1. TIMELINE INCIDENTS

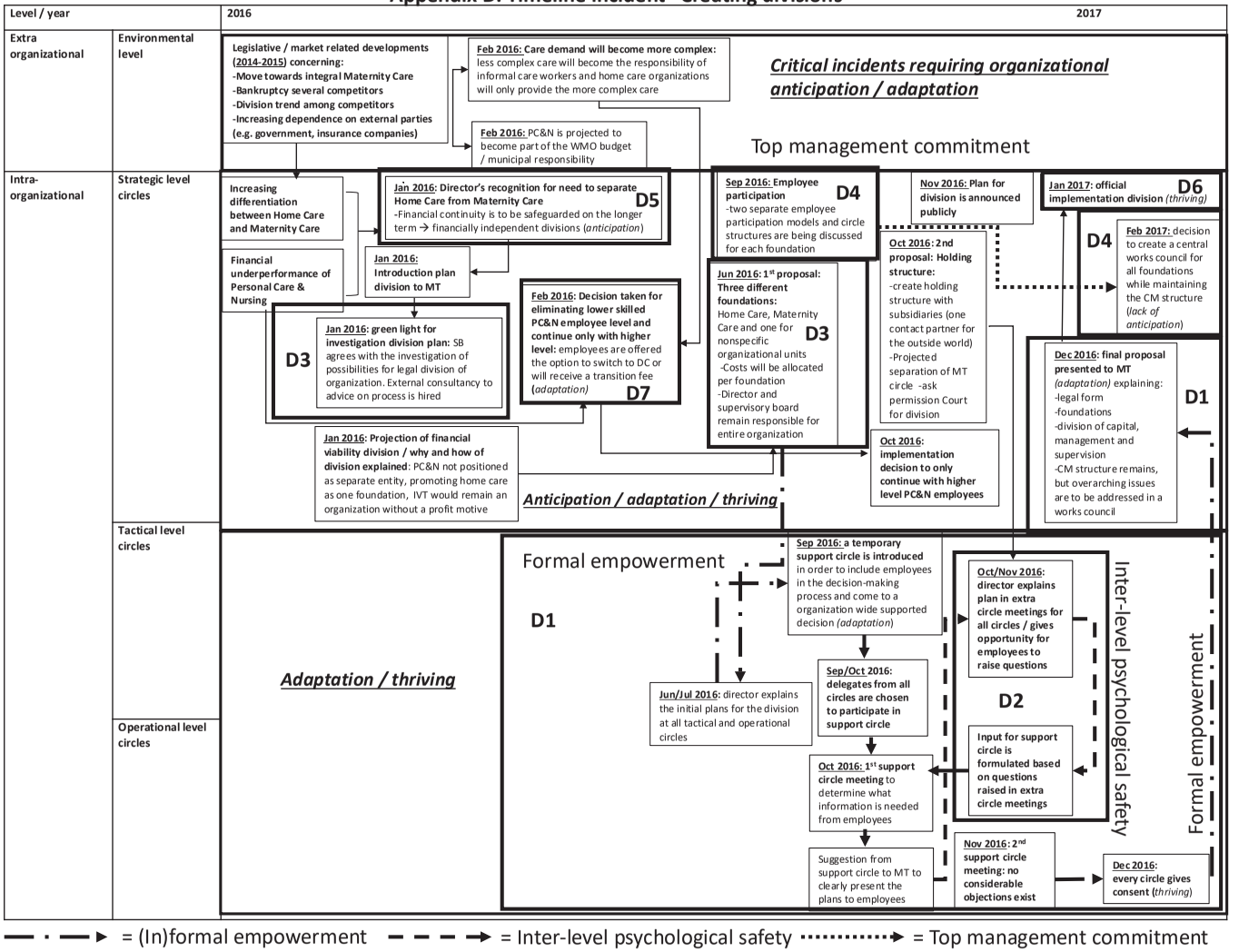
APPENDIX C.
TIMELINE INCIDENT 'TWO TAKEOVERS'

Appendix C. Timeline incident "Two takeovers"



APPENDIX D.
TIMELINE INCIDENT 'CREATING DIVISIONS'

Appendix D. Timeline incident "Creating divisions"



APPENDIX E.
CODING SCHEME FOR STUDY 1

1st level concepts (arising from literature)	2nd order codes (arising from deductive/ inductive engagement with the data)	Operationalization (interpretation)	Exemplary quotes and illustrative excerpts
Psychological safety (Edmondson, 1993)	Inter-level psychological safety	Organizational members from different levels show they are willing and comfortable to speak up to each other about any topic	The managing director was characterized by his office staff and operational employees as someone who was easily accessible and open to people's opinions, thereby characterizing psychological safety as something inherent to his personality. As one planner, knowing him from the start illustrated: "[…] I have seen Bram arriving and going, as one of few, besides I just know Bram a lot longer … so I always had this sense of, to me Bram was the [emphasis] director, but just a very accessible director, I said things to him that I would not say in the new boardroom […]" (Employee 1 Planning) In a meeting of the Home Care circle, a DC worker openly questioned the HC manager. In this circle meeting, both division managers and operational staff were present: "Elma confronts the Home Care manager with feedback that the DC circles were supposed to receive, but did not. [*So, this employee does not shy away from speaking up*] The PC&N manager then summarizes Elma's criticism. Elma subsequently points out that she thinks the Home Care manager makes it appear easier than it in reality is." (Observation HC Division circle meeting, June 12, 2018)[1] The takeovers incident (Appendix C) illustrates inter-level psychological safety between operations and tactical staff. Here, PC&N employees expressed to the office staff that they feel left out as main attention is on the DC division (C4). Employees apparently felt safe enough to express negative sentiments to their superiors, even though they risked negative feedback. At the same time, new CD employees felt secure to express their appreciation toward the organization being willing to give them employment opportunities as well as a voice (C4). The divisionalization incident (Appendix D) presents a clear account of inter-level psychological safety. This is shown by the creation of a special support circle, consisting of employees from all organizational levels. The members of this support circle openly suggested to the management team (as such: voicing up the hierarchy) to present the divisionalization plan clearly within the organization (D2). Subsequently, the managing director followed this suggestion by having an extra circle meeting in which he explained the plans and provided ample opportunities for employees to raise questions and they did so accordingly. For example, an office employee openly questioned the credibility of the support circle: "Sandra wonders how the support circle can function objectively if three managers participate in the support circle who also participate in the Management Team circle. How strong can and [emphasis] should their contribution be in the support circle and how can they participate objectively? Will employees perhaps be hesitant in giving their opinion because the MT members are also participating?" (Minutes October 3, 2016) At the end of the divisionalization incident, the decision to implement a works council, regardless of CM, also invoked organizational members to speak up (D4): "[…] but just like with the decision to form a Works Council anyway, yes that met a lot more resistance, not everyone agreed with that, because there was already CM so why would you still do that then […]" (Employee 1 DC) In a supervisory board meeting, the interim managing director *spoke up* to the board members on behalf of two office employees who were critical about the decision to implement a works council: Interim managing director: "Two office employees are concerned about CM and how to sustain it. One of them wonders what the works council can do that CM can't." [*The interim managing director is talking here, while the members of the supervisory board listen and nod*]. One of the SB members replies: "CM is the overlying concept, but the works council is needed due to legislative obligations." [*The other members do not comment on this*]. (Observation of supervisory board meeting, May 29, 2018)

1 Elma here refers to a DC employee. The researcher's observation and interpretation of the non-verbal behavior of the meeting participants are outlined in italic text between brackets.

1st level concepts (arising from literature)	2nd order codes (arising from deductive/ inductive engagement with the data)	Operationalization (interpretation)	Exemplary quotes and illustrative excerpts
	Management commitment	The extent to which the managing director and supervisory board are both committed to structural empowerment	In the divisionalization incident, the managing director and supervisory board decided to use the CM circle meetings to consult all staff members (D1). The supervisory board thus formally agreed "to investigate a possible division of activities" (minutes January 26, 2016) which led the managing director, supported by external consultants, to develop a detailed proposal (D3) that was subsequently discussed in all circles (D1). Moreover, a special support circle was installed, to allow delegates and heads of all circles to scrutinize the intended divisional structure of IVT in more detail (D1). Eleven months after the process started, the supervisory board authorized the final proposal (minutes December 6, 2016) (D1). During the takeovers episode, the (CM-based) request to exempt IVT from the legal requirement to install a works council was being prepared (June 2015): this request was strangled at birth when the supervisory board opposed to reshaping itself into a top circle (in line with CM principles), claiming it would give rise to an unacceptable level of employee participation in strategic and other issues addressed at the top level (September 2015) (C5). In a special meeting, set up to discuss how CM and a works council could co-exist, the interim managing director inquired: ..why it was decided to implement a works council after all. P [an external CM consultant] replies that the supervisory board had to justify itself. The interim managing director then asks why the supervisory board wants a works council if all employees are perfectly satisfied with CM: the supervisory board does apparently not support the philosophy of CM. Bram [the former managing director] had to accept that. (Observation of CM Educational trajectory meeting, April 25, 2018) In the divisionalization incident, the intention to create circular management structures in both divisions (September 2016) was not implemented when the supervisory board decided to create a single works council for both divisions (February 2017) (D4). The lack of commitment to structural empowerment via CM thus became evident when the supervisory board decided to establish a works council, which is not required by Dutch law when CM is fully implemented. Board members were (acting as if they were) oblivious of this fact, when the interim managing director raised the issue in a meeting of the supervisory board: Interim managing director: "Two office employees are concerned about CM and how to sustain it. One of them wonders what the works council can do that CM can't." [*The interim managing director is talking here, while the members of the supervisory board listen and nod*]. One of the SB members replies: "CM is the overlying concept, but the works council is needed due to legislative obligations." [*The other members do not comment on this*]. (Observation of supervisory board meeting, May 29, 2018) This conversation shows that the supervisory board members were either not aware of the functionality and benefits of CM as a structural empowerment approach (incl. the legal exemption from the requirement to install a works council) and/or acted as if they were not aware because their sense of control is jeopardized. The interim managing director appeared to draw on both explanations, when he reflected upon the lack of commitment at the supervisory board level: "(…) but I think that something happened there recently, why they [supervisory board] have fallen back on the fear that if you do not introduce a works council, you're seen as not complying with external regulations". (Interim managing director) The consequences of a lack of management commitment also arose after the departure of the managing director. That is, several staff members mention issues as being the result of the managing director leaving and taking his knowledge with him, implying that the knowledge he had was tacit rather than explicit. As one planner mentioned, before, no-one actually needed to 'know' anything as this was taken care of by the director. Now, this responsibility lay with the staff itself: "[…] yes and the departure of Bram, yes that … that we feel indeed *laughs* because he did everything here so and everything was in his head. And now everything needs be in our heads." (Employee Planning 1) While the managing director aimed to prevent this lack of knowledge by structurally empowering his employees (through which they would gain this knowledge) to take care of things themselves, somehow he did not manage to do so. This could reflect the lack of commitment by the supervisory board, making it difficult for the managing director to fully reap the benefits of CM, or be part of his own (unintentional) lack of commitment to the implementation of CM.

1st level concepts (arising from literature)	2nd order codes (arising from deductive/ inductive engagement with the data)	Operationalization (interpretation)	Exemplary quotes and illustrative excerpts
Structural empowerment (Ackoff, 1994; Kanter, 1993; Laschinger et al., 2004	Informal empowerment process	Positive social connections and communication channels between staff members throughout the organization	IVT started out as an organization where the basis for an informal empowerment process is already there, reflected by office staff' experience of involvement, even before being formally empowered by management: *"[…] but at that time we were still small, right, when we just started with CM, so then you also had the feeling of involvement, even though you didn't have access to all the financial or budgeting and I don't know what else, but still that involvement with it…better than in an organization that is a lot bigger even."(Employee 2 Planning)* The takeovers incident illustrates how both existing and new employees experienced communication from management /office as rather positive, making them feel heard, supported and appreciated. This, in turn, appeared to result in employees positively connecting to the company's office staff and management: Employees perceived the transparent communication about a sensitive topic in a rather positive manner, while many of them also felt listened to, supported and taken seriously: "I do remember that we were grumbling a bit like yes ... what are they doing, is that going okay and is it going okay with us, is the domestic care going to be more important than personal care and nursing? And we did hear at a certain point 'no, Bram [the managing director] really wants to keep all divisions, one needs the other' and that we did not need to worry about that." (Employee 1 PC&N) New operational employees felt welcomed by staff when they entered the organization: "Well, I was really supported, yes. (…) I've been offered a warm blanket. And have been welcomed with open arms. Yes. And that's what it feels like. And if there was anything, you could always call." (Employee 2 DC) "Yes…they did not sugarcoat it. That in itself I really appreciate. And it was … it all felt very small and familiar. It isn't anymore, but it did feel like that." (Employee 1 DC) However, the takeovers also reflected an initial threat to the existing informal empowerment process as office staff is unable to communicate with the PC&N employees, resulting in them feeling ignored and unappreciated: As the attention shifted towards the DC division of the organization, home care employees working in PC&N felt that their division suffered. "From this period I can recall that everything revolved around this [the takeover] and when we had questions, there was no time, and it was just like, - that is the feeling we had back then,- as if we were just there for show. A lot of things were put on hold so to say, because there was just no time for … it was like we were not that important back then yes.." (Employee 1, PC&N) After the managing director had left, positive communication decreased among the office (Appendix C, C6): "We have fallen between two stools now […] I want especially that we, as an organization, acknowledge that we should continue to interact respectfully and not play the blame game and act as if everything is negative and everything is wrong." (Team manager PC&N)

1st level concepts (arising from literature)	2nd order codes (arising from deductive/ inductive engagement with the data)	Operationalization (interpretation)	Exemplary quotes and illustrative excerpts
Structural empowerment (Ackoff, 1994; Kanter, 1993; Laschinger et al., 2004	Formal empowerment process	Management enabling employees to participate in decision-making on policy related issues	The managing director reflects on why he opted to formally empower employees to participate in decision-making and what benefits it has offered the organization in terms of anticipatory capacity: "We do have a certain consistency in our policy, but for employees this was not always as clear. CM has forced us to clarify issues ahead of time, not in detail but at least the most important steps of how we are going to do it. In the end this makes employees feel better informed, as well as they are capable in an earlier stage to ask questions." (Managing director) Both tactical and operational employees feel the implementation of CM has enabled them to voice their opinions: "Well I definitely think that CM especially increased the feeling among employees that they all matter. Certainly concerning a few points where it started to sour, right, we had a couple of years that we … that was also the time that we started to implement CM, we weren't doing well at that time, and then CM came and then, you know, then employees did have the feeling that they have a voice." (Employee 1 Planning) "Yes, your opinion just matters. If you think that something is not a good idea, and you can somehow explain why, fine, then it is at least taken into consideration." (Employee 1, DC) (C3/C4) Specifically concerning the divisionalization incident, office staff and employees expressed how they perceived being included in the decision-making process as clarifying, informing and as genuinely being empowered to co-decide: "There was a general meeting where Bram explained what was going to happen and how, and after that […] there was a circle meeting and we were asked if we had thought about the proposed division […] So, it was indeed entirely taken from top to bottom […]. We gave positive advice […] and then it went back to the management team where the final decision was taken. Our circle was done with it quite rapidly, because it was explained very clearly." (Employee 1 DC) "Yes very clear, also with sheets and … yes and you could submit questions via the commission if..yes it was not like, all of a sudden, it took a considerable period of time and yes … but clear explanation yes. (Employee 1, PC&N) "Yes it did make us feel as if we could co-decide. […] It was something different, the decision had not been made yet, it is presented to us in concept version. […] it was not shoved down our throats" (Team Manager PC&N)
Organizational resilience		**Anticipating**: proactive organizational behavior consisting of the prediction and – when necessary – prevention of potential changes ahead of time (cf. Weick et al., 1999)	The managing director foresaw that once the organization would grow bigger in the future, the 'ad hoc' culture as he described it would no longer function. Therefore, to prevent employees from growing indifferent and averse to management ideas, he decided to implement structural empowerment: "Before we started with CM, we had, to a large extent, an 'ad hoc' culture. So on the one hand this was the strength of the organization as it enabled us to be flexible and respond quickly to what is happening, the downside is that, once you become bigger, employees at a certain point in time can get tired of what management has thought of this time." (Managing director) The managing director anticipated external changes in PC&N (increasing complexity of care and budget changes) while simultaneously reacted to and tried to constrain further internal changes in terms of financial underperformance of the PC&N division and the increasing differentiation between Home Care and Maternity Care. To safeguard the financial continuity of each unit within IVT, its management *anticipates* the need for an organizational structure with more decentralized accountabilities (D5). The managing director did *not anticipate* any possible objection by the SB to CM and therefore did not actively engage the SB in the CM adoption and implementation process (C5)(See also "Intro of CM" incident). As a consequence, the SB was not transformed into a CM top circle and was not properly trained in CM. The managing director thus did not predict the SB would be hesitant toward the full implementation of CM and as such did not manage to prevent them from demanding the introduction of a works council. Eventually, this resulted in the SB to believe a works council needed to be installed, regardless of the CM practice (D4).

1st level concepts (arising from literature)	2nd order codes (arising from deductive/ inductive engagement with the data)	Operationalization (interpretation)	Exemplary quotes and illustrative excerpts
Organizational resilience		**Adapting:** reactive organizational behavior consisting of dealing with problems as they arise, through error detection and containment (e.g. Butler & Gray 2006) / taking place at that very moment without deliberate or planned action (Beerman, 2010) / reactive responses to both endogenous and exogenous changes (cf. Hrebiniak & Joyce 1985)	During the takeovers incident, management creates a battle plan (C7) *in response to* municipal requests (C1) to take over staff and clients from two other companies (at the strategic level) , followed by office staff working extra hours and doing extra tasks (at the tactical level) to implement the takeovers (C2). Many new employees (coming from the two other organizations) initially struggle to *get used* to CM (C3), but then learn to actively participate in circle meetings (C4). As one office employee recalls taking fast action without the possibility to plan or deliberate upfront: "all alarm bells went off, extra phone lines were acquired and everyone within IVT who could possibly hold a job interview was located in a cubicle, an office, and that Friday we had some preparation time and I still know very well, Saturday morning I was sitting here at 0800 AM, having my first job interview, till … Sunday we continued, on Monday I also came back for interviews and finally, in four days' time, we stopped at 240 employees. (Team Manager DC) Leading up to the divisionalization incident, management reacts to the externally arising change in care complexity for PC&N and changing budgets and reacts to the internal change of the financial underperformance of PC&N and increasing differentiation of Home Care and Maternity Care by deciding to no longer continue working with lower skilled PC&N employee level and continue only with higher level employees (D7). During the divisionalization process itself, management introduces a support circle (D1) in response to the first divisionalization proposal (D3). Being included in this support circle implies organizational members of all levels need to react and actively detect errors by asking questions and signaling issues concerning the proposal. Finally, this effort of the support circle requires management to react by including their feedback in a final proposal to the management team (D1). In the years after the takeovers, staff appeared to have difficulties adjusting to the 'new', much larger version of IVT and letting go of the old image of the organization as a place where everything happens out in the open, everyone can call on each other all the time and no rules exist. "[…] what you notice now is, and I think it's a pity, is that the seniors of IVT, the old employees, they say like, sometimes 'I think it is a pity that IVT has become this big. Because I miss contact with IVT.' Of course, for a long time we have been an organization where the door was open, we all could come in at any time with a question, that is not possible anymore. That is also not inherent to this time anymore." (Team Manager DC) "Only, I have to say, I have always had this, like, is it not becoming too [emphasis] much at once, we have almost tripled right, so that is not just anything, that is really major and then all little things that were possible at first, those are no longer possible right … at IVT we have special arrangements, you didn't need to do this and that … it was all very small so that was possible, but now it is not possible anymore of course. The same holds for the clients, that you first could make promises that you just cannot make anymore." (Employee Planning 1) Here, the arising problem consisted of the unforeseen consequences of a growing organization, which were subsequently signaled by the office employees and contained by simply no longer having people walk in every moment of the day or making false promises.

1st level concepts (arising from literature)	2nd order codes (arising from deductive/ inductive engagement with the data)	Operationalization (interpretation)	Exemplary quotes and illustrative excerpts
Organizational resilience		**Thriving:** becoming more resourceful and robust (e.g. Vogus & Sutcliffe 2007), by collective learning and being energized (Spreitzer & Sutcliffe 2007). Collective learning can arise from trying new things, taking risks, learning from mistakes, and building capabilities and competencies from thereon. A collective sense of being energized involves high employee vitality, as shown in increasing determination, activity, and innovation levels.	During the takeovers incident, management appears to thrive, as it learns to (strategically) strengthen IVT's position within the local community by responding effectively to the municipality's urgent request (C1). In particular, all managers applaud the energetic attitude and determination of the office workers (tactical) (C2) and the new DC workforce that feels welcome and appreciated in their continued commitment to clients (operational)(C3). Especially the office staff illustrates a collective sense of being energized in terms of vitality, determination and activity all geared toward making the takeovers a success: "I think there was absolutely good will as to let the organization grow and, in particular also to give clients and employees in Den Bosch the opportunity to move on … I think that there definitely also was a part that was about showing the municipalities like 'You see, we as IVT are coming to save Den Bosch' (Team Manager DC) Largely because of the dedication and motivation that was already there, the takeover turned out as successful as it did. "So … it succeeded, and it did because a lot of people who were already working at IVT felt connected to IVT and wanted it to succeed" (Employee Planning 1) "I have to say that with this takeover, you should not forget that the loyalty of office staff towards the organization is high, really very high. That has probably also been a factor like, we are going for it" (Team Manager DC) During the divisionalization incident, the managing director appears to thrive in terms of pursuing a redesign of the organizational structure: he runs the proposal by its entire workforce (D1/D2) and subsequently implements the change (D6). Employees also thrive, as the process enables them to try new things (take part in the support circle) and take the risk to speak up and raise (tactical and operational) questions concerning the proposal. This in turn enabled them to build the competencies to participate in future, similar inquiries and add to their vitality by increased determination and activity. After the takeovers and the divisionalization, thriving starts to decrease. For example, it is being recognized that a sense of collective learning in response to the takeovers is missing. Processes have not been adjusted properly to the changed situation within IVT. Office staff is overloaded with work and under loaded with work spirit (C12): "…along the way, we are now three years further, along the way we skipped a part. […] ..we have continued on the same road and do not have a clue about what has come on our path […] it also hasn't been mapped out, that's also, it happened to us, we thought we had it all under control, we thought, let's add 2 planners, two team managers, we have doubled so then you break even, but because you grow so [emphasis] much bigger and things have been added to that, we kind of lost track.." (Team Manager DC) At the same time there appears to be an increasingly negative atmosphere around the office of IVT, resulting in people isolating themselves from the rest or finger pointing (C6), indicating a lowering employee vitality. For example, the team manager PC&N purposefully keeps colleagues at a distance in order to abstain herself from the negative atmosphere: "[…] Yes I look them up myself, but not too often, just at divisional meetings yes and during lunch, but I notice the longer I am in this division [PC&N], they used to be my direct colleagues, yes still you look them up less and less because you, it is quite unsettled within the organization, I think you notice it as well now, the director being gone and … it sounds very strange but I like to stay neutral in this … and I am also very busy, like the rest who is very busy, but still I always want to stay as far away as possible from negativity, so I do, I mainly focus on my own work. Which is more than enough to deal with." (Team Manager PC&N) Nevertheless, higher up in the hierarchy, thriving can still be witnessed during that time, for example as reflected by the contemplation of the Home Care Manager on how to attract new employees when increasing salaries are not an option. She shows a sense of learning by trying new things (such as focusing on employees' experience) in order to engage and retain employees: "[…] And definitely also for engaging and connecting and distinctiveness. Why would people want to work at IVT? I am of course dealing with a tight labor market, so I have to distinguish myself and I cannot do that by opening my wallet, so that requires other things. And sometimes that is also the experience of people, they need to feel heard etcetera, well that is what CM does. […] I also think that anno 2018, you cannot revert to hierarchy, to top down. That is not possible. Then a company or organization does not have a fighting chance. I am convinced of that, it is no longer of our time." (Home Care Manager)

APPENDIX F.
CODING SCHEME FOR STUDY 2

	1st level concepts (arising from literature and informing data gathering)	2nd order code (arising from deductive/ inductive engagement with the data)	Operationalization (interpretation)	Exemplary quotes and illustrative excerpts
Collaboration	**Coordination (Gulati et al., 2012)**		Interorganizational coordination based on the effective, informal alignment and mutual adjustment of actions	The day before a lockdown was announced nationwide on Sunday March 15th, immediate informal consultation took place amongst the board members of both interorganizational collaborations, making sure that everyone could continue their work knowing precisely what to do the following Monday. A regional call center was set up, supporting all professionals in the regions with transferals from within and outside the region thereby enabling mutual adjustment of actions. One gynecologist of case A reflects on how this system facilitated the VSV in supporting other organizations and saved them time in making decisions. As an example illustrating the *opposite of effective interorganizational coordination*, both interviewees from case A and B recognized, as measures were not coordinated well on a national level that many interorganizational collaborations elsewhere in the country suffered from inadequate coordination between obstetricians and gynecologists. Once the relaxation of measures was announced, it was already acknowledged that it could be that the new measures were not aligned with the then implemented policy by certain hospitals, ultrasound centers or obstetrics practices that were still trying to contain the inflow of patients. VSVs and IGOs were to discuss options to create a clear local policy. If agreed upon with regional and local partners and substantiated, these actors were permitted to maintain their own policy. For case B, apparently the then endorsed policy deviated from the newly proposed policy by the government, as measures were not relaxed. In the board meeting of July, the consequences of this incongruence were reflected upon: "Anne [obstetrician] mentions that [the hospital] still does not allow a plus one, which has resulted at least in a substantial number of Turkish women choosing to give birth at home rather than at the hospital. So that is something to consider, she says to Peter [gynecologist]." (Observation of IGO board meeting 6-7-2020) This observation shows that through a straight-up communication between primary and secondary care, case B was aware of the incongruence and actively reflected on it, and possibly already acted on removing its negative consequences. As such, this observation also illustrates what both the VSV and IGO stressed as the key to their success in responding to the COVID-19 crisis: the short communication lines.
	Shared goals	Shared vision	The extent to which all the members of the interorganizational collaboration are aligned in their view on issues concerning the collaboration and following actions to deal with these issues	The existence of a shared vision and the possible creation of a shared vision are suggested by the collaborative acts of protocol development, following a divergent course and future planning. None of these acts could have been successful (i.e. result in resilience) if they were not prompted by a shared vision / the creation of a shared vision: • Active protocol development by maternity care assistants / obstetricians before any protocols are devised by the professional organizations • Guidelines from professional organizations are not followed, organization acts according to own vision on how to proceed • Reuse of protocol for Swine Flu is considered, which is to be adjusted for COVID-19 • Plan to diminish the number of house visits and to organize online meetings for vulnerable clients

	1st level concepts (arising from literature and informing data gathering)	2nd order code (arising from deductive/ inductive engagement with the data)	Operationalization (interpretation)	Exemplary quotes and illustrative excerpts
Collaboration	**Effective communication**		The extent to which the members of the collaboration show the ability to communicate quickly, openly and transparently, as shown by e.g. if they provide each other with feedback, make requests or make announcements	The professionals immediately approached each other when COVID-19 entered the scene, however, not all collaborations managed to do so. The following is therefore indicative of the complete *opposite of effective communication*: "And there were many VSVs by the way, where they immediately approached each other and where the VSV solved the obstetrics problems. So-But there are also – I truly did receive messages from VSVs where the collaboration wasn't good. And that during Corona, there was no communication whatsoever anymore. So that the hospital would put stuff on their website that the obstetricians did not know anything about, that they should go to the obstetricians or something. You know? Then you get crazy things like that." (Gynecologist 1) "There, the hospital started following its own policy together with the gynecologists and consulted less with the obstetricians. So, they have become two separate parts." (Gynecologist 1) Professionals *openly discuss* an incongruence between the then endorsed policy which deviated from the newly proposed policy by the government. In the board meeting of July, the consequences of this incongruence were reflected upon: "Anne [obstetrician] mentions that [the hospital] still does not allow a plus one, which has resulted at least in a substantial number of Turkish women choosing to give birth at home rather than at the hospital. So that is something to consider, she says to Peter [gynecologist]." (Observation of IGO board meeting 6-7-2020)
	Mutual trust and respect	Inter-organizational trust	The extent to which the members of the collaboration show that they have trust in the collaboration and / or decision-making process	In some regions, obstetricians were forced to transfer clients in the case of outpatient deliveries. An obstetrician, part of the IGO Board, claimed it reflected a *lack of trust in the collaboration*. The fact that in case B, obstetricians *were* allowed to join their clients in the case of outpatient deliveries, could thus be indicative of the *presence of trust in the collaboration.* Professionals showed trust in the decision-making process/ collaboration: Where usually all professionals were asked for their informed consent, some decisions were now taken without it. This was possible as, throughout the years, the collaboration was already established in such a way that the professionals were aware of each other's viewpoints to the extent that they knew upfront whether the other professional would agree or not: "By now you know, because you work together for a long time already, like well, probably everyone agrees with this. Here is consent without having to ask for it." (Obstetrician 1). Professionals showed trust in the decision-making process. Clear and direct communication for case A was explicitly attributed to the use of sociocracy, which, arguably, made sure that possible hampering factors were removed from the communication process: "This way we actually have created trust in the decision-making process, through which the general trust had become so large that it eventually very much benefited the collaboration. [..] And then actually with that corona crisis there was a quick coordination in the region, […] And if there were miscommunications, they were eliminated immediately. So it [sociocracy] really paid off, especially the short lines, being able to communicate, no power games or what have you" (Gynecologist 1)
		Inter-organizational commitment	The extent to which all members of the interorganizational collaboration who they are willing to make an effort for the collaboration	The professionals show commitment more or less through their actions, not so much by their words: The commitment of the professionals to the collaboration is brought forward by the interorganizational coordination effort between the hospital and the obstetricians to ensure no transfer of clients would be needed in the case of outpatient delivery. Commitment is also implied between the lines: Because the commitment to deliver the best possible care to their clients is exactly what the VSV and IGO share, professional commitment to the collaboration is safeguarded in the DNA of these collaborations. This distinguishes them from other types of interorganizational collaboration in which individual engagement often is optional. Having a shared vision also influences commitment, as the organizations would never make the effort to jointly write protocols, if they were not adamant to make the collaboration work. Commitment is further reflected in their willingness to meet online (A6/B7), make future plans (B9,11), dare to own up to what went wrong (A8/B8,10), *and* explicitly learn from the crisis (A6-9/B8,10,11).

	1st level concepts (arising from literature and informing data gathering)	2nd order code (arising from deductive/ inductive engagement with the data)	Operationalization (interpretation)	Exemplary quotes and illustrative excerpts
		Inter-organizational support	The extent to which members of the collaboration show support to one another, but also to a lesser extent the support between different interorganizational collaborations and the interorganizational collaborations and external parties such as the ROAZ. The support given can be in a material, relational, financial or knowledge related sense.	Support is given between different interorganizational collaborations as the hospital of case A supports other hospitals in the region by taking care of their clients. "And we even have operated people from Den Bosch and Breda, because they did not have space anymore or because operating rooms were closed. So we partly did care support for outside the region. We have had good consultations with Utrecht, with surroundings hospitals, like, how are you doing, do you have space left and things like that. And there,- we also had a sort of dashboard in which you could see if wards were full or not, so obstetricians knew immediately oh, it is no use calling them". (Gynecologist 1) Support by hospitals appeared to be an important determinant of success for both cases. That is, hospitals supported care professionals working outside of the hospital by providing them with the materials they needed: "Yes, I think the success factor was that you know each other, we are really just one [emphasis] chain. The success factor was that people were convinced of the fact that the hospital also faced a problem once a COVID patient could not go home because of a lack in protective materials." (Maternity care assistance director) One obstetrician of case B claimed that obstetricians took over some of the work of the gynecologists to prevent them from collapsing in case primary care needed their support in the future. Maternity care assistants were supported by the hospital with materials: "We found ourselves in a very strange situation as maternity care assistants, because we were not part of acute care and obstetricians were. So, the obstetricians could receive protective materials, but we couldn't. But we were involved in the same delivery, if it was a home birth. So that was a very strange situation. And there were regions where hospitals said, yes that is your problem, we cannot help you with that. And there were ones that said, well we will do what we can. But [the hospital] just said, we are going to arrange that together. And so they have provided us with protective materials." (Maternity care assistance director)
Collaboration	**Informal empowerment (Kanter, 1993; Laschinger et al., 2004)**		Positive social connections and communication channels between members of the interorganizational collaboration	Positive social connections and communications between the professionals are indirectly reflected by the *absence of power play* mentioned by the gynecologist for case A and directly reflected by the situation of the interpreter in the delivery room in which an obstetrician and gynecologist show their positive social connection by being able to connect on a shared interest: getting the client through a safe birthing process. Other examples which can only have been witnessed if the professionals connect and communicate positively with each other (see also Table 4.2): • Obstetricians take over work from gynecologists in order to ensure future care buffer in case primary care collapses, preventing care depletion (B) • Support given to other hospitals in the region by taking care of their clients, preventing their overload (A) • Meetings are held online before guidelines are introduced, ensuring the continuation of communication and decision-making (B) • Hospital provides maternity care assistants with protective materials, enabling them to adjust to the situation (A) • Hospital provides professionals with protective materials ensuring their ability to adjust to the situation (B) • Obstetricians do not need to transfer client in the case of outpatient delivery due to the existence of mutual trust between primary and secondary care, implying a willingness to take risks (B) • Mutual understanding between primary and secondary care ensures hospital is willing to leave room for exceptions to the rules, thus taking risks and spurring collective learning (A)

	1st level concepts (arising from literature and informing data gathering)	2nd order code (arising from deductive/ inductive engagement with the data)	Operationalization (interpretation)	Exemplary quotes and illustrative excerpts
	Psychological safety (Edmondson, 1993)	Inter-organizational psychological safety	Members from different organizations and professional backgrounds show they are willing and comfortable to speak up to each other about possibly sensitive topics	The following quote from an obstetrician working for case A shows how she is willing and comfortable to request the gynecologist to allow a third person in the room while national measures still prohibited it: "[…] That in our case you can just approach the gynecologist like, see this lady does not speak a word- right, it is for example not allowed to have a third person present at the delivery, but this lady does not speak a word of Dutch, can her neighbor please come along as an interpreter? And that we can then also say, yes, of course, this is better for everyone, instead of only saying, no, that third person is not allowed in." (Obstetrician 1) According to the obstetrician, the fact that the professionals from primary and secondary care were able to communicate freely based on a mutual connection without needing to consider ranks, enabled them to come up with solutions that, though not complying with national rules, offered the best care for clients in situations such as the one above.
Collaboration	**Resilience**	The ability of the inter-organizational collaboration to anticipate, adapt and/or thrive in response to adversity	**Anticipating**: proactive collective behavior consisting of the prediction and – when necessary – prevention of potential changes ahead of time (cf. Weick et al., 1999)	Professionals show *proactive behavior* by postponing planned activities due to COVID-19 whilst its influence is still unsure, thereby *preventing* the possibility of last minute cancellation: "With regards to Corona, the mini symposium surrounding retraining in the case of child molestation is being postponed" (Meeting minutes, February 14th 2020); "With regards to Corona, the follow-up conversation with the Minister is being postponed" (Meeting minutes, February 14th 2020). By April 7th, the government decided to endorse a law of urgency concerning digital decision-making for its decentral bodies, enabling them to temporarily make legal decisions through digital meetings. Case B already met digitally in April, before any guidelines specific to maternity care were expressed by the CPZ, indicating *proactive behavior that actively prevented* the burden of transitioning to digital decision making in a later stage.
Resilience			**Adapting:** reactive collective behavior consisting of dealing with problems as they arise, through error detection and containment (e.g. Butler & Gray 2006) / taking place at that very moment without deliberate or planned action (Beerman, 2010) / reactive responses to both endogenous and exogenous changes (cf. Hrebiniak & Joyce 1985)	Professionals show a *reactive response to an exogenous change* (COVID-19) by acting quickly due to short communication lines, quick coordination and decision-making based on (implicit) consent enabling adjustment to the COVID-19 situation: " […] And Saturday morning we already held a meeting via Zoom with all obstetricians and maternity care assistants, about how we were to handle this [COVID-19] in the future. And Monday we were at the hospital with a delegation to see how we were going to handle it together." (Maternity care director) They thus appear to *detect the upcoming problems* associated with COVID-19 and *actively tried to contain them*. An already earlier developed dashboard, initially aimed to inform primary care professionals on the availability of delivery rooms in the hospital already existed. The COVID-19 crisis accelerated the further development of this dashboard, to ensure it could be used not only on a local scale, but also to show the available capacity of all VSVs and adjoined hospitals in the region. Next to this, a regional call center was set up, supporting all professionals in the regions with transferals from within and outside the region. Both the dashboard and the call center were approached by the professionals *without deliberate action*, *in order to curb* possible overload of hospitals with clients and time delays in transferals. Case A first postponed meetings, indicating a delay in dealing with the problem of not being able to meet up and make decisions collaboratively. Eventually it held her first digital meeting in June 2020, indicating how it accommodated the change in meeting environment.

	1st level concepts (arising from literature and informing data gathering)	2nd order code (arising from deductive/ inductive engagement with the data)	Operationalization (interpretation)	Exemplary quotes and illustrative excerpts
Resilience			**Thriving:** becoming more resourceful and robust (e.g. Vogus & Sutcliffe 2007), by collective learning and being energized (Spreitzer & Sutcliffe 2007). Collective learning can arise from trying new things, taking risks, learning from mistakes, and building capabilities and competencies from thereon. A collective sense of being energized involves high vitality of the professionals, as shown in increasing determination, activity, and innovation levels.	Guidelines from professional organizations are not followed, organization acts according to own good judgement, thereby showing a *willingness to take risks*. In making the decisions, case A did not wait for guidelines by the largest professional organizations for gynecologists and obstetricians, the NVOG (Dutch association for gynecologists) and KNOV (Dutch association for obstetricians), but showed *determinacy* to follow her own course. Obstetricians do not need to transfer client in the case of outpatient delivery due to the existence of mutual trust between primary and secondary care, implying *resourcefulness* or the ability to make decisions and act on their own. ROAZ does not know how to deal with case B and excludes the collaborative from decision-making. The board of case B steps up and makes sure she is included in the decision-making process, showing *determination and robustness.* Case B actively thought about how to extend the newly onset online meeting trend as to minimize physical encounters not only between professionals, but also between professionals and their clients: "The consequences of the Coronavirus have a big impact on regular care. That's why it is considered to organize online meetings for vulnerable clients." (Meeting minutes, April 14th 2020). This shows *collective learning* and subsequent *high innovation levels* among the professionals. The consequences of the deviation between the by the hospital endorsed policy and newly proposed policy by the government is reflected upon in the board meeting of case B: "Anne [obstetrician] mentions that [the hospital] still does not allow a plus one, which has resulted at least in a substantial number of Turkish women choosing to give birth at home rather than at the hospital. So that is something to consider, she says to Peter [gynecologist]." (Observation of IGO board meeting 6-7-2020) This shows a *collective learning,* especially a willingness to *learn from mistakes*, as the hospital policy is acknowledged to have resulted in something undesirable (i.e. women not choosing to give birth at the hospital). Case A reflected upon the collaboration during COVID-19. It even taught the professionals about sociocracy and how it is not the tenacity of the method but their own inclination to not press ahead: "Because there was more pressure behind it to arrange it quickly, that very quickly some sort of decisions could be made and that things would not, right, like what happens now sometimes, things remain endlessly in some sort of discussion and that was now not the case, or at least very shortly. Because everyone felt the urgency that there really needed to be made a decision, a consent decision on how to handle certain things". (Obstetrician 1) This quote shows they actively *learned from their mistake* to not persist in the decision-making process.

SUMMARY

Many organizations are today facing challenges that make them increasingly vulnerable, and few organizations demonstrate high levels of resilience. As organizations form an important part of society, their resilience is vital. Traditional and often rigid hierarchical structures are increasingly being criticized, and thus it is imperative to investigate how more flexible, horizontal structures could benefit organizational resilience. Indeed, we witness that organizations are increasingly moving away from traditional hierarchical structures towards more collaborative forms of governance, where people are stimulated to collaborate and jointly come to decisions. This, in turn, has implications for how power is dealt with, as collaboration inherently implies comprising one's autonomy. This doctoral project therefore explores whether and how power dynamics influence organizational resilience, specifically by looking at instantiations of such power dynamics – such as (organizational) employee participation and (interorganizational) collaborative practices. The overarching research question for this project is therefore formulated as follows: *How do intra- and interorganizational power dynamics influence organizational resilience?*

The empirical work reported in this dissertation draws on qualitative data collection and analysis. The data include in-depth interviews, an extensive set of documental data and participant observations. The analytical approach adopted focuses on one or multiple change process(es) as a starting point for data analysis. Organizational resilience as an empirical phenomenon can only be witnessed during changes over a rather long period of time. The dissertation includes two empirical studies, both drawing on the notions of power and resilience. The first empirical study was conducted in a Dutch homecare service provider. Here, we find that management needs to be committed to empowerment *and* psychological safety as a requirement for organizational resilience. Managerial commitment was initially present in the case organization but with the departure of the managing director and decreasing commitment of the board of directors to a culture of empowerment and psychological safety, the (initial) high level of organizational resilience subsequently starts to erode. Our study underlines the necessity of including tactical *and* operational levels in decision-making for organizational resilience. Our study also suggests that a climate of psychological safety may need to extend beyond the team level, to affect how employees and managers at different organizational levels interact with each other

by speaking up and taking interpersonal risks. The second study presents a comparative case study of two distinct interorganizational collaborations in the Dutch maternity care context. In this non-hierarchical setting, individual professionals need to be willing to share power in order to stimulate the collaborative process, while simultaneously remaining some of their autonomy. In order to create this willingness, they need to trust each other and actively create and maintain a (psychologically safe) environment for communication and mutual understanding. Due to the absence of a formal hierarchy and the voluntariness of the collaboration, commitment and trust appear even more vital than in the first study. Our findings suggest a heterarchical design of collaborative decision-making fuels interorganizational resilience. Moreover, favorable motivational and personal conditions (e.g. established relationships and trust) make the interorganizational collaboration thrive, rather than merely anticipate and adapt to major changes. The study serves to further conceptualize *inter*organizational resilience, by explicating how it resembles but is also distinct from team and organizational resilience. We also shed light on how structural design affects resilience, thereby making a first attempt at developing a deep understanding of how to design for interorganizational resilience.

Overall, this dissertation demonstrates not only the relevance, but also the necessity of various practices that contribute to organizational resilience, such as: flattening of organizational structures, empowering employees, distributing decision-making, and securing psychological safety. By investigating the underlying power dynamics in various organizational contexts, this doctoral dissertation serves to produce a deeper understanding of why many organizations are not resilient enough to survive and sustain their performance. Based on these insights, it also delivers practical guidelines for creating and sustaining (inter)organizational resilience. Both studies reported in this dissertation point at a sustained commitment to power sharing as well as the maintenance and/or creation of a collaborative environment characterized by trust and psychological safety as necessary conditions for organizational resilience. Accordingly, this dissertation contributes to the literature on psychological safety, by extending it beyond the team-level and explicating its broader role in relation to (inter)organizational resilience. We also contribute to the literature on interorganizational collaboration by providing a novel perspective on interorganizational collaboration, which can be generalized to a broader set of societal issues requiring collaborative rather than individualistic approaches. Finally, we introduce and define the concept of *inter*organizational resilience, which thus far has been little explored but deserves more attention – especially because many organizations and their managers increasingly recognize they're better off in dealing with environmental turbulence when they act together.

ACKNOWLEDGEMENTS

The first thing that comes to mind writing these acknowledgements is what a journey it has been, a little over four years of not only developing myself as a researcher but maybe even more so as a person: If there is one thing I know for sure, it is that this project has not only taught me about resilient organizations, but also about how to be resilient myself. Because yes, there has been turbulence along the way, but -like the organizations I studied- I am thriving now because of it. So here I am, writing to you because I made it. Of course because of my own hard work and perseverance, but most definitely also because of the support of others.

I would most of all like to thank my supervisors during my PhD project, Sjoerd, Alex and Pascale. A special recognition goes to Sjoerd, who has shown true dedication to the project. Sjoerd, I have read some acknowledgements of your former PhDs and quite frankly, I could not top their praises. You always made time for me, and I could not be more appreciative of that. I would like to thank my daily supervisor Alex for guiding me throughout the process and helping me in developing the studies in this dissertation. Of course, I also want to thank my 2nd promotor Pascale for her critical questions, contributions and pleasant collaboration. I would like to express my gratitude to the members of the doctoral committee, Elco van Burg, Josette Gevers and Elmar Kutsch for their critical though very valuable feedback, which most certainly lifted the dissertation to a higher level.

This research would not have been possible without the cooperation of Eric Hallensleben, Bram van de Langenberg and Joost Zwart, and all the other care professionals that were willing to participate in this research. Accordingly, I also want to thank the Sociocracy Group, especially Pieter van der Meché, who first pointed us in the direction of the organizations studied in this dissertation. I would also like to thank the (former) secretaries Astrid, Frederieke and Freke for their dedicated assistance and welcome distractive chats in between work. Special warm regards to Bianca: I have really enjoyed our open conversations and time during the Mindfulness course, during which we got to know each other on a completely different level. Finally, I would also like to thank my co-writers for my first publication, especially Sjors Witjes and Michiel Zijp for our

pleasant collaboration and more importantly for making me realize that I should pursue a PhD even before I knew what it actually entailed.

Of course I want to mention my (external) PhD/PDEng colleagues whose company I have enjoyed for the last years. Baris, Carianne, Christian, Fêdde, Juan, Marisol, Maryam, Lotte, Pegah, Richard, Rishi, Steven, Swagata and Wouter, it has been a blast. Especially the later years showed me how much fun it was to be part of our 'community', of which the trips to Copenhagen and Strasbourg remain a vivid memory. Rene, I want to thank you for our many insightful talks about mental and physical wellbeing, you are one of a kind. Maike, I applaud you for being attentive of others, even during your own struggles. Not many people can do that. Fernando, you are the only one of the new *batch* that I actually got to know a bit and I am glad I did. Thanks for providing me with a pink mask that totally suits my car (but hopefully won't be needing anymore from now on). I want to wish all the new PhDs the best of luck in their projects. I haven't been that active in socializing lately, but you probably know me as the girl from the picture in our group app. I would also like to express appreciation for my former co-workers at Thrive Institute, especially Andrea, Christine, Daphne, Han, Jonna and Maud who I could share experiences with and made me realize how worthwhile a PhD is outside academia and quite frankly were just some of the most fun people I have met in my life.

There are also some people that deserve special recognition: First, I want to express warm feelings for Georgia, Maren, Nathalie and Ntorina, who have proven to be real friends who I can always rely on for support and advice, and not only PhD related. There are also some other dear friends that I want to mention. Isabelle and Lisanne, who also successfully took my mind off anything PhD related when I needed it. Esco, who has provided me with many pizzas and luckily also with the opportunity to burn calories and blow off steam in times when the gyms were closed (#COVID19). Finally, I want to thank my new friend Aida, who knew how to encourage me in the very last weeks of finalizing the dissertation, when I most needed it.

An extra special note to my parents, as they always sympathized with me and listened to my stories about work and as without them, I simply would not have come this far in my life. I would also like to thank my brother Marc for his advice in times of struggle. His rational point of view always helped me in seeing things clearly and tempering my emotions. It is a pity that *oma* is not there anymore to witness this moment as she probably would have been very proud (though I am sure she would also have considered it to be one big hoopla and probably would have talked through the ceremony anyway).

Finally, I want to thank my better half. Dennis, we met during the last year of my PhD project, so you met a Jennifer with considerable stress related complaints, but still

managed to endure my ups and downs, support me *and* made the beautiful cover picture. People, if you want to have amazing pictures taken: hire this guy!

Jennifer van den Berg,
Rotterdam, September 2021

ABOUT THE AUTHOR

Jennifer van den Berg was born on the 8th of May, 1990 in Heerjansdam, the Netherlands. At a young age she developed an interest in the environment and animal welfare, initiating her to become a vegetarian at age 14 and pursue a bachelor's in environmental sciences at Utrecht University in 2010. As her picture of herself as someone taking soil samples in jackboots slowly started to shift, she followed up this bachelor with a more business oriented master in 2014: Sustainable Business & Innovation, again at Utrecht University. This was finalized with a master thesis on change agents for corporate sustainability at the Dutch Institute for Public Health and the Environment (RIVM). Jennifer continued on this research the years after obtaining her master's degree, and during her PhD project. In 2017, Jennifer started this project that was then called 'The Drivers of Organizational Resilience: Towards a Blueprint for Sustainable Organizing'. She saw an important connection between resilience and sustainability and believed for organizations to be truly sustainable, the people in them should be granted power and the authority to participate in organizational decision-making. Though at least focused on the social side of sustainability, the second P in the *triple p* of sustainable development faded into the background. As Jennifer was still broadly interested in sustainability, she participated in an extra-curricular program for Thrive Institute next to her PhD research, in which she collaborated with other PhDs and the corporate world. This reflected her eagerness for self-development and going the extra mile. So did her term as PhD representative, feeling the need to bring attention to PhD issues and bridge the gap between PhDs and staff at Eindhoven University. In the meantime she managed to publish the earlier master thesis research in Journal of Cleaner Production in 2019 and produce several conference publications related to her PhD research. By 2021, just before finishing her PhD, Jennifer published her study on the influence of structural empowerment on organizational resilience in *Organization Studies*, a much welcomed token of appreciation after 4 years of research.