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Agility, hierarchy, and resilience: A cross-sector analysis of strategic decision-making during the Covid-19

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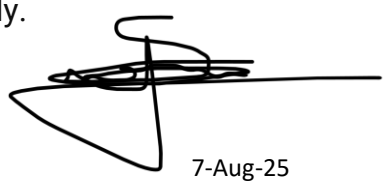
Sara Simon et Iradj Afsharpour, le 07/08/2025



Abstract :
This research looks at the differences in decision-making processes between organizations in the private, public and academic sectors when faced with a sudden external shock, such as a health or economic crisis. These shocks disrupt operations and require rapid, strategic decisions, with responses that vary according to the structures, priorities and missions specific to each sector.
The specific problem studied lies in the three key dimensions: the limited cross-sector comparative research, the underrepresentation of universities in existing studies, and the lack of post-crisis analysis that would enable a deeper understanding of long-term strategic learning and adaptation. While existing literature explores decision-making in the private and public sectors, the inclusion of universities remains limited, leaving a significant gap in understanding the dynamics specific to these organizations with very different objectives: profitability and economic performance for the private sector, continuity of the mission for the public sector, and innovation and education for universities.
The research question is: What are the differences in the decision-making processes of private, public and university organizations in response to an external shock? The aim is to understand how these organizations reconcile their sector-specific objectives and respond strategically to sudden crises.
This study adopts a qualitative case study methodology, based on semi-structured interviews with decision-makers, analysis of strategic documents (crisis plans, internal communications), and observation of decision-making processes during these shocks. Preliminary findings suggests clear contrasts in the level of autonomy, centralization, reactivity and emotional management across sectors, highlighting how structural and cultural factors shape strategic responses in crisis context.
Thanks to a comparative analysis we identify traditional practices of the different sectors as well as intersectoral models. Thanks to thus, we contribute to a nuanced understanding of how organizations can improve their resilience. Through post-covid analysis, this study also helps to understand to what extend organizations learn from the shocks they have experienced and how they adjust their governance and response strategies.
The practical implications concern managers, public decision-makers, hospital managers and academics. By identifying best practices, this research will promote greater organizational resilience and adaptability, enabling a more effective response to external shocks while balancing the objectives specific to each sector.

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1.Introduction

Remember March 16, 2020, remember the powerful words spoken by French President Emmanuel Macron. “We are at war.” These words were spoken in front of millions of television viewers. These words helped millions of citizens understand the gravity of the health crisis that was unfolding.

At a global level, other powerful leaders also expressed the severity of the situation, such as Donald Trump, president of the United States of America declaring a national emergency on 13 March or even the UK Prime Minister Boris Johnson who announced a strict lockdown measures few days after M. Trump. The words of these important men around the world have supported the importance of this unprecedented crisis and its need for coordinated strategic responses. In a VUCA world increasingly, decision-making is becoming more and more complicated (Bennet & Lemoine,2014). The COVID-19 crisis perfectly illustrates this. Organizations have been forced to act quickly, balancing urgency, pressure, and long-term objectives, all while lacking reliable information. According to a report by McKinsey & Company (2020), 90% of organizations surveyed had to urgently change their strategy in the first weeks of the pandemic. Let's start with the public sector, where priority decisions focused on the continuity of the services, and mobilizing human and material resources in a sensitive context. Universities, for their part, had to ensure the continuity of courses and training by quickly switching to digital, often in a slow-moving environment. Private companies, meanwhile, were faced with difficult economic choices, combining cost reductions, accelerated digital transformation, and remote personnel management. Many studies on decision-making show that taking decisions in times of crisis is never easy. Indeed, organizations have a lot of uncertainties to manage with little information and strong time pressure (Maitlis & Christianson, 2014). Other models, such as the 'Garbage Can' model (Cohen, March & Oslen, 1972) or even the notion of 'sensemaking' developed by Weick (1995), detail how organizations try to understand blurred situations in order to take action. The way an organisation reacts also depends on its structure, mission, and culture (Bundy et al.,2017). Finally, it is important that organizations be able to adapt and learn to become stronger in the face of crises (Lengnick-Hall & Beck, 2005). These ideas help us better understand how organizations have dealt with the Covid-19 pandemic. So the Covid crisis has spared no one; all organizations, regardless of their sector, have been affected. However, their responses have varied depending on their hierarchical structure, internal culture, mission, and degree of autonomy. It is precisely this diversity of

responses that raises questions. How do sector-specific approaches influence decision-making in times of crisis? What are the similarities and differences in the mechanisms used?

Despite an abundance of literature on crisis management and organizational resilience, few studies offer a real cross-sector comparison of decision-making methods in the public, private, and academic sectors. Furthermore, a large proportion of existing publications focus on the immediate aftermath, analyzing reactions in the heat of the moment. There are still few in-depth analyses of decision-making processes after the fact, which would allow for a critical perspective on the choices made. By positioning our study in a post-crisis context, we seek to provide a more structured and analytical reading of what really happened behind the scenes of the decisions, and how the structural characteristics of each sector influenced the trajectories of adaptation. At last one gap reside in the under-representation of the educational sector, which is often overlook in the managerial studies. Our thesis seeks to address those gap answering the research question “How do decision-making processes differ across private, public, healthcare and academic organizations post COVID-19 crisis” by drawing on a wealth of literature and using a qualitative method based on semi-structured interviews with key decision-makers during the crisis, we sought to compare theoretical frameworks with the practices actually implemented.

In the continuation of this thesis, we will first present the theoretical framework that supports our analysis by detailing the key concepts and the models mobilized. Then, the methodology used will be presented, specifying our qualitative approach and the analysis tools implemented. We will then move on to the presentation of the results, where each studied case will be analyzed individually before being compared according to our framework of analysis. Finally, we will discuss the main lessons learned from this comparison and propose recommendations as well as a general conclusion

2. Theorical Background

2.1 Strategic decision making

Strategic decision-making is an important concept in organizational theory. It refers to the long-term choices that an organization is committed to. According to Mintzberg, Raisinghani, and Théorêt (1976), these decisions are complex and irreversible, and more importantly, they are made in contexts of uncertainty. There are two opposing models in the literature. The first is the rational model, which assumes a logical and exhaustive analysis before making a choice. The opposing model is the adaptive model, also known as the incremental model, which considers decision-making to be a series of progressive adjustments (Lindblom, 1959).

These models are put to the test when a crisis arises. Indeed, urgency, lack of reliable data, and emotional or political pressure disrupt priorities and, with them, the nature of the decision itself. The importance of intuition, experience, and collective dynamics has been highlighted in numerous studies (Eisenhardt & Zbaracki, 1992).

2.2 Organisational crisis and VUCA

An organizational crisis is defined as an unexpected event with a significant impact that forces an organization to review its objectives and respond quickly. COVID-19 is a perfect example of this.

This situation is often associated with the concept of a VUCA environment. In such an environment, reference points are blurred, data changes rapidly, and cause-and-effect relationships are uncertain. It is therefore a particularly useful environment for helping us to better understand organizational responses to external or sudden shocks such as COVID-19.

2.3 Governance and sectoral approaches

Governance methods and decision-making processes vary depending on the sector. In the private sector, decision-making tends to be faster because it is guided by a logic of performance and agility. In the public sector, hierarchy, the obligation of continuity (for example, for a hospital), and political constraints are more important and guide processes to a greater extent, sometimes at the expense of flexibility. For its part, the academic sector is distinguished by its high degree of autonomy, its rather fragmented governance, and its collegial culture, which tends to foster local creativity but unfortunately slows down decision-making considerably.

The theoretical framework that we have just discovered highlights the specificities of decision-making in a crisis context. He insists on the constraints that the VUCA environment and the characteristics specific to each sector impose. We can now better understand the dynamics of governance that take place in contexts of uncertainty and turbulence. In order to go even further in our understanding, the following literature review explores in more detail the existing work on decision-making processes in times of crisis and more particularly in the private, public, and academic sectors.

3. Literature review

The first stage of our research consisted of a broad and systematic literature review. This review draws on scientific studies focusing on strategic management in times of crisis, organizational governance, and decision-making dynamics in different sectoral contexts. The objective of this literature review was to identify relevant conceptual frameworks and the main tensions that arise in decision-making processes in complex and unstable environments.

Through our review, we found a lack of cross-sector comparisons in existing research, a largely unexplored academic field, and a need for post-COVID analysis to understand how strategic decisions have been adapted in this unprecedented context and the long-term implications

In order to explore certain aspects that are less covered in the literature, we used artificial intelligence-assisted research tools such as Gemini, which gave us access to more specialized articles, particularly in the academic sector. This enabled us to enrich our understanding of the dynamics specific to each sector, such as autonomy, hierarchy, and collaboration mechanisms that influence strategic decision-making.

3.1 Definitions and key concepts

This first section lays the conceptual foundations for our analysis. It first defines strategic decision-making as a process that mobilizes senior management to address uncertain and long-term challenges (Elbanna, 2006; Alexander et al., 2020). Then, it clarifies the notion of sudden crisis, which is characterized by its significant unpredictability and destabilizing impact on organizations (Frimousse & Peretti, 2020). And finally, it presents the structural and cultural specificities of the three sectors we study, which strongly influence their decision-making logic (Lopez & Oliver, 2023; Frimousse & Peretti, 2022; Beliefs & Culture in Education Institutions, 2022).

3.1.1 Strategic decision-making

One definition of strategic decision-making is the collection of decisions made by an organization with the aim of directing its operational resources and goals in the most sustainable way possible (Elbanna, 2006). She distinguishes operational or tactical decisions based on their long-term effects, high degree of uncertainty, and the fact that they mobilize the highest levels of hierarchy (Elbanna, 2006). In a crisis like the COVID-19 pandemic, strategic decision-making is crucial because it must integrate long-term vision, adaptation, and responsiveness in an unstable and uncertain environment (Alexander et al.,2020).

3.1.2 Sudden crisis and external shock

An external shock is defined as an unforeseen event, often external to the organization, which seriously disrupts its operations. This can include economic crises, natural disasters, political upheavals or, as we shall see, a global health crisis. The unpredictability, brutality, and urgency of the response it demands are the hallmarks of an unexpected crisis (Frimousse & Peretti, 2020). This type of event forces organizations to reassess their decision-making practices and implement more flexible, decentralized or cooperative procedures.

3.1.3 Organization typology

Our study focuses on three types of organizations: Private companies, public institutions, and universities. Each type of organization has very different structural and cultural characteristics, which influence their decision-making processes to a greater or lesser extent.

- The private sector is generally oriented towards profitability, performance, and innovation. Decisions are often influenced by market considerations, competitiveness, and return on investment (Lopez & Oliver, 2023). The organizational culture values agility, speed of execution and controlled risk-taking.
- The public sector, on the other hand, operates according to the logic of service continuity, political responsibility and respect for procedures. Strategic decisions are often slow and highly constrained by regulations and rigid hierarchical chains (Frimousse & Peretti, 2022).
- Universities, as non-profit organizations with an educational mission, have a distinctive collegiate structure. Decision-making is often based on consensus, academic autonomy and participatory processes, which can slow down reactions in times of crisis but also foster greater collective ownership (Beliefs & Culture in Education Institutions, 2022).

3.2 Theory of decision-making

This second section presents the main theoretical approaches to decision-making in a crisis context. We discuss the classic models of limited rationality, intuition and political model but also more specific approaches to emergency and finally tools like AHP, which are useful for structuring complex choices.

3.2.1 Rationality, intuition et politics

Historically, a number of theoretical models have been used to study strategic decision-making. According to Herbert Simon's 1955 introduction of the limited rationality model, decision-makers lack the time, information, and cognitive capacity necessary to make fully rational decisions. Therefore, they are satisfied with satisfactory solutions.

In addition to this perspective, researchers have highlighted the importance of intuition (Elbanna, 2006), especially in uncertain situations where decision-makers may need to rely on their instincts or experience. Finally, the political model emphasizes that decisions are frequently the product of power struggles, compromises, and negotiations between parties with conflicting interests, particularly in government or academic institutions.

These three models, bounded rationality, intuition, and politics are now seen as complementary, each activated according to conditions and culture.

3.2.2 Decisions in a crisis context

When a crisis situation arises, conventional models are often insufficient to explain the complexity of the emergency in detail. Specific models have therefore emerged. These models, more focused on decision-making in an unstable environment, are as follows :

- Dynamic Decisions-Making (DDM) : It emphasizes the importance of reviewing decisions in real time, as new information emerges. It values iterative and adaptive processes (D'Alessio et al.,2024).
- Naturalistic Decision-Making (NDM) : He is interested in decisions taken "in the field", particularly in high-intensity sectors such as the military, medical or civil security, where the experience of players takes precedence over formal models (D'Alessio et al.,2024).
- Emergency Decision-Making (EDM) :It brings together approaches that analyze decision-making in a context of extreme urgency. This model takes into account the potential effects of stress, lack of organizational coordination and time pressure on the quality of decisions. (D'Alessio et al.,2024)

What these 3 models have in common is that they recognize the cognitive limits of decision-making, while emphasizing the need for anticipation, collaboration and organizational trust in crisis governance (Alexander et al., 2020 ; McKinsey, 2023).

3.2.3 Theories of governance and organizational culture

The style of governance has a direct influence on how decisions are made. In centralized governance, decisions are concentrated at the top, which can promote speed but can also limit the diversity of perspectives. On the other hand, decentralized governance, which is more common in universities, for example, involves more players, but can slow down processes (Denis, Langley & Rouleau, 2007).

Organizational culture also plays a very important role. A culture open to debate, experimentation, and error, as in some innovative companies, promotes greater resilience in times of crisis (McKinsey, 2023). Conversely, a culture based on conformity or fear of making mistakes can have damaging consequences and paralyze decision-making.

A number of methodological tools have been developed to structure decision-making by taking into account a whole range of qualitative and quantitative criteria. Among the most used tools, we can find the classic SWOT analysis, which allows evaluating the internal and external factors that influence the decision (Pickton & Wright, 1998), the Decision Matrix Analysis (Ben-Haim, 2001), or the Theory of games founded by John von Neumann and Oskar Morgenstern which is useful to anticipate the behaviors of other actors in an uncertain environment (Osborne & Rubinstein, 1994). But in such a complex framework, and in which several objectives are under tension, the AHP process (Analytic Hierarchy Process) is distinguished by its ability to prioritize alternatives based on multiple weighted criteria. This tool offers a rigorous decision-making structure, and even more so in a crisis context (Saaty, 1980; IntechOpen, 2022).

Thomas L. Saaty created the Analytic Hierarchy Process (AHP), a strong and organized approach to decision-making that facilitates complicated, multi-criteria choices. In an era of rapid digital transition, geopolitical instability, the AI revolution, and the growing significance of stakeholder involvement, it is particularly pertinent today. AHP integrates both quantitative data and qualitative judgment by using a series of pairwise comparisons to break down tough judgments into smaller, more manageable components.

The method's strength is its capacity to integrate subjective assessments with quantifiable elements, empowering decision-makers to make thoughtful and well-rounded decisions. While preserving flexibility and agility across several industries, AHP assists in coordinating decisions with strategic objectives. It also provides a visible and repeatable process, which boosts decision-makers' confidence. Clarifying the problem is the first step in the AHP decision-making process, which calls for both domain expertise and self-awareness to separate the known from the unknown. Financial, technological, ethical, and regulatory restrictions must be clearly stated, as must the problem's scope. Finding the important parties impacted by the choice is essential since it helps define a pertinent time range for study and better frame the problem. The intended result needs to be precisely specified after the challenge has been framed. The decision-maker then constructs a hierarchy of the decision's constituent parts. The principal goal is at the top, followed by the primary criteria, potential sub-criteria, and the alternatives that are being considered. The decision structure is detailed at each level, enabling more accurate comparison. In the future this technique could be more efficient with the incorporating of modern tools such as data mining and machine learning to further enhance AHP's effectiveness by providing deeper insights and more robust data analysis. Ultimately, AHP would represent a bridge between theoretical frameworks and real-world best practices, supporting decisions that are rational, transparent, and strategically effective.

In summary, understanding decision-making processes is based on a range of theories and tools that complement each other. Classical models like those of Mintzberg or Simon find their place in more recent approaches oriented rather towards action. Governance, culture and decision support tools play an important role in transforming strategic intentions into concrete decisions, particularly in times of urgency and uncertainty. These theoretical contributions therefore join with the previous ones to form the basis we need for our analysis.

3.3 Decision-making in a crisis context

Decision-making in a crisis context has specific characteristics that clearly distinguish it from the decision-making process in normal situations. This section explores the main challenges related to urgency and uncertainty, the role of hierarchical structures, autonomy, collaboration as well as the influence of cultural, emotional and political factors. The objective being to understand how these elements interact with each other to shape strategic choices in the face of a major external shock such as Covid-19.

3.3.1 Challenges of urgency and uncertainty

The uncertainty covers multiple notions such as the lack of relevant information, the uncertainty of inconsistency with the possibility of bias in the data, or human mistakes. In situations requiring imminent decisions, the relevance and amount of information are crucial for effective decision-making. However, during crises, the decision makers often have to work with incomplete, unstructured, and sometimes delayed data or intelligence. Uncertainty can also be defined as the gap between the information required to act business as usual and the information available. The more complex the situation or event, the greater the need for accurate and comprehensive data collection. Some of the most common sources of uncertainty include the cause or triggers of the event, the nature and scope of the danger, and its direct consequences as well as indirect externalities

Crisis is characterized as an unforeseeable event with exceptional consequences; it can be divided into multiple temporal phases as a dynamic phenomenon (Dautun, Tixier, Chapelain, Fontaine & Dusserre, 2014)

- First Phase is the before Crisis: We do not have the crisis yet, but still the first makers and signals are there, and if properly taken into account, could be used for an analysis.
- The second phase is the management: It is the trigger event and the first response answer for all those uncertainties, the strategic intelligence which refers to the process of information delivery and analysis with the objectives of helping decision makers. The relevant stakeholders would process to make their decision with the available information they have. Those decisions are influenced by a lot of factors.

In Dautun (Dautun, Tixier, Chapelain, Fontaine & Dusserre, 2014) there are 2 approaches and depending on which type of approach it is, The event considers the event itself with all the consequences and externalities

The second approach is the process approach. We define here the event as a trigger. This approach thus considers that the event is happening in an area of risk.

The third phase is the post-crisis; it refers to the period where the company is restructuring and repairing potential damages done by the event. This phase is one of the most important. It would enable the company to proceed to a feedback loop and gain experience from the crisis.

3.3.2 Role of hierarchy, autonomy, and collaboration

The review Leading Through Crisis describes several examples that highlight the harmful consequences of a lack of coordination between administrations, inaccurate communication about responsibilities, or overly centralized management, which prevents actors on the ground from participating in decisions. This clearly highlights the need to find a better balance between policy framework and managerial efficiency.

A key point is cross-functional collaboration. According to McKinsey (2023), the establishment of “nerve centers” has improved coordination and reduced siloed thinking. Nerve centers are decision-making units that bring together various internal profiles. Allowing for structured debate and encouraging challenge has led to better decision-making.

In universities, on the other hand, collegial logic and the dispersal of responsibilities have slowed decision-making agility. Despite this, some institutions have managed to adapt by setting up joint crisis units involving administrative staff, academics and students.

3.3.3 Emotional, political, and structural factors

Making decisions is hard since many things, such cultural background, can affect them. Culture affects people's and groups' values, beliefs, and norms, which in turn affect how they make decisions. This study looks at how culture affects decision-making in different situations by looking at five research studies that look at the individual, organizational, and society levels. The results show how important culture is in affecting how people make decisions, what they think, and what happens.

Cultural identity is an important factor in making decisions at the individual level. Studies from Cantrill, shows that people's cultural backgrounds can affect their job choices and mental health. For example, a qualitative research of foreign school students found that their cultural identity and sense of belonging had a big effect on how they made job decisions and how adaptable they thought they were in their careers (Cantrill, 2024). These results show that a person's cultural heritage not only affects what they like, but also how ready they are to function in a worldwide workforce.

The way Chinese college students make decisions also shows how cultural capital affects their educational choices. A study looked at how students' backgrounds in cities and families with a lot of cultural capital affected their choices. It found that students from cities and families with

a lot of cultural capital were more likely to choose humanities and social sciences, while students from rural areas were more likely to choose science, engineering, and medicine (Guo, C., Guo, M., Fang, C, 2025). This shows how cultural capital, which is typically linked to financial class, affects people's paths in school and work and thus decision-making and judgment.

The culture of an organization also has a big effect on how decisions are made. A doctoral thesis looked into how organizational culture affects decision-making when there is ambiguity. It found that cultural norms, beliefs, and practices affect how both individuals and groups make decisions (O'gli, 2024). The study used a mix of approaches and found that corporate culture can help or hurt good decision-making, especially when things are ambiguous.

The effect of company culture is even clearer when looking at behavioural economics. Studies that looked at how cultural values affect people's susceptibility to biases like the appeal of choice, mental accounting, and overconfidence concluded that cultural differences have a big effect on how people make decisions. For example, those from cultures with high power-distance and masculinity scores, like China, were more likely to be overconfident in their choices (Hoffman & Anwar, 2024). These results show how important it is to know about cultural differences while making decisions in an organization.

Cultural values and conventions affect how people make decisions as a group. A study that looked at how people think about the social and cultural effects of policy decisions revealed that people see valued effects via a lens that emphasizes both tangibility and scope. The study found that decision makers often pay less attention to social and cultural elements, which are less tangible and more specific, than to economic aspects, which are more tangible and broader.

The fact that people see social and cultural influences as less important than others has big effects on policy decisions. The study says that a lot of important social and cultural effects don't fit cleanly into established categories for impact assessment. This means that they are often left out of decision-making processes (Dieckmann et al., 2021). This shows that policy decisions need to be more inclusive and take into account the cultural and social differences of the populations who are affected.

Your cultural background can also make you more likely to be affected by biases and heuristics when you make decisions. According to research on how cultural values affect behavioural economics ideas, people from diverse cultural backgrounds are more or less likely to be affected

by biases like the allure of choice, mental accounting, and overconfidence (Hoffmann & Anwar, 2024). For instance, people from cultures with a lot of power distance and a low tolerance for uncertainty were more likely to be swayed by the appeal of choice, whereas people from masculine cultures were more likely to be overconfident.

These results show how important it is to take cultural differences into account in behavioural economics. The study suggests that decision-making techniques should be different for different cultures and that interventions should be made to fit these differences (Hoffmann & Anwar, 2024). By taking into account the various cognitive biases and heuristics that are common in many cultures, this method could make decision-making treatments more effective.

The effect of culture on decision-making has substantial effects on policy choices. According to research, impact assessments need to be more inclusive and take into account the cultural and social differences of the populations that will be affected (Dieckmann et al., 2021). The study reveals that many important social and cultural effects don't fit cleanly into established categories for impact evaluation, which makes them less important in decision-making.

The study suggests that the best way to deal with this problem is to make risk and impact assessments better and more defensible (Dieckmann et al., 2021). This can mean establishing assessment frameworks that are more detailed and take into consideration the intangible and narrow effects that standard methods often miss. By taking cultural factors into account when making policy decisions, decision makers can make sure that the demands and values of a wide range of stakeholders are properly reflected.

The effect of culture on decision-making is complex and affects people, organizations, and society as a whole. Research shows that cultural identity, norms, values, and capital play a big part in how people make decisions and what happens as a result. To make good decisions that take into account the different needs and values of people and groups, you need to understand how these cultural factors affect them.

Organizations and policymakers can make better and more inclusive decisions by taking cultural factors into account when making decisions. This method not only leads to better results, but it also encourages social mobility and lowers the gap in schooling (Guo, C., Guo, M., Fang, C, 2025). As the world becomes more connected through globalization, cultural factors will become ever more important in decision making.

In sum, decision-making during a crisis is the result of a complex balance between urgency, lack of information, structural constraints, and human variables. The hierarchical, collaborative, and cultural dimensions are intertwined and influence the ability of organizations to react effectively. These elements further enrich our understanding of the responses provided by the public, private, and academic sectors to the pandemic that we have experienced.

3.4 State of research by type of organization

Decision-making in a crisis context varies according to the different sectors. This new section examines the differences specific to each of the sectors while highlighting their internal logics, their constraints and their ability to adapt in the face of uncertainty.

3.4.1 Private sector: agility, innovation, profitability

The literature on decision-making in the private sector highlights the importance of responsiveness, strategic innovation, and profitability as major challenges for companies during times of crisis.

According to López & Oliver (2023), integrating innovation into corporate strategy becomes essential to maintain competitiveness when a crisis occurs. However, the concept of innovation often remains vague, which limits its concrete adoption in decision-making processes.

Moreover, the absence of a clear innovation strategy can slow down rapid responses. Studies conducted by McKinsey (2020, 2023) reveal several effective levers mobilized by companies during the Covid crisis: Decentralizing decision-making to speed up implementation; establishing a safe framework for discussion to encourage the emergence of new ideas; placing greater emphasis on mistakes as learning opportunities; and highlighting the essential link between strategic decisions and organizational objectives.

The cases analyzed in this work show that small companies that have established an environment of trust and more flexible governance have performed better in an uncertain context. Nevertheless, McKinsey points out that many decisions were taken at too high a level, resulting in slower adaptation.

Finally, the AHP tool explained above is mentioned in some of the studies as an effective means of helping to structure the prioritization of strategic decisions, more specifically when several objectives are in tension.

3.4.2 Public sector: Hierarchy, service continuity and political constraints

In the public sector, strategic decisions are influenced in a completely different way to the private sector. Here, decisions are influenced by structural and institutional logics. The three elements that come up most often are: the weight of hierarchy, the obligation of service continuity and the numerous political constraints that make governance in times of crisis far more complex.

The structure of this sector is often based on a rigid hierarchical chain in which decisions are passed up or down through several levels of validation. This type of organization limits the ability to react quickly to a shock. Frimousse & Peretti (2022) point out that this creates a high degree of dependency on higher levels, which can slow down or even block urgent decision-making.

Let's take the example of CHU Namur(Semal, 2017), a good illustration of this dynamic: Before the introduction of a "performance room" inspired by Lean Management, decisions were slowed down by barriers between the various departments and complicated communication of strategic information. With the introduction of this new "performance room", information is centralized, so priorities are visible at a glance, and collaboration between different departments is more fluid. This approach proves that organizational structure can have a positive influence on the quality of decisions.

Unlike the private sector, public organizations such as hospitals cannot suspend their activities entirely, but must ensure continuity of service, whatever the circumstances. They must therefore maintain operational functioning while managing strategic urgency. There is therefore a certain tension in the public sector that limits the scope for experimentation and innovation (Frimousse & Peretti, 2020).

Finally, this sector is the most conditioned by political and administrative issues. The fact that managers are faced with numerous directives and obligations means that processes are slowed down, whether this is linked to a need for consultation or prudence. It also implies an acceleration of decisions that are more related to the image of the ogranization, or even decisions motivated by a logic of control or electoral pressure.

The review Leading Through Crisis describes several examples that highlight the harmful consequences of a lack of coordination between administrations, inaccurate communication

about responsibilities, or overly centralized management, which prevents actors on the ground from participating in decisions. This clearly highlights the need to find a better balance between policy framework and managerial efficiency

3.4.3 University sector: autonomy, slow decision-making, educational mission

In the literature, the university sector is clearly the least talked about when it comes to crisis management. Yet the way they reacted to Covid-19 reveals their autonomy, their structural slowness and, above all, their considerable resilience.

University autonomy is often seen as an asset in preserving academic freedom. It allows different teams to organize themselves according to their needs.

However, so much autonomy can also be an obstacle when a crisis situation arises. This has resulted in slow decision-making in several establishments that do not have a clear crisis management plan. In these establishments, decisions relating to distance learning or examinations have sometimes been taken in a disorganized manner and very slowly, without being equal across the various faculties. This lack of coordination is regularly highlighted in the literature, and slows down decision-making in this type of organization (Frimousse & Peretti, 2021).

Another characteristic of this sector is the slowness with which decisions are taken, which stems from the fact that universities have a culture of deliberation and consensus. This culture is not problematic in itself, but it is not adapted to crisis situations that require rapid, coordinated reactions. The literature on organizational culture in the education sector shows that principles such as trust, equity and collective commitment are very much in evidence, but are not adapted to crisis contexts (Culture & Performance in Education Institutions, 2022).

Despite all their difficulties, university institutions have shown great resilience: students, professors and other staff have very often adapted well and managed to maintain the educational mission as a priority, sometimes even with a degree of innovation. This has been made possible by the involvement and responsiveness of the people on the ground. In our view, therefore, it's fair to say that even if the organizational structures of the universities were far from being prepared to handle a crisis such as Covid-19, the motivation and ingenuity of all the people working there enabled them to stay the course and hold firm (Frimousse & Peretti, 2021).

The sectoral analysis reveals contrasting dynamics. The sector tends to show greater agility because it is favored by more flexible structures and oriented towards innovation. On the contrary, the public sector is held back by hierarchical and political constraints. For their part, the universities are encountering their own slow decision-making despite their autonomy. These differences show the importance of the organizational context in the way a crisis is faced and constitute an essential analytical framework for our study.

3.5 Lack identified in the literature

Since the Covid-19 pandemic, the literature on decision-making in crisis situations has grown considerably, but some dimensions remain under-researched or still too descriptive. We note 3 main gaps that stand out in our analysis.

3.5.1 Lack of intersectoral comparisons

The first shortcoming is the lack of cross-sector comparisons. The vast majority of studies focus on a single sector. Very few studies directly compare the way in which different types of organizations react to the same crisis, although we can find many very detailed studies of crisis management in private enterprise (McKinsey, 2023), a few less so in public administration and a few isolated cases in hospitals or educational institutions. A cross-sectoral approach would be very useful, however, to better understand common mechanisms, specificities linked to different structures or cultures, and positive practices that could be transferred from one sector to another.

This lack of perspective makes it challenging to assess the relative effectiveness of decision-making models based on how they develop within a framework with a profit, non profit or public goal. This is exactly what our work aims to discover.

3.5.2 Lack of data on the academic sector

The second gap we have identified is the lack of data concerning the university sector. As mentioned above, most studies focus on the public or private sector, but very few concentrate on universities or other educational institutions (Frimousse & Peretti, 2021). These organizations were not spared, however, and also had to make major strategic decisions during the pandemic, whether it was a switch to online teaching, adapting assessment methods or providing help and support to students while respecting health constraints.

The lack of available data on the subject limits our understanding of the sector's particularities and its ability to adapt. This is all the more problematic as universities play an important role in society. They train and educate tomorrow's decision-makers. Our work, therefore, also aims to fill this gap by integrating an analysis of the academic world at the same level as the public and private sectors.

3.5.3 Need for post-COVID analysis

Finally, the third and last gap we have identified is the lack of post-pandemic analysis. A huge number of studies were carried out and published during the pandemic, but these followed a logic of immediate analysis, describing and analyzing reactions taken in the heat of the moment. These analyses are invaluable, but unfortunately, do not allow us to take a step back and document the medium/long-term effects of all the decisions taken.

So now it's time to look at the consequences, and more simply at how organizations have reacted. What has been learned? What has been preserved or abandoned? Has the crisis had a lasting impact on modes of governance? Our dissertation is part of this post-crisis perspective, seeking to understand how the choices made at a critical moment fit into broader strategic logics today (McKinsey, 2023) ; (Frimousse & Peretti, 2022).

3.6 Theoretical contribution of the study

Our research intends to contribute to the already existing literature by filling three major gaps that we have identified. We adopt a cross-sectoral comparative approach by integrating the private, public and academic sectors. This choice allows us not only to highlight the specific characteristics of each type of organization, but also to identify potential transferable transversal practices. Moreover, the integration of the academic sector, which has been largely set aside until now, and by adopting a post-crisis posture, our work enriches the understanding of organizational learning over the long term.

Identified Gap	**Approach adopted in this thesis**	**Expected contribution**
Limited cross-sector comparisons	Cross-analysis of the private, public and academic sectors	Identification of common and divergent dynamics in decision-making in a crisis context
Underrepresentation of university	Integration of universities into the analysis sample	Better understanding of university governance in a context of crisis

Lack of post-crisis perspective	A posteriori analysis via interviews with decision-makers	Highlighting sustainable learning from the crisis

4. Méthodology

The main objective of our research is to understand how the different organizations from each sector we have chosen, i.e. the private, public and academic sectors, make decisions in response to crises as we experienced with the Covid-19 pandemic.

In this section, we first present the methodological choices that guided our approach, before describing the data mobilized for the study. Then, we explain how we proceeded with the analysis.

4.1 Methodological choices

We use a qualitative approach that focuses primarily on conducting semi-structured interviews. Our goal is to explore how the different sectors we are studying have made their decisions in response to COVID-19. The methodology we have chosen aims to combine the theoretical lessons learned from our literature review with concrete experiences explained directly by those involved in the field. The choice of a qualitative approach is mostly because our knowledge is still limited when it comes to understanding the multidimensional crisis decision-making process, including the opportunity to extend bounded rationality and governance theories with sector-specific models of resilience. The qualitative approach thus allows us to explore these dynamics in depth. It also opens the door to enriching existing theories, such as bounded rationality and governance, by integrating sector-specific models of resilience.

To do this, we then developed a semi-structured interview guide based on the key points highlighted in our theoretical framework. This framework aims to determine how the concepts of autonomy, hierarchy, and temporality have been applied in reality. The goal was to understand the extent to which theoretical models apply or do not apply to decisions made by organizations in times of crisis.

4.2 Case selection

We have selected some organizations. Our selection was carefully considered and thoroughly thought out. The organizations we have chosen are: Charlesville's Manchester hospital in france, Igretec, Kaki Cake Bar, the Grand hopital de Charleroi and a sample of students from different backgrounds and different studies. These organizations belong to different sectors but

have all been directly impacted by the COVID-19 crisis and have therefore had to make important strategic decisions in an emergency context. Their diversity also allows us to cover different governance models, different operating logics, and different constraints. Accessibility was very important in our selection process; it was very important for us to be able to contact the people directly involved in the decisions in order to obtain reliable qualitative data. For this reason, we were forced to change our perspective on a particular sector. In fact, we initially aimed to interview decision-makers in the academic sector, but due to a lack of response from the institutions contacted, we opted instead to collect the point of view of students who were directly affected by the strategic decisions made by their universities during the crisis. This new approach offers a complementary insight into how decisions were perceived and experienced by the academic community. Additionally, we have two actors from the same sector one from France and the other from Belgium, which enable us to also add a cultural dimension into our analysis

4.3 Data collection strategy

4.3.1 interview method

We conducted semi-structured interviews with key players who played a decisive role during the COVID-19 crisis with the aim of collecting as much data as possible. This method allowed us to combine rigor and flexibility, as it provides a common framework for all interviews while giving respondents the freedom to develop their answers based on their own experiences. We felt that this method was the most relevant for exploring the human dynamics behind strategic decisions. In line with the Upper Echelons Theory (Hambrick & Mason, 1984), which posits that organizational outcomes are partially predicted by the characteristics and cognitive bases of the top managers, we sought to understand how individual decisions-makers' experiences, perceptions and values influenced or not the responses of their organization during the crisis. This theory highlights the importance of looking beyond formal structures in order to better understand how strategic choices are constructed by the interpretations of people in power. Interviewing these key actors has therefore been essential to allow us to access the motivations and constraints that supported their decision-making. This approach is consistent with recent research such as that of Kraus et al. (2020), who mobilized the Upper Echelons Theory to analyze how SME leaders' individual characteristics shaped strategic responses during the COVID-19 crisis. We recorded and transcribed all interviews in full (with the participants' consent) in order to carry out our analysis.

4.3.2 Selection of respondents

The people interviewed hold key positions in their respective organizations: senior management, crisis management teams, HR managers, etc. They were selected for their direct involvement in strategic decisions during the crisis. This diversity provides a nuanced view of decision-making practices, capturing both structural aspects and human dynamics.

In the case of the university sector, we interviewed students from different backgrounds and academic programs. This choice was made because no institutional representatives as available for an interview, despite repeated requests. However, we considered it essential to maintain the academic sector in our work and the student perspective offers valuable insights on the perceived impact, clarity of decisions and the responsiveness of the university during the crisis. Finally, this diversity gives us a nuanced view of decision-making practices capturing both structural and lived aspects.

4.3.3 Interview guide

The interview guide we have developed is structured around five main themes: the context of the crisis and how it was perceived, the governance structures mobilized, the chronology of decisions, the trade-offs made, and finally the lessons learned in insight. Through open-ended questions, our goal is to understand how choices were made, by whom, with what tools or limitations, and how practices are similar or different from one sector to another.

In the case of the student interviews, the guide was adapted to focus on their perception of institutional deisions, their clarity, fairness and impact on academic life.

The interviews were analyzed using thematic coding. This means that we first took the time to read each transcript in its entirety. After reading, we identified recurring categories related to our theoretical framework, such as centralization vs. decentralization, degree of autonomy, timing of decisions, etc. These categories were then compared across sectors to see if any convergences, divergences, or specific characteristics stood out.

5. Analyse & results

To analyze the data we have collected, we will adopt a time-based approach.

Initially, each interview was the subject of an individual case study, except for the university sector, where we grouped the different interviews into an analysis. This allowed us to deepen our understanding of the specificities and dynamics specific to each organization.

In a second step, we conducted a comparative analysis between the different cases. This cross-comparison is based on the conceptual framework developed in our literature review, such as the nature of strategic decision-making, the role of hierarchy, collaboration, and emotional and cultural factors.

This double level of analysis, individual and comparative, allows us to easily highlight the convergences and divergences between the different sectors and identify common or specific mechanisms that have an influence on crisis management. The final comparative table summarizes these results by following the main dimensions of the theoretical framework.

5.1. Presentation of studied organizations

5.1.1 Private sector

5.1.1.1 Manchester hospital

The Manchester Hospital, located in Charleville-Mézières in the Ardennes region of France, is one of the most important healthcare facilities in the area. As part of the Centre Hospitalier Intercommunal Nord-Ardennes (CHINA), it plays a central role in delivering medical care to a population of over 200,000 people; Moreover this Hospital was involve in a the local plan of cooperation during the covid19 crisis which make it very interesting for out thesis.

5.1.1.2 Kaki Cake Bar

Kaki Cake Bar is a private Brussels-based company operating in Horeca. Specializing in Asian-inspired desserts, Kaki opened its doors to customers in April 2020. Kaki is a small independent business that embodies an entrepreneurial approach focused on creativity, commercial agility, and customer proximity. The choice of this case study illustrates the specificities of decision-making in a small private company facing a health crisis, particularly in terms of rapid adaptation, operational management, and economic resilience, while the company was still in the process of being established.

5.1.2 Public Sector

5.1.2.1 Igretec

Igretec, which stands for intermunicipal management for technical and economic studies, is a public body based in Charleroi. This body was created following the merger of two intermunicipal bodies in 1985 and its main mission is the economic and territorial development of the region. To achieve this, the organization provides a range of technical services such as urban planning, water management, and energy transition. Igretec has nearly 350 employees and manages 21 business parks. It combines a public service mission, intermunicipal autonomy, and strategic projects focused on sustainability and innovation, which is of particular interest to us for our analysis of decision-making in times of crisis.

5.1.2.2 Le grand hôpital de Charleroi

The “Grand Hôpital de Charleroi” is one of the largest hospital institutions in Wallonia. It was created in 2008 through the merger of several hospitals. The GHdC is a major player in the non-profit public hospital sector. It has 4,000 employees, including around 500 doctors, and has approximately 1,000 beds, which are currently spread across several sites. The new site, which will become the sole site, is located in Gilly, and the centralization of the other sites to this one is already well underway.

Unlike other hospitals, GHdC has a dual mission. It must provide accessible, high-quality healthcare, but it must also contribute to the training of future healthcare professionals and medical research.

5.2. Individual analysis

5.2.1 Manchester Hospital

Prior to the COVID-19 pandemic, the organization already had an established emergency protocol in place the ”*Plan Blanc”*. This emergency plan, common across French hospitals and clinics, is designed to anticipate and prepare for potential disruptions in a world increasingly characterized by volatility, uncertainty, complexity, and ambiguity (VUCA). The *Plan Blanc* includes pre-identified personnel who can be mobilized rapidly in the event of a crisis, enabling institutions to respond more effectively under pressure.

However, while the *Plan Blanc* laid an essential foundation, it was not initially designed to address a crisis of the scale and duration presented by the COVID-19 pandemic. The unprecedented nature of the situation exposed certain limitations in the plan’s scope and adaptability. Despite these initial constraints, the clinic demonstrated a notable capacity to

adapt. Contrary to assertions made by Frimousse and Peretti, which suggest that public sector organizations often lack responsiveness and innovation, The whole particular group successfully leveraged its existing emergency framework to recover and adapt under extreme conditions.

One of the biggest key enabling factors was the intervention of a centralized external actor the French state which provided not only logistical support but also a strategic framework with clearly defined objectives. This intervention was critical in aligning decentralized actors (hospitals and clinics) and improving information sharing. Decision-makers within these institutions were, as a result, better informed about the availability and distribution of resources across the broader healthcare network.

During the interview, Mr. Cazzitti emphasized the role of experience in decision-making, aligning with Elbanna's (2006) argument that prior experience allows decision-makers to respond more quickly and effectively in crisis situations. The element of time one of the most constraining factors in emergencies can be mitigated to some extent when decision-makers are able to draw on relevant past situations and learned responses.

However, Mr. Cazzitti also underscored the limitations of intuition. While experience is valuable, relying solely on intuitive judgment especially in high-stress, high-uncertainty environments can lead to errors, particularly when biases are not acknowledged or controlled. This nuance adds complexity to the debate on rational vs. intuitive decision-making in crisis management. Therefore relying on intuition in the sector is less likely to be successful.

Importantly, the organization was able to innovate under pressure by adopting improved practices and enhancing internal processes a dynamic and proactive response that contradicts some claims in the literature about the rigidity of healthcare institutions. This case highlights the value of collaborative governance, especially between local actors and a centralized coordinating body like the state, which is not always fully captured in existing decision-making frameworks.

Additionally, this centralized oversight facilitated a more integrated response, allowing for rapid reallocation of resources and coordination across departments and institutions. As also illustrated in the CHU Namur case (Semal, 2017), interdepartmental collaboration enhances organizational performance and fosters agility qualities that are crucial in healthcare

environments where responsiveness can directly impact patient outcomes. In same times each organization where able to proceed as they wanted in order to achieved to designated objectives.

Nowadays our neighbours in France did improve their “Plan Blanc” incorporating the field experience of the covid 19 crisis the be able to react to such situation even faster. For instance the number of bed available in the area are still available to see by other Hospital and Clinic, to continue their collaboration and improve the quality of their daily services

In sum, this case challenges generalized assumptions about the public sector’s capacity for crisis response. It demonstrates that, when pre-existing plans are supported by centralized coordination and when decision-makers are able to draw upon both experience and structured processes, healthcare institutions can react rapidly, innovate, and even improve their operations under extreme pressure. Moreover, the medical field also uses feedback loops to ensure their experience does not go to waste and to review the decisions made by the committees.

5.2.2 Kaki Cake Bar

The experience of Kaki Cake Bar, a small catering business founded at the very beginning of the pandemic in Brussels, provides a concrete illustration of several theoretical dimensions developed earlier, particularly with regard to decision-making autonomy, the temporality of choices, and the emotional impact on strategic governance in times of crisis.

When the business opened in April 2020, Gwen, the manager, admits that she clearly underestimated the scale of the crisis, which is consistent with the work of Frimousse and Peretti (2021) on the sudden and unpredictable nature of such a crisis, particularly in small, inexperienced businesses such as this one. This lack of foresight is typical of SMEs, which are often focused on immediate operational issues and pay less attention to incorporating crisis scenarios into their strategic planning.

In terms of governance, Kaki's case reflects a highly centralized model. All decisions are made by a single person, Gwen. This corresponds to the observations of Gioia et al. (2000) and Weick (1995) on the central role of the sole decision-maker in small structures: autonomy is high, but this can lead to cognitive and emotional overload, especially in times of uncertainty.

In this case, decision-making is highly reactive and empirical. It illustrates very well the adaptive functioning described by Mintzberg (1979), who says that in the face of rapid change, decisions are made “on the fly,” often without any formal structure. Gwen explained to us that

she often relies on her intuition rather than a logical analysis of the situation, which is in line with Kahneman's (2011) analyses of decision-making biases in stressful contexts.

The analysis highlights a very low level of decentralization with little room for maneuver granted to employees, which reinforces the key role of the manager in coordination. This finding reinforces Chakravarthy's observations that, in small businesses, adaptability depends mainly on the flexibility of the manager himself.

The founder retrospectively identifies the role of emotions as a factor that may have influenced certain decisions. This reflective assessment echoes Frimousse's thoughts on the emotional dimension of decision-making in times of crisis: in structures with weak hierarchies, the absence of mediation or collective discussion can make decisions more vulnerable to individual emotions.

Finally, the case of Kaki Cake Bar illustrates quite well the typical economic dilemmas faced by the private sector in times of crisis. Indeed, the pursuit of immediate profitability guides decisions above all else, sometimes to the detriment of a long-term strategic vision.

The sustainable measures put in place, such as takeaway sales, revenue diversification, and fixed cost reduction, demonstrate the ability to learn from the crisis by developing forms of entrepreneurial resilience. This is in line with Lengnick-Hall and Beck's perspective on building post-crisis organizational resilience.

5.2.3 Igretec

Thanks to the interview with Igretec, we understood how the company operates and were able to highlight its structured and centralized crisis management. However, not everything seemed to be so well prepared. In fact, Igretec did not have a specific plan in place to deal with a crisis as significant as the one we experienced. The company mainly relied on existing internal crisis communication procedures, which enabled them to respond quickly and effectively within a pre-established decision-making framework.

Decision-making has therefore been centralized at what Igretec calls the strategic committee. This committee is composed of the CEO, the secretary general, and the three directors, all coordinated by the secretary general and the human resources manager. The configuration of this strategic committee fairly accurately reflects the hierarchical structure specific to the public sector, as described by Frimousse. He explains that strategic decisions generally come from the

top of the pyramid and are then disseminated uniformly throughout the rest of the organization. Employees were therefore not involved in the decision at any stage. The decision to keep employees out of the decision-making process was made in order to maintain complete consistency between the different departments by issuing exactly the same instructions. This approach avoids contradictions and misunderstandings and strengthens credibility within the organization.

The role of the 350 employees was therefore mainly receptive. They did not participate in decision-making, which did not create any problems within the organization because, as the secretary general confessed, the employees were primarily looking for concrete instructions. This observation highlights the need for stability and leadership in times of uncertainty, which is consistent with the literature on governance in times of crisis.

Autonomy within the organization was therefore very limited. Decisions were communicated to the manager of each team and then to the teams themselves. This mode of operation can be interpreted as a form of recentralization of power. It was made necessary by the urgency and need for consistency.

Decisions at Igretec were made at a steady pace, with daily adjustments depending on regulatory changes. The organization was therefore able to remain agile in an environment that was, at the time, heavily constrained by external standards. At Igretec, decisions were based on legal grounds. We therefore see an approach based on compliance rather than intuition or experimentation, as we have seen in the private sector. This rather cautious stance aims to minimize risks, which is perfectly in line with a public management approach that focuses on continuity and security.

The public sector is often associated with bureaucratic constraints, but our interview confirms that during the Covid-19 crisis, Igretec was relatively spared. Indeed, the limited number of decision-makers, the consistency of the message, and the involvement of management allowed everything to be put in place quickly. However, institutional constraints remained, such as the time required to consult with unions, which sometimes slowed down certain decisions.

Few strong collective emotions were reported to superiors during the lockdown period. However, when lockdown restrictions were lifted, this proved more difficult to manage. Some employees expressed reluctance to return to work on site. This shows that even though the technical aspects were relatively well managed, the human aspects required more attention.

Despite this, decisions were made rationally and applied uniformly across the various departments.

In the wake of the COVID-19 crisis, Igretec's priority was to maintain the stability of its operations, so it made very few changes other than the widespread use of videoconferencing. The organization has nevertheless learned lessons for the future, notably by documenting all the decisions that have been taken and capitalizing on this experience for any future shocks. The difficulty in capitalizing on learning is a typical characteristic of public organizations with a strong administrative culture. This shows a form of resilience rooted in their structure.

In summary, Igretec managed the crisis in a structured, centralized, and rigorous manner, making decisions with caution and coordination while complying with government regulations. This approach contrasts with the more flexible and intuitive logic of the private sector, but highlights the importance of institutional frameworks in the response of public organizations to crisis situations.

5.2.4 University sector

The COVID-19 crisis has been an unprecedented upheaval for universities. Indeed, the entire functioning of university organizations had to be urgently reviewed. Unable to interview members of the management of a university institution, we chose an alternative approach. This new approach consists of analyzing the effects of the decisions taken through the experiences of students, who were directly impacted by the decisions taken at the academic level while being completely excluded from the decision-making processes. This change allows us to examine, from a concrete perspective, how the principles of autonomy, authority, and resilience manifested themselves in this sector.

As soon as the first lockdown measures were announced, universities had to react very quickly. The traditional organization of education was replaced almost overnight. Since its creation, education has been provided in person from kindergarten to university. This mode of operation was replaced by improvised digital systems when the government announced its health regulations. This situation highlighted a centralized and vertical decision-making process in which the management of the institutions played an exclusive steering role. We can compare this centralization to the mechanistic model described by Frimousse (2019). The latter's model is characterized by strict procedures, rigid respect for hierarchy, and little autonomy for those

on the ground, mainly represented here by teachers and students. In fact, very little flexibility was given to teachers or students to adapt teaching or assessment methods.

One of the biggest challenges for the sector in managing this crisis has been the timing of decisions. Measures evolved at the pace of government announcements, without really giving the academic community time to digest them. This resulted in a feeling of chronic disorganization with frequent changes in work arrangements, exams, ever-lengthening periods of uncertainty, and emotional instability. According to Peretti (2021), an "improvised rationality" can arise in contexts such as this. Organizations do not have time to deliberate fully; they are forced to act quickly, sometimes to the detriment of collective consultation.

While some universities have set up surveys or listening groups for staff and students, these have no decision-making power. The participation of students and staff in strategic decisions has therefore been extremely limited or even non-existent. Denis et al. (2001) describe this as a concentration of decision-making legitimacy. In other words, in times of crisis, authority tends to be concentrated in the hands of a handful of individuals known as "decision-makers" who are perceived as legitimate. This situation has often led to a feeling of powerlessness among students, which has widened the gap between strategic governance and the reality on the ground.

Despite all this, the university sector has demonstrated a form of structural resilience, as Frimousse and Minvielle (2015) point out. They have managed to ensure the continuity of their main missions, which are teaching, support, and graduation, which was not a foregone conclusion in the context of COVID-19. This was achieved thanks to the qualities of the university sector, in particular its great capacity for logistical adaptation and the mobilization of IT services. However, resilience has been asymmetrical, since while the structures have held up, this has often been at the cost of cognitive and emotional overload for the rest of the university community, who have been confronted with isolation, stress, and academic demands that are often perceived as disconnected from the context, particularly during exam periods.

The question of organizational learning remains open. Numerous flaws have been revealed during this crisis, including a lack of preparedness for a health crisis of this magnitude, difficulties in maintaining dialogue with the various stakeholders, and the extreme rigidity of structures. Apart from hybrid/remote formats for courses, very few of the measures that were put in place are still in operation today. It therefore remains to be seen whether universities will

take full account of this experience and learn from it, or whether they will revert to their traditional ways of operating, i.e., as they were before COVID-19.

In summary, despite an indirect perspective, we can highlight a highly hierarchical mode of operation, focused on conformity and not very open to co-construction. It is therefore legitimate to question the ability of universities to truly embody what they promote in their discourse, namely flexibility, innovation, and participation.

5.2.5 Grand Hôpital de Charleroi GHDC

To address the lack of intersectoral comparison we have interviewed the general director of GHDC to gather his experience on the topic of decision making in crisis. In the case of GHDC the interviewing the general director showcased the involvement of the top level decision maker but instead of aligning with the long term vision the Crisis committee of Mr Saelens aimed to create a transition state where they are able to adapt rapidly to an uncertain event. As a public institution in Belgium, GHDC is also required to have an emergency plan, this plan aim to provide guideline and a framework to the Hospital to ensure his activity even in an crisis state.

In the work of Elbanna(Elbanna, 2006) that state that in the public institution the reaction time tend to be longer due to conflict with all the actor, the idea is that negotiation and conflict of interest may be an issue in those instance more so when the government is involved. However GHDC does not suffer from those issue mostly due to how the committees decision are made. As we have said we have fixed member which are required every time to be present but also depending on the type of Crisis, some people more qualified to the event can be called-upon to provide more insight and provide their help to the decision makers. In that structure even as an Economist the Director will decide what to do even without any consensus. Mr Saelens still recalled the difficulties of having regional and federal directives, which all together can have effect on the quality and coherence of the action taken by the entity. Moreover it's said also in Frimousse & Peretti (2022) that having an external actor as a state in the decision making is a liability for urgent decision. It's why Mr Saelens made it as some task had to be delegated to lower levels, creating faster reaction but also more independent unit within the organisation. This methodology during crisis is aligned with the balance between policy framework and managerial efficiency that Frimousse & Peretti were highlighting in their paper ((Frimousse & Peretti, 2020).

Moreover, aligning with the work of Alexander (Alexander et al., 2020 ; McKinsey, 2023) that highlights the importance of prediction and preparation, GHDC is doing scenario planning to try to foresee some of the predictable event. This methodology is very efficient to prepare some contingencies for the most predictable events, although it may not be sufficient. It's why they also aimed to practice in real life with simulation to take into account the human factor. Of course in the 3 model that Alexander talks in his paper, the GHDC also align with the "NDM" Model, due to their activity and the intensity of some situations happening and the need of continuous non-interrupted activity from the Hospital.

In terms of governance and Culture, the power of the crisis committee in the crisis period is absolute; it can have consequences on the power of each and the hierarchy of the Hospital. Some people who are not usually in charge could be, because of their skillset or experience, in charge, which again emphasizes the ability of rapid reorganization from a public entity. In this case, we clearly have a centralized governance that aims to communicate all decisions effectively to all personnel. The importance of good leadership is seen as crucial in the management of an entity the size of GHDC. A supporting leadership that is involved in all the processes during a crisis ensures a positive output for the teams. For instance, during COVID-19, having direction in the office was crucial to keep the motivation and coherence over the objectives for the Hospital. As said in the study from Guo (Guo, C., Guo, M., Fang, C, 2025), the importance of the cultural factor is also important and mandatory to keep coherence between the new policy and emergency plan and the actual hierarchy.

Furthermore, GHDC and its committees take at hear to systematically debrief the decision made and the situation they have been through. That is why the experience they gather will still be relevant for the next generation of top-level decision makers in the hospital. Due to that, they also updated their emergency plan to ensure their ability to react if the size and the scope the crisis if bigger than anticipated. The GHDC would rather evade risks than mitigate them.

5.3 Conclusion of the analysis

The analysis of the cases we studied highlights the diversity of organizational responses to the Covid-19 crisis. We found that the responses are very influenced by the sectoral logics specific to each organization. Some dimensions, such as centralization, are rather recurrent, while others like managing emotions or consensus vary according to the contexts.

Before moving on to the discussion, here is a comparative table that allows us to synthesize the key elements we observed and which will serve as a basis for our discussion, which will analyze

in more detail the similarities and divergences observed across the different sectors, in the light of our theoretical framework.

Comparison factor	**IGRETEC (Public)**	**GHDC (Public)**	**MANCHESTER HOSPITAL (Private)**	**Kaki Cake Bar (Private)**	**University (from students point of view)**
GOVERNANCE	Governance is centralised with mandatory and predefined member	Governance is centralised with predefined member on top of experts	Governance centralised predefined	Centralized	Top-down governance is perceived as distant
MODEL	EDM	NDM/EDM (hybrid)	NDM	DDM	Perceived DDM/ Unclear EDM
CONSENSUS	Need a consensus for the decision to be made	No	No	No	-
Emergency plan create	Crisis communication plan, aimed to ensure the continuity of communication with one main communication channel.	Emergency plan : PUH, which is required by law, but was inefficient for COVID-19 and designed for each organisation with a lot of specificity on how to act.	Emergency plan: "Planc Blanc" which is required by law but was inefficient for covid 19 crisis	No	No
Learning from crisis and feed - back loop	The COVID-19 crisis reaction and methodology has been archived by the Top management	Systematic briefing about the decision made and analysis of their outcome.	Adaptation of the "Plan Blanc "	Personal Experience	No formal institutional learning observed

		Adaptation of the PUH			
Most important factor in a crisis	Time and availability	Resources	Time	Profit	Academic continuity
Biggest constrain during crisis	Government	Government	Motivation	Sales/ Revenue	Lack of clarity, inconsistency of decisions
Point of view from below	Return on experience from the employee but not involved in the decision making to ensure a fast response from the management. The independence of the lower level employee was limited	Involvement of specific employee that have experience or specific skillset in the decision making process. Importance of the delegation with a rather short power distance	Very limited but still some independence from relevant actor to act in some instances.	Yes, involvement of employees in the decision-making, even the final decision, remains in the owner's hands. I term of the employee decision making it is still limited	Students and professors excluded from decisions
Emotional management	Managed through internal cohesion and structured planning	Strong emotional pressure mitigated by team coordination	Individual stress and burnout risk managed via resilience	High emotional impact, fear stress, institutional-based decisions	High stress and anxiety

6. Discussion

The COVID-19 pandemic served as an unprecedented global experiment in organizational management across many sectors. This analysis examines the experiences of four distinct organizations while considering students' perceptions in the academic world during the crisis. For these four organizations, GHDC (public hospital), Manchester Hospital (private), and Kaki (private), the goal is to understand how sector-specific characteristics influenced their crisis responses and decision-making effectiveness.

One of the most striking characteristics is the convergence toward a more centralized governance. Of course for in the work of Gaskell (Gaskell, J., & Stoker, G, 2020) it’s said to be

more efficient and faster for transformation, which in crisis is important, and for some big organisations that sometimes lack the possibility of innovation, it's important to keep a certain level of agility and resilience. Almost every actor in this qualitative interview spoke about the need to adapt their emergency plan. GHDC, Manchester Hospital, Igretec, all 3 of which have at least a contingency plan, were able to use as a starting point or a framework for future adaptation. The importance of centralisation also resides in the ability to have uniform communication across the whole organisation. Chevalier Katherine from Igretec used this to ensure all the communication concerning the crisis was sent by her. It did help the employee identify the key information in their emails. All of which are discussed in the work of Johansson, Karl Magnus, and Tapio Raunio (Johansson, K., & Raunio, 2020) that relate to the efficiency in the case of a public entity, the top-down communication method, which aims to communicate with one voice to make sure all the decisions are coherent. Similarly, in the private sector, the founder of Kaki Cake Bar explained to us that, despite a much smaller structure, decisions were made rather collectively, in the sense that she always involved her collaborators in her brainstorming, but was reactive. The flexibility of his organization allowed him to adapt quickly, for example, by introducing online sales and modifying their products during the pandemic. However, she also highlighted the difficulty in accessing external information in a timely manner, a challenge that organizations with more formal committees, such as Igretec or Charleroi hospital, seem to be better able to handle.

The organization's relationship with the committee is also a major point of discussion. Those committees organized during crisis periods, members usually are invited according their function which is the case for all the cases studied but with a difference with the actor from the healthcare sector, GHDC and Manchester Hospital, that have also some member that can vary depending on the situation and the need of specific skillset which improve their agility and resilience for a variety of types of crisis relating to the work of Romiti et al. (Romiti, A.,& Del Vecchio, M, 2025), discussing the diverse types of committees and the influence of those types on the decisions taken. We share the same idea, in our cases, GHDC and Manchester Hospital do not share the same government and are not both in the same sector, which makes gathering more information difficult due to the composition of their Crisis committee. As told by Mr Saelens general director of GHDC those crisis committee has to be the most powerful committee during the crisis to be able to react fast which is also the case in Igretec that have also a limited number of member in their crisis committee. However, Kang(2004) argues that having a limited number of members may be beneficial for the speed of decision making but

lead to less diverse information and less data for the decision makers. In that aspect,the consensus was also pointed out in the interview, mostly needed by Igretec, which, from Culture & Performance in Education Institutions (2022), is usually a characteristic shared with the educational sector, such as universities and non-profit organisations with educational purposes. This coincides with the perception of the student interviewed (Appendix 5 to 7) who felt the reaction of their University to be a bit delayed. Nonetheless, Igretec defended that position, highlighting the need in big organizations to have a uniform message translated top to bottom and shared by each top decision maker, which could have a positive impact on the performance. In accordance with that, the research of Xia & Jiaojiang (Xia & Jiaojiang, 2024) explores this balance in the digital transformation context. Xia & Jiaojiang (Xia & Jiaojiang, 2024) state that reaching a strategic consensus enables organizations that have multiple departments, such as Igretec, to improve their cooperation and the overall internal communication.

The choice of decision-making model in period of crisis from D'Alessio (D'Alessio et al.,2024) to allows for a deeper understanding of the different type of organizations and the reasons why and how the organisation behave under pressure. We have identified the both healthcare entity private(Manchester Hospital) and public(GHDC) to tend more to use naturalistic decision making (NDM) that emphasize decisions made on the basis of experience which resonate well with the idea of healthcare professionals trained throughout their career to make rapid decisions under pressure.

The finding related to the organisational crisis readiness reveal different approach and vision of the risk assessment highlighting, how each organisation interpret, prioritizes and respond to the uncertainty in their decision making during crisis. From the case analysis almost all organisation had a plan that they used a framework or at least as a basis for their answer to the Covid-19. In the case of GHDC and Manchester Hospital, those plan PUH (Plan d'Urgence Hospitalier) and Planc Blanc showed limitation in term of their scope. The inefficiency of the legally required plan suggest that event external actor as the government were not able to foresee and event from such magnitude. Even if those plan where to the same sector they still differ. The French version lead to more autonomy to the decision maker of Manchester Hospital to do as they see fit to ensure the achievement of the objectives set by the "Plan Blanc". The Belgian version has a more precise framework that hindered flexibility. Still due to the fragmentation in the Belgian structure. A lot of steps were unnecessary and incoherent with the goal of the plan. However the interviewed showcased an ability of adaptation of the predetermined plan with a reallocation of a lot of resources with the help of a mediator like the government. The French example

showcased a great involvement into the coordination of the entity of the region, as Belgium, delegated that the directors had to ensure a good coordination between the Hospitals in the region. In contrast Igretec's plan was limited to an emergency communication plan. Nevertheless during the COVID-19 Igretec with fast reaction and a main channel of communication was able to adapt and align with new regulation and constrain of the crisis. In accord with of Xia & Jiaojiang (Xia & Jiaojiang, (2024)) and the work of Johansson, Karl Magnus, et Tapio Raunio (Johansson, K., & Raunio, 2020) the factor of communication in the decision making during crisis is in fact a major element to take care of in the early stage of a crisis. Kaki presents a contrasting situation, with no formal emergency plan, the company plans to use its size and its agility to adapt to a crisis situation.

Another dimension that emerges from our analysis is the importance of emotional management, especially in sectors marked by strong human contact and intense pressure. Often overlooked in strategic discussions, this dimension plays a crucial role in maintaining cohesion, motivation and performance in times of crisis (Maitlis & Sonenshein, 2010). At the GHDC and at Manchester Hospital, the two leaders stressed that the emotional weight borne by the staff had led them to set up specific support and recognition mechanisms. For example, at GHDC, regular briefings included dedicated listening moments, while at Manchester Hospital, peer support initiatives were reinforced to reduce stress and prevent burnout. These practices are in line with the conclusions of Smollan (2013), which highlights the role of emotional support in organizational resilience. In the same way, at Igretec, emotional well-being was taken into account through internal communication focused on transparency and empathy. According to Catherine Chevalier, it was essential to preserve the trust and commitment of the teams. On the other hand, Gwen, the founder of Kaki, highlighted the difficulty of assuming both the role of manager and that of emotional pillar for her small team, thus highlighting the concentration of the emotional load in small private structures. Emotional management has also been addressed, in a more indirect way, in the university sector, particularly from the point of view of the students. They pointed out the lack of visible emotional support from their universities, which reinforces the idea that, beyond operational efficiency, emotional responses must also be structured during a crisis. Maitlis & Sonenshein (2010) also argue that meaning-making and emotional processing are closely linked in the organizational response to a crisis situation.

In the case of Igretec, the organisation shared that they aimed to be able to reproduce their response in case a similar event like the COVID-19 crisis. To support this, the top decision maker, especially Mme Chevalier, made a point to archive everything done, and all the measures taken by the top management to use as a backbone for a potential new reaction methodology. At UCLouvain, some tangible tools, like tracking cameras used for online teaching, were kept. Their classes remain equipped with everything necessary to continue their educational purposes while in a crisis. In the same idea the healthcare sector has to be resilient to keep their operational continuity due to the critical aspect of their activity. It's why the GHDC makes a point to do scenario planning to map as much as possible uncertainty and avoid crisis. While other organisation as Kaki may be able to just mitigate those risks and prioritized flexibility to rigid planning. Aiming to adapt during the crisis rather than trap itself in policies that would hinder the organization agility.

7. Conclusion

The objective of our thesis was to study the variations present in decision-making processes between the public, private, and academic sectors following the Covid-19 crisis. By answering this research question, we had the ambition to fill some important gaps in the existing literature, notably on how the different sectors react to external shocks and how decision-making processes are adapted in this kind of situation.

We provide a lot of meaningful information. One of the most important managerial implications is creating multidisciplinary support teams. Indeed, calling on specialists from different fields to help make strategic decisions helps managers to give their broad and well-founded vision while better understanding the ones they must answer. This guarantees decisions based on the thoughts of people on the front line.

Then we found that our results go against the idea that the fewer people who make decisions, the better the results. Kang (2004) states that the effectiveness of decision-making depends above all on the clarity of its scope but also on the preparation of the decision maker. Even if an agreement can strengthen cohesion, it should not be considered binding in all circumstances, and especially when a crisis situation requires a rapid response. To allow governance processes to remain responsive and relevant, they must be able to change more or less easily.

Another important observation concerns emotional control, which is not often taken into account. Emotional intelligence, shown by empathy, recognition and support was a critical factor in organizational resilience, even if it was not always the main objective of strategic frameworks. Our case studies demonstrate that performance in uncertain situations relies not only on rational decision making but also on the emotional support people receive throughout the process.

Moreover, our study highlights the importance of flexibility. Crisis plans must be specific to the type of organizations and its smaller functional parts. Cultural differences must also be taken into account, for example, our analysis of France and Belgium revealed to us different delegation methods, telling us that crisis response tactics must be adapted to national and institutional cultures.

It is crucial that leaders and their organization as a whole consider this crisis we have experienced as an opportunity to learn, to learn lessons. In an increasingly VUCA world, organizations cannot afford to depend on human capital. Mr. Saelens stated that structured debriefs help to maintain the organizational memory alive, even after the departure of people who were present during the relevant crises, through documentation and archiving their experiences.

This study still has some disadvantages. Our sample was somewhat limited, both in quantity and geographical scope, and therefore might not represent the full diversity of different practices and viewpoints. Moreover, the current literature concerning post-crisis decision-making, and more particularly in the academic sphere, is insufficiently developed. Due to lack of response from the academic sector, we could not fully study this sector. We wish to do this in a complementary document that will rely on the decision-making models of universities in times of crisis.

8. Limitations

Independent of the other limitations, the university sector is underrepresented in our study, as we are still in the process of collecting data, a task made more difficult by the holiday period. However, although our work is based on a small sample, it can serve as a relevant foundation

for a more substantial study in the future. We also plan to pursue this line of inquiry in a complementary piece of work.

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10. Appendices

Appendice 1 - Excerpt from interview with Manchester Hospital

Screen_Recording_20250729_144559_WhatsApp.mp4

Transcription

Présentateur 1

C'est cette petite interview, elle va durer maximum 20 Min de votre temps. Je ne vais pas vous demander plus, c'est déjà extrêmement gentil de votre part.

Présentateur 2

C'est bien, normal pas. De pas de souci faites faites, on va, on va essayer de vous, de vous rendre les choses faciles et j'espère pouvoir vous donner un éclairage supplémentaire sur sur les travaux que vous êtes en train de mener.

Présentateur 1

Merci beaucoup, merci beaucoup. Donc on va ça bien sûr le le COVID-19 va revenir sachant que c'est une crise mondiale qui a affecté justement beaucoup le secteur hospitalier. C'est pourquoi je vais vous demander d'abord, est-ce comment votre organisation AT elle perçu justement le le choc COVID-19 à son début.

Présentateur 2

Alors ? Il y a des dates qu'on qu'on nous parle et il y en a. Il y en a eu en particulier à à la pendant la crise COVID, c'est le lundi, le lundi 16. Où il y a eu une une comment une directive nationale que tous les établissements de de santé suspendent immédiatement. Le la programmation de leurs internes. Donc ça veut. Dire que on a pris ça le lundi, le lundi devait être 9 ou 10 h et une demi-heure plus tard. Les patients qui étaient pris en charge au bloc, ils ont évidemment la leur intervention comme elle était prévue. Mais à la suite, à la suite de de, de, de de l'intervention, tous les autres patients ont été invités à retourner à à leur domicile. On a fermé le bloc opératoire et là ça a été quand même. Je pense que, enfin, j'espère sincèrement m'avoir à vivre qu'une seule fois. Ah oui ? Voilà OK, ça a été, le moment déclencheur. Y a eu ça, donc nous faut avoir bien à l'esprit que d'autres établissements ont aussi que du code d'une code de la chirurgie en programmée. Pizza. On a pas de service d'urgence, on peut accueillir des patients en urgence mais c'est pas c'est pas notre première activité, notre activité, c'est vraiment de l'activité programmée et tout ce qui est en programme. Pendant le COVID, ça été, ça a été supprimé, ça veut dire que, disons, l'activité de la clinique s'est arrêtée. Et ce que l'on a fait comme on travaille. Alors vous connaissez certainement notre situation. Mais un établissement privé au cœur d'un établissement public, établissement public qui qui est actionnaire aussi de la clinique. Et la consigne de l'ARS, ça a été que tous les établissements mettent en place des systèmes pour s'entraider. Donc la première chose qu'on a qu'on a fait, c'est dans cette dans cette directive de de s'entraider entre établissements. On n'a pas envoyé des des médecins, des soignants dans des dans d'autres établissements qui qui avaient besoin. On a

d'abord affecté un aux membres du du groupement qui sont à l'hôpital, mais aussi les cliniques de soins.

Présentateur 1

Ok.

Présentateur 2

Poste international. Où il y avait aussi besoin de de beaucoup de de soignants et on essayait d'aider comme ça, nous, les établissements qui qui étaient, qui gravitent autour de nous, avec qui on a de très bonnes relations, mais avec qui on échange personnel habituellement.

Présentateur 1

OK d'accord. Donc ce serait des des établissements locaux qui auraient pu être touchés. Est-ce qu'on prend en compte des établissements qui ne sont pas considérés comme des centres de premiers soins, comme des maisons de retraite et des choses comme ça ?

Présentateur 2

Le 5e cas, ça a été le cas notamment, on a du personnel qui a été prêté moins forte dans un dans un centre de santé puisqu'il y a 111 EHPAD en fait. Nous nous voyons aussi à l'hôpital. Nous l'envoyons aussi du sur une clinique en en soins, en soins. Une suite, vraiment ? On AA été très vite orchestré par l'ARS. Des points, des points réguliers avec. Tous les établissements publics ou privés du du territoire pour essayer de de de coordonner une une action, une action commune qui visait uniquement à prendre en charge les les patients COVID et tout ce qui ravite autour.

Présentateur 1

Et ça, ça a été c'était un plan, une procédure qui était déjà qui était déjà créée ou ça s'est fait très rapidement, vite fait.

Présentateur 2

Non, pas du tout. Ça c'est fait, alors ? Il y a dans les dans les hôpitaux. Dans tous les établissements de ça. Tout. Il y a ce qu'on appelle un flambeau qui qui est le plan, le plan à mettre en œuvre en cas de de catastrophe sanitaire, donc ça, tous les établissements. Mais pendant la période COVID, on a commencé avec ça, mais on était bien aimés là, parce que sur le plan de blanc, ce que l'on prévoit. Par exemple, je prends l'exemple uniquement de la clinique. Sur le point blanc, imaginons demain il y a, il y a, il y a une catastrophe sanitaire. Ce que fait la clinique, c'est qu'elle va mettre à disposition du temps opératoire et du temps soignant. Pour prendre en charge un afflux de de de patients, je pense notamment à je sais pas, un accident, un attentat, et cetera, et cetera. La clinique va ouvrir, ouvrir des des centres d'intervention spécifiques, va ouvrir des lits spécifiques et. Voir, mais ne. Va pas du tout toucher à la coordination patient. C'est le centre des urgences de l'hôpital qui va coordonner. L'afflux de patients, savoir où vers où ils sont dirigés, chacun, chacun étant. Ayant ses ses spécificités. Notamment le COVID, on a été plus loin qu'un plan B. Parce que le plan blanc qui qui prévoit habituellement où on a une activité internationale uniquement, bah sur le COVID il y avait pas

d'intervention, bah il y avait pas de chirurgie, c'était que des patients. En en soit en réanimation, soit en en avec des difficultés respiratoires. Mais il n'y avait pas d'intervention à à proprement parler. C'est pour ça qu'on a mis du personnel à disposition d'autres établissements dans le cas spécifique du COVID. Ce que je veux dire, c'est que il était. Prévu ?

Présentateur

Oui.

Présentateur 2

Ça me touche en tout cas chez nous. Mais il était pas prévu sur de l'opératoire du chirurgical, oui, sur de la prise en charge de de patients en en détresse respiratoire, non.

Présentateur 1

OK oui donc les ressources étaient pas vraiment prévues non plus. Les personnes qui ont dû être. Appeler pendant cette période-là ne ne sont pas directement assignés, je suppose qu'il s'est des gardes et ces personnes-là ont été rappelées au premier premier abord.

Présentateur 2

Exact. Première, attention, voilà exactement. Et ensuite vous voyez. Bon, c'est là où je voulais vous dire qu'on s'est, qu'on s'est adapté à la situation. C'est que par exemple, un de nos services d'hospitalisation. Qui qui sert au au quotidien pour prendre des passions ? Comment ? Pour des interventions chirurgicales, il a été transformé en en service de réanimation avec une partie de notre personnel et une partie du personnel de l'hôpital. Il y a eu. Un autre service qui sert à habituellement de l'hospitalisation. Complète qui était, qui était transformée en service qu'on va appeler post-COVID. Donc des des des patients qui qui ont mis au COVID, qui sont sortis de réac, qui sont stables mais qui sont encore trop faibles pour rentrer chez eux. Eh Ben ils ont-ils ont-ils avaient la possibilité de refaire la possibilité, ils passaient un peu plus de temps à l'hôpital et c'est un de nos services qui est ouvert avec des soignants aussi bilingues d'acquis. Que des soignants de l'hôpital, vraiment ? Les. Les équipes ont été reconstituées selon selon les possibilités de de chacun. Et ça, par exemple, c'est quelque chose qui n'est pas prévu, donc bon, mais en tout cas qui n'était pas prévu à à cette époque-là. Depuis, cette expérience du COVID nous a permis de. Voir qu'on pouvait. Aller beaucoup plus loin sur le plan blanc mais. Mais à l'origine, ça n'était pas prévu.

Présentateur 1

Donc il y a eu des modifications dans le plan d'urgence des hôpitaux qui incluent maintenant les transformations des ressources de de certains services à d'autres, et ainsi de suite.

Présentateur 2

Oui. Exactement exactement en fait cette cette crise. Alors soyons clairs, hein, on a on a pas écrit pendant la crise hein. C'est après la crise sanitaire ou au moment où on a revu notre point blanc et celui de l'hôpital où on a ajouté toute l'expérience de la période COVID. Mais c'était pas écrit ou préalable et on l'a pas écrit pendant longtemps.

Présentateur 1

Donc il y a eu un un peu une période de feedback sur laquelle vous avez un peu regardé les décisions qui ont été prises, les conséquences et un petit peu regardé ce qui n'allait pas possiblement et essayer d'intégrer.

Présentateur 2

Exactement.

Présentateur 1

Au. Maximum OK, et vous pensez que maintenant ce serait un quelque chose qui est assez résilient au potentiel crise sanitaire qui pourrait venir dans les prochaines années ?

Présentateur 2

En tout cas, une chose est sûre, cette expérience est la serrure. Elle a servi parce que tout le monde a fait preuve d'une d'une grande réactivité. C'est c'est très bien, mais toute cette expérience. Elle n'est pas, elle n'a pas été perdue, elle n'est. Elle a servi à construire, à consolider et à et à compléter ce qui était prévu à l'intérieur des des plans blancs, clairement.

Présentateur 1

Ok oui pourquoi ?

Présentateur 2

On va dire le le côté positif de tout ça, c'est qu'on s'améliore.

Présentateur 1

Ben oui c'est je pense. Ça c'est très important. C'est très intéressant parce que c'est ça reflète vraiment l'expérience qui a été acquise post-COVID et ça concerne vraiment la la thèse sur laquelle je suis en train de de travailler quelques années après le COVID voir un petit peu ce qui a été mis en place pour contrer de potentiel crise comme ça, mondiale même, qu'elle soit petite ou grande. Essayer de voir comment les établissements un peu appris de tout ça, du coup c'est super intéressant. Je me demandais justement par rapport à ça, les les décisions qui ont été, qui ont été prises, est-ce que vous avez pris les décisions ? Est-ce que c'était au niveau de l'État plus ces transformations de de ressources ou est-ce que c'était plutôt délégué à chaque centre hospitalier clinique ? Et cetera avait un peu cette liberté de d'agir justement.

Présentateur 2

Alors ? Il y a, il y a, il y a un peu, il y a un peu des 2 dans le sens où la la directive, en tout cas la la la. L'objectif, l'objectif fixé, il était bien fixé par par le ministère de la santé, par le biais de l'ARS, donc ça les objectifs de de prise en charge. Ils étaient clairement définis, mais après ? Ce sont quand même les acteurs du terrain, donc les hôpitaux, les les établissements de santé qui ont eu beaucoup de liberté pour proposer, s'organiser avec leurs propres moyens et qui que les acteurs de terrain de pour pouvoir répondre. À, à. À. Par contre, donc là, on nous a laissé. Beaucoup de de liberté sur l'expression des des solutions qu'on pouvait qu'on pouvait apporter.

Après évidemment c'est c'est l'ARS, donc quelque part l'État qui a tranché en disant faites ça plutôt que ça. Et c'est aussi c'est aussi l'a. RS qui. Survie, enfin je vais pas dire surveiller mais qui faisait. L'inventaire on va dire, mais tout est ni disponible sur une sur sur un territoire donné sur une période donnée. Et c'était l'ARS qui allait interviewer chacun des établissements tour à tour pour savoir quelles sont vos disponibilités, comment vous voyez les disponibilités de volume pour les prochaines 24 h, les prochains, les prochains jours ? Est-ce que vous avez des difficultés particulières ? Comment on peut répondre ? Sur ces difficultés particulières, est-ce que des fois c'est très simple, hein, c'est un patient. Qui qui dans un dans un d'un d'un établissement sanitaire qui. Enfin, veut dire n'est plus éligible. À celui-là parce que ses soins, enfin son état de santé s'est amélioré. Mais s'il y a pas de solution pour le prendre en charge dans un autre établissement, il bloquerait finalement. Et il bloque ça, c'est quand même cette coordination, c'est bien l'État qui l'a qui l'a organisée pour savoir régulièrement quelles sont les disponibilités dans les autres établissements au lit, sur quel type de lit et de pouvoir dire à chacun des services, lorsque vous aurez besoin d'avis, vous pouvez réserver bon établissement a dans l'établissement C et il permet un travail de de Fournier et qui avait vraiment pour objectif de ne pas bloquer.

Présentateur 1

Okay, oui.

Présentateur 2

Par exemple, je vais vous donner un exemple très simple sur de la réanimation, bon vous le savez, sur les lits de réanimation il y en a pas énormément. Il y a comment ils ont dit c'était. C'était les premiers lits à être à être utilisés pour les patients qui. Qui avaient des formes. Les plus graves du COVID, mais dès que ce patient va mieux. Il faut-il faut au maximum que son son séjour puisse être enfin son séjour puisse continuer dans un autre type de livre adapté à son état de santé pour libérer une place pour un autre patient. Qui en a plus besoin ?

Présentateur

Donc.

Présentateur 2

Toute cette coordination de savoir est-ce que le patient qui n'est qui est dans mon lit a trouvé a une solution dans un autre établissement ? Est-ce qu'il peut être transféré dans un autre établissement, dans un autre lit, dans un autre service ? Ça c'est quand même bien. Me RS qu'il m'a fait en premier et qui a fait des des points réguliers quotidiens hein ? C'est c'est bien clair. Tous les jours il y avait un point avec l'a. RS où ils récupéraient toutes les disponibilités. Des lits d'un.

Présentateur 1

Territoire OK, d'accord, donc ils s'assuraient.

Présentateur 2

Et c'est quoi ? Voilà et voilà.

Présentateur 1

Et de manager un peu.

Présentateur 2

Et si vous vous souvenez de cette de cette époque, c'est comme ça. Comme on l'a vu aussi, c'est grâce à cette à cet inventaire régulier. C'est comme ça qu'on a vu aussi des passions. Être transférées d'une région à. Une autre, par exemple dans une région. Est. Vers le milieu de Strasbourg, c'est là où l'épidémie a été la plus forte et c'est pour ça qu'il y a eu même je sais pas si vous vous souvenez de l'actualité de cette époque là. Il y a même eu des trains qui avaient été affrétés exprès pour transférer des patients de l'est vers vers. Le Bordelais, je crois.

Présentateur

Oui, oui.

Présentateur 2

Mais donc c'était c'est c'est grâce. C'est grâce à ces à ces outils qui ont vraiment été créés pour l'occasion, des des, des, des outils de de de crise sanitaire. Alors certains sont prévus au plan blanc, mais sincèrement ils étaient pas aussi. Aussi comment aussi travaillés ? Ou en tout cas pas sur l'échelle nationale et et ça ? A été utile pendant cette période.

Présentateur 1

Et et au niveau de de la gestion de la direction de la Clinique, est-ce qu'il y a déjà prévu en son sein un organisme de gestion de crise avec par exemple les représentants des services les plus importants qui se rassemblent lors d'une crise ? Peut-être pas aussi grande que le solide, mais.

Présentateur 2

Bien sûr. Mais quel quel que soit, quel que soit le, le type, le type de de crise, alors il y a un tout petit établissement, donc c'est c'est très vite hein. Les les quelques cadres on on est mobilisable à tout à tout moment. Il y a une astreinte de toute façon, une astreinte de direction pour pour pallier au plus au plus vite. Mais vous avez raison, il y a pas que le le cas de la crise sanitaire. Le cas de la crise sanitaire, ça a été le plus le plus grand. La plus grande ? Échelle depuis ces dernières années, nous donnons des exemples très simples. Une fuite d'euro au au bloc opératoire. Le lendemain, vous ne pouvez pas opérer dans la dans la salle. Dans la salle opératoire, donc, quand il. Y a eu. La fuite d'eau, évidemment. Le premier, le premier travail à. Faire, c'est de trouver l'origine de la fuite. Trouver la solution, réparer et ensuite ? Assécher la la salle, réparer pour que l'activité puisse reprendre dans les meilleures conditions. L'activité, par exemple l'activité du gouvernement dans le cadre d'une fuite d'eau, on peut pas le faire donc réunir une crise avec l'encadrement et quelques et quelques médecins pour savoir comment on allait s'organiser dans les jours qui suivaient pour que ça ait le moindre impact sur l'activité. Tout en conservant des conditions d'accueil dignes qui respectent l'hygiène. Et cetera, et cetera. Donc la la cellule de crise par par essence. Elle est pas, elle est pas arrêtée uniquement sur sur

des catastrophes naturelles nationales ou ou locales. Ça peut être. Un dans le quotidien, quelque chose qui ne va pas, voilà l'exemple de la Free do, c'est ça met un une coupure d'électricité. C'est un autre exemple. On a eu une cyberattaque qui dit cyberattaque dit que les ordinateurs ne peuvent plus être utilisés. Comment on fait pour continuer à travailler ? Comment ? Comment on fait pour continuer à accueillir des patients avec avec un système informatique qui est qui est par terre ? Ça, par contre, c'est quelque chose qu'on nous. Écris, ça fait partie, ça fait partie des des procédures. Connues de l'établissement. Si demain il y a pas d'informatique, comment on fait pour bosser ?

Présentateur

OK.

Présentateur 1

Et et du coup à à peu près le rythme des décisions prises, est ce qu'on peut dire que c'est plutôt quelque chose de assez assez rapide qui sont faits ? Comme vous avez dit, les membres du comité sont disponibles assez rapidement et les décisions doivent être prises du coup de suite sur sur le moment, l'instant. Et je me demandais, est ce qu'il y a une méthodologie particulière qui est utilisée dans ce genre de décisions qui doivent être prises ? Très très vite, avec très très peu d'informations. Est-ce qu'il y a une méthodologie qui est prise, des statistiques qui sont peut-être regardées, ou tout simplement de l'expérience passive qui est.

Présentateur 2

Alors il y a, il y a l'expérience passée et surtout ce qui ce qui est important, c'est quand, quand la cellule de crise se se réunit. Donc comme je vous l'ai dit, c'est avant tout l'encadrement et et quelquefois des des médecins. C'est de, c'est de bien. Comment faire ? Le point sur. Toutes les décisions qui ont été prises, comment on les applique et comment on contrôle qu'elles soient, qu'elles soient bien faites. En fait, le le, l'outil en en lui-même, c'est vraiment c'est celui-là, c'est on a décidé de de faire quelque chose, de faire une action qui fait cette action. Quels sont les moyens pour qu'ils puissent qu'ils puissent aboutir et comment il nous fait le retour lorsque c'est fini ou c'est des des des difficultés parce que y a rien de pire pire que que ma cellule soit un peu dans sa dans sa tour d'Ivoire. Pour aimer des, des, des directives, des actions à faire et qu'elle n'est pas de retour du terrain. En fait, c'est c'est. C'est hyper important aussi d'avoir le retour, savoir quand, comment ça s'est fait, si c'est terminé, s'il y a des difficultés particulières, s'il y a d'autres décisions à prendre. En fait, ce processus qualitaire.

Présentateur 1

Oui, un peu un système de feedback pour voir et cetera, et je suppose que.

Présentateur 2

C'est ça ?

Présentateur 1

Est-ce qu'il y a un système où justement chacune de ces décisions sont potentiellement ? Prise marquée et cetera pour de futurs. Ah, c'est Mylène.

Présentateur 2

Alors c'est c'est ultra basique hein. Sur le moment bah c'est c'est le tableau blanc qui est qui est partagé dans la dans la salle de de crise. Et après ce tableau, ce tableau m'a décrit que que une situation. Qu'est-ce qu'on a fait pour pour s'en sortir ? Ben il est conservé. Non, demain c'est c'est l'expérience acquise et qui doit qui doit rester qui doit être dupliquée si si une situation semblable vaut bien à se à se représenter.

Présentateur 1

OK, donc l'expérience acquise est plutôt gardée par les les acteurs de ces décisions plutôt que l'organisation elle-même.

Présentateur 2

On va dire que c'est les 2 quand même, parce que les les acteurs, je pense qu'ils sont-ils vont être. Plus dans le détail. L'organisation va conserver les grandes, les grandes directives, qui qui a fait, qu'est-ce qui a fait et comment ? Et si ça s'est bien déroulé.

Présentateur 1

Ok. Maintenant, je me posais justement quelques questions sur voilà, est-ce qu'il y a vraiment des des contraintes autres que celles de l'état, des contraintes en en interne ? Comme le manque d'autonomie ou les procédures qui vont freiner justement les décisions et les prises de décisions stratégiques au sein de l'hôpital.

Présentateur 2

Alors des des difficultés, évidemment, il y en a et. Il y en a toujours. Le, le premier étant. La comment ? La la présence des des acteurs de terrain. Je vais revenir juste une minute sur l'exemple de la crise sanitaire. Il y a plein de personnes, plein de soignants. Avec certainement une santé fragile ou ou simplement de de de la peur qui qui ? Une partie pas importante mais une partie quand même. Euh non négligeable de de personnes qui mettaient en arrêt de travail. C'est à dire que sur une équipe de je sais pas je vais dire une bêtise. Mais sur 50 personnes, lorsque vous avez des actions à mettre en place qui vont mobiliser les 50 personnes si vous n'en avez que 40 à mobiliser, ça peut être aussi une source de difficultés supplémentaires.

Présentateur 1

Ok.

Présentateur 2

Et à contrario, je veux dire si la situation se représente, si la situation se représentait, mais que vous pouvez compter sur la totalité des des des des soignants présents mais. Vous n'auriez peut-être pas les mêmes, les mêmes difficultés. J'ai des difficultés. Qui peuvent qui, qui ? Qui ont été réellement une pendant la crise sanitaire, qui pourraient être moins dans un autre cas.

Présentateur 1

OK, donc.

Présentateur 2

Je sais pas si je. Suis très clair hein, mais comme comme. Dans nos organisations, c'est c'est toujours c'est tout l'humain qui a qui a une place prépondante. On n'est pas sur sur des mécanismes ou sur des outils ou sur des des machines autonomes. C'est c'est surtout de de l'humain. Automatiquement dans certains cas de crise, lorsque vous manquez l'humain, vous manquez de l'humain en fait.

Présentateur 1

Oui, oui, oui. Du coup, certaines crises qui pourraient se ressembler pourraient donc engendrer des réponses et des solutions différentes du fait qu'il y ait un manque de ressources ou un manque d'effectif présent à certains moments.

Présentateur 2

Absolument, vous avez tout compris.

Présentateur 1

Est-ce est-ce que personnellement dans. Dans votre expérience, votre carrière, vous avez eu des des pressions particulières ressenties lors de justement de de prise de de décision qui ont dû être faites, où vous avez senti justement de la pression, que ça soit de votre collègue ou justement de supérieur ?

Présentateur 2

Alors de de la pression, évidemment, il y en a eu puisque. Le, le premier, le, la première pression, c'est le temps, c'est. Il faut-il faudrait. À chaque fois qu'on réagisse très très vite. Et c'est pour toutes les crises hein. C'est pas quand le COVID on dit tout à l'heure je vous donnais l'exemple d'une d'une canalisation d'eau qui qui casse au bloc opératoire. Bah de la même manière faut être faut être très très réactif, vous pouvez pas, vous pouvez pas. Attendre avant de avant de mettre en place des actions immédiates, donc de l'impression, vous vous en avez naturellement parce que vous cherchez à corriger le tir. Le plus vite possible et en plus en effet, dans le cadre de la de la crise COVID, il y a comme il y avait un besoin, un besoin national, donc il y avait une pression auprès des patients, donc aussi de la part des tunnels, des tutelle qui nous demandaient de réagir. Il me demande des réponses adaptées donc effectivement. Et puis. Et puis comme vous l'avez dit, on peut avoir aussi des pressions de de collègues parce que ça fait, ça fait le lien avec ce qu'on disait à l'instant sur les moyens, c'est qu'on n'est pas lorsqu'on n'a pas la totalité des des moyens et qu'on vous demande de mettre en œuvre tout un tas de choses rapidement. C'est une pression aussi supplémentaire.

Présentateur 1

Et et comment vous pensez que justement cette ce facteur de pression a influencé ? Vos décisions ?

Présentateur 2

Il y a des choses qu'on a qu'on a certainement pas pu faire ou qu'on a pas fait aussi bien qu'on qu'on aurait pu imaginer faire, ça c'est sûr. Alors après le quantifier. Ou en tout cas le qualifier ? C'est c'est plus compliqué.

Présentateur 1

OK, oui. Mais est-ce que vous. J'avais dû prendre des des décisions qui ont eu des des conséquences durables. Par exemple, si on revient sur cette crise du COVID, est-ce qu'il y a des décisions maintenant qui ont été prises, qui ont des changements, qui ont du coup continuer, qui ont été perpétués post-COVID ?

Présentateur 2

Alors, par exemple, je parlais tout tout à l'heure de de l'état des des dispositions de lits qui a été fait, qui a été fait d'une manière du territoire entre entre l'hôpital et la clinique et la conserve. Oui, cette habitude. Tous les jours ? Tous les jours, on fait un état de données disponibles. Et on le met aussi maintenant sur sur un site internet qui est partagé uniquement par les professionnels de santé. Qui ? Chaque professionnel de santé peut avoir une une vision très immédiate de la du nombre de lits disponibles sur un territoire par spécialité. Et ça, c'est vraiment un enseignement post-COVID.

Présentateur 1

Ok, donc oui c'est vrai.

Présentateur 2

C'est quelque chose, voilà, ça a été. Ouais, ouais, c'est. Quelque chose qui vraiment restait. Ouais, qui est resté et le COVID a permis. Alors ça peut. Ça peut paraître un peu accessoire aujourd'hui, mais je pense que pour les services de réanimation, et cetera, c'est très important. D'avoir d'avoir rapidement l'information, de de savoir dans tel établissement, il y a tel type de lit de disponible ou pas, OK ?

Présentateur 1

Maintenant, je vais vous poser quelques questions un peu plus. Tonnelle qui sont un peu comment la gestion des émotions va influencer vos vos décisions. Du coup, je je me demandais, dans des situations de stress et de peur ou d'incertitude, comment ces émotions vont influencer la manière dont vous prenez les les décisions.

Présentateur 2

Alors dans dans le cas de la de la de la crise sanitaire, on avait évidemment beaucoup de questions sur la forme de cette de cette maladie. Et comment ? Comment elle la laisse se se propager, donc ? Une des une des décisions où il y a un comment on peut d'affection hein ? C'est comment protéger au mieux les soignants qui vont être en première ligne ? Dans un contexte où. Les les équipements de protection, ils étaient pas toujours disponibles. Voilà on l'a dit vous, il y était quand même un manque, un manque de masques dedans, de visières de

surblouses qui était assez assez criant tout en France. Donc je vais solliciter aussi les les services administratifs d'achat pour trouver des masques, pour trouver les gains, pour trouver les champs, pour trouver des surbookes, pour qu'on puisse s'assurer et être en capacité d'assurer auprès de nos soignants qu'ils étaient bien protégés, qu'ils se n'étaient pas eux-mêmes en danger en prenant en charge les passions COVID. OK, donc là effectivement il y a une part, une part d'affection qui est qui est assez importante dans les dans les décisions, c'est est-ce que j'en vois, il y a, il y a un besoin de patients, est-ce que j'en vois des soignants non équipés ou mal équipés ? Ou est-ce que je prends sur mon nom et je ne vois que dépassé que des soignants qui sont bien équipés et à qui je peux assurer que toutes les mesures. D'hygiène, de protection de leur santé ont ont bien été prises en compte.

Présentateur 1

OK, donc ça c'était un choix basé sur les l'émotion et l'empathie en en vérité, pour pour les équipes, essayer de justement leur proposer un un sacrifice suppose de temps et et d'argent et de savoir que les soignants soient dans la meilleure condition pour faire leurs.

Présentateur 2

Oui. Travaux ? Exactement. Ouais, exactement.

Présentateur 1

Je vais fermer la fenêtre, il pleut vraiment beaucoup.

Présentateur 2

Vous êtes où ? Ben vous êtes-vous êtes en bonne. Chance, c'est ça.

Présentateur 1

Oui, c'est ça, c'est ça. Je suis en en Belgique, je finis mes études là-bas et ouais, et du coup je viens voir mon père de temps en temps sur Charleville.

Présentateur 2

Bah c'est bien, faudra passer à l'occasion qu'on se salue quand ?

Présentateur 1

Même oui, c'est vrai, c'est vrai, c'est vrai. Vers l'occasion je vous rapporterai des pralines, je sais pas si vous aimez ça.

Présentateur 2

Trembler tantôt ?

Présentateur 1

Bon, faut que ça faut être les bières, à vous de choisir. Vous direz quoi, hein ?

Présentateur 2

C'est donc simple, non ? Non non mais c'était c'était pas du tout, c'était pas du tout l'objet. Mais c'est puisque puisqu'on a on passe un temps. Mais évidemment si, si vous passez.

Présentateur 1

Avec grand. Non, puisque y a y A quoi y a pas de la société, c'est. L'aide qui qui est pratique de télécharger. Les pralines, ces 2 après.

Présentateur 2

C'est très gentil à vous, mais c'était pas pour ça. C'est c'est juste parce qu'on parlait de de de prix ici. Là dans à Charleville, il fait, il fait assez gris, il pleut pas encore et. À mon avis, l'ICI. La fin de la journée va y. Avoir un droit rapé.

Présentateur 1

Ça va descendre. On a fait des beaux jours, mais malheureusement.

Présentateur 2

Ouais, je pense aussi, je pense aussi.

Présentateur 1

Ils ont été écourcre.

Présentateur

C'est clair ?

Présentateur 1

Merci je vais vous poser peut-être une dernière question parce que je vois que le temps AA passé extrêmement vite. Est-ce que vous aviez, est-ce que vous auriez un conseil à donner à des managers justement qui prendraient leurs fonctions et qui auraient du mal à gérer justement des crises ? Comme ça ? Que ça soit de façon personnelle ou façon professionnelle, des méthodologies ou ou justement un état d'esprit dans lequel il devrait être pour s'acquitter de leurs fonctions, mieux qu'ils puissent le faire.

Présentateur 2

Alors c'est c'est, c'est hyper facile à dire, c'est beaucoup plus difficile à mettre en œuvre, c'est. C'est au moins essayer lorsqu'un un manager de risque prend prend ses ses fonctions dans une entreprise qu'il ne connaît pas. C'est c'est de de s'appuyer sur l'expérience de ses, de ses collègues et cette expérience. Il faut pas uniquement. Enfin, je veux dire, faut faut l'écrire. C'est comme quand vous venez de de de le faire avec nous. Bon, évidemment, il y a beaucoup plus détaillé, mais les les les bassins, c'est de de de d'essayer de récupérer et de vous approprier et d'écrire. Les, les, les expériences qui qui ont été vécues par les professionnels parce que je pense que dans beaucoup trop d'entreprises qui se passent, elle est gérée. Et puis une fois qu'elle est, qu'elle est, qu'elle est passée, ça tombe un peu aux oubliettes. Et, et c'est c'est franchement dommage parce que dans l'entreprise aujourd'hui. Oui, on peut dans dans des entreprises où les

où les gens restent travailler dans l'entreprise pendant 10 ans et l'expérience qu'ils ont, elle reste au moins pendant 10 ans dans dans l'entreprise. Aujourd'hui, les les les gens qui travaillent. Boulot plus régulièrement. Et la génération fait partie encore plus les générations d'avant, donc je pense qu'il y a c'est vraiment important de de d'essayer de cristalliser. Les l'expérience de vos, de vos collègues, de vos, de vos pairs, de vos, des personnes qui sont sur sur place. Parce que cette mémoire, elle va partir tôt ou tard, au gré, au gré des des départs naturels ou pas, elle va partir. Et ce qui nous restera, c'est uniquement ce que vous en aurez récupéré, ce que vous aurez écrit et conservé. Dans, dans, dans les, dans les archives, dans le dans la base documentaire de de votre entreprise. Ça, c'est c'est hyper important. Des formes, des formes de crise, des vidéos, y en a autant que que que. Que possible, mais les les bases qui. Sont toujours celles de. Réunion, c'est le but du Frise très rapidement, prendre des décisions sur des décisions, alors des remontées de terrain et tous ces éléments là ce qu'ils font de l'expérience. Je n'aurai qu'un conseil à vous donner si je n'avais qu'un à vous donner, c'est d'essayer de de cristalliser tout ça, de l'écrire et de le conserver.

Présentateur 1

Super parfait. Merci beaucoup en tout cas.

Présentateur 2

Je veux sortir, c'était c'était.

Présentateur 1

Enrichissant c'était vraiment parfait. Je pense que ça va beaucoup m'aider pour toute la thèse.

Présentateur 2

Ravi et ravi et ravi de d'avoir pu vous vous aider. N'hésitez pas si si si jamais vous aviez d'autres questions. Pour compléter ce cette interview n'hésitez pas à me contacter ou me laisser un message ou m'envoyer un mail. Si je peux contribuer à votre travail, ce sera. Bon Monsieur.

Présentateur 1

C'est super, merci beaucoup, je vous remercie et bon, j'espère que vous aurez un meilleur temps que nous ici en Belgique aujourd'hui.

Présentateur 2

C'est pas gagné, mais bon, on verra bien, ça marche. Je vous souhaite une bonne journée à bientôt.

Présentateur 1

Merci à vous aussi, au revoir.

Présentateur

Au. Au.

Présentateur 2

Plaisir au revoir.

Appendice 2 – Excerpt from interview with Kaki Cake Bar

Founder and manager of Kaki. Cake Bar (Asian tasting salon) in Brussels from April 2020 to January 2022

● How did your organization perceive the Covid-19 crisis at the very beginning?

At the very beginning of the crisis, I thought it was a temporary phenomenon. I did not fully appreciate the scale of the situation or anticipate its long-term impacts. Convinced that life would quickly return to normal after the first lockdown, I decided to open my restaurant in April 2020 as planned, without adjusting my strategy.

With this mindset, I didn't put any specific measures in place or review my business plan. Nor did I make any particular strategic decisions at that time, thinking that business would naturally pick up again.

● Did you have a plan or procedure in place to manage this type of crisis?

No, I had just finished my studies and was fully focused on launching my chain of Asian tasting salons, starting in Brussels. At that time, I had neither a crisis unit nor the experience or hindsight necessary to anticipate such an event and adapt my project accordingly.

In the early stages, I had not put any specific procedures in place. It was only later, as the health crisis persisted, that I had to adapt, rethink certain aspects of my business, and adopt a more resilient approach.

● How was crisis management organized within your organization? (For example: centralized or decentralized decisions?)

I was solely responsible for the organization, serving as both company administrator and facility manager. I had staff on site with whom I communicated regularly: we discussed the challenges we faced and sometimes came up with ideas during brainstorming sessions.

However, crisis management rested entirely on my shoulders. I was the one who had to make the final decisions and take responsibility for strategic choices in a particularly uncertain context.

● Who made the most important decisions during the crisis?

I was the one who had to make the final decisions and take responsibility for strategic choices in a particularly uncertain context.

- Was decision-making shared among several people or concentrated among a few managers?

I was the one who had to make the final decisions and take responsibility for strategic choices in a particularly uncertain context.

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I was the one who had to make the final decisions and take responsibility for strategic choices, in a particularly uncertain context.

- To what extent could people in lower positions make decisions themselves?

At that stage, it was still a small structure, a typical SME like many found in Belgium, relying mainly on the work of freelancers or managers and an operational team.

In this type of organization, and particularly in the restaurant sector, employees have little decision-making leeway beyond the responsibilities associated with their position in the field. As a result, no strategic or organizational measures were taken directly by the staff. Overall management remained centralized.

- How often were decisions made in your organization during the crisis?

Decisions were not made according to a fixed or planned schedule, but rather on a day-to-day basis, depending on changes in health measures, the establishment's performance, feedback from the professional community, and initiatives observed in the sector.

It was reactive management, guided by the prevailing uncertainty and the need to quickly adjust actions to the context.

- Did you make decisions based on intuition or personal experience?

As I was just starting out in the hospitality industry, my decisions were mainly guided by intuition. Not yet having any concrete experience in this field, I drew a lot of inspiration from what I saw around me: the initiatives implemented by other establishments, their adaptations, and sometimes their mistakes.

This observation allowed me to guide my choices and gradually adjust, in a context where I had to constantly improvise.

● Were employees able to participate in urgent decisions or give their opinions?

Yes, there was frequent communication with employees. We talked a lot, especially during brainstorming sessions where everyone could share their ideas and feelings about the situation.

Their opinions were heard and taken into consideration, but in a context of great uncertainty and as the sole decision-maker, I often had to make decisions on my own. These exchanges therefore fed into my thinking, even if they did not always result in collective decisions.

● What internal constraints (such as hierarchy, lack of autonomy, procedures) slowed down or influenced decision-making?

Curiously, it wasn't so much the structure or procedures that slowed down decision-making, but rather the lack of detachment. Being alone at the helm, every decision had a direct impact not only on the company but also on my personal life, since I had invested everything I had in this project.

This total involvement sometimes made decisions emotional, even biased, due to a lack of perspective. In hindsight, a more neutral and shared structure, with people capable of analyzing the situation in a factual and detached manner, would have allowed for more strategic decisions to be made with greater clarity.

In addition, the situation was largely imposed from outside, with strict health measures and severe restrictions, which left little room for maneuver to freely adapt management. These external constraints also severely limited the capacity for action, reinforcing the restrictive nature of decision-making.

● How did the main mission of your sector (profitability, public service, educational mission) influence your strategic decisions?

In the restaurant sector, the main mission remains profitability to ensure the sustainability of the business. This financial requirement strongly influenced my strategic decisions, particularly during the crisis.

Faced with health restrictions and uncertainty, we had to constantly strike a balance between maintaining business, managing costs, and satisfying customers. Every decision, whether to open, temporarily close, or adapt our offering, had to be made with the economic survival of the project in mind.

Thus, the need to remain profitable while quickly adapting to new conditions guided my choices, often in a context of intense pressure and limited resources.

● Did you feel any particular pressure: political, financial, or cultural?

Yes, we felt financial and political pressure in particular. The health measures put in place to protect people during the various phases of reopening had a significant impact on our organization.

These constraints required additional investments (protective equipment, space layout, process adaptation), which weighed heavily on our finances, already weakened by the crisis.

Thus, these external pressures posed a major challenge in the day-to-day management and strategic planning of the business.

● Which decisions made during the crisis have had lasting effects?

Several decisions made during the crisis have had a lasting impact on our organization:

-Reducing permanent staff in order to better adapt costs to fluctuations in activity.

-Developing and promoting takeaway sales and related products, which have become an important source of revenue.

-Increased investment in activities outside traditional commerce, aimed at diversifying our sources of revenue.

-Renting out the premises for events, which has optimized the use of the space and generated additional revenue.

The overall impact of these measures has been to achieve greater profitability through a reduction in fixed costs and an increase in revenue streams.

● Which decisions or changes were retained, and which were abandoned?

Those mentioned above remained in place. As for the measures that were abandoned, the drastic reduction in permanent staff was readjusted in order to restore a balance between costs and quality of service.

● What lessons did you learn from this period in terms of decision-making?

I learned that business decisions should not be emotional. It is essential to take as much distance as possible and to set up a structured organization with a rigorous questioning system in order to make fair and appropriate decisions.

It is also important to build a flexible and easily adjustable business model. This involves reducing fixed costs, making greater use of subcontracting, and having the personal ability to remain flexible in the face of the unexpected.

It is also essential to build your business step by step, gradually developing your activities on a solid foundation, in order to avoid investing too early or excessively. A flexible and adaptable organization, with minimal fixed costs and a good dose of outsourcing, allows you to better manage uncertainty. Remaining agile and knowing how to adjust your choices over time are essential keys to success in a constantly changing environment.

Managing emotions during the crisis

● How did emotions (such as stress, fear, or uncertainty) influence the way decisions were made?

Emotions played an important role in decision-making during this period. Some decisions were made in the heat of the moment, under the influence of stress and fear, particularly the fear of running out of cash in the short term.

This immediate financial pressure sometimes led to quick choices, dictated by the need to quickly secure the situation, rather than by long-term strategic thinking. This reinforced the importance of adopting a more thoughtful and measured approach to decision-making going forward.

● Were there any communication or coordination issues between departments or hierarchical levels? If so, how were they managed?

Not really, since all decisions and changes were communicated directly to staff. This transparency helped maintain good coordination despite the pressure and uncertainty of the period.

- During the crisis, did you have confidence in the decisions made by your management (or colleagues)? Why?

I would say that, even if some decisions were not the best in the long term, they seemed appropriate to me at the time to address short-term emergencies**.** In such an uncertain context, it was often necessary to act quickly to ensure the survival of the business, even if that meant making strategic compromises.

- What did you personally learn about decision-making in times of crisis? And what did your organization learn?

Same as the answer above.

- In your opinion, did your sector respond better or worse to the crisis compared to others? Why**?**

I believe the hospitality sector was forced to adapt very quickly, as it was one of the hardest hit right from the start: total closures for several months, followed by reopenings under very strict conditions (table distancing, reduced capacity, reinforced sanitary measures, etc.). In a way, one could say the sector responded well, in the sense that it managed to adapt and come up with solutions (takeaway services, diversification…), but this adaptation was more endured than chosen. Many establishments didn't survive, as the hospitality industry is burdened with high overheads, fixed costs, and often tight profit margins. As soon as revenue drops, profitability is at risk.
Moreover, it's a field where many owners are also operators (working in the kitchen, in the dining area...), and when activity declines, staff are usually the first to be cut. This pushes managers to take on even more work, sometimes to the point of exhaustion, which ultimately harms the quality of decisions and the long-term viability of the project.

Appendice 3 – Excerpt from interview with Igretec

- **How did your organization perceive the Covid-19 crisis at the very beginning ?**

We became aware of it before the mandatory lockdown was announced

• **Did you have a plan or procedure in place to deal with this type of crisis?**
We had a “crisis communication” procedure within our Quality System. But, of course, not for a health crisis of such magnitude. We had to handle it “on the spot.”

• **How was the crisis management organized within your organization? (e.g., centralized or decentralized decisions?)**
Decisions were centralized and led by the Secretary General and the Head of the Human Resources Department.
The process involved monitoring the news and regulations, preparing simplified instructions for staff, and receiving input from the Prevention Advisor.
Validation was carried out by the Strategic Committee, composed of the General Director, the Secretary General, and the three Directors.

• **Who made the most important decisions during the crisis?**
Regarding employee protection and instructions: the Strategic Committee.
Regarding partial or full temporary unemployment, lump-sum office and internet allowances for teleworkers, and salary-related benefits: the Board of Directors, after negotiations with employee representative organizations.

• **Were decisions shared among several people or concentrated on a few individuals?**
Decisions were centralized and led by the Secretary General and the Head of HR.
They were validated by the Strategic Committee (General Director, Secretary General, and three Directors).
All instructions were sent from the Secretary General's email so employees could easily identify them.

• **To what extent could lower-level staff make decisions themselves?**
That was never an option. The goal was for all employees to receive the same instructions and recommendations, regardless of the department or directorate they were in before the lockdown.
Explanatory emails were sent to managers so they could properly inform their teams, and if they couldn't answer, they were instructed to redirect the employee to the Secretary General.

• **At what pace were decisions made during the crisis in your organization?**
At least once a day, considering both the structure/procedure adjustments to newly published regulations and the numerous individual staff questions/requests.

• **Were decisions based on intuition or personal experience?**
No. All decisions were based on regulations, prudence, and logic.

• **Were employees able to take part in urgent decisions or provide their input?**
Employees did not participate in Covid crisis management decisions. None of them complained; based on feedback and questions addressed to the Secretary General, they were primarily seeking clear instructions.

• **What internal constraints (e.g., hierarchy, lack of autonomy, procedures) hindered or influenced decision-making?**
Very few constraints were encountered because decision-makers and preparers were few:

- The Secretary General and Head of HR for regulatory monitoring and preparing decisions/instructions.
- The Prevention Advisor for giving input within the required time.
- The Strategic Committee (General Director, Secretary General, and three Directors) for validation within the required time.

The only slightly difficult constraint was the 10-day notice period required to convene worker representative organizations for negotiation.
At the very beginning of the pandemic, when urgency prevailed, we acted without their prior approval and had decisions ratified afterward.

As for IGRETEC's governance, its bodies continued functioning: Board of Directors, standing committees, and executive board—all remotely, by email or video conference.
For general assemblies, the following procedure was established (Board meeting minutes of May 5, 2020):

"Regarding the procedure, it was proposed to use the options granted by Walloon Government Emergency Order No. 32 on the holding of meetings by intermunicipal bodies, publicly-owned companies, and other specified organizations.

Article 6 §1 of AGW No. 32 states that general meetings of such entities may, until September 30, 2020, be held without physical presence, regardless of any statutory provision to the contrary, either entirely remotely or with proxy voting, as described in Royal Decree No. 4 of April 9, 2020.
§3 removes the requirement for municipal council deliberation on every agenda item if proxy voting is used.
§4 allows councils not wishing to be physically present to send their deliberations directly to the organization, which then considers them for quorum and vote calculations.
These provisions also apply, with necessary modifications, to intermunicipalities with CPAS or provincial involvement."

The royal decree allows boards of directors to require:

1. Voting by mail before the meeting;
2. Proxy voting, with the proxy designated by the board, respecting conflict-of-interest rules, and limited to votes for which specific instructions are provided.

Questions must be submitted in writing at least four days before the meeting. Responses must be provided in writing before the vote and made publicly accessible (e.g., on the company's website).
Members of the general meeting bureau, board members, auditors, and designated proxies may participate remotely via phone or video conference.
The Board unanimously decided to hold the June 25, 2020 General Assembly:

- Without physical attendance;
- With a specific deliberation template indicating that the relevant municipal body declines physical representation;
- Allowing resolutions to be sent by any means, including scanned or signed copies via email;
- Requiring shareholders to submit questions at least six days prior;
- Requiring written responses to be published online no later than the day before the assembly.

• How did your sector's primary mission (profitability, public service, education) influence your strategic decisions?

For the water treatment facilities, the mission was considered essential by ministerial decree.

Maintenance had to be done on-site. Protecting staff was challenging at first, as FFP2 masks (needed for wastewater exposure) were unavailable.
For the engineering office and economic development, remote work was feasible though more complicated.

- **Did you experience specific pressures (political, financial, cultural)?**
No, quite the opposite.
The main issue we faced in the Engineering Office came from our clients. Nearly 90% are municipalities. Their staff were suddenly confined, with little or no access to home equipment, resulting in major delays in feedback on our proposals.

- **What decisions made during the crisis had long-lasting effects?**
The use of video conferencing for meetings.

- **Which decisions or changes were kept, and which were abandoned?**
There were no major changes. After lockdown ended, things gradually returned to normal, first with strict internal guidelines (mask-wearing, circulation rules, hand sanitizers...), then eventually with no specific instructions.

- **What lessons did you learn from this period regarding decision-making?**
We found that IGRETEC as a whole reacted very well. We maintained operations and revenue.

- **Emotional management during the crisis**
Surprisingly, we experienced no emotional outbursts during lockdown periods. The post-lockdown periods were harder to manage, as some staff were clearly reluctant to return to the office.

- **How did emotions (stress, fear, uncertainty) influence decision-making?**
They did not influence our decisions. We decided from the start to strictly follow the ministerial decrees and all recommendations from the National Security Council:

  - Full lockdown until May 3, 2020
  - Reopening for industry and B2B services from May 4, 2020
  - Return to the office for all staff on July 1, 2020
  - Mandatory telework for eligible functions starting October 19, 2020, with in-person attendance for meetings if required

- End of mandatory telework on July 1, 2021
- On November 21, 2021, return to telework four days/week for eligible roles, then three days/week from December 13, 2021
- Full return to the office from March 2, 2022

• Were there any communication or coordination issues between departments or hierarchical levels? If so, how were they handled?
Generally speaking, the IT department managed to set up new VDI access for non-operational staff needing to work remotely in record time

Appendice 4 - Excerpt from interview with “Grand Hopital de Charleroi”

Transcription

Présentateur 1

Commencer d'abord sur le pré COVID en fait j'aimerais savoir est-ce que dans votre organisation, est-ce qu'il y avait des mesures déjà en place, des plans d'urgence qui étaient déjà prévus pour le des crises ?

Présentateur 2

À l'hôpital, il faut savoir que c'est. Obligatoire donc c'est même pas une une volonté, donc un plan d'urgence hospitalier est obligatoire, mis moins mis en place. Et doit permettre de mobiliser le personnel. En fonction du type de crise, donc, on doit essayer de d'identifier les différents scénarios qui pourraient se produire. De manière à ce qu'on ait déjà en quelque sorte des guidelines. Le plan d'urgence hospitalier aussi définit alors là, quelle que soit la matière, le type de gouvernance.

Présentateur

OK.

Présentateur 2

Donc la, donc ça faisait très clair. Et donc ça s'est appuyé par la loi, le directeur général de l'hôpital et le patron en cas de crise. Et puis il va mobiliser évidemment en fonction du type de crise. Il y a tout autour de lui un comité qui se met en place directement. Et puis il va mobiliser des moyens en fonction. Alors la crise, elle peut être multiple. Elle peut toucher l'hôpital lui même. C'est par exemple le cas, c'est pas moi. Une aile brûle et j'ai une crise évidemment immédiate. Donc ça c'est mais ça peut être aussi un une attaque cybersécurité où on a plus d'accès à l'informatique. Ça peut être on a connu il y a quelques années sur un autre site une rupture d'approvisionnement d'eau, mais pour nous c'est une crise majeure. S'il y a. Plus d'eau à l'hôpital, c'est vraiment un c'est un énorme problème. Voilà. Ou alors c'est une crise externe. C'est comment l'hôpital se mobilise alors même que il y a un attentat à l'aéroport de de Charleroi et arrivé de blessés en très grand nombre, des choses comme ça donc. Donc c'est il y a des des crises internes, des crises externes et on a un plan d'urgence hospitalier qui est écrit, qui définit quand même des lignes de conduite en fonction du type de.

Présentateur 1

OK est-ce est-ce que les personnes du coup qui font partie de ce comité sont déjà nominées à l'avance ?

Fonction de cette crise ?

Présentateur 2

Dans votre cas, c'est les membres du comité de direction d'Office. Plus une compétence complémentaire au niveau médical. Qui repose sur un un urgentiste. Spécialiste en en médecine aiguë, parce que la majorité des crises, des vraies crises, évidemment. Sont souvent nous amènent souvent à. En tout cas, toutes les crises externes. C'est l'arrivée massive de blessés ? Oui, donc on est d'abord filtré au niveau des urgences.

Présentateur 1

Ok. Voilà.

Présentateur 2

Après, si la crise, elle est strictement. De l'ordre de la cybersécurité. Bon, j'ai pas besoin de cet urgentiste pour créer ça. Par contre, j'ai le directeur médical qui fait partie du comité de direction qui bien sûr. Prend les choses en main avec moi parce que si les médecins demain n'ont plus accès au dossier médical, Ben ça, ça fait. Plein de problèmes, et cetera. Et cetera. Donc oui, nous, nous en tout cas, on est dans un secteur où on a une obligation de de prévoir des crises à l'avance.

Présentateur 1

Et du coup ce ce plan d'urgence est ce que l'objectif est défini par l'État et sa présence est définie par l'État, mais dans sa conception et dans les méthodologies, c'est lié à la direction où ça aussi c'est bien encadré par.

Présentateur 2

Non, c'est quand même pas. Mal encadré, il faut quand même, il y a des structures, il y a, il y a des thématiques qui sont prévues, et cetera.

Présentateur

Ok.

Présentateur 1

OK. En cas de justement de crise.

Présentateur 1

Ça soit externe ou interne justement. Vous avez parlé d'un comité ? Est ce que ces prises de décisions sont prises donc de façon en consensus ou plus une personne à vote on va avoir.

Présentateur 2

On cherche des. Va chercher le consensus, hop là. Voilà après. Dans mon role de directeur général que que la loi dit bien qu'à un moment donné. Je suis le responsable et donc évidemment. Si on est face à une situation ou différents points de vue s'opposent. Et qu'il est difficile de trouver. Comment je dirais ça ? Une action qui se dégage ou une décision qui se dégage d'une majorité ? Ben j'apprendrai mes responsabilités. Ok donc, mais à la base c'est aussi lié à mon mode de management, c'est c souvent des situations complexes. Qui nécessitent

quand même de d'entendre, d'écouter, de de multiplier les avis. Voilà, c'est. Rarement moi qui décide, boum comme ça. Je vais je vais dire à un moment donné, après avoir entendu, après avoir écouté, après avoir échangé, voilà ce qu'on va, ce qu'on va mettre en place, quoi.

Présentateur 1

OK, d'accord. Pour un un facteur de temps, il est important quand même de prendre la décision assez rapidement. Je suppose, oui.

Présentateur 2

Alors parfois, il y a des choses qui qui sont extrêmement fluides. Et et là ça peut m'amener à prendre une décision immédiate.

Présentateur 2

Je n'ai pas encore connu une situation. À ce point urgente ? On va revenir sur le COVID. C'était urgent, c'était rapide mais, mais. Mais pas au point où je n'ai pas l'occasion de discuter quand même avec les gens qui m'entourent.

Présentateur 1

Oui et est-ce que, en dehors des crises, est-ce que les comités de crise du coup se rejoignent de façon régulière ou c'est uniquement ?

Présentateur 2

On essaie, on essaie de de de d'aborder cette thématique quand même de manière plus ou moins régulière, au moins une fois par an, parce que le plan pub, il doit être mis à jour. Et voilà nous. On a déménagé, on a lancé ce nouvel hôpital. Bah c'est sûr que notre plan d'avant, il est plus valable parce qu'il était basé sur du multi sites. Il a dû être mis à jour. Il peut y avoir des changements dans l'équipe de direction qui amène ça. Il y a. Il y a des expériences qui nous amènent à corriger et améliorer aussi. Donc si on regarde l'expérience du COVID, c'est sûr qu'une matière comme ça de de d'une épidémie n'avait pas vraiment été anticipée. Il y avait. Plus il y A eu, il y a eu, il y a eu une alerte Ebola il y a il y a il y a 10, 15 ans, il y a eu des mais mais ça a touché des tous des petits nombres de de de patients a priori. Mais là, personne n'avait plus vécu une telle épidémie depuis. Enfin, personne de son vivant autour de moi n'avait vécu un choc pareil donc là évidemment, à la sortie de la crise, on tire des leçons de ce genre de crise et ça va influencer le, le plan, le plan d'urgence hospitalier parce qu'on va intégrer des éléments qu'on avait pas vécus et que maintenant on dit Ah si par malheur ça nous ça se reproduit, on va quand même prendre ça et ça en compte ou on va mettre ça. Tout de suite en place ou des choses comme ça quoi.

Présentateur

Présentateur 1

Comment cela se passe justement lors de ces réunions de comités où on discute un peu de ce qui s'est passé, OK ?

Présentateur 2

En début, c'est important de débriefer les situations. Oui, donc ça on systématise aujourd'hui les débriefings. Donc par exemple, on a fait un gros déménagement, comme vous le savez, on a déplacé 350 patients. Certains lourds et cetera. C'est aussi une expérience, on a débriefé, ça tient. Comment ça s'est passé, pourquoi ça s'est bien passé. Et donc c'est aussi sur les bonnes choses. Ah, ça s'est bien passé parce que on avait bien pensé de mettre telle ou telle chose en place, et cetera. Ce qui conforte alors parfois aussi des choses. Il faut aussi s'arrêter pour se dire c'était bien. Ou bien ? Donc tel aspect, on aurait pu faire un petit peu mieux, un peu plus vite, un peu ceci, un peu cela. Donc on dirait-on est plus. Et alors ? Ce qu'on essaie de faire aussi. C'est des exercices, ça c'est très compliqué, c'est très compliqué parce que nous on sait, on est une institution, on peut pas s'arrêter. L'hôpital fonctionne 24 h sur 24. On ne s'est jamais dit je sais pas moi quand même dans une usine peut être tiens on va te couper la production à 15h00. Tout le monde va faire un exercice incendie d'évacuation, machin et cetera, et puis on va remettre les machines en route à. 10. 7 h ici, c'est juste impossible. C'est juste impossible. On sait jamais s'arrêter, donc les exercices sont partiels. On appelle ça aussi des exercices sur table, on va simuler. Voilà, on a fait. Ça, il y a quelques mois. On a fait un exercice, tiens. Pendant notre déménagement, il y a un attentat terroriste, comment on gère ça ? Voilà, on l'a, on l'a fait sur table, on l'a fait de manière virtuelle.

Présentateur 1

Il y a scénarios.

Présentateur 2

Des scénarios, des choses comme ça.

Présentateur 1

OK et. Et du coup, comment ça se passe en en en général justement, ce genre de d'exercice, est-ce que c'est juste du coup les parties concernées qui sont invitées à la table de discussion, et cetera, et on imagine le problème. Et ensuite on essaie de trouver des potentielles solutions qu'on aurait prises ici. On a, on fait l'exercice avec les membres du comité de direction, donc on dirait où l'équipe de la.

Présentateur 2

Cellule qui va gérer la crise de toute façon ? Donc tout tout le monde de la direction participe. OK, mais on va pas aller mobiliser évidemment des gens sur le terrain en tout ce n'est pas dans cet exercice sur table. Si demain on devait faire 111 exercice d'évacuation de l'hôpital parce que il y a un incendie. C'est sûr que. Ça on va pas faire que sur table, il va falloir que je sais pas comment on fait mais. C'est conseillé de le faire. C'est c'est voilà, on a, on a pas fait jusqu'à présent. Sans doute qu'un jour on devra quand même. Se dire tiens par par couche, par étage,

par bloc. Ils peuvent faire un exercice à 100000 mais qu'est ce qu'on fait avec des des patients pendant ce temps-là on. Peut pas les abandonner, enfin c'est.

Présentateur 1

C'est compliqué l'organisation des ressources et du temps maintenant, à petite échelle, dans quelle mesure pendant une crise, des personnes avec des postes donc donc non décisionnaires, vont être mis justement en position ?

Présentateur 2

De prendre des décisions qui seraient pas en temps ? Normal, ça arrive.

Présentateur 2

L'heure, ça peut arriver parce que tout d'un coup, c'est une ressource qui est importante par rapport à la problématique dans laquelle on se trouve. Et que souvent, dans une situation de crise. Vous devez absolument. Déléguer les choses parce que, parce que la crise en général en soit, mobilise beaucoup de ressources. Et donc vous ne pouvez pas commencer à remonter en ligne en respectant toutes les lignes hiérarchiques. Et cetera. La crise, par définition, vient temporairement bousculer votre organisation et vous allez donner un rôle ou des rôles à des gens qui vous l'estimez répondent à un besoin particulier dans le cadre de cette crise. Et puis après Ben, cette personne retrouve son poste. Mais vous, vous vous secouez l'organisation de l'institution.

Présentateur 1

OK, donc on peut dire malgré tout, il y a une certaine forme d'agilité justement dans le management.

Présentateur

Son en attente ?

Présentateur 2

De l'hôpital, important, hyper important.

Présentateur 1

Et justement les les limitations du cadre de que l'État donne justement dans les plans d'urgence, est ce que ça limite pas justement cette agilité en général ?

Présentateur 2

Non non, ça non, on n'est pas limité là-dessus on a pas de moi. J'ai, j'ai vu, j'ai pas de souvenir que j'ai une quelconque contrainte de donner le pouvoir d'organiser telle ou telle chose. Voilà après j'ai des j'ai des limites de compétences mais c'est pas c'est pas la loi. Je vais pas donner évidemment une responsabilité médicale à quelqu'un qui est pas médecin. Voilà mais ça c'est voilà. On est dans de l'ordre de l'évidence.

Présentateur 1

Justement, on parlait des contraintes du coup ? Extérieur de l'État est-ce qu'il y a des contraintes aussi en interne qui influencent le processus de décision en général ?

Présentateur 2

Bah y a y a évidemment la, la contrainte de la disponibilité en général. Qui est disponible, quand, quoi ? Quelles ressources ça peut être aussi des ressources matérielles ? Qui peuvent être une contrainte, par exemple. Il est très clairement. Prévu dans 1es plans catastrophe hospitalier.

Présentateur 2

En cas de grosse catastrophe, un hôpital ne sait pas prendre en général toutes les victimes. Très vite, vous donc c'est bien l'expression d'une imitation des ressources, parce que il y a des compétences, et cetera, donc si vous avez plusieurs victimes. Ben naturellement, le système qui se met en œuvre va répartir les victimes sur plusieurs hôpitaux, alors évidemment. Ici, dans la région Charleroi, Liège à Bruxelles, et cetera. Vous avez plusieurs directeurs hospitaliers, donc c'est plus facile de répondre si vous avez une catastrophe ferroviaire qui arrive au milieu de la province du Luxembourg. C'est beaucoup plus compliqué évidemment d'aller répartir entre plusieurs institutions. Voilà par par les choses si on reprend. Les je ne sais pas si vous vous souvenez vous ? C'est évidemment plus jeune. La catastrophe de Guy Langien, vous l'avez entendu parler peut-être. C'est une catastrophe qui s'est déroulée il y a une grosse vingtaine d'années.

Présentateur

Nous.

Présentateur 2

À Guy Languin et qui a été une explosion de conduite de gaz qui a fait des dizaines et des dizaines de brûlés. On a une ici, une unité de grands brûlés. Il y a que 6 unités de grands brûlés en. Belgique, on a une dizaine de lits. Ben évidemment, ils ont été remplis à la 2nde, surtout qu'il y avait déjà des passants dedans. Donc très vite vous avez un effet donc sur les autres lits de brûlés en Belgique, parce que là, fatalement, il y a que 6 trucs, mais ça déborde de la Belgique. Il y a des patients qui sont arrivés jusque Paris, à Amsterdam, Cologne, et cetera, donc en fait. La plus grosse contrainte dans les plans catastrophe, c'est la disponibilité au sens. Large du terme. Les ressources humaines, les compétences du matériel. Les capacités de vie, par exemple ici. Voilà.

Présentateur 1

Ensuite est ce que pendant les périodes de crises justement où l'État est a été justement ? A été inclus dans ces décisions, est ce que il a joué un rôle de central dans les décisions et a pu apporter ? Par exemple chez en France, ça a été très commun que l'État était dans les discussions et permettait de donner aux décideurs au direct. Un peu une information sur les lits disponibles. Il essayait de coordonner. En fait, il avait un rôle de coordinateur.

Présentateur 2

Ben le, le problème en Belgique, c'est qu'on a eu, on a un morcellement de la gestion des soins de santé et donc ça c'était dénoncé par les directions hospitalières en général, nos fédérations patronales, moi-même aussi, à certains moments dans la presse où on a dénoncé effectivement que la. À la démultiplication des niveaux de pouvoir, la, la, la répartition des responsabilités. Avait été un problème pendant la crise COVID en Belgique. Très clairement. Et on a perdu. Peut-être pas tellement en temps et encore, mais en cohérence à tout le moins, ce qui fait que les hôpitaux ont été amenés. Et à certains moments à être les facteurs de cohérence parce que nous, on essayait de d'harmoniser les décisions du fédéral versus les décisions du régional, versus encore tel ou tel autre organisme qui devait intervenir là-dedans et et à certains moments on avait des décisions qui je ne vais pas dire qu'elles étaient contradictoires mais elles pouvaient dévier. D'approches et. Et donc on a été amené à nous, à à faire quelque part, parfois la synthèse, et on aurait apprécié évidemment qu'en situation de crise. Point barre. L'État fédéral joue le rôle de centralisateur. Point.

Présentateur 1

OK et.

Présentateur 2

Ça, il a fallu, il a. Fallu beaucoup de temps avant que ça se passe comme ça. Ouais donc là là on a, on a. Moi j'ai souvent dit, et je l'ai écrit d'ailleurs, parce qu'il y a bien encore l'un. L'autre article qui doit traîner ? Et que pour moi, la crise du COVID a été majoritairement pilotée par les. Hôpitaux et pas par les pas par l'État.

Présentateur 1

OK, mais dans ce cas-là du coup le le. Le plan d'urgence dont vous avez parlé a dû être du coup rapidement géré par justement les directeurs en interne plutôt que l'État qui a mis du temps à.

Présentateur 2

Réagir oui, oui bien sûr, mais les plans d'urgence hospitaliers sont propres à chacun des hôpitaux.

Présentateur 1

Ok.

Présentateur 2

Ce n'est pas un plan national. Il y a. Depuis, l'état essaye de mettre en place maintenant des structures au niveau fédéral pour gérer des crises, et cetera. Donc il y a quand même une leçon qui a été prise et on voit apparaitre des cellules de gestion de crise au niveau fédéral qu'on connaissait pas avant. Je dis pas qu'elles existaient pas mais elles étaient tout à fait confidentielles tandis qu'il y en a maintenant on voit bien que autour de ça. Il y a des préparations. Bah, des stocks stratégiques en termes de masques, et cetera, des stocks stratégiques sur des médicaments. Enfin toutes sortes de choses. Que. Qui n'existaient pas avant.

Au niveau des plans d'urgence hospitaliers, c'est sûr que chacun avait le sien, mais là, la crise COVID est venue est venue avec un scénario..

Présentateur 2

Personne d'entre nous n'avait n'avait envisagé, je crois. On n'avait pas envisagé une crise aussi massive et aussi longue parce que vos plans d'urgence hospitaliers en général, c'est par rapport à une crise relativement aiguë et courte. Ça dure quelques heures, quelques jours. Et là, on est des semaines et des mois.

Présentateur 1

Voilà et en en justement pour revenir sur ces plans de secours, vous avez dit qu'ils étaient spécifiques aux hôpitaux, est ce que c'est en fonction de leurs ressources du coup qu'ils sont spécifiques ou c'est en fonction des méthodes qu'ils sont ?

Présentateur 2

Oui, donc par exemple, il y a les les volets sur par exemple, nous on accueille, on peut accueillir des patients grands brûlés. C'est c'est propre à nous parce que on a une unité de grand brûlé. C'est sûr que il y a que 6 hôpitaux en Belgique qui sont capables de prendre des grands.

Présentateur 2

Donc évidemment, chacun a ses spécificités. Il y a le l'hôpital Marie Curie, l'autre hôpital de de Charles Laurent ici, qui est le public. Ils ont un caisson hypermark caisson hyperbare par exemple. C'est pour. Si un un plongeur ernait trop vite en en cas de palier de décompression, et cetera. C'est sûr que si il y a un accident de ce type-là, le patient il va aller au caisson hyperbag de l'autre hôpital. C'est pas, c'est pas chez nous, donc fatalement, notre notre contour, notre spécialisation.

Présentateur 1

OK.

Présentateur 2

Nos capacités en termes de lits, en termes de taille d'urgence, et cetera. C'est sûr qu'un hôpital de 200 lits comme Gosselin n'est pas en mesure d'absorber autant de de victimes d'une catastrophe que nous.

Présentateur 1

OK.

Présentateur 2

Oui, donc ça, ça joue en fonction de notre taille, notre, nos, nos spécificités, et cetera.

Présentateur 1

Et vous pensez c'est adapté personnellement, vous pensez, c'est adapté et ça porte ses fruits, ce genre de de plan d'urgence.

Présentateur 2

Oui, Ben en urgence, ça porte ses fruits parce que on, on a quand même un minimum de structures. On s'est en gros on on, on a mis aussi au point des systèmes de d'appel. Ne plus que ça. Parce que sinon, est-ce qu'on l'aurait fait de manière aussi structurée ? Est-ce qu'on vérifierait régulièrement ? Donc ici, maintenant ou une fois par mois, on teste le système. On sait que tel jour, telle heure, si on a un appel à priori. C'est un test, non ? Si c'est pas un test, il faudra veiller à ce que le message nous montre, mais ce n'est pas. Un test ou un truc ? Comme ça donc, on vérifie que tout, tout fonctionne. Pour faire face à une éventuelle difficulté à un moment donné, une gestion de crise éventuelle. Donc oui c'est bien, c'est bien de le de le prévoir. Évidemment ces plans sont transmis. À nos autorités régionales qui l'intègrent dans un plan global et fédéral et donc évidemment, petit à petit, la Belgique se dote d'une capacité de réaction en cas de, de, de, de catastrophe qui viendrait dépasser. Je dirais des catastrophes locales. Alors on n'est pas démuni. Y en a depuis longtemps en Belgique hein. Y a y a quand même toute cette structure, le 112, les pompiers, la sécurité civile. Donc on est quand même dans un pays où a y a quand même une base hein. C'est sûr que on ne part pas de rien du tout. Mais je crois. Que la crise. COVID et puis. La guerre en Ukraine avec les menaces aujourd'hui qu'on a sur l'Europe. On voit bien que ça a monté le niveau de vigilance de nos autorités. Et on reçoit beaucoup plus d'instructions que par le passé autour justement de la gestion de crise.

Présentateur 1

OK, donc le contexte joue beaucoup actuellement.

Présentateur 2

L'Europe dans le même genre l'Europe a pris des mesures extrêmement importantes pour tout ce qui est cyberattaque avec.

Présentateur 2

Tout un plan de de résilience que les entreprises doivent mettre en place, les entreprises en général, les hôpitaux en particulier. Dans lequel on a, on a aussi là maintenant on a un plan en 3 ans, on doit mettre en place plein de choses qui nous permettent de sécuriser nos fonctionnements, et cetera. Et donc c'est vrai pour un habitable. C'est vrai que pour une banque c'est vrai pour voilà donc tous ces phénomènes s'amplifient quand même.

Présentateur 1

Je voulais un peu parler de l'après COVID justement aussi est ce qu'il y a actuellement des processus qui ont été pris pendant cette crise, qui sont toujours d'actualité autres que le plan d'action qui a été adapté du coup ?

Présentateur 2

Non, je ne dirais pas, je crois qu'on a démantelé. Tous les fonctionnements qui avaient été mis en ? Place dans le. Cadre de cette et on est bien d'accord, en dehors de toutes les leçons qu'on a tirées hein, et qu'on a intégrées dans les plans, mais vraiment quelque chose qui fonctionnerait encore aujourd'hui en routine.

Présentateur 1

Par rapport au. Justement au problème est ce qu'il y a eu des problèmes de communication vous pensez ou de coordination entre les services et les niveaux de hiérarchie au sein de l'hôpital ?

Présentateur 2

Dans ce genre de crise, je ne peux pas, je peux jamais répondre non complètement parce que fatalement, vous touchez une grande institution avec une masse de problèmes gigantesques à gérer en extrêmement. Peu de temps. Donc il y a, il y a dû y en avoir, mais. Il y en a. Pas eu des gros en tout cas. On va ? Moi, j'ai reçu l'instruction et je m'en souviendrai toute ma vie. Vendredi 13, 18 h, vendredi 13 mars à 18h02, 1020. Lundi, vous devez fermer toutes vos consultations, vous fermez tout l'hôpital, vous vous nous stoppez toutes les les interventions chirurgicales, et cetera. Y a toutes les urgences qui fonctionnent. C'est un vendredi soir. Je m'en souviendrai toute ma vie et donc le la semaine qui suivait, j'avais 10000 consultations qui étaient programmées. Pour donner une ampleur du problème et donc ? Et on vous dit le vendredi soir à 18h00 lundi. Ok. Donc vous mobilisez immédiatement votre équipe de direction. Toute une série de gens, et cetera. Rendez-vous samedi matin, 9 h à l'hôpital. Boom, voilà. Et on a et. Et donc j'ai mis tout de suite en place un comité de crise.

Présentateur 2

Comme prévu dans le plan U que j'ai, j'ai immédiatement, mais ici, évidemment, ça touchait tellement l'activité, toute l'activité médicale que tous les grands patrons de de médicaux de l'institution ont été invités le samedi matin à 09h00. Et tout le monde a compris. Que ça rigolait pas. Et tout le monde était là.

Présentateur

Voilà.

Présentateur 2

Donc non je donc je je dirais que comme on a mis en place tout de suite. L'organisme de gestion de crise que cet organisme a pris la main sur tout autre. Comité pendant la crise. Donc ça, ça a été très clair, donc on a. Dit attention, c'est là maintenant que toutes. Les décisions se prennent. Point barre. Et c'est de là que viendront les instructions. Ben je crois que ça a permis quand même d'avoir une cohérence d'actions dans l'institution. Et on l'a fait, je vous le dis en.

Présentateur 1

OK, oui. Ensuite, c'était une question par rapport justement au secteur dans lequel vous vous trouvez, en quoi la mission d'un hôpital va avoir des conséquences justement sur la prise de décision ?

Présentateur 2

Bien évidemment.

Présentateur 1

Est ce qu'on prend des choses en en considération en plus ?

Présentateur

Oui.

Présentateur 2

Parce que nous, on a directement la vie des gens qui sont derrière quoi ? C'est voilà, c'est c'est sûr que. Si je suis concessionnaire automobile, y a personne qui va perdre sa vie parce que j'ai fermé mon garage pendant 15 jours, je vais sans doute créer des ennuis. Oui mais mais voilà. Ici ? On a, on a des patients, on a la, on a. La vie des. Patients, on a cet enjeu qui est là. Par la force des choses de la. Catastrophe nous a touché. Doublement parce que le COVID nous a amené les victimes des patients. Et on a été touché en interne aussi parce que notre propre personnel a été parfois infecté avec les peurs, les angoisses aussi, parce que quand vous devez soigner des il faut se mettre à la place des gens qui soignent. Des premières heures, personne ne sait comment soigner le COVID. Ça veut dire que vous recevez des gens qui en quelques heures meurent ? Et vous êtes là en vous demandant. Si vous allez pas vous aussi y passer.

Présentateur

Mais.

Présentateur 2

Nous, on a eu l'hyperium pour, pour, pour bien illustrer ça, prendre bien conscience de ça. On a eu des des personnels d'infirmiers ou des médecins qui n'ont plus osé rentrer chez eux le soir de peur de contaminer leur famille parce qu'ils avaient peur de tuer un mari, un enfant, un père, une mère. Et j'ai eu plein de gens qui sont restés dans les autres telles. Les machins, les. Trucs comme ça parce qu'ils osaient plus rentrer chez eux. Enfin, c'est les. Premiers jours après. Petit à petit, on va. Voilà, on avait pas assez d'effectif, on avait pas assez de gants, et cetera. Donc c'est c'est l'angoisse, mais le Dieu, le père quoi. Hein, donc il y.

Présentateur 1

A eu vraiment une situation. Justement, c'est la situation de stress, et cetera, qui a été démultipliée du fait que les.

Présentateur 2

Vies sont la vie des. Professionnels, elles eux-mêmes OK étaient. En en, en questionnement, en questionnant les premiers jours, on savait pas, hein, personne ne serait.

Présentateur 1

Nucléaire et. Et comment ça influence ça les décisions justement ? Un peu ce stress et ses émotions.

Présentateur 2

Ça, c'est ça influence beaucoup parce que vous devez gérer. Plus que jamais, c'est notre métier tous les jours ici hein, de de de gérer et le personnel et les patients. Mais là vous nous amplifiez tout. Un exposant de disques quoi. Et donc il faut rassurer. En même temps il faut sécuriser, il faut veiller à à est ce que le patient prenne le moindre risque possible. Il faut essayer d'être en contact avec le monde scientifique très rapidement pour savoir quelles sont les avancées, qu'est ce qu'on observe. Moi moi j'ai j'ai trouvé ça assez fascinant, c'est que il y a eu un partage d'informations comme jamais dans le monde. De la santé. Le moindre hôpital qui avait l'impression d'identifier quelque chose qui avait l'air d'être bien, qui avait un effet positif, et cetera, ça circulait. Très vite et donc. On a eu aussi nous, on a mis une cellule de vigilance scientifique pour lire tout ce qui sortait et ce qui s'écrivait, et cetera, pour aller voir comment on pouvait-on pouvait faire les choses donc. Donc le métier de l'hôpital, oui nous a influencé considérablement, mais bon voilà. Finalement, la crise du COVID, on était au cœur de la crise, au cœur de la crise. Finalement, il y a une crise. C'est une crise énergétique pour dire quelque chose. On sera pas au cœur de la crise, on sera une énorme victime de la crise. Certes parce que si demain moi j'ai plus ici d'alimentation électrique où j'en sais rien moi. On va avoir un problème gigantisme, on est. Bien d'accord, mais. C'est pas le c'est l'hôpital est une victime là dans le cas du COVID. On était victime et acteur. Voilà s'il y a plus d'électricité, le premier acteur ça va être les fournisseurs d'électricité, ça va être Elia machin qui vont devoir je sais pas comment réparer, mettre en remettre en route des centrales électriques qu'on avait pu fait tourner. J'en sais rien, c'est eux là, c'est eux qui ont qui ont été et si nous on est, on était. On était vraiment au au cœur hein, donc voilà.

Présentateur 1

Du coup vous pensez-vous avez réagi plus vite où justement été moins vite dans les décisions et par rapport à l'ajustement à la qualité de ces décisions après retour sur quelques années, qu'est ce que vous pensez justement de ce que vous avez pris comme décision à cette période ci ? Et à cette période-là ?

Présentateur 2

On a été très, extrêmement. L'organisation s'est mobilisée et transformée, mais, mais en. À une vitesse phénoménale et c'est c'est même. C'est même fascinant de voir à quel point vous avez une organisation de cette taille ici qui qui qui peut être lourde et qui est en temps normal. Faut vous dire, mais il faut du temps ça, ça, pour que ça, ça se mette en place pour mobiliser telle équipe. C'est parfois on a vu que réunir si vous voulez réunir 10 personnes, Ah non moi ça va pas, je suis en réunion, je suis ceci, je suis en congrès machin machin une bouffe ou 2 semaines parfois et là. Avec l'enjeu ? On on a transformé la, l'institution. En un week-end. Il.

Présentateur 1

Y a eu beaucoup plus, vous avez ressenti plus de motivation justement pendant cette période-là ?

Présentateur 2

Beaucoup, beaucoup de motivation, de solidarité et en même temps de peur. C'est c'est un sentiment étrange, un peu de de comme vous pouvez avoir l'adrénaline hein ? Voilà où vous avez parfois ce mélange de peur et en même temps de d'hyperréaction.

Présentateur

Eh oui.

Présentateur 1

Et j'ai j'ai en général j'aime bien finir mes interviews sur justement des leçons, des expériences. Quelles sont vous les leçons que vous donneriez justement à un manager justement qui va se retrouver dans des situations de risques ?

Présentateur 2

Ben donc je je je crois que effectivement, il faut aujourd'hui. Anticiper, il faut faire. Essayer de préparer des scénarios. La réalité qui nous arrive n'est jamais celle où on a imaginé. Mais quand même, le fait d'anticiper nous prévoit quand même l'un ou l'autre réflexe a prévu quand même l'une autre chose qui vont aider au moment de la crise. Donc ça c'est l'anticipation, ça je crois. Moi, je, moi personnellement, je. Crois très fort à la présence. La présence. J'ai jamais autant été là à l'hôpital que cette période là, tous les jours, tous les jours, tous les jours, samedi, dimanche. J'étais là. J'étais visible. J'avais aussi moi, des craintes. Et pourtant j'ai mis, j'ai mis ma combinaison, mon masque, mes gants. J'ai parfois été dans les unités de soins, à parler avec le personnel, et cetera. Bien sûr, le personnel sait bien que moi je suis-je suis un économiste, je suis pas capable de de soigner quelqu'un, mais ma présence en fait d'être là. C'est un soutien et ça c'est important. Je crois que dans. Les phases de crise ? Moi, je suis très frappé parfois de voir. À la télévision ? Parfois quand on envoie le porte-parole. Dans les crises majeures, c'est pas le porte-parole. Dans les crises majeures, moi c'est le Boss qui va le le ou les Boss, les membres de la direction. Enfin voilà, on ne se cache pas derrière des porte-paroles. Alors la télé c'est une chose, mais en interne.

Présentateur 1

En attendant d'être présent, de le montrer.

Présentateur 2

Montrer, on est là, on est avec les gens.

Présentateur

Ok

Présentateur 2

Ça, je crois que c'est vraiment très très important. Les gens savent très bien que c'est pas vous qui allez mettre un pansement, mettre un médicament, et cetera. Ils le savent très bien, mais que. Vous ? Soyez là, ça rassure la montre. Il y a une prise de conscience de l'importance de notre situation. C'est à dire que vous allez aussi mettre en place les moyens qu'il faut pour essayer de les moyens qu'il faut avec ce qu'on. A parce que. Voilà donc ça, ça, je je crois que c'est vraiment la concertation. Sans doute le 3e élément, la concertation, dans toute la mesure du possible, avec les personnes adéquates. Je crois qu'il faut oser faire sauter les lignes. Dans les cas de crise. Tant pis pour la hiérarchie, tant pis à la limite pour. Les susceptibilités, je me rappelle, parce que c'est marrant, que vous dites maintenant. Je me rappelle avoir répété plusieurs fois, ce n'est pas le temps des susceptibilités. OK ouais, moi je suis responsable de non. Aujourd'hui tu es responsable de rien. La crise elle est là-bas, elle est pas chez toi, donc c'est lui. Qui a la.

Présentateur 1

Main, OK, Ouais, on peut gérer son ego, voilà.

Présentateur 2

Ce n’est pas le temps de la. Susceptibilité, il faut vraiment. Et après il faut rétablir les choses. Donc ça veut dire aussi que la personne qui a pris les responsabilités spécifiques, Ben en temps normal elle l'a pas. On la reprend parce que l'état de crise. Est, par définition. Pas le fonctionnement normal de.

Présentateur 2

Voilà. J'ai, j'ai, j'ai fait un un. Vous pouvez avoir. Un responsable qualité qui va mettre en place des procédures et les machins, et cetera, parce que ça améliore la qualité et la prise en charge. Puis vous avez une crise. Et et il va venir dire, il faut respecter les procédures

Présentateur 1

On n'a pas.

Présentateur 2

Le temps, mais il faut savoir sortir, mais. Mais en même temps, il faut savoir rétablir, sortir et rétablir.

Présentateur 1

OK, merci beaucoup,

Appendice 5 – Excerpt from interview with student (Lola, 25 years old)

• How did you feel when the Covid-19 crisis was first announced? What was your initial reaction?

I was obviously surprised, but I must say I was also a bit curious to see how things would unfold and how the university would handle it.

• Did you feel that your university was prepared for this kind of crisis?

I wouldn't go so far as to say it was prepared, because I think absolutely no one was truly ready for what we experienced. That said, I think the university reacted quite quickly—switching to online classes happened practically overnight, and we regularly received updates by email or on Moodle.

• How were the courses, exams, or your academic year reorganized?

Almost everything went online. Classes turned into Teams meetings or video recordings. Exams were either held online or replaced with assignments, depending on the professor. It wasn't ideal, but I think all the professors did their best under the circumstances.

• Did you feel that important decisions were made quickly, or rather slowly and in a confusing way?

Fairly quickly, yes. Not everything was clear at the beginning, but I think the university tried to be proactive in managing the crisis as best as it could for the students.

• Did you know who was making the decisions within the university? And how were those decisions communicated to you?

We knew it was the management, the deans, the rector, etc., but we didn't know the details. In any case, we received the necessary information via email or on Moodle.

• Did you or other students have the opportunity to give feedback or express your needs?

Not me directly, but I know some student associations acted as intermediaries, and I saw one or two surveys going around. I admit I never took the time to answer them, and I don't know if it would have made a difference.

• What decisions made by the university had the biggest impact on you (positive or negative)?

The decision to hold exams online and the availability of lecture recordings. Exams were, I won't lie, relatively more stressful than usual, but since I lived far from campus and didn't have a student flat, it saved me a lot of study time.

• Did you notice contradictions, sudden changes, or unclear decisions during the crisis?
Yes, sometimes. For example, exam formats changed constantly, and sometimes we only discovered the format right before the exam started. It wasn't always easy, but I think everyone did what they could with the information they had at the time.

• To what extent do you think students were taken into account in the decision-making process?
I'd say moderately. You could feel that the priority was to maintain academic standards, but sometimes it felt a bit extreme and detached from the students' realities. I was lucky to be at home with my family, with all the necessary resources. My brother was also studying, so the house was quiet, and I had no issues with internet or devices—which wasn't the case for everyone.

• What were the main difficulties you encountered?
Definitely isolation. Even though I was lucky to be with my family, I was used to studying in groups at the library or on campus. Suddenly I was alone at home. My parents were incredibly supportive—maybe even a bit too much at times, which was annoying—but again, I know not everyone had that chance.

• What do you think hindered good organization within the university during the crisis?
Probably the lack of coordination between the different faculties. UCL is a big university with lots of faculties, and when we talked to friends from other programs, we realized we didn't get the same information or follow the same rules. So professors each had their own way of doing things, and it wasn't always clear.

• How did the context of higher education (its educational mission, exams, etc.) influence the decisions made?
The university clearly wanted to avoid students losing a year. So, all the decisions were oriented toward continuity, which is a good thing, but they somewhat neglected the students' mental health.

• Did you feel any particular pressure during this period?
Yes, definitely, especially the pressure to succeed despite the difficult conditions. But I found that many professors were understanding. I think they were just as lost as we were, and that helped a bit.

• What measures or changes introduced during the crisis were maintained afterward? And which ones were dropped?

The use of online platforms and lecture recordings stayed in some courses. But all the flexibility around deadlines and absences disappeared quite quickly. Too quickly, in my opinion.

• What lessons did you learn from this period about how decisions are made in a university?

That decisions are very hierarchical, but also that institutions can be reactive when forced to be. And that in every aspect of life, communication really is key.

• Did you feel that your emotions (stress, anxiety, uncertainty, etc.) were taken into account by the institution?

Yes and no. There were some resources available, like sessions with psychologists, but it was impersonal and always required the student to take the initiative.

• Did you feel a breakdown or rather a strengthening in communication between the university and the students?

I'd say it was a strengthening in the sense that I've never received so much information from the university but it wasn't interactive at all, so it didn't really feel like a dialogue.

• Would you say you trust the decisions made by the university? Why or why not?

Overall, yes. Obviously, not everything was perfect, but I think they genuinely tried to do their best in a totally unprecedented context.

• With hindsight, do you think higher education responded better or worse to the crisis than other sectors? Why?

Pretty well. There were definitely some mistakes, but the ability to switch to online learning so quickly and ensure continuity of studies was, in my opinion, impressive compared to other sectors.

Appendice 6 – Excerpt from interview with student (Alixia, 23 years old)

• How did you experience the announcement of the Covid-19 crisis at the very beginning? What was your reaction?

I was surprised at first, I thought it would only last 2-3 weeks. But I quickly realized it would have a much bigger impact.

• Did you feel your university was prepared for this kind of crisis?

Not really. It felt very improvised at the beginning, and the instructions weren't clear. It seemed like the university was discovering everything at the same time as we were.

• How were classes, exams, or your academic year reorganized?

Classes went online, sometimes with poorly adapted materials. Exams were digital, with that infamous platform, I can't remember the name, but we all had to download it and it kept crashing, it was horrible. And each professor did things their own way, so the guidelines weren't followed consistently, which led to a lot of confusion.

• Did you feel that important decisions were made quickly? Or rather slowly and in a confusing way?

Often slowly and confusingly. We received many contradictory emails, sometimes with last-minute changes.

• Did you know who was making the decisions at the university? And how were those decisions communicated to you?

No, it wasn't clear. We got emails but we didn't really know where they came from or who was deciding.

• Did you or the students around you have the opportunity to give your opinion or share your needs?

Not really, sometimes there were small surveys, but nothing concrete came out of them. I didn't feel heard at all.

• Which decisions made by the university seemed the most significant or impactful to you (positive or negative)?

Online exams with automatic monitoring were extremely stressful. The platform often crashed, and we were afraid it would fail during our exams. Even looking slightly away from the screen

was considered cheating,it was really stressful. On the other hand, having access to recorded lectures (when professors did it) was really helpful.

• Did you notice contradictions, sudden changes, or unclear decisions during the crisis?
Yes, very often. Some professors would say one thing, and official emails said another. We didn't always know who to believe, though I think the professors were just as lost as we were.

• In your opinion, to what extent were students considered in the decision-making during that time?
Very little, in my opinion. It felt like decisions were made without really thinking about our daily lives or our struggles.

• What were the main difficulties you encountered?
Isolation, mental overload, lack of human contact, and stress from online exams.

• What do you think hindered a good organization of the university during the crisis?
The lack of coordination between faculties, unclear communication, and a system that was, in my opinion, too rigid.

• How did the educational context (its mission, exams, etc.) influence the decisions that were made, in your view?
The university did everything it could to maintain exams and prevent students from falling behind, but sometimes at the expense of our mental well-being or the quality of education.

• Did you feel any particular pressure during that period?
Yes, especially the pressure to succeed in such a difficult context without proper support.

• Which measures or changes implemented during the crisis were kept afterwards? Which ones disappeared?
For some courses, recorded lectures were kept, which was good. But anything related to student well-being was quickly forgotten.

• What lessons did you take away from that period regarding how decisions are made in a university?
Decisions are often centralized and not very transparent. Even the professors we spoke to didn't really know what to do. There's clearly a lack of consultation with both professors and students.

• Did you feel that your emotions (stress, anxiety, uncertainty, etc.) were taken into account by your institution?

Not really. We got support emails, but there was no real action behind them.

• Did you feel a break or, on the contrary, a strengthening in communication between the university and students?

There was definitely a break at the beginning, then a slight improvement, but we still remained quite "distant" from the university.

• Would you say you trust the decisions made by the university? Why or why not?

Not fully. I felt that decisions were reactive, sometimes rushed, and that we weren't considered enough or at all, even.

• In hindsight, do you think higher education responded better or worse to the crisis than other sectors? Why?

It responded quickly to maintain its activity, but with a lot of clumsiness and little agility. I think other sectors were probably more flexible.

Appendice 7 – Excerpt from interview with student (Antoine, 23 years old)

• How did you experience the announcement of the Covid-19 crisis at the very beginning? What was your reaction?

It was a shock. I felt like everything suddenly came to a halt. It was very anxiety-inducing.

• Did you feel like your university was prepared for this kind of crisis?

Not really. I think, like everyone else, they were caught off guard. The shift to online classes happened quickly, but everything wasn't structured from the start.

• How were your classes, exams, or academic year reorganized?

Everything moved online. Some professors managed it well, others much less so. The exam formats changed, but there was no real consistency.

• Did you feel that important decisions were made quickly? Or on the contrary, slowly and in a confusing way?

It was relatively quick, I'd say, but very confusing. We received a lot of emails, sometimes contradictory, it felt like they were improvising.

• Did you know who was making decisions at the university? And how were those decisions communicated to you?

Not at all. We only received official announcements by email or on Moodle. We had no idea who was making the decisions or how.

• Did you or other students have any opportunity to give feedback or express your needs?

No, never.

• Which decisions made by the university stood out the most to you? (positive or negative)

The switch to online exams and it was extremely stressful.

• Did you notice contradictions, sudden changes, or unclear decisions during the crisis?

Yes, several times. For example, some courses that were supposed to be online suddenly switched back to in-person, depending on the health guidelines. And these rules weren't applied consistently across faculties.

• To what extent do you think students were taken into account in the decisions made during that period?

Very little, if at all.

• What were the main difficulties you faced?
Isolation was really tough for me.

• What do you think hindered the university's ability to stay organized during the crisis?
I'd say a lack of coordination between different departments, and the centralization of decisions without any real dialogue.

• How do you think the educational context (academic mission, exams, etc.) influenced the decisions made?
I think the university was determined to maintain exams no matter what, but again, this was done without considering students.

• Did you feel any particular pressure during that time?
Yes, the fear of failing because everything was so unclear and unstructured. Some professors were understanding, but not all. It was an enormous amount of pressure.

• Were any measures or changes introduced during the crisis kept afterward? Which ones disappeared?
Some professors kept offering lecture recordings, which is great. But otherwise, the overall flexibility and adaptability quickly disappeared.

• What lessons did you learn from this period about how decisions are made at a university?
I think there's a serious lack of dialogue between decision-makers and the university community. In a situation like this, everything becomes very top-down.

• Did you feel like your emotions (stress, anxiety, uncertainty, etc.) were taken into account by your institution?
Not really. We received some supportive emails here and there, but nothing really helpful.

• Did you feel a break or a strengthening in communication between the university and the students?
A break. It wasn't a dialogue anymore, just one-way information emails.

• Would you say you trusted the decisions made by the university? Why or why not?
I wouldn't say I fully trusted them. Some decisions seemed logical, but others really didn't. It felt like it depended on each professor or faculty, despite the official guidelines.

• With hindsight, do you think higher education responded better or worse to the crisis than other sectors? Why?

Worse, I think. They prioritized continuity at all costs, while other sectors had to be more innovative or more attentive to people's needs.

Appendice 8 – Excerpt from interview with student (Mathys, 25 years old)

• How did you experience the announcement of the Covid-19 crisis at the very beginning? What was your reaction?

Honestly, at first I thought it wouldn't last long and I didn't take it seriously at all. But when I saw that everything was shutting down, I realized the year was going to be complicated. I was really worried about my family's health and about my exams.

• Did you feel that your university was prepared for this type of crisis?

No, I don't think so. I had the impression they were improvising day by day. But at the same time, who could really have been prepared for what we went through? Nothing was clear in the information we received, and I found it arrived quite late.

• How were the courses, exams, or your academic year reorganized?

We did receive emails quite quickly from professors explaining how to join Teams or what to do with the video lectures. Some courses, especially those with older professors, were poorly managed or even cancelled. I think it's mainly because they struggled with the new tools. As for the exams, online exams were often very poorly organized or unfair.

• Did you feel that important decisions were made quickly? Or rather slowly and confusingly?

I'd say rather slowly (though not terribly slow) but definitely in a contradictory way. We constantly received conflicting information.

• Did you know who was making the decisions within the university? And how were those decisions communicated to you?

Not really. We got vague emails from the rector or vice-rector, but as for knowing who was actually making the decisions, no. The whole process was pretty opaque. Maybe they thought we wouldn't care, who knows.

• Did you or other students around you have the opportunity to share your opinions or express your needs?

No, I never felt heard. There was no consultation. I contacted my faculty several times with questions, but to this day, I still haven't received any answers.

• What decisions made by the university seemed the most significant or impactful to you? (positive or negative)

The full closure of campus buildings, without any real quality alternatives. That was probably in line with government decisions, but it still had a huge impact on many students. And again, the online exams.

• Did you notice any contradictions, sudden changes, or unclear decisions during the crisis?

All the time.

• To what extent do you think students were taken into account in the decision-making during that period?

Very little. Everything was managed internally, and we just received decisions and instructions by email and that's all.

• What were the main difficulties you encountered?

The lack of human contact, the drop in motivation, technical issues that made it hard to keep up, and loneliness.

• In your opinion, what held back the university from organizing things effectively during the crisis?

Bureaucracy, the lack of student input, and the lack of anticipation.

• How do you think the educational context (its teaching mission, exams, etc.) influenced the decisions that were made?

Personally, I felt like the only thing that mattered was the exams. Everything else came second.

• Did you feel any particular pressure during this period?

Yes, a lot. We were expected to carry on as if nothing had changed, even though everything had.

• Which measures or changes implemented during the crisis were kept afterwards? And which disappeared?

Apart from online courses, everything disappeared.

• What lessons did you learn from this period about how decisions are made in a university?

That the process is very centralized, not transparent at all, and that students have no real place in decision-making.

• Did you feel like your emotions (stress, anxiety, uncertainty, etc.) were taken into account by your institution?

No, not at all. Let's be honest, we were left on our own. If someone was struggling, well… too bad for them.

• Did you feel a breakdown or, on the contrary, a strengthening of communication between the university and the students?

A breakdown. We got tons of information, but without any coherence or clarity. It wasn't a conversation, just one-way communication.

• Would you say you trust the decisions made by the university? Why or why not?

Not really. I had the impression they were managing things for their own administrative convenience, not based on the real needs of the student community.

• With hindsight, do you think higher education reacted better or worse to the crisis compared to other sectors? Why?

Maybe worse. Other sectors managed to adapt more flexibly. In education, there was a strong sense of rigidity overall.

Appendice 9 – Excerpt from interview with student (Quentin, 24 years old)

• How did you experience the announcement of the Covid-19 crisis at the very beginning? What was your reaction?
I felt a lot of uncertainty; the announcement of the lockdown was brutal.

• Did you feel your university was prepared for this kind of crisis?
Not really, it was clear that the situation was overwhelming for them at first. There was a period of adjustment, especially for classes and communication.

• How were the organization of your courses, exams, or academic year modified?
Everything moved online, which was difficult at first. The professors did their best, but the quality was not always there. Exams were adapted, but not always in a fair way.

• Did you feel that important decisions were made quickly? Or, on the contrary, slowly and in a confusing way?
There was often a gap between the situation and the decisions made. It was sometimes a bit slow and unclear, especially in the beginning.

• Did you know who was making decisions at the university? And how were these decisions communicated to you?
Not exactly. We received emails, usually signed by the rector or vice-rector, but without much explanation about the process.

• Did you or the students around you have the opportunity to share your opinions or express your needs?
Not directly. There were a few surveys, if I remember correctly, but we never saw any concrete results.

• Which decisions made by the university seemed the most significant or impactful to you (positively or negatively)?
Keeping the exams online was useful, but there were too many changes in modalities depending on the professors and faculties.

• Did you notice any contradictions, sudden changes, or unclear decisions during the crisis?
Yes, especially in managing attendance, internships, and health guidelines. Things changed from one day to the next.

• To what extent do you think students were considered in the decisions made during this period?
To a moderate extent. We weren't completely ignored, but not really included either. I felt like the administration just made decisions without dialogue.

• What were the main difficulties you encountered?
Isolation, mental load, and uncertainty, it was hard to stay motivated under those conditions.

• In your opinion, what hindered good organization within the university during the crisis?
The lack of internal coordination and a certain inability to adapt to the unexpected, in my view.

• How did the educational context (its mission, exams, etc.) influence the decisions made, in your opinion?
The educational mission was maintained, yes—but at what cost? Everything seemed focused on passing, regardless of those falling behind.

• Did you feel any particular pressures during this period?
Yes, especially the pressure to succeed despite the situation.

• Which measures or changes implemented during the crisis remained afterward? Which ones disappeared?
The digital platforms stayed, but the flexibility and accommodations disappeared.

• What lessons did you learn from this period regarding how decisions are made at a university?
That decisions are often centralized, slow, and not very transparent. Students should be more involved in decision-making processes.

• Did you feel that your emotions (stress, anxiety, uncertainty, etc.) were taken into account by your institution?
Not really. We received emails about well-being, but nothing concrete beyond that.

• Did you feel a breakdown or, on the contrary, a strengthening of communication between the university and students?
A breakdown. We received information, but only in one direction.

• Would you say you trust the decisions made by the university? Why or why not?
Not entirely. I felt they were doing their best, but without really listening to those who were directly affected by their decisions.

• With hindsight, do you think higher education reacted better or worse to the crisis than other sectors? Why?
It reacted with delay and rigidity. I think other sectors showed more adaptability. So I'd say worse.