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Ph.D in Management

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Redefining the purpose of the firm and purpose's role in managing a crisis

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Academic Year 2022/2023

Redefining the purpose of the organization and purpose's role in managing a crisis

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A dissertation in

Management

Submitted to Department of Management, Luiss Guido Carli University.

In partial fulfilment of the requirements for the Doctor of Philosophy (Ph.D.) – 2022

Dedication

To my grandmother and parents

For their best wishes and prayers,

To my siblings

For their care and love,

To my mentors

For their true guidance and encouragement,

To my great friends

For making this journey joyful.

Acknowledgments

Completing my Ph.D. has been an exciting and challenging journey. I am grateful to many people. In fact, I am in debt to many people. Therefore, it is challenging to select a few individuals and acknowledge and appreciate their valuable support and guidance.

Fabian Homberg has played an important role in my Ph.D. journey. I feel privileged who had an opportunity to learn a lot from him, from choosing a research question to writing the conclusion. I am thankful to him for his guidance, freedom, and extending support to me in completing my thesis. I am incredibly thankful to my dissertation committee members, Sandra Waddock and Rick Vogel, for their constructive feedback and help in improving the quality of the dissertation. I have learned a lot from Sandra about framing and developing propositions and managing stress while dealing with the review process. She is a kind person and a fantastic teacher. I feel honored to have her on my dissertation committee. Rick has greatly supported bringing order and improvement and making theoretical contributions more visible and robust. Rick has been kind throughout my Ph.D. journey and showed great support in visiting Hamburg University. I am thankful to him for keeping the doors of his office and university open for me. I am highly grateful to Rick for being on my dissertation committee.

I owe more to Michael Pratt than he may realize. Besides his qualitative work, constructive feedback and teachings helped me write my thesis. It was my only destination when I felt lost, struggling to achieve my ambitions, and went to ask for help via emails that I wouldn't like to read again. I am indebted to Mike for his patience, generosity, and constructive feedback, which helped me improve my work and develop a unified identity. I am thankful to Mike for pushing me to attend the Academy of Management Conference in the first year of my Ph.D. He also allowed me to make mistakes at an early stage and learn. Besides this, he has been a fantastic role model and highly supportive during my visiting period at Boston College.

Another notable person late Nisar Siddiqui, whose philanthropy and genuine hard work impressed me. His support was critical and always extended to me when I was in need, most of the time even before I asked. I started this Ph.D. without a scholarship and working for his university gave me financial support and freedom to do what I liked. I won't be able to pay back his debt, but I always appreciate his support.

Valentina Meliciani has been a great guide and supportive. Her help in organizing research seminars and visiting abroad was critical in shaping my experience and personality. I benefited immensely from her support and presence in the university as director of the Ph.D. program. I must also acknowledge and appreciate the support of Ph.D. staff- Francesca Pandozy, Nina Nachkebia, and Mattia Basso for their assistance in dealing with bureaucracy and kind support.

Ed Freeman's expertise in Stakeholder Theory has been extremely useful in understanding the firm's purpose. Despite being famous and having a busy schedule, he gave seminars and guided me in conducting meaningful research. Working with him and having informal discussions was a source of real inspiration, honor, and happiness for me. I am highly grateful for his guidance, help, and encouragement.

I am also grateful to many invisible people who gave me time and support at different points in my Ph.D. journey. I am incredibly thankful to Luca Giustiniano, Giovanni Valentini, Niels Noorderhaven, Judith Claire, Amy Randel, and Rick Vogel for reading various versions of my thesis's papers and for their fruitful feedback.

Another person and mentor I am highly thankful to be Hari Bapuji. Unfortunately, I haven't had him yet. However, he has always extended genuine support and helped me deal with critical issues in Academia. I am deeply grateful for his encouragement and suggestions.

This Ph.D. journey would have been impossible without the support of a few friends. A close and dear friend Antonio Daood has the dominant influence; his work and personality shaped

Abstract and Executive Summary

Abstract

This thesis focuses on "redefining the purpose of the organization and the purpose's role in managing a crisis." This broad topic is further divided into subtopics and categorized into three papers. The first paper is the systematic literature review conducted to understand what is already known and where research is needed. In the first paper, I focus on redefining the corporation's purpose as creating shared value. The second paper is a longitudinal empirical case study. In this paper, I conducted empirical analysis and explored the role of the organization's purpose and processes in reverting a grand health crisis i.e., minimizing its negative impact. The third paper is a micro-level analysis investigating distributed leadership's role in collective sensemaking and managing an expected health crisis.

All papers revolve around the theme of purpose, dynamic capabilities, and grand societal crises. For instance, in the first paper, I elaborate on the purpose of the firm and then the role of dynamic capabilities in creating shared value. In the second paper, I explain the role of the purpose and configuration of capabilities (important leg of dynamic capabilities) in reverting a crisis. In the third paper, I focus on leadership and its role in managing stakeholders amid a crisis. Before giving the complete description, below, I summarise each paper systematically by highlighting the topic's background, method, findings, and theoretical contribution.

Executive Summary

Paper-1

The emergent literature in the field of strategic management has begun to look beyond competitive advantage through competition towards competitive advantage through resolving social problems. Organization theory scholars use the term purpose and profits or business with the purpose (Rocha et al., 2021). This change is also apparent in the industry. For example, Business Roundtable 2019 released a new Statement on the Purpose of a Corporation signed by 181 CEOs who commit to leading their companies for the benefit of all stakeholders – customers, employees, suppliers, communities, and shareholders (Businessroundtable.org, 2019). This change in the priority of corporations is because of social issues such as global warming, the flood crisis, the Covid-19 crisis, and increasing pressures from different stakeholders (Ramachandran, 2011; Changing Markets Foundation, 2019). In industry, the focus on purpose and stakeholders is recent. However, Freeman (1984) explained already 40 years ago that businesses could survive and flourish by creating value for multiple stakeholders. However, corporations didn't adopt a society friendly approach. Even most academics believed and explain that the firm's competitive advantage or superior performance depends on the industry, unique capabilities, or configuration of capabilities (Porter, 1980; Barney, 1991; Teece et al., 1997).

The article titled "The Big Idea: Creating Shared Value" by Porter and Kramer (2011) was a major breakthrough in redirecting the debate on the purpose of the firm. Scholars have a uniform view on the notion that corporations, while striving to maximize economic profits, can create value for society that can enhance profits (Porter and Kramer, 2011; Freeman et al., 2020). The idea of creating shared value CSV has received widespread attention; however, the

literature lacks holistic understanding and distributed under diverse labels[1] such as Strategic Corporate Social Responsibility (McWilliams and Siegel, 2001), Stakeholder Capitalism (Freeman et al., 2007), Conscious capitalism (Mackey and Sisodia, 2014). To better understand and address these ambiguities, I conducted a systematic literature review on 242 articles published from 2010 to 2020. After the systematic screening, I chose 77 articles for the literature review analysis. I categorized these articles under three streams. First, CSV conceptualization, criticism, and response, second, means and approaches to CSV, and third, the main determinant of Creating Shared Value (mainly dynamic capabilities).

Through this comprehensive review, this paper contributes to the literature in three ways. First, I define "CSV as the strategic process through which corporations can solve a social problem that is aligned to their value chain while pursuing economic profits" (Menghwar and Daood, 2021, p. 467). Then, I elaborate on CSV's three key dimensions (strategic process, societal problems alignment with the value chain, and direct economic profits).

Second, building on the transaction cost theory, I explain that even purpose-driven firms take the economic cost of moving towards purpose beyond profits. For instance, when adopting a CSV strategy, a firm considers two factors (opportunity cost and transaction cost). In other words, if opportunity cost (i.e., the loss of CSV strategy's potential returns) is high, and transaction cost (i.e., the cost of organizing the social activity inside the firm) is low, the firm will move to a CSV approach; otherwise, they won't.

Third, I categorize external and organizational level factors and explain their impact on creating shared value. I found that there are several external factors. For example, state-level factors include (government bodies, regulatory institutions, and the country's culture), industry level factors include (the nature of the industry and the approach of other firms in the industry). Internal factors include dynamic capabilities. I found that little work is done on the role of

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[1] For detailed review and difference among these concepts see Daood and Menghwar, 2018.

dynamic capabilities in CSV. In this paper, I briefly highlight the role of dynamic capabilities in CSV. However, I found that more empirical research is needed on the interrelationships of dynamic capabilities, purpose, and their role in solving societal problems. Other scholars have also asked for empirical research on purpose, dynamic capabilities, its role in creating shared value, and managing grand societal crisis (Bundy et al., 2017; Menghwar and Daood, 2018; Teece, 2022; Menghwar and Freeman, 2022).

This paper is published in the International Journal of Management Reviews, available at: Menghwar, P. S. and Daood, A. (2021) "Creating Shared Value: Systematic Review, Synthesis, and an Integrative Perspective". International Journal of Management Reviews (IJMR); 23(4) pp. 466-485. https://doi.org/10.1111/ijmr.12252

Paper -2

This paper follows the findings from the first article by investigating the questions that the literature review identified as requiring further research. For instance, it was revealed in the systematic literature review that the word purpose had received enormous attention. However, it is not studied under crisis situations. Moreover, I also found that dynamic capabilities have been studied in uncertain and rapidly changing situations (Schilke et al., 2018; Teece, 2022). However, it is not fully explored in managing crises (Bundy et al., 2017). Unfortunately, during my Ph.D., the world faced the biggest crisis of the century- The Covid-19 crisis. This allowed the study of the functioning of purpose and dynamic capabilities in a real-life crisis situation. The Covid-19 crisis provided thus a unique opportunity because extant research "lacks real-time and longitudinal empirical research on crisis management" *(James et al., 2011, p. 480).* Past research is based mainly on archival data and individual hindsight (Bundy et al., 2017; Menghwar, 2021). In my case, I obtained approval (appendix E) from a hospital institutional

review board (IRB) because the hospital's founder also wanted to record the hospital's response during the Covid-19 crisis. This paved the way for collecting data in real time.

Keeping in view this current state of affairs in the literature and increasing research on purpose, I conducted a longitudinal case study of 17 months when an organization was dealing with the global health crisis of Covid-19. I personally visited the Covid-19 ward and interacted with doctors working on Covid-19 crisis. This empirical study contributes to the literature in three ways. First, I explain that organizational purpose is a key factor facilitating the success of crisis management processes. The purpose is a vital force that unites members of(?) organizations and helps them realize who they are amid crises. This finding on purpose was crucial in dealing with the crisis and contrary to the recent literature that shows that amid the fear of expected crisis, managers and leaders get involved in self-protection activities (Wright et al., 2021).

Second, I advance theory by explaining how organizational resources are (re-)configured. Configuration is the important leg of dynamic capabilities (Teece, 2007; Menghwar and Daood, 2018). Some strategy scholars define resource configuration as the process of adding, subtracting, redeploying, and recombining a firm's resources (Karim and Capron, 2016). Building on this, I theorize that the configuration of resources is done through – a decentralized organizational structure and diversifying crisis teams that distinctively enhance the organization's capacity to revert the crisis by minimizing its negative impact. A decentralized structure facilitates discussion and debate, thus is an essential ingredient for pragmatic decision-making.

Additionally, diversifying crisis teams merges knowledge from multiple experiences, reducing the chance of experience bias. This contribution helped us follow calls to integrate dynamic capabilities thinking into crisis management as the literature on the crisis is highly fragmented and disconnected from relevant management literature (James et al., 2011). In particular, the focus of dynamic capabilities on adaptation, flexibility, and sustaining performance in rapidly

changing situations integrates well with approaches to crisis management (Bundy et al., 2017). Third, this study offers a processual understanding of key factors contributing to reverting a crisis, i.e., minimizing its negative impact. More specifically, I highlight the challenges and benefits of these processes and organize these findings in an integrative model in an attempt to explain the process of reverting a crisis.

This paper was presented at Academy of Management of Conference-2021, available at:

    10.5465/AMBPP.2021.12799abstract or

Menghwar, P.S. (2021)." Light in the Midst of Global Health Crises: Integrative model of crises management". In Academy of Management Proceedings (Vol. 2021, No. 1, p. 12799). Briarcliff Manor, NY 10510: Academy of Management.

Paper -3

The third and final paper extends and continues the overall theme. This paper focuses on the role of distributed leadership during the expected health crisis. I found that leadership's characteristics and role in managing stakeholders during an expected crisis are under-studied (James et al., 2011; Bundy et al., 2017). One possible reason for the lack of research on leadership's role in crises is that conducting a field study during a real-time crisis often carries insurmountable problems of attaining permission and access to people involved in the crisis. In our case, I obtained approval from a hospital institutional review board (IRB) because the hospital's founder also wanted to record the hospital's response during the Covid-19 crisis. This paved the way for collecting data in real time.

I conducted a longitudinal study of 17 months, starting from April 2020 to September 2021. This study contributes to the literature in two ways. First, I show that distributed leadership is critical in organizing and managing crises instead of individual leadership. This is a surprising

finding compared to extant literature that highlights importance of single leader and charisma (Collins et al., 2022). I further categorize the two characteristics of distributed leadership - multiple leaders and shared work (strategic and operational work). These results stand in contrast to prior research that focused on single leaders and the qualities that made them effective in times of crisis, including position, charisma, the ability to articulate a vision, and communication skills (Halverson et al., 2004; James et al., 2011; Lu et al., 2021).

Second, I discovered that distributed leadership traits assist organizational members in collective sensemaking because they debate and discuss the expected crisis. Moreover, having shared operational and strategic knowledge is paves the way for collective sensemaking. Past literature emphasizes that an organization and its stakeholders have different concerns, and the responsibility of a firm is to address these concerns while managing a crisis through different strategies (Iqbal et al., 2022). In contrast, we found that the organization adopts a stakeholder involvement strategy; this way, it addresses stakeholders' concerns, and all actors together make efforts to manage the crisis. Organizations share the responsibility and resources by involving stakeholders in the crisis management process. As a result, the stakeholders' concerns and goals converge to a unified goal – reverting or managing the crisis.

Given the robustness and transparency of our methodology and the novelty of our contributions, I believe this thesis will attract attention from the academic community and practitioners, with a high chance of promoting cumulative theoretical development.

This paper was presented at Academy of Management of Conference-2021, available at: 10.5465/AMBPP.2021.12799abstract or

Menghwar, P.S. (2021)." Light in the Midst of Global Health Crises: Integrative model of crises management". In Academy of Management Proceedings (Vol. 2021, No. 1, p. 12799). Briarcliff Manor, NY 10510: Academy of Management.

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Table of Contents

Redefining Purpose of the Firm as Creating Shared Value: Systematic Review, Synthesis, and Integrative Perspective

Creating Shared Value claims to redefine the purpose of the firm as solving societal problems and making economic profits. Creating Shared Value's strategic approach in solving societal problems and its close relevance with Strategic CSR and Stakeholder Theory has kept the concept in the spotlight in the corporate as well as in the academic world. As a result, the literature on Creating Shared Value (hereinafter CSV) is riddled with ambiguities, weak theoretical foundations, and contradictions. To better understand and address these ambiguities, we conducted a systematic literature review on 242 articles published from 2010 to 2020. We begin with a comprehensive review of the field and develop a definition of CSV that distinguishes it from related concepts. Our review and analysis reveal that: First, CSV is a meaningful, incremental addition in the extant literature and not a revolutionary concept, nor a buzzword. Second, assuming that firms are rational, a firm's decision function when it comes to adopting a CSV strategy depends on opportunity cost and transaction cost. Third, there is no single universal way for creating shared value: multiple external and internal factors (mainly dynamic capabilities) influence a firm's ability to pursue a CSV strategy effectively. Our discussion delineates the key differences between scholars of strategy and scholars of business ethics and directs the avenues for more constructive research. We also believe this study will act as a guide for managers in adapting to creating shared value strategies and helping corporations in adopting society-friendly policies.

Keywords: Creating Shared Value, Purpose of the Firm, Corporate Social Responsibility (CSR), Strategic CSR, Stakeholder Theory

"When there are so many fields of knowledge in which the same words are used with different meanings, it becomes increasingly difficult for anyone to know whether he knows what he is talking about or not. And when we do not know, or when we do not know enough, we tend always to substitute emotions for thoughts" (T.S. Eliot 1921).

Introduction

Despite the efforts of governments, activist groups, and academics, ruthless corporation practices for making profits are evident in recent scandals (Dawn.com 2019; Changing Markets Foundation 2019). However, the seminal article on "The Big Idea: Creating Shared Value" by Porter and Kramer (2011) was a major breakthrough in conceptualizing how to promote profits while solving societal problems. CSV has been introduced as a new concept seen as likely to become the savior of capitalism (Porter and Kramer 2011). However, business ethics scholars have criticized it for being nothing more than a buzzword or a management fashion, in that it is derived from existing models without their due recognition on the part of theorists, lacks empirical evidence, and it is criticized also for blocking transformative innovation (Crane et al. 2014; Strand and Freeman 2015; Dembek et al. 2016; Beschorner and Hajduk 2017; Jones and Wright 2018; De los Reyes and Scholz 2019). As a result, from the beginning CSV evolved as a controversial concept. Despite being controversial, recently much theoretical and empirical work has been done on the subject of CSV. Some scholars have presented extended versions of the CSV framework (Moon et al. 2011; De los Reyes et al. 2017). Some others have gathered empirical evidence on possible ways of creating shared value (Alberti and Belfanti 2019; Jackson and Limbrick 2019; Yelpo and Kubelka 2019). Furthermore, several corporations influenced by Porter force have started practicing CSV and producing CSV reports[2]. Although opponents have heavily criticized this trend, they agree on the fact that the concept of CSV has managed to organize previously disconnected debates on CSR, non-market strategy, social entrepreneurship, social innovation, and "the bottom of the pyramid" (Crane et al. 2014, p. 133). Scholars believe that creating shared value has been criticized for sound reasons, but this doesn't mean abandoning the concept itself. CSV reflects, systematizes disconnected concepts,

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1. Fortune's Change the World 2018 companies list includes 63 corporations that are practicing CSV, which include Novartis, Discovery insurance, Jain irrigation, Nestle, Walmart etc. Porter and Kramer, in collaboration with other corporations, organize a Share Value Leadership summit every year in which renowned global leaders and corporations participate. We have also seen a recent surge in the number of scholarly articles on CSV in comparison with strategic CSR (figure1).

and promotes a view that corporations can contribute positively to society while advance profitability (Wieland 2017).

There is no doubt that CSV is closely related to existing models such as Strategic CSR, and Stakeholder Theory. In addition, scholars are quick to use fashionable tags for slightly different and interrelated constructs or present a new take on the same problem under a different title. These historical trends enhance complexity of the concept's meaning and relevance, as illustrated by the opening quote. These issues and weaknesses in the CSV framework have resulted in the controversial evolution of CSV in academia. Nevertheless, the practical importance of CSV in solving societal problems has kept it to the fore in the research agenda of many scholars and the websites of many corporations.

Despite, or perhaps because of its growing popularity and development as a controversial concept, the literature on CSV has left unanswered some fundamental questions: (a) Why should motivate a firm to create shared value? (b) How can a firm create shared value? and (c) What is the role of external and internal factors in leading firms to successfully creating shared value? Due to the lack of conceptual consensus and the diversity of opinions expressed, the literature on CSV appears to be fragmented, consisting of valuable contributions that fail to build upon each other. To address these ambiguities, we systematize and categorize contributions to CSV under three main research streams: (a) CSV's conceptualization, (b) Means and approaches for firms to create shared value, and (c) Determinants of CSV. Second, we identify and discuss CSV's strengths and shortcomings in the existing literature and then propose better explanation of CSV. To accomplish this review, we followed a systematic review methodology developed by Jesson et al. (2011). We identify and analyze 242 articles published from 2010 to 2020. Our inclusion criteria led to the selection of 49 articles that mainly focused on CSV and the exclusion of those articles using CSV interchangeably with related concepts.

The paper contributes to literature in two ways. Firstly, we take an economic perspective and propose that firms consider two factors (opportunity cost and transaction cost) when adopting a CSV strategy. In other words, if opportunity cost (i.e. the loss of CSV strategy's potential returns) is high, and transaction cost (i.e. the cost of organizing the social activity inside the firm) is low, the firm will move to a CSV approach, otherwise they won't. Secondly, we present an integrative framework that categorizes external and organizational level factors and explains their impact on creating shared value. This framework is based on the work of Hall and Soskice (2001), Walmart's emergent strategy (Spicer and Hyatt 2017), and dynamic managerial capabilities (Helfat and Martin 2015).

Methodology: a systematic literature review

The concept of creating shared value has received the attention of both managers and scholars. We have seen increasing literature on the subject (figure 1), signifying that CSV is an important concept. However, the literature is ambiguous and in need of further clarification and a clearer direction. Hence, this study follows a systematic literature review methodology.

Figure 1. Comparing the literature on Strategic CSR, and CSV
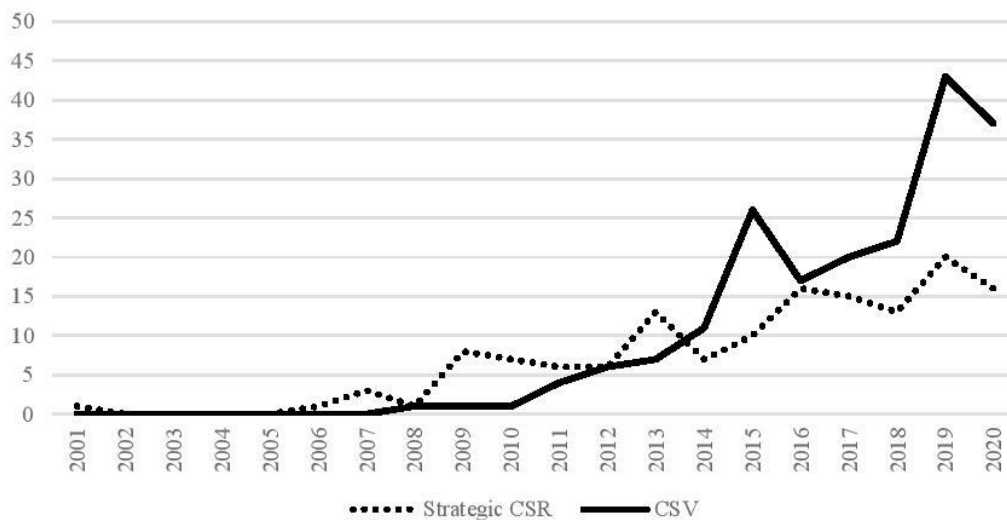
Source: Scopus - analyze search results. For the year 2001-2020, the search yielded 143 hits for "Strategic CSR" and 196 hits for "CSV."

We adopted the six-phase research design proposed by Jesson et al. (2011), which involves (a) Mapping the field through a scoping review, (b) Comprehensive search, (c) Quality assessment, (d) Data extraction, (e) Synthesis, and (f) Write up (Jesson et al. 2011). Following this research design, we begin this study by mapping the field, a process designed to understand what is known about the topic, and what the knowledge gaps are. Both authors of this paper were familiar with the literature on CSV and attended recent workshops and conferences to get an idea of what has been and what needs to be done. Then, in the second phase, we performed an initial search on two databases, namely EBSCO Business Source Ultimate and Scopus, which was repeated in time to include the most recent articles until the last search on October 1, 2020. We looked for articles published in scholarly journals after 2010 (table 1), obtaining 316 records in total. After removing 74 duplicates, we listed the initial set of 242 articles in a preliminary Excel sheet, specifying title, author(s), abstract, research methodology, year, and journal for each record.

Table 1. Overview of the systematic literature review process

Description	Last search (01/10/20)[c]	
	EBSCO Business Source Ultimate[a]	*Scopus*[b]
Search query	123	196
Unified list of records (sum)	316	
Duplicates	74	
Records for first screening (relevance from abstract)	242	
Records excluded	126	
Records for full-text read and quality assessment	116	
Records excluded	67	
of which excluded for relevance	*23*	
of which excluded for quality	*44*	
Records included in the review	49	
Records included manually	44	
Final number of records	*93*	

[a] *TI "creat* shared value" OR TI "shared value creat*" OR AB "creat* shared value" OR AB "shared value creat* - Limiters applied: Scholarly (Peer Reviewed) Journals; Published Date: 20110101-20200424; Publication Type: Academic Journal; Document Type: Article; Language: English*

[b] *TITLE-ABS-KEY ("creat* shared value" OR "shared value creat*") AND DOCTYPE (ar) AND PUBYEAR > 2010 AND (LIMIT-TO (LANGUAGE , "English")*

[c] *2011-2020*

Source: Authors' elaboration.

In the third phase, after reading the abstracts of all the articles, we selected 116 records which were relevant to CSV, discarding the remaining ones as irrelevant. We excluded 126 articles that appeared in the search because of the wide use of the wording "shared value" in different contexts.

In the subsequent phase, both authors read the 116 articles thoroughly, separately assessing the eligibility of records based on both the relevance and quality of the contribution. Discrepancies in the authors' judgments were then resolved together. At this stage of screening, we developed inclusion and exclusion criteria suitable for answering our research questions, as suggested by Jesson et al. (2011) and Hart (2009). Our inclusion criteria were to select articles having both (a) a central focus on CSV and (b) a clear theoretical contribution. Our exclusion criteria were to exclude articles that, although using the wording "creating shared value" or referring to the concept of CSV, poorly explained the process of creating shared value and did not provide logical evidence about its difference from related concepts. To this end, we consider CSV as the strategic process through which corporations can solve a social problem which is aligned to their value chain while making economic profits. During this stage of the review process, we found that many of the studies were using CSR, Social Innovation,

Sustainability, and CSV interchangeably. Ultimately, as a consequence of this ambiguity, they lacked clarity and a clear theoretical contribution. According to Whetten (1989), a clear theoretical contribution requires some fundamental elements: *What* and *how* describe the concepts, *why* explains how concepts are connected to each other, while *who*, *where and when* place the limitations on the theoretical model (Whetten 1989). The papers we excluded at this stage were not clear about the first element "*what is the key concept*" their study had focused on, hence lacked a clear theoretical contribution. In sum, the quality assessment process led to a final selection of 49 articles to be included in our systematic literature review.

In the fourth phase (data extraction phase), we prepared an Excel sheet that, for each record, cited the title of the article, methodology, findings, and main contribution. To reduce bias, both authors separately read the articles and performed data extraction in their own Excel sheets, which were merged at the end of the process.

In addition, both authors separately conducted a manual search for relevant studies (books, conference proceedings, review articles, and unpublished work). Further, in order to clarify the distinction between CSV and related concepts, we also included earlier seminal research papers on CSR, Strategic CSR, Stakeholder Theory, Shareholder Theory, Transaction Cost Theory, and Varieties of Capitalism. We found a total of 44 relevant studies that we considered worthy of inclusion.

In the fifth phase, we synthesized the data from these articles. Here synthesis is defined as the act of organizing the existing literature and developing new connections (Jesson et al. 2011). In our synthesis of the existing literature, we identify three main streams of research, for each of which we provide a synthesis and propose some advancements for research on CSV to develop constructively. The sixth phase closes the process and consists of the presentation of the next sections of the paper.

The three main research streams on CSV

The systematic literature review process enabled us to organize the existing literature into three interrelated yet distinct streams of CSV research. In appendixes[3], appendixes 1, 2, and 3 provide comprehensive lists and details of all articles on which each stream is built. In the table, we also mention the title of the study, authors, methods used, purpose, and findings/contribution. The three streams are discussed individually in the following three

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[3] Appendix is available at this link under the heading supporting information:
https://onlinelibrary.wiley.com/doi/10.1111/ijmr.12252

sections. Each stream has three subsections titled synthesis, discussion, and future areas of research.

First research stream: Conceptualization, criticism, and response

Synthesis

This research stream includes articles which define CSV and conceptualize the phenomenon, and other articles that criticize the concept, question its originality, and focus more towards proving whether CSV is a new concept or derived from existing theories. Based on this, we can differentiate studies into two different schools of thought regarding CSV:

a) The first school of thought includes advocates of CSV who claim that it is a revolutionary, contemporary, and useful concept (Porter and Kramer 2011; Aakhus and Bzdak 2012; Pfitzer et al. 2013; Visser 2013; Bockstette et al. 2015; Wójcik 2016; Chen et al. 2018; Alberti and Belfanti 2019; Moon and Parc 2019).

b) The second school of thought includes opponents who argue that CSV is derived from existing theories, such as Stakeholder Theory, Blended Value, Bottom of the Pyramid, Social Entrepreneurship and Corporate Social Responsibility (Crane et al. 2014; Beschorner 2014; Strand et al. 2015; Strand and Freeman 2015; Dembek et al. 2016; Corazza et al. 2017).

The CSV journey began after the publication of the article entitled *Strategy & Society: The Link between Competitive Advantage and Corporate Social Responsibility*, by Porter and Kramer (2006). However, the term "Creating Shared Value" was formally defined five years later as *"policies and practices that enhance the competitiveness of a company while simultaneously advancing social and economic conditions in the communities in which it operates"* (Porter and Kramer 2011, p. 6). Scholars of the first school agree that corporations, while striving to maximize economic profits, can create value for society that can enhance opportunities, increase productivity, and provide them a sustainable competitive advantage (Porter and Kramer 2006; 2011; Michelini 2012; Strand and Freeman 2015; Bergquist and Lindmark 2016; Bergquist and Eriksson 2019). Some other scholars' views are consistent with those of Porter and Kramer (2006; 2011): CSV is a new concept and companies can gain economic value by solving social problems (Moon et al. 2011; Pfitzer et al. 2013; Smith 2016).

Critics argue that CSV is essentially a restatement of existing theories, the point being that Porter and Kramer just did not cite the work of previous scholars (Crane et al. 2014; Strand and Freeman 2015). CSV is criticized for being closely related to existing frameworks, lacking empirical evidence and constituting a management fashion (Beschorner 2014; Crane et al. 2014; Strand and Freeman 2015; Dembek et al. 2016; Jones and Wright 2018). Beschorner (2014) and Dembek et al. (2016) argue that CSV is more of a buzzword than a substantive concept. Recently, some scholars argued that CSV effectively blocks transformative CSV innovation, "[…] *hence don't count on 'Creating Shared Value' to extinguish destructive business"* (De los Reyes and Scholz 2019, p. 785).

Crane et al. (2014) believe CSV has received the wide attention of scholars and business practitioners because of the influence of Michael Porter and his efforts in systematizing the previously disconnected debates on CSR, non-market strategy, social entrepreneurship, social innovation, and the bottom of the pyramid (Crane et al. 2014, p. 133). They also claim that CSV has several shortcomings: for instance, the idea is unoriginal and based on a shallow concept of the role of companies in society, and it does not take into consideration existing tensions about corporation practices within the community (Crane et al. 2014; Beschorner 2014). Proponents have responded to critics by arguing that CSV is a stronger and, at the same time, a transformational model in multiple ways, and that scholars have confused it with existing theories because of its close relevance (Porter and Kramer 2014). Dembek et al. (2016) conducted a literature review on articles that uses the wording "shared value" in different contexts in order to analyze its ontological and epistemological properties. They found that the concept has little consistency regarding definitions, measurement, and empirical use; based on these findings they claim that CSV is effectively a management buzzword rather than a valuable research concept. In our view, Dembek et al.'s conclusion (2016) is influenced by the fact that, in their first part of the review, they evaluate the use of the words "shared value" using text mining techniques in papers that are not relevant to creating shared value. More precisely, their argument is based on an initial assessment that included 403 articles[4]. Strand and Freeman (2015) outline the same concern: CSV is a not a new concept but a restatement of the longstanding *"jointness of interests"* tenet of Stakeholder Theory (p. 65).

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[4] However, later in the article they claim only 73 articles were related to creating shared value.

Discussion

The comprehensive review of studies in this stream revealed that researchers have focused a great deal on the originality of the concept. As a result, less attention has been given to conceptual, nomological, and empirical properties which are useful in theory development. In the following paragraphs, we undertake a more critical approach to clarify the underlying ambiguities. First, we highlight the weakness in Porter and Kramer's approach. Then we explain how CSV is different from CSR, strategic CSR and Stakeholder Theory. We highlight the basic weaknesses in strategic CSR and Stakeholder Theory and CSV's theoretical contribution. We then redefine CSV and indicate avenues for future research.

CSV is not a revolutionary concept. Porter and Kramer are most frequently criticized by business ethics scholars for claiming that CSV is a revolutionary concept. We analyze this argument through Kuhn's typology of scientific development in order to understand this dilemma. Kuhn (1962) believes that scientific development can occur in two ways, namely normal science, and revolutionary science or paradigm change. Normal science *"means research firmly based upon one or more past scientific achievements, achievements that some particular scientific community acknowledges for a time as supplying the foundation for its further practice"* (p. 10). Conversely, *"a scientific revolution is a noncumulative developmental episode in which an older paradigm is replaced in whole or in part by an incompatible new one*" (p. 92). Our review shows that CSV does not replace older concepts that focus on creating value while being socially responsible but provides a strategic approach that integrates social problems with corporate strategy. Indeed, a proper conceptualization addresses the shortcomings of the existing concepts (CSR, sustainability, and Stakeholder Theory), even if CSV does not partially or completely supersede them. In response to critics, Porter and Kramer (2014) clarify that CSV extends past scholarship on corporate philanthropy, CSR, and sustainability. They further argue that *"we acknowledge these streams of work in our seminars and teaching—the HBR format does not permit footnotes and is not the place for a literature review"* (Porter and Kramer 2014, p. 149). This acknowledgment, CSV's connections with different concepts, and its lack of radical innovativeness, refute their primary claim that CSV is a revolutionary concept. This is at variance, for example, with Porter's introduction of Industrial Organization Theory into strategy with the five forces framework (1980), which was a paradigm changer that combined concepts from economics into corporate strategy, thereby transforming the way scholars and managers used to think about competition.

CSV lacks this characteristic. As we now show with our discussion of predecessor concepts, it is an incremental addition and, thus, falls under the umbrella of normal science.

Stakeholder Theory and CSV. Stakeholder theory lays emphasis on balancing the interests of its stakeholders. Stakeholder Theory claims that a corporation must take care of its stakeholders (Freeman et al. 2018): "a manager's time and attention will (and should) focus on the stakeholders who contribute most to the value the firm creates – the primary stakeholders" (Freeman et al. 2018, p. 1). However, Stakeholder Theory does not suggest that a firm must solve societal problems because it will increase its profits, ultimately benefiting its strongest stakeholders (shareholders). Although recognizing that top management must address conflicting demands of different stakeholders to ensure the good health of a corporation, Stakeholder Theory does not necessarily suggest corporations focus on solving societal problems profitably: in its normative uses, which in Donaldson and Preston's (1995) view represent most of the stakeholder literature, Stakeholder Theory does not consider "the association between stakeholder management and conventional performance measures [(e.g., profitability), to be] a critical test" (p. 72).

 Stakeholder Theory provides broad and vague directions to managers on which stakeholders to prioritize (Phillips 2004) and does not offer robust criteria for determining which stakeholders are outside the scope of a firm (McGahan 2020). In Beschorner's (2014) view, *"from a normative perspective, pure strategic stakeholder management has been criticized due to the fact that it prioritizes stakeholders based on power, an approach that can hardly support ethical justifications"* (p. 110). Kaplan (2020) argues Stakeholder Theory prioritizes the interest of business while excluding legitimate stakeholders. Moreover, it has been recognized that excessive reliance on the stakeholder concept might lead to an erroneous interpretation of society as being composed solely by interest groups or pressure groups (Bonnafous-Boucher and Rendtorff 2016). CSV indeed represents an incremental addition to Stakeholder Theory, as advocates of CSV claim that a firm does not only take the responsibility of its strongest stakeholders but also identifies the unmet needs of society that can bring profits while benefiting society (Porter and Kramer 2014). In other words, CSV suggests that creating shared value for stakeholders – in this case the one affected by the targeted societal problem – might be good business (McGahan 2020).

Friedman Approach and CSV. Friedman (1970; 2007) states that sole social responsibility of the manager is to maximize profits for the owners (shareholders) within legal boundaries. In

his words "*the businessmen believe that they are defending free enterprise when they declaim that business is not concerned "merely" with profit but also with promoting desirable "social" ends; that business has a "social conscience" and takes seriously its responsibilities for providing employment, eliminating discrimination, avoiding pollution and whatever else may be the catchwords of the contemporary crop of reformers. In fact, they are – or would be if they or anyone else took them seriously –preaching pure and unadulterated socialism. Businessmen who talk this way are unwitting puppets of the intellectual forces that have been undermining the basis of a free society these past decades*" (Friedman 2007, p. 173).

Friedman calls socially conscious businessmen puppets of the intellectual forces. In contrast to this, Porter and Kramer (2011) emphasize that business managers must consciously look for business opportunities in social problems. Managers should align social needs with organizational needs that would lead to win-win situation. Furthermore, Porter and Kramer (2011) also highlight that some social problems can only be solved through corporate philanthropy, it is a good practice and corporations must involve in it (Porter and Ignatius 2011). However, Friedman (1970) approach's sole focus is on maximizing profits, whereas Porter and Kramer argue that "the purpose of the corporation must be redefined as creating shared value, not just profit per se" (2011, p. 4). CSV focuses on integrating social issues with the value chain. The fundamental difference between the two is: Friedman emphasizes "What is good for business is good for society," while Porter claims, "What is good for society is good for business" Porter and Ignatius (2011). Thus, according to CSV, solving societal problems can be integral to the profit maximization logic; this feature is recognized to be an important success factor for CSV adoption among managers and shareholders (Kettner 2017).

CSR, Strategic CSR, and CSV. As a management practice, CSR arguably emerged an activity inspired by a sense of moral responsibility; scholars understand that companies started CSR as a normative practice to do good in society (Carroll 1999; Prinz 2017; Vishwanathan et al. 2020), considering that CSR was a social responsibility (See Carroll 1999 for a detailed review). Empirical research on CSR has shown that CSR leads to better performance (Waddock and Graves 1997; Daudigeos and Valiorgue 2011; Orlitzky et al. 2003). As a result, scholars have focused on a specific type of CSR (strategic CSR) and its impact on firm performance (Vishwanathan et al. 2020). More focus on strategic CSR and firm performance led to fragmentation in the field (Crane at al. 2014; Viswanathan et al. 2020). It is widely believed that CSR is poorly defined, lacks theoretical foundations, and it doesn't meet the basic needs of a research concept (Van Oosterhout and Heugens 2008; Vishwanathan et al. 2020). Therefore, some scholars consider it as an umbrella term rather than a well-defined concept

(Gond and Crane 2010). The concept of CSR, strategic CSR, or corporate social performance has gone through several revisitations, re-examinations, and reorientations, which has increased confusion and renders it a disoriented (Gond and Crane 2010) and poorly defined concept (Viswanathan et al. 2020).

Much work by scholars to attempt to demonstrate that CSR can be strategic by studying its impact on performance, yet the process through which CSR translates into performance is not clearly understood. For instance, a recent meta-analysis showed that strategic CSR leads to better performance through four pathways, which include firm reputation, stakeholder reciprocation, risk mitigation, and innovation capacity (Viswanathan et al. 2020). However, these four pathways explain only 20% of strategic CSR and performance relationship, which suggests that conceptualization of strategic CSR doesn't fully account for the ways that CSR links to performance (Viswanathan et al. 2020). Some CSR activities can be strategic, while some other CSR activities may have a neutral or negative impact on performance (Viswanathan et al. 2020). As a research concept, CSV is similar to strategic CSR in some respects, but in other ways it extends the conceptualization of strategic CSR. CSV states that a firm can solve societal problems while making economic profits. Some key examples of corporations that followed a CSV approach which resulted to the betterment of society and profitability include: Nestle, India – the profits increased by 14.1% (Nestle.in 2019). Hindustan Unilever-HUL has built a distribution network in remote markets for its products through its "Project Shakti": the company recruited 70 thousand underprivileged women in rural India by training them in health and hygiene and allowing them to undertake income-generation activities – through which these female entrepreneurs can earn around US$41-$59 each month, double or triple a typical village income they would likely have earned before joining the company (Narsalay et al. 2012). This project started from one state and now operating in fifteen states of India, the company has launched in Bangladesh, Sri Lanka, Vietnam, and Sri Lanka (Economic Times 2009). General electric's Ecomagination products reached US $18 billion in 2009 (Porter and Kramer 2006). Walmart's emergent low-cost sustainable strategy led to revenue of US $485.9 billion in 2017 (Corporate Walmart.com 2017; Spicer and Hyatt 2017). Eni is pursuing a sustainable strategy through CSV – this approach has led to an increase in revenue by 70 billion euros and distributed dividend of €0.86 per share (Eni.com). An empirical study by Park (2020) shows that CSV influence positively corporate performance – although the study focused only on Korean firms and results cannot be generalised. Another empirical study by Yoo and Kim (2019) found that in business-to-business relationship, CSV positively affects firms' performance.

Porter and Kramer (2011) suggest three approaches for creating shared value, which include reconceiving products and markets, redefining productivity in the value chain, and enabling local cluster development) to achieve this dual objective. "*CSV emphasizes on the coexistence of economic and social values by stressing the opportunity for business to make more profit by incorporating some social values in their strategy*" (Prinz 2017, p. 50). The literature on CSV also explains how to measure creating shared value (Pfitzer et al. 2013) – although measuring social value poses nontrivial challenges. Furthermore, recent work by De los Reyes et al. (2017) addresses initial criticism on CSV by furthering the concept to CSV+ and explains the ways through which tensions between business and society can be addressed. From existing research, the complementarity with CSR seems very high. For instance, a recent study on Polish Universities found that some of them are actually pursuing CSV strategy under the umbrella of their CSR (Karwowska 2019).

Redirecting the debate by moving beyond the originality of the concept. The main question that is undertaken by CSV is "What is the goal of the corporation?". CSV believes that the purpose of the corporation must be redefined as creating shared value, not just profit per se (Porter and Kramer 2011, p. 4). CSV has brought back this question to the attention of practitioners (Crane et al. 2014) and academics, which is visible in a number of research papers published on CSV each year (Figure 1).

CSV states that business can't prosper at the expense of the society in which it operates. Believing that business can cause damage to society and prosper is illusory and ultimately temporary (Porter and Kramer 2006; Porter and Kramer 2011). However, CSV disagrees and states that all societal problems cannot be solved through CSR or philanthropy (Porter and Ignatius 2011). CSV disagrees with the mere reputation-based approach (Beschorner and Hajduk 2017) and directs firms to utilize their capabilities for social progress that will lead to profits and gain legitimacy for firms (Porter and Kramer 2014; Beschorner and Hajduk 2017). CSV touches on some progressive ideas, highlighting the potentially positive contributions of business (Beschorner and Hajduk 2017).

CSV is not a completely new concept and has similarities with existing concepts (Crane et al. 2014; Porter and Kramer 2014). Scholars have more focused on originality of the concept, however, De los Reyes (2017) provide a balanced view *"we agree with Porter and Kramer that CSV provides a more legitimate conception of business than the 'old, narrow view' and with Crane et al. that CSV ignores the tensions between business and society"* (De los Reyes et al. 2017, p. 160-161). Scholars claim that the purpose of a new concept or theory is to

enhance scientific understanding by following a systematized structure that has the potential of explaining and predicting a phenomenon (Hunt 1991; McKelvey 1997). Scholars argue that CSV is a construct that provides a common framework and takes social goals to a strategic level (Crane et al. 2014; De los Reyes et al. 2017), thus making a theoretical contribution (table 2) that enhances our understanding. Scholars argue that creating shared value has been criticised for sound reasons, but this does not mean scholars should abandon the concept itself. CSV reflects on and systematizes disconnected concepts and promotes the view that corporations can contribute positively to society and shows management how to do so (Hartman and Werhane 2011; Crane et al. 2014; Dembek et al. 2016; Wieland 2017).

Table 2. Theoretical contributions of Creating Shared Value

Author(s)	Explanation of CSV's theoretical contribution
Crane et al. (2014)	CSV contributes to literature in three ways. First, one of CSV's critical strengths is its unequivocal elevation of social goals to a strategic level (p. 133). Second, Porter and Kramer (2011) also make a significant step forward in understanding the role of government in the social initiatives of companies (p. 133). Third, CSV has systemized previously disconnected debates on CSR, non-market strategy, social entrepreneurship, social innovation, and the bottom of the pyramid through a framework re-embedding capitalism in society with a dual impact.
Beschorner and Hajduk (2017)	CSV directs firms to utilize their capabilities for social progress that will lead to profits and gain legitimacy for firms. CSV touches on some progressive ideas. For instance, the authors stress the potentially positive contributions of business and focus on these while rejecting a mere reputation-based approach.
Rendtorff (2017)	Creating shared value is broader and more oriented towards society than the idea of profit-based CSR since it integrates the values of society and business in corporate legitimacy (p. 137).
Wieland (2017)	Scholars argue that creating shared value has been criticised for sound reasons, but this doesn't mean abandoning the concept itself. CSV reflects, systematizes disconnected concepts, and promotes a debate in society that is of fundamental importance for further theoretical generalization. CSV doesn't replace Stakeholder Theory nor strategic CSR; thus, CSV is a complementary framework.
McGahan (2020)	Creating shared value has been put forward not only to raise managerial awareness of social and environmental issues, but also to practically explore business models that simultaneously drive economic, social and environmental value creation.

Source: Authors' elaboration.

Based on the above discussion and using Kuhn's (1962) framework, it can be deduced that CSV is an incremental addition in the existing literature, neither merely a buzzword nor a revolutionary concept. Further debate among scholars on the point whether CSV is a new concept or not may have reached the extent of its usefulness in current research. Rather, further qualitative and quantitative research in the right direction is needed to advance our studies and

to guide corporations to adopt good practices (questions are provided in each stream's subsection "future areas of research").

CSV lacks fundamental clarifications. Our comprehensive review of the literature revealed that much of the criticism on CSV focuses on three points: it is unoriginal and not revolutionary (Crane at al. 2014; Hajduk and Beschorner 2017), it doesn't address tensions between business and society (Crane at al. 2014) and lacks conceptual clarification (Dembek et al. 2016). Opponents, and even Porter and Kramer themselves, agree that CSV in not completely new and they cite the work of other scholars in their lectures (Porter and Kramer 2014). The second point of concern is answered by De los Reyes et al. (2017) through the CSV+ framework; in their words *"realizing the potential of CSV—not least to restore legitimacy to business— requires a more comprehensive framework that couples CSV with two kinds of ethical frameworks already developed, at least in outline, in the business ethics literature: a norm taking framework that helps a manager identify legitimate non-legal norms to follow, and a norm-making framework that picks up the slack when the set of available legal and non-legal norms is evidently not up to the task"* (De los Reyes et al. 2017, p. 143). Furthermore, recent work (Tencati et al. 2020) presents a supererogation model that explains the ways companies engage with society. This model covers the limitations of creating shared value and offers a way forward through which some social issues can be solved.

Yet, the third point of concern (conceptual clarification) is still not addressed – even though scholars have argued that not only CSV, but also CSR and strategic CSR lack conceptual clarification (Van Oosterhout and Heugens 2008; Gond and Crane 2010; Dembek et al. 2016; Viswanathan et al. 2020). In their review on CSV, Dembek et al. (2016) suggested that a clear definition is required to understand CSV and its differences with related concepts.

As constructs are the foundation of a theory and the clear definition of the construct is an important building block of a theory (Suddaby 2010), we put forward a new definition of CSV and explain its core dimensions that are vital in differentiating it from related concepts.

Building on the work of Porter and Kramer (2011), we define CSV as the strategic process through which corporations can solve a social problem which is aligned to their value chain while pursuing economic profits. From the literature review we found that there are three key dimensions (strategic process, societal problems alignment with the value chain, and direct economic profits) emerging from the definitions of CSV.

Firstly, CSV is not a one-time activity, but a strategic process: strategic is defined as *"necessary to or important in the initiation, conduct, or completion of a strategic plan"*

(Merriam-Webster 2019) and process is defined as "*a series of actions or operations conducing to an end*" (Merriam-Webster 2019). The social projects of a firm can be considered CSV if they are strategic in nature and not just a one-time activity. A CSV approach can be adopted through the reconfiguration of a firm's value chain that involves a series of activities such as creating, re-organizing, or supporting its products (Porter and Kramer 2011). If a firm puts forward social activity that is not placed at the strategic level, this falls under CSR's umbrella (Porter and Kramer 2011).

Secondly, the targeted societal problem must be closely related to the core value chain. Often a CSV approach affects the core business model. The further it is from the main business model, the less CSV in nature it is. As stated by Porter and Kramer (2011), *"not all societal problems can be solved through shared value solutions"* (p. 17). If a social problem is aligned with a firm's value chain, solving it will lead to the betterment of both (firm and society) in the long run. Thirdly, there should be an economic yield in terms of profit. If solving a social problem doesn't yield direct economic profits it is not CSV (Porter and Kramer 2011). Sometimes, a firm's social activity a firm can bring indirect economic profits because it enhances reputation, etc. (Vishwanathan et al. 2020). However, direct economic profit is an important requirement for considering a project to be CSV (Porter and Kramer 2011). Building on this logic, a firm's social project can be considered CSV if it meets this three-dimensional criterion (figure 2). These three dimensions are interdependent and complementary to one another and vital in differentiating CSV from related concepts. Whether the firm's approach qualifies as CSV or merely as a philanthropic activity depends upon these three dimensions.

Figure 2. Characteristics of Creating Shared Value
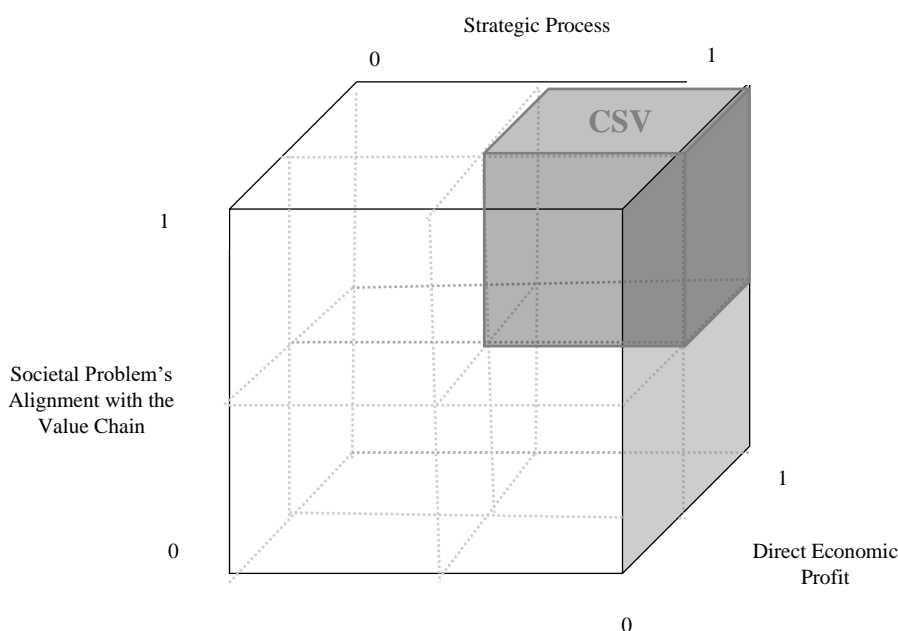
For example, let's take the case of an organization operating in the petroleum industry in an underdeveloped country. Let's assume that the company invests a given share of its profits in community development, for example, constructing houses or providing health facilities. Although this activity represents an important step towards solving a societal problem, it is not an example of CSV, but rather of corporate philanthropy or CSR, because this is not strategic, nor a process, but a one-off welfare activity. The next time the same firm could well engage in another welfare activity which is completely different from the previous one in order to gain legitimacy in society. These activities are called philanthropic activities (Porter and Kramer 2011). Even though such philanthropic activities were not one-off, disconnected welfare activities but rather part of a clear long-term strategy *"to providing amenities to [the] community" à la* Friedman (2007, p. 117), such activities would still fall outside CSV: even though the first requirement of the strategic process would be met, the social problem is still not related to the core value chain of the firm. Furthermore, it doesn't make a direct economic profit for the firm.

In contrast with this, let's assume that the very same company plans to change its HR policy, launching an educational project for the community. The company had a problem finding talented young people in this area; hence, it was hiring from abroad, which was costly for it. In order to cut this cost, the company changed its HR policy and launches a CSV project to hire local employees in the future. The company conducts a local search, selects individuals who are interested in pursuing higher education in petroleum engineering or develops a partnership with an educational institution. Under the aegis of this institution, the company will finance the education of students who will work for them in the future. Once students finish their training, they will enlarge the local pool of resources that can work for the company. In this case, the company has a precise strategic plan with an aim to hire local employees that could cut its HR expenses (hiring from abroad). It is a strategic process that can solve a societal problem (lack of higher education) and enhance profits for the company (by reducing its recruiting costs).

Future areas of research

In general, scholars have placed more emphasis on strategic CSR or CSV; however, little focus is given to non-strategic CSR or corporate philanthropy. Further empirical research is needed to better conceptualize and to understand why managers do and should pursue CSR activities (Viswanathan et al. 2020). Do firms and managers take only an economic perspective

or are there other altruistic motivations behind pursuing CSR activities? Have the advocates of Stakeholder Theory overlooked some fundamental questions, for instance, what are the boundary conditions of "stakeholders"?

We have argued that the basic idea and logic of CSV is correct, but one has to ask, though, how they will be shaped, and on which premises they will be based: the dominance of the economic paradigm of competition vs. the integration of stakeholders from business and society (Wieland 2017). Further, it is not clear how value will be created and distributed among stakeholders: for which part of society does a firm's shared value initiative actually creates value? Are there any parts of society that are not considered for which value is negative? A firm's shared value initiative might, for instance, provide training and employment for underprivileged people, but if the product sold comes into non-recyclable packaging – besides profits for the firm and better living condition for a part of the local community – this operation results also in more pollution, which is to be considered as social cost (Daood and Menghwar 2017, p. 516). This also calls for new scholarly efforts towards more robust measurements of shared value, which will help to support the economic and social value creation potential of CSV with reliable data.

We argued that CSV takes a strategic approach towards social issues, which leads to challenges in decision making. These challenges offer interesting areas of research: do managers take the strategic approach of CSV which we outlined previously, or do managers make the most beneficial and profitable choices for themselves? How does leadership take decisions which involve social and financial dilemmas? How does leadership function in crisis situations and create shared value? Future research might also explore how the past experience of managers and leaders influence the way an organization approaches critical social problems and crisis. As Strand and Freeman (2015) argue, at large Swedish organizations are successful in creating shared value because of historical experience. Does this argument hold for value in general? Do Swedish corporations practice CSV outside Sweden? Research on these topics would not only clarify fundamental issues and differences but would also lead to theory development and convince corporations to practice CSV.

Research stream 2: Means and Approaches to CSV

Synthesis

Porter and Kramer (2011) state corporations can create shared value in three different ways: *a)* reconceiving products and markets, *b)* redefining productivity in the value chain, and *c)* building supportive industry clusters at the company's locations (Porter and Kramer 2011). Porter et al. (2011) and Spitzeck and Chapman (2012) give examples and explain in detail the aforementioned three ways of CSV.

 Some scholars have empirically tested the ways of creating shared value proposed by Porter and Kramer (2011) and found that cluster development (Bergquist and Eriksson 2019; Jackson and Limbrick 2019; Yelpo and Kubelka 2019) and redesigning productivity (Spitzeck and Chapman 2012) positively affects creating shared value. Fernández-Gámez et al 2020 found that two ways of creating shared value: reconceiving products and redefining productivity in the value chain improves online reputations of hotels. Shin (2020) found that collaborative logistics systems which is similar to industry cluster development, lead to creating shared value. More specifically, it creates economic value by enhancing resource utilization and social value by reducing energy consumption and greenhouse gas emissions associated with logistics and transportation (Shin 2020).

Pfitzer et al. (2013) suggests a distinct five-step mechanism through which corporations can create shared value. They propose five steps, namely *a)* embedding a social purpose, *b)* rigorously defining the social need, *c)* measuring the social and business value, *d)* creating optimal innovation structure, and *e)* co-creating with external stakeholders (Pftizer et al. 2013).

De los Reyes et al. 2017 presents a framework that explains two situations and discusses the possible ways to promote the legitimacy of business in these two situations. They name it CSV+ because it represents an extension of Porter and Kramer's framework that includes ethical and compliance issues which are ignored in the previous CSV frameworks (De los Reyes et al. 2017). They argue that a firm can find itself in two possible situations:

1) win-win situations, wherein the firm can create shared value while solving societal problems – in this case, Porter and Kramer's framework is applicable.

2) win-lose situations wherein (2a) business wins (i.e. the firm makes profits at the expense of society) or (2b) society wins (i.e. society benefits at the cost of the firm).

De los Reyes et al. (2017) claim that the second case is common, and a possible solution is adopting a CSV with norm-taking and norm-making frameworks. In the words of De los Reyes et al. (2017, p. 150), *"the union of CSV with norm-taking and norm-making frameworks*

is a 'marriage of necessity.'" In the case of the norm taking situation, they use the integrative social contracts theory (ISCT) developed by Donaldson and Dunfee (1994) and explain that managers identify applicable microsocial norms and hyper norms. According to ISCT, rational individuals or corporations develop and enter into hypothetical norms and standards. They argue that these norms are legitimate because they are designed voluntarily in collaboration with all players. Moreover, the legitimacy of the company depends on whether it follows the norms and standards or not. In the second case, when there are no legitimate norms and standards, or norms are vague and general, a firm needs a norm making framework. In this case, a company can develop new norms at an industry level or a multi-industry level. A norm-taking framework guides managers in identifying legitimate norms, whereas norm-making frameworks suggest what to do when legal and non-legal norms are not present (De los Reyes et al. 2017). Recent empirical study by Giuliani et al. (2020) found that firms categorize the CSV approach into three frames. The first and most prevalent frame pursued by an organization is growth first, in which employees prioritize the firm's economic goals over social and environmental goals. A firm pursues the second frame that focuses on win-win logic for business and society only if they see economic profits. The third and less common frame is humanizing the business, which focuses on achieving human rights goals over economic returns. However, scholars have a uniform opinion on the notion that the future of sustainable business relies on responsible business without trade-offs (Porter and Kramer 2011; Freeman 2017; Freeman et al. 2020).

Discussion

The framework presented by Porter and Kramer does not clearly explain the value distribution process in complex situations (Crane et al. 2014) and has important limitations. De los Reyes et al. (2017) extend the framework proposed by Porter and Kramer and cover some of these gaps. We believe that they have directed the scholarly discussion in the right direction by focusing less on whether CSV is a new concept or not. In fact, it is not always possible for a firm to make profits while solving societal problems. However, in the majority of cases – case B in the words of De los Reyes et al. (2017) – a firm needs to give up a share of its profits in order to create societal value, or vice-versa (i.e., profiting at the expense of society). The main limitation of the norm taking approach lies in the fact that companies use a cherry-picking approach when taking norms and adopting creating shared value strategy

(Dembek et al. 2016). Building on the literature of strategic CSR and CSV, a firm tries to develop a new norm, alone or by forming a consortium, when it realizes that making a new norm would benefit or reduce negative externalities- i.e., future losses (e.g., the case of Walmart as explained by Spicer and Hyatt 2017; or the case of the apparel industry in Bangladesh as explained by De los Reyes et al. 2017, p,159 – "immediately following the tragedy, numerous brands responded to the crisis with collaborative norm-making processes"). Crane et al. (2014) agree on this by stating corporations have to comply with the rules of the game or engage in creating such rules where they are absent, whether it pays or not (p. 141). Yet it is not known what the main reasons behind rule bending are, perhaps, all reasons may never be fully known (Veiga et al. 2004). However, some scholars believe that there are three main factors, namely, performance-based judgment calls, faulty rules, and socially embedded norms, which lie at the root of the most common reasons for which managers break rules (Veiga et al. 2004).

Another key component of the framework is the norm-making approach. De los Reyes et al. (2017) cite the example of the Rana Plaza disaster in Bangladesh, after which the apparel industry decided to make new norms to save its legitimacy. It is worth clarifying here that, in this case, it is in the interest of corporations to create new norms to reduce external pressure, as not making the new norm is likely to eventually lead to a higher economic loss. This suggests that companies may not engage in norm-making out of a sense of responsibility, but rather when required to do so to limit future losses. In other words, norms need not be made with the primary intention of benefiting society. Here, the assertion by Crane et al. (2014), that companies typically do not comply with existing legal and moral standards, holds value. Companies often engage in illegal and immoral activities (e.g., modern slavery) for the sake of profit (Crane 2013). Similarly, companies may not necessarily comply with new norms developed at industry level until it is in their own interest (i.e., more profits or fewer losses).

De los Reyes et al. (2017) recommend that companies develop new norms through multi-stakeholder initiatives. Spicer and Hyatt (2017) further explain this through the example of Walmart that made an effort to develop sustainable products, but it could not do it alone. Initially, a firm in the industry prefers to develop a new strategy that could be society-friendly in order to gain a good reputation or customer loyalty. However, when a firm fails to create new norms alone, it forms a consortium. In the case of Walmart, the "*challenge in defining and measuring sustainable products led the company to form the consortium*" (Spicer and Hyatt

2017, p. 126). In addition, a consortium faces different and interrelated challenges depending on the nature of the norm: the focus may be on team selection, leadership, structure, coordination, financial or technical matters, and self-interest. Besides these challenges, further issues arise when one of the consortium partners leaves the consortium and decides to develop firm-level norms. Fragmentation among key partners poses a new challenge to developing an industry-level norm. In the case of Walmart, Target, one of the consortium partners, decided to develop and execute its own sustainability norms (Spicer and Hyatt 2017). This is aligned the proposition that firms join or leave consortiums for their own interest. De los Reyes et al. 2017 claims that "*Porter and Kramer say nothing about when and how managers should go about collaborating to articulate norms that establish precompetitive framework conditions*" (p. 155). This is an important objection raised by De los Reyes and fellows. Acquier et al. (2017) argue that implementing CSR policies in the value chain involves many changes and transformations, which inevitably generate costs. These costs include organizational costs, transaction costs with business partners, and cooperation costs with secondary stakeholders (Acquier et al. 2017). Mostly, scholars share the uniform opinion that CSV emphasizes economic returns as well as legitimacy (Porter and Kramer 2011; Beschorner 2014; Dembek et al. 2016; Beschorner and Hajduk; 2017; De los Reyes et al. 2017).

Porter and Kramer (2011) argue that the CSV concept rests on the premise that both economic and social value must be addressed using value principles (p. 6). Some other scholars connect CSV with Transaction Cost Theory (TCT) (Acquier et al. 2017). TCT considers markets and hierarchies as a coordination mode and explain under what conditions managers make decisions to internalise business operations or to outsource to others (Coase 1937; Williamson and Winter 1993). Advocates of TCT argue that this type of economic activity generates transaction costs and coordination problems. These costs can be broadly categorised into three types which include the cost of finding partners, the cost of negotiating agreements, and cost enforcing and monitoring compliance with agreements (Shelanski and Klein 1995). In the words of both strategic CSR and CSV scholars, connecting strategic CSR to a firm's value chain activities requires economic cost (Acquier et al. 2017; Obaze 2020; de Zegher et al. 2020). For instance, Obaze (2020) highlights that there might be challenges and barriers to face in the supply chain that undermine the overall benefits of shared value creation. This problem is also acknowledged by de Zegher et al. (2020), who point out that value chain innovations towards creating shared value must be properly designed to be implemented sustainably. Furthermore, in Walmart's case of making sustainable products a reality, it formed a

consortium of companies, it was found that partner companies in the consortium "needed to incur transaction costs of reporting, auditing, aggregating, and communicating sustainability product information for implementing a firm specific initiative" (Spicer and Hyatt 2017, p.128). This transaction cost was one of the main reasons for partner companies leaving the consortium and launching sustainable products (Spicer and Hyatt 2017).

CSV focuses on economic returns as well as legitimacy (Porter and Kramer 2011). Furthermore, scholars have explained the relationship of CSV with Transaction Cost Theory (Acquier et al. 2017; Spicer and Hyatt 2017; Obaze 2020; de Zegher et al. 2020). It can be suggested from the above discussion that rational firms may take two interrelated factors a) opportunity cost (instead of opportunism) and b) transaction cost into consideration while deciding to move from a traditional approach to a CSV approach. Assuming that the main goal of the firm is to ensure sustainable profits, we propose there are two important reasons that could influence a corporation's willingness to adopt a CSV strategy: opportunity cost and transaction cost. Opportunity cost is defined as *"the evaluation placed on the most highly valued of the rejected alternatives or opportunities* [and indicates] *the value that which might have been if choices were made differently"* (Buchanan 2008, p. 1). If the opportunity cost is high, the firm will move to a CSV approach, otherwise not:

$$OC = R_{CSV} - R_0$$

Where:

OC = Opportunity Cost

R_{CSV} = Expected return on the CSV strategy

R_0 = Return on current strategy

Another factor to be taken into consideration is represented by transaction cost, which is defined as the cost of organizing the social activities inside the firm and the cost of not organizing. The transaction cost comprises four factors that can be categorized into internal factors, which include the cost of searching, integrating and organizing the social problems, and the external factor cost of not being socially responsible. In other words, transaction costs determine how much the firm needs to invest in order to adopt the CSV strategy and how much it would be required to pay for not organizing. The higher the transaction cost, the lower the probability that the firm will opt for implementing the CSV strategy. Hence, the more the societal problem is aligned to the core value chain, the lower the transaction cost, and so, the willingness of firm to adapt a CSV strategy will be higher. Besides this, a firm will carry out

social activities within the organization if the cost of not doing these activities is higher. These internal and external factors will play a vital role in a firm's approach to adopting a CSV.

Concluding our discussion, such an approach synthetizes the understanding emerging from the current literature addressing the CSV concept, but it has an important limitation: First, is strictly economic in nature and it doesn't consider other factors such as moral and social factors (Beschorner 2014; Tencati et al. 2020). For instance, research has found a strong ethical stance to be a determinant for CSV in Asia (Kim et al. 2019), but research on the matter is still at its early stage to be included in a comprehensive framework.

Second, this approach does not free CSV from a fundamental critique that, although bringing some positive change in the attempt of integrating societal issues into business strategy, such change *"continues to be integrated in the neo-classical and transaction cost based concept of economics, including a strategic and economic view of the firm as an institutional arrangement for maximizing economic profits of the business corporation"* (Rendtorff 2017, p. 120). So far, our synthesis of the literature has shown clearly that CSV indeed responds to the mainstream economic logic: it puts societal issues at the strategic level but as far as it brings returns. We have highlighted that CSV is a complementary concept that moves the practice towards addressing societal challenges as business opportunities. In other words, CSV emphasizes the notion that what is good for society is good for business. Freeman also believes the future of business is on making profits while doing good for it's all stakeholders (Freeman 2017). Freeman and colleagues have explained what is wrong with the traditional capitalism approach and the usefulness of the responsible capitalism through which corporations can do good while making profits (Freeman et al. 2020). Freeman (2017) argues that "Economists love trade-offs. In fact, one of the hallmarks of modern economics is that one can always calculate trade-offs. I have become increasingly skeptical of trade-off thinking. In fact, I believe that the drive to collaborate and avoid trade-off thinking is far more powerful. When we see the task of the executive as getting stakeholder interests all going in the same direction over time, trade-offs will disappear" (p. 459). Porter and Kramer (2011) criticize trade-off approach of CSR. Advocates of CSV and Freeman (2017; 2020) believe trade-offs will disappear and managers will find ways to make profits out of societal problems. An empirical study on 1257 Belgian firms shows potential positives effects of pursuing social and economic strategic goals instead of seeing them as inherently conflicting, in other words, social goals does not preclude an emphasis on economic goals and vice versa, further, social strategic goals can deliver unique benefits to a firm, independently of and in addition to economic strategic goals (Stephan et al. 2019, p. 721). It is believed that firms' innovation performance

benefit or firms can gain competitive advantage when strongly held social goals are aligned with strongly held economic goals (Porter and Kramer 2011; Stephan et al. 2019). However, some scholars argue advocates of CSV have ignored tensions of business and society (Crane et al. 2014), hence, there is a need for further research on this topic.

Future areas of research

Future research needs to address the issue of measurement of creating shared value (Dembek et al. 2016). Developing an empirical scale that can effectively measure the shared value created (in terms of both economic and social value) will be of great importance. The second area of research is consistent with the suggestions of Suddaby et al. (2011). Scholars could conduct further research on the following topics: Why do firms not organize philanthropic activities from within? Do the criteria for implementing a CSV strategy outlined above hold validity in an empirical situation where transaction costs are low, but firms already organize philanthropic activities? Do firms use a strictly economic approach while looking at social problems? Does Supererogation behavior lead to creating shared value, and if yes, how?

Research Stream 3: Determinants of Creating Shared Value

Synthesis

In this research stream, we analyze the studies that consider creating shared value as a result of organizational factors.

   Emergent Strategy. Over time, scholars have begun to focus on the role of emergent strategy in creating shared value. In a study on the Sweden-based mining company, Boliden et al. (2016) found that the company's proactive strategy was the key factor in implementing a creating shared value approach. Other factors such as the personal experience of managers, knowledge transfer and international networks played a supportive role in creating shared value. Among these, the ability to leverage networks is key to supporting a CSV strategy, particularly for those businesses short of resources as it grants the possibility to access those of partners (Alberti and Belfanti, 2019; Kullak et al. 2020).

Leadership is also crucial: the study by Spicer and Hyatt (2017) on Walmart's goal to achieve sustainability, found that leadership vision and the company's emergent strategy played a crucial role in achieving sustainability goals and the creation of shared value. In this case, emergent strategy means how *"companies update and redesign their original plans as managers and leaders learn from experiences over time"* (p. 117). Another study on firms practicing a CSV approach, conducted by Vaidyanathan and Scott (2012), found that corporation strategy and leadership role are crucial in moving from a traditional to a CSV approach (Vaidyanathan and Scott 2012). Similar to this, Mendy (2019) argues that organizational structure and leadership are important for creating shared value.

In addition to this, there is evidence given by Hules (2015), while researching the case of the Swedish firm, Tetra Pak, which created shared value for multiple stakeholders. The company selected a social issue which could be integrated with its core strategy (Hules et al. 2015). Tetra Pak's two CSR campaigns; "the carton-folding championship" and "the hunt for the forgotten cartons" created value for society by promoting awareness about recycling. This strategy created economic value through different ways; with experience, the company learned to produce sustainable products efficiently, it built good relationships with local suppliers, which reduced its costs, and gained in reputation, which enhanced sales (Hules et al. 2015).

Finally, as far as enabling factors are concerned, evidence suggests that CSV adoption can be moved by a sense for survival, a strong ethical stance, and a willingness to good in society (Kim et al. 2019).

Cognitive Capabilities. Scholars believe that cognitive capabilities play a vital role in creating shared value (Pavlovich and Corner 2014; Corner and Pavlovich 2016; Lee 2019). Corner and Pavlovich (2016) believe that inner knowledge creation (IKC) and its resulting metacognitive capabilities play a crucial role in adopting a CSV approach. IKC is defined as a rigorous, disciplined practice of cultivating familiarity with one's unique cognitive content, for example thoughts, emotions, images (p. 546). In addition, Corner and Pavlovich (2016) argue that a person's metacognitive capabilities (moderated through interaction mode) leads to social interaction, which advances collaborative innovation when moderated by generative mechanisms, affects the value creation process, and resolves the innate tensions in creating shared value. There are two moderators in this process: a) interaction (open or closed) that moderates the relationship between metacognitive capabilities and social interaction b) a generative mechanism which moderates the relationship between social interaction and shared

value. However, there are some boundary conditions for metacognitive capabilities, such as individual aptitude, habits and external conditions (Corner and Pavlovich 2016).

Another study has highlighted the role of an individual's spiritual practices that enhance consciousness, which can play a vital role in creating a conscious enterprise that can create shared value (Pavlovich and Corner 2014). Campos et al. (2017) conducted research on 127 social enterprises from France and Spain. They found that knowledge absorptive capacity (KAC) is a key determinant for creating shared value. Following Zahra and George's (2002) definition, absorptive capacity can be considered a "*set of organizational routines and processes by which firms acquire, assimilate, transform, and exploit knowledge to produce a dynamic organizational capability*" (p. 116). They argue that creating KAC acts as a mediator and positively affects creating shared value (Campos et al. 2017).

Discussion

This stream of literature has three main limitations:

First, most of the research comprised in this stream is conducted using case study analysis. The excessive reliance on such qualitative methods is in some part due to the exploratory nature of the fragmented research on the topic, which is likely to have been spurred by the lack of a mature framework capable of directing cumulative and explanatory studies.

A second important limitation is that existing studies mainly focus on organizational-level factors and their impact on creating shared value. Although most of the work in this direction is represented by fragmented research within organizational boundaries, there are some suggestions that external factors do play a role. For instance, Kramer and Pfitzer (2016) acknowledge that there are conditions beyond the control of firms, and limitations to a firm's capability of implementing CSV might also come from regulations or cultural norms. Furthermore, Zheltoukhova (2014) suggests that with the adoption of a principles-based approach to professional standards in human resource management, professional associations might be key to enhancing the capacity of organizations to create shared value through ensuring better working lives. These are important indications that state-level and industry-level factors matter and deserve further attention.

Lastly, as far as organizational-level factors are concerned, our analysis revealed that the literature on metacognitive capabilities and spiritual practices and their role in CSV is underdeveloped. This could be explained by a failure in anchoring to a broader established

literature: the concept of cognitive capabilities has multiple similarities with the concept of dynamic managerial capabilities. For instance, the metacognitive capabilities and spiritual practices described by Corner and Pavlovich (2016) have multiple similarities with dynamic managerial capabilities. Metacognitive capabilities and managerial cognition (a fundamental factor in managerial dynamic capabilities) are defined as the individual's ability to perform mental activities. There is a plethora of terms used by researchers which refer to managerial cognition, such as "mental maps", "cognitive capabilities" and "mindsets".

Considering these gaps in the current body of literature, the following description attempts to move this research stream forward by (i) connecting the dynamic managerial capabilities literature with recent work on the determinants of CSV, and (ii) presenting an integrative framework that considers factors at different levels that influence firms' CSV strategy adoption (figure 3).

Figure 3. An integrative framework that highlights the role of external and internal factors in CSV
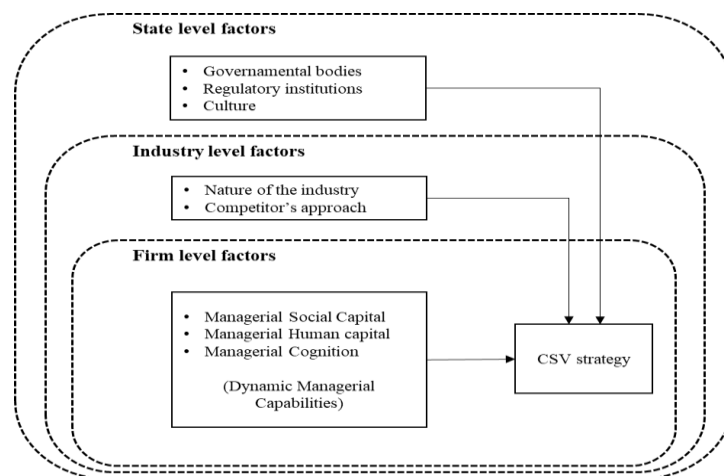
We emphasize that creating shared value is a complex phenomenon and an organization takes into consideration external and internal factors in order to adopt a creating shared value strategy (Pavlovich and Corner 2014; Stand and Freeman 2015; Corner and Pavlovich 2016; Spicer and Hyatt 2017; Lee 2019; Cao et al. 2019).

For instance, one organization creates shared value using its dynamic managerial capabilities in Scandinavia; this does not mean that the very same organization will manage to create shared value in India. Furthermore, if one organization can create shared value using

dynamic managerial capabilities in the energy sector, this does not imply that the same organization will be able to create shared value in the retail industry. Based on this, we believe that creating shared value is context-specific, industry-specific, and firm-specific. Our approach leads to a coherent framework which integrates external and internal factors that facilitates a firm's capability to create shared value. It is built upon the work of Hall and Soskice (2001), Zahra and George (2002), Helfat and Martin (2015) and Strand and Freeman (2015). We organize these factors into two main categories: External factors (state-level factors and industry-level factors) and Internal factors (organizational factors). To reduce ambiguity and facilitate the development of the framework, it is worthwhile to discuss the following underlying assumptions:

Firstly, in this framework, the organization is an entity whose goal is to maximize long term profits. Secondly, we assume that organizations are rational and not opportunistic (i.e. rational organizations are those who prefer to give up short term benefits for long term benefits). Thirdly, organizations change or adopt a new strategy that solves societal problems because it enhances their profitability.

External Factors. We believe there are two main external factors (State institutions and Competitor's approach) which can influence a firm's decision to adopt a CSV strategy.

State institutions. We follow the definition of institution presented by Hall and Soskice (2001): Institutions are "a set of rules, formal or informal, that actors generally follow, whether for normative, cognitive, or material reasons, and organizations as durable entities with formally recognized members, whose rules also contribute to the institutions of the political economy" (p.9). Our views are aligned with Hall and Soskice (2001), who say that state institutions affect the behavior of the firm. Moreover, different institutional systems offer a competitive advantage in different ways. Hence, firms shape their behavior accordingly. In other words, a firm strives to find a strategic fit between its own strategy and the policy of state institutions. This could be the reason Scandinavian firms perform better in sustainability practices (Strand and Freeman 2015). Scandinavian institutions provide the necessary support and have designed rules that facilitate a CSV approach. For instance, KFC was banned in Sweden because it did not meet the Swedish health regulations. Not only, to restrict bad eating habits in children, Sweden banned all TV advertisements directed at children (Schlosser 2012). State institutions affect a firm's strategy, which influences its approach towards creating shared value. Government institutions, regulatory bodies, and higher education institutions have a paramount effect on the policies of a firm. In countries where these institutions are powerful,

corporations comply significantly well compared to countries where institutions do not function well. This can be supported by the fact that the major wrongdoings by multinational companies happen in underdeveloped countries. One of the co-author's visits to several factories in Karachi (an industrial city in Pakistan) revealed that factories are poorly equipped with safety equipment and pay workers much lower than the basic salary. The very same multinational corporation provides relatively better facilities to employees working in their factories located in developed countries. Several studies have highlighted the wrongdoings of corporations in underdeveloped countries. For instance, a study by Karnani (2007) highlights the case of *Fair & Lovely*, a skin whitening cream, a profitable and popular product of Unilever in India, Pakistan, and Bangladesh. The product carries dangerous risks for the public. The president of the Indian Association of Dermatologists, Venereologists, and Leprologists (IADVL), Mr. Anil Gangoo, claimed that these (beauty creams) are drugs; however, governments in India and other countries have done virtually nothing to constrain the behavior of Unilever (Karnani 2007, p. 1357).

Corporations comply with the rules relatively well in countries where institutions are strong, whereas they are more likely to conduct harmful business activities at the expense of society where institutions are weak. For instance, in recent years we have noticed firms in developed countries have shown an interest in addressing environmental concerns; however, things are quite different in underdeveloped countries. Occidental Petroleum is a multinational company working on hydrocarbon exploration. In 1997, one of its gas wells (located in the city of Magurchara, Bangladesh), blew out, which led to an incessant and major forest fire for seventeen days (Siddiqui 2001). Authorities confirmed that the loss of worth amounted to Tk6.20 billion. However, it was not reported in the company's reports because reporting on the environmental effects of an entity's operations is not mandatory in Bangladesh (Siddiqui 2001). Porter and Kramer (2015) widely cite the example of Nestle in their creating shared value. In 2015, Nestle's most popular product (Maggi) in India was accused of containing seven times higher than the permissible level of lead, which could damage bones, kidneys, the nervous system, and the liver in children. Nestle denied the allegations, and product samples were sent back for re-analysis. Despite the unusual and undisclosed delay in the laboratory results, the second laboratory results were the same: the product contains seven times more lead then the permissible level (Pai 2018). Recently, Johnson and Johnson (J&J), the American multinational company, has been in the news because one of its popular products, J&J's baby talc, failed to meet Indian quality standards. "*The Rajasthan Drugs Control Organization's said that the*

samples of J&J's baby shampoo taken from two batches had failed the quality test as they contained 'harmful ingredients'' (Dawn 2019). These are some of the scandals and issues that have made the news. In reality there are countless number of similar issues created by corporations that have remained unaddressed. It is a fact that corporations at large have done enormous damage by practicing unethical and illegal activities all over the world, including developed countries (Crane 2014). However, corporation bad practices are more prevalent in underdeveloped countries, where state institutions are weak.

Competitor Approach. Extant literature has found that the policies and strategies of peer firms have an enormous impact on corporate strategies and activities (Kaustia and Knüpfer 2012). Some CSR scholars argue that firms don't operate in isolation. If CSR creates a competitive edge, its advantage should be mostly manifested through a firm's competition with other firms (Cao et al. 2019). For instance, if a firm uses a green technology in production, other firms in the industry will perceive this as a threat because customers who are concerned about the environment might start buying from the firm that is producing green technology products. When Cao et al. (2019) empirically tested this argument on a sample for more than 3,000 U.S. public non-voting peer firms from 1997–2011, they found a strong positive effect. Moreover, shareholders of the peer firms will also be aware of the probable loss in the market share that will push it to adopt a CSR strategy (Kaustia and Knüpfer 2012).

Building on this, we propose that adopting a creating shared value approach by a corporation is highly dependent on the strategy of the competing firm. Let's suppose there are two firms (X and Y) in the market. *Ceteris paribus*, both are making equal profits; however, to gain competitive advantage, firm X makes a strategic leap and adopts a CSV approach. It is highly probable that firm Y will move towards a CSV approach to maintain its reputation in the market. In other words, competitor strategy can influence a firm's decision to adopt a CSV strategy.

Organizational level factors; dynamic managerial capabilities and creating shared value.

In general, there is sufficient evidence to show that organizational factors are key determinants in dynamic capabilities (Teece et al. 1997; Zahra and George 2002; Helfat and Peterraf 2014; Menghwar and Daood, 2018) and that dynamic managerial capabilities positively affect organization performance (Teece et al. 1997; Helfat and Martin 2015. Moreover, as explained above, the recent research on factors enabling CSV is analogous to dynamic managerial capabilities. Based on this, it makes sense to seek insights from the more developed concept

and use it as a construct. Elaborating on this, we argue that an organization's dynamic managerial capabilities play a central role in the adoption of a creating shared value strategy. Following Helfat and Martin (2015), dynamic managerial capabilities are defined as *"the capabilities with which managers create, extend, and modify the ways in which firms make a living"* (p. 1281).

There are three main underlying factors in dynamic managerial capabilities, which include managerial social capital, managerial human capital, and managerial cognition. These three factors have interrelated roles in a firm's ability to pursue a CSV strategy effectively: searching for social problems, integrating with the value chain, and transforming strategy. Managerial social capital allows open coordination, hence helping organizations in collecting new information and maintaining effective coordination among stakeholders, whereas managerial human capital and managerial cognition are useful for transforming the value chain. Building on this, we believe an organization's ability to adopt a CSV approach lies in its potential to search for new opportunities in social problems, integrating them with the value chain and the ability to transform organizational strategy.

Researchers have considered absorptive capacity as a dynamic capability that influences competitive advantage (Zahra and George 2002). Advocates of CSV claim that organizational absorptive capacity positively influences CSV (Campos et al. 2017). Zahra and George (2002) claim that absorptive capacity is comprised of two main components, namely potential and realized absorptive capacity. The former helps the organization in acquiring and assimilating external information, while the latter shows the organization's ability to exploit and transform absorbed knowledge. We advance this argument by stating that potential absorptive capacity influences the organization's ability to search for social problems that could be converted into profitable opportunities, whereas realized absorbed capacity reflects the organization's ability to exploit that opportunity. In the case of CSV, the relevance of social problems to the organization's core value chain is vital in successful exploitation. In other words, the more aligned the social problem with the core value chain is, the easier it is for firms to exploit that problem and convert it into a business opportunity.

Future areas of research

The above model provides further opportunities for future research. Firstly, we need to understand how state-level differences affect a firms' ability to create shared value. Hall and

Soskice's article on varieties of capitalism explains the behavior of firms in different states. Is this argument valid in the case of CSV? Is this the reason Swedish firms are better in practicing CSV strategy? Could a comparative analysis between Swedish firms, USA firms, and those of underdeveloped countries enhance our understanding of this issue? In addition, we believe that researchers and scholars need to direct their attention towards critical issues related to identifying the role of organizational factors in the development of CSV, in order to find compelling evidence that could convince corporations in this direction. This will challenge the external factors described earlier, as some organizations can overcome external challenges through internal competencies: How can this be achieved? Which organizational capabilities have helped organizations in overcoming these challenges? Further qualitative research on these topics could give us useful insights into these issues.

Conclusion

We began with a decades-old question which poses a dilemma: "What is the goal of the corporation, to increase the value of shareholders or stakeholders?" There are several models which are useful in understanding this dilemma. The most recent and popular in academia and the business community is known as "creating shared value", Porter and Kramer (2011). The concept of CSV has acquired immense popularity, but it has also emerged as an ambiguous concept. To clarify these ambiguities, we have conducted a systematic review, subsequently synthesized the existing literature under three research streams, discussed the strengths and major shortcomings of the recent frameworks on CSV, and presented possible explanations for this.

Building on the comprehensive review of the literature on CSV, we made it clear that CSV is neither a revolutionary idea nor a buzzword, but rather an incremental scientific development (because of its theoretical contribution) in the literature on the goal of the corporation. To understand why a firm will create shared value, we found that if opportunity cost is high and transaction cost is low, the firm will move to the CSV strategy, otherwise not. We have drawn on a variety of related bodies of literature to develop a holistic framework to guide future scholarship on creating shared value. We have organized this framework into two main categories, (1) external factors which include state-level institutions and industry-level factors, and (2) internal factors consisting of dynamic managerial capabilities. In our analysis of the literature, we found no evidence to show a unidirectional causal relationship between any single organizational factor and the adoption of a shared value strategy. Instead, we

discovered a complex network of external and internal factors that affect shared value creation and development. However, CSV is not a comprehensive idea that answers all questions related to tensions between corporations and society. Further research is required to fill this gap.

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Exploring the Role of the Purpose and Configuration of Resources Amid Grand Health Crisis

The Covid-19 crisis has created multiple organizational challenges and severely affected healthcare institutions. The extant literature on crises and management is fragmented, primarily based on historical data, and disconnected from mainstream literature. Therefore, it is unclear how an organization configures resources to deal with a crisis that has caused panic and chaos. To understand this, we conducted a longitudinal case study in real-time at a health institution that dealt with the Covid-19 crisis. Our findings show that communicating and clarifying the purpose is critical in configuring resources when a crisis is looming. As a result, from an in-depth case study of a healthcare organization, including 47 interviews and a review of archival documents, we propose two mechanisms of resource configurations, i.e., a decentralized organizational structure and diversifying crisis experience. First, a decentralized structure facilitates discussion and debate, hence valuable for pragmatic decision-making. Second, diversifying crisis teams, combining knowledge from multiple experiences, leads to better crisis management. We further highlight the challenges and positive sides of re-configuring resources and then explain its impact on reverting a crisis (reducing the negative effects of a crisis). We organize these findings in an integrative model and explain the successful process of managing through a crisis.

INTRODUCTION

Crises affect multiple stakeholders and the performance of the organization; hence, organizational research has devoted considerable attention to how organizations have managed the crisis (Clair and Waddock, 2007; Pearson, Roux-Dufort, and Clair, 2007; Kahn, Barton, and fellows, 2013; Bundy and Pfarrer, 2015; Bundy, Pfarrer, Short, and Coombs, 2017; Williams, Gruber, Sutcliffe, Shepherd, & Zhao, 2017; Wolbers, Boersma, & Groenewegen, 2018; Fuller and Rice, 2021; Kim, 2021; Wright, Meyer, Reay, and Staggs, 2021). An organizational crisis is defined as "an event perceived by managers and stakeholders to be highly salient, unexpected, and potentially disruptive" (Bundy et al., 2017, p. 1663). The recent Covid-19 crisis meets these characteristics of crisis but was unprecedented and highly precarious because of additional dimensions (Allain-Dupré et al., 2020). First, there was radical uncertainty and ambiguity for the front-line organizations due to the absence of uniform policy at the country level. For instance, the federal and local government initially issued different directions (Ur-Rehman et al., 2020). Second, an important measure to reduce the risk was a complete lockdown which negatively impacted worldwide supply chains (Propper et al., 2020). Third, the equipment needed for front-line workers to deal with the crisis was in shortage because of the ban on the export of medical equipment (Cepal, 2020). Fourth, health workers who were the front force for managing the crisis were under pressure and fear due to the contagious nature of the diseases, long working hours, and low recovery rate of patients. Finally, there was widespread fear because one of the most robust health systems in the wealthiest region in Europe, Lombardy, collapsed within days. Hence, the certainty of a bigger crisis was looming over underdeveloped countries (Allain-Dupré et al., 2020; Propper et al., 2020).

Moreover, experts forecasted that the Covid-19 crisis would be dangerous for underdeveloped countries due to weaker healthcare systems and highly populated and dense cities. India is a

case in point where these predictions became a bitter reality in the second wave of Covid-19, resulting in a massive surge in cases that completely overwhelmed India's health system for months. The world saw horrible pictures of patients dying on the streets, relatives striving to find oxygen because hospitals ran out of medical equipment, death rate reached to 2,000% in a matter of two months. Thus, India has the highest cumulative excess deaths of around 4·07 million due to Covid-19 (Wang et al., 2022). Even though India has a slightly better healthcare system than neighbouring countries such as Pakistan, which is in the lowest decile compared to sub-Saharan countries (Lozano et al., 2020), some hospitals in Pakistan managed to sustain their operations during the Covid-19 crisis. Literature on crisis management has shown that forecasts about a crisis trigger fear among custodians or workers and lead to self-protection responses (Ekman, 1992; Wright et al., 2021). Similarly, strategy scholars found that it is common for firms to pursue an exit strategy (discontinuation of business activities) amid a crisis (Argyres et al., 2015).

Contrary to this, some healthcare organizations remained open and tried to revert the grand health crisis despite limited resources, chaos, and fear of death. But extant literature failed to explain why and how they did so. Most of the studies on crisis management have either ignored this question or relied on individual hindsight of leaders, that have made it difficult to understand the processes and critical factors at play during the management of an ongoing and unfolding crisis (Bundy et al., 2017; Williams et al., 2017; Hällgren et al., 2018). Some scholars have argued that high-reliability organizations are better prepared for facing crisis situations (Leveson et al., 2009). However, a detailed and comprehensive explanation is missing (Leveson et al., 2009; Bundy et al., 2017).

Therefore, we know little about the processes and key factors that need to be leveraged to revert a crisis. Hence, we ask the following questions: How do organizations revert a crisis amid fear of expected crisis and chaos? How can multiple organizational resources be configured in such

a crisis? How does the configuration of resources negatively and positively influence the process of managing the crisis? Answering these questions enriches our knowledge of crisis management and allows for developing more effective management interventions during periods of crisis. Furthermore, studying these questions provides a platform for expanding theories of crisis management by giving a holistic view.

Drawing on a longitudinal case study of 17 months when an organization was dealing with the global health crisis of Covid-19, we investigate organizational factors and their role in reverting a crisis. This real-time study is unique in the field of crisis management and provides the base for four main theoretical contributions. First, this study offers a processual understanding of key factors contributing to reverting a crisis, i.e., minimising its negative impact. More specifically, we highlight the challenges and benefits of these processes, and organize these findings in an integrative model, in an attempt to explain the process of reverting a crisis.

Second, we advance theory by explaining how organizational resources are (re-)configured. We theorize that the configuration of resources is done through – a decentralized organizational structure and diversifying crisis teams that distinctively enhance the organization's capacity to revert the crisis by minimizing its negative impact. A decentralized structure facilitates discussion and debate, thus a key ingredient for pragmatic decision-making. Additionally, diversifying crisis teams merges knowledge from multiple experiences, reducing the chance of experience bias. This contribution helped us follow calls to integrate dynamic capabilities thinking into crisis management as the literature on the crisis is highly fragmented and disconnected from relevant management literature (James et al., 2011). In particular, the focus of dynamic capabilities on adaptation, flexibility, and sustaining performance in rapidly changing situations integrates well with approaches to crisis management (Bundy et al., 2017).

Third, we identify the capability of the senior management to leverage organizational purpose as a key factor facilitating the success of crisis management processes. The purpose is a more vital force that unites organization and is helpful in realizing who they are amid crisis situations. Fourth, our findings emerge from a real-time, longitudinal case study, a rare empirical setting in the crisis management and organizational literature. This addresses the shortcoming in the literature on crisis management based on secondary data, individual hindsight (Bundy et al., 2017), and conceptual studies (Iqbal et al., 2022).

THEORETICAL BACKGROUND

Crisis Management

In the last two decades, a vast amount of research has been done on crisis management across different disciplines; as a result, multiple definitions and explanations have been offered, which resulted in the fragmentation of literature (Jaques, 2009; James et al., 2011; Bundy et al., 2017). Scholars have conducted literature reviews to reconcile the literature and put forward a unified and useful research agenda (James et al., 2011; Bundy et al., 2017; Williams et al., 2017; Hällgren et al., 2018). For example, Bundy and colleagues (2017) broadly categorize crisis management under two approaches: the internal and external approaches (Bunday et al., 2017). The internal perspective emphasizes managing complexity, reducing risk, and crisis leadership (Bigley and Roberts, 2001; Gephart et al., 2009), while the external perspective focuses on formulating strategies to manage stakeholders (James et al., 2011).

Scholars believe managing crises means managing complexity, reducing risk by designing the organizational structure, and learning from past crises (Bigley and Roberts, 2001; Gephart et al., 2009). However, no systematic empirical explanation for managing crises has been provided, mainly because organizational crises are, by definition, infrequent events. When they

do occur, organizations are reluctant to open current or past 'wounds' to external examination and speculation (Pearson and Clair, 1998, p. 74).

After the Covid-19 crisis, top management journals recently compiled past research and issued particular articles on crisis management (Wenzel et al., 2020), while some others have explained the process of destroying an old frame while constructing a novel frame that actors use amid a crisis (Kim, 2021). In their study on the expected crisis of Ebola, Wright and colleagues found that amid fear of crisis, managers and leaders got scared, prompting self-defense activities to avoid personal harm (Wright et al., 2021). None of these studies have systematically explored the configuration of resources that can enable reverting an extreme event characterized by massive fear of death of everyone involved.

Crisis, Configuration of Resources, and Dynamic capabilities

Strategy scholars have done paramount amounts of research on the question how firms use dynamic capabilities and configure resources to survive technological change or in a highly uncertain environment (Teece et al., 1997; Eisenhardt and Martin, 2000; Schilke et al., 2018). Dynamic capabilities are defined as the "firm's ability to integrate, build, and reconfigure internal and external competencies to address rapidly changing environments" (Teece et al., 1997, p. 516). Building on this, Zahra et al. (2006) extend the definition by adding a focus on decision-making and redefine dynamic capabilities as "the abilities to reconfigure a firm's resources and routines in the manner envisioned and deemed appropriate by its principal decision-maker(s)" (2006, p. 918). Zahra et al., (2006) consider a firm's ability to reconfigure resources as dynamic capabilities, while Teece states that resource configuration is the third leg of dynamic capabilities (Teece, 2007). Some others define resource configuration as the process of adding, subtracting, redeploying, and recombining a firm's resources (Karim and Capron, 2016). Rosenbloom's study on NCR corporation explained that resource configuration was critical for its survival in the electronics

industry (Rosenbloom, 2000). Recent empirical work of Chaturvedi and Prescott (2022) on the digital camera product market over 1991–2006 showed that firms can reconfigure resources using diverse mechanisms, including alliances, acquisitions, divestitures, and post-acquisition integration, to adopt new emerging technologies.

Dynamic capabilities [5] have been studied in rapidly changing environments, yet not much attention has been paid to their functionality during grand crises. Moreover, advocates of dynamic capabilities believe that more work has been done on flexibility (a type of dynamic capability) and its impact on performance or competitive advantage. However, little attention has been paid to the configuration of multiple dynamic capabilities or mechanisms that support configuration (Pisano, 2017). As a result, empirical examination of the process of configuration of capabilities has remained an unexplored topic (Bundy et al., 2017). Therefore, little is known about how firms reconfigure their resources using the organizational structure and crisis team to cope with a grand health crisis that inevitably spreads chaos and fear among all stakeholders. These observations have steered this study. Specifically, we focus on three interrelated questions: (1) How do organizations revert to a crisis amid fear of expected crisis and chaos? (2) How can multiple organizational resources be configured in such a crisis? (3) How does the configuration of resources negatively and positively influence the process of managing the crisis??

METHODS

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[5] For the purpose of this study, I use term resource configuration and dynamic capability interchangeably. The debate how resource configuration and dynamic capabilities are different or similar, please review (Lavie, 2006; Karim and Capron, 2016).

Prior research on crisis management has used historical data or relied more on individuals' memories, bringing potential hindsight bias due to limited access to data and dependence on individual memories (James et al., 2011; Bundy et al., 2017). To overcome this limitation, we did a real-time longitudinal case study. Scholars have raised concerns about past research and suggested that qualitative research, specifically case study research, is needed on crisis management. For example, James et al. (2011) argue that a "qualitative methodological approach that lends itself particularly well to crisis research is the case study" (p. 482). Scholars believe that case study research is appropriate for studying crises because of its potential to collect essential details and views that can lead to theory development (Bundy et al., 2017). Researchers also believe case study research is appropriate for a study grounded in real-life situations (Siggelkow, 2007). The covid-19 crisis was a massive crisis that was experienced and seen by almost all of us. Hence, a crucial case for studying crisis management.

Research Setting

General context. The Coronavirus Disease 2019 (COVID-19) was caused by the infection with the novel coronavirus SARS-CoV-2 (Gorbalenya et al., 2020). This deadly virus has led to the death of millions of people and initially collapsed many European countries' health systems, which have the best healthcare system in the world (Ft.com, 2020). For example, after the detection of the first case in Italy, within a matter of two months, the entire health system of Italy collapsed. The Covid-19 pandemic affected millions of people worldwide, including customers, competitors, regulators, employees, managers, and leaders. It was unexpected, created tremendous uncertainty and disrupted various aspects, such as customer behavior and needs, routine operations, and supply chains. It is perhaps the biggest crisis many organizations

have confronted in at least 75 years; hence, it is most suitable for studying the crisis management. In this regard, we chose the health sector.

In April 2020, there was an acute shortage of ventilators for patients; medical staff worked long hours for fear of death due to a lack of protective equipment (Ft.com, 2020). We found this setting appropriate because the Covid-19 pandemic brought several health institutions into severe crises for three reasons: a) a shortage of medical equipment, b) high demand for medical equipment, and c) an unprecedented demand for intensive care units (ICUs) due to the high number of patients (Propper et al., 2020). Many hospitals in developed countries reached a breaking point during the pandemic due to the exponential rise in the number of patients (Ft.com, 2020). We specifically chose underdeveloped countries because hospitals were more prone to crisis.

Country context: Pakistan. The world saw those countries where the health system is well developed and among the best collapsed quickly during the first wave of Covid-19 (Ft.com, 2020). Hence, it was forecasted that Covid-19 would bring unprecedented crises to underdeveloped countries. Pakistan is an underdeveloped country, the 5th most populous country in the world; its high population growth rate, poor economic conditions, and a limited budget for health put it among the worst country in terms of health access (World Health Organization, 2018). Pakistan is ranked number 39 on the universal health coverage effective coverage index; according to the analysis 2019, Pakistan is in the lowest decile compared with other sub-Saharan countries (Lozano et al., 2020). In another study, Pakistan is ranked 154th among 195 countries regarding access to quality healthcare, behind India, Bangladesh, and Sri Lanka. Furthermore, Pakistan also performed poorly in dealing with diarrhoeal diseases, tuberculosis, Hepatitis, and many others (Fullman et al., 2018).

Despite efforts of international and national institutions, Pakistan is among the three-remaining polio-endemic countries (Unicef.org, 2020). The healthcare system in Pakistan is long-neglected, and the government spends only less than 3% percent of the GDP. Hence, experts feared the Covid-19 pandemic might bring unprecedented human catastrophe (Prompetchara et al. 2020). Pakistan is among the underdeveloped countries which lack basic health facilities and a high population density. Furthermore, the public's attitude toward general protective measures resulted in frequent violations of the lockdown and standard operating procedures (Khalid and Ali, 2020). All these indicators further complicate and worsen the situation.

Study site: The Indus Hospital (TIH). We chose TIH because of several reasons. First, TIH is a not-for-profit group of 12 multi-disciplinary hospitals operating throughout Pakistan. Second, it was the leading hospital (the first to deal with Covid-19 patients), even though Pakistan was prone to the worst crisis and experts were expecting a dangerous crisis with certainty because hospitals in the developed countries collapsed where the health system was well advanced. However, Pakistan's health system lacks basic capacities and regularly faces crises. Hence, it was appropriate to explore how TIH would manage this crisis. These were the main rationales behind selecting this case to study crisis management.

TIH was established by four doctors. In 2007, the hospital started functioning as a tertiary care and multi-disciplinary hospital with 150 beds in Karachi, Pakistan. TIH has no cash counter and is a paperless hospital that provides quality health care at zero cost to patients (Indus hospital, 2020). In 15 years, the hospital has achieved exponential growth. It has expanded the capacity of the number of beds at the headquarter and opened new units in urban and rural areas of Pakistan. According to the report of 2018-2019, TIH has 1595 beds across the network and primary care centers in 42 districts of Pakistan. It has 4 TIH-owned hospitals, and TIH manages 8 with the government of Pakistan. The main sources of funding are private donors, governments, research projects, community health projects by United Nations (UN) or World

Health Organization (WHO), and Corporate social responsibility funds from corporations (Financial report Indus hospital, 2019).

Data collection

This research is based on a longitudinal case study of TIH. The data collection for this project covered a period of 17 months. It started in April 2020 and had three phases: pre-crisis, during, and post-crisis[6]. The first round of data collection began with open interviews from 3rd April 2020, followed by semi-structured interviews until August 2020. The second round of data collection started on 7th October 2020, and continued until 4th January 2021. The third round of data collection, done through semi-structured interviews, began in May 2021 and ended on 30th September 2021. We conducted 47 interviews (10 open and 37 semi-structured) with 37 people. Moreover, these interviews were conducted in real time while the crisis was ongoing. Besides this, we performed data triangulation with the secondary data.

Role/Department	Open Interview (OI)	Semi-Structured Interview (SSI)	Number
Founder/Top Leadership	3	5	8
Senior Management/Doctors	3	12	15
Global Health Directorate	2	6	8
Department of Pathology and Laboratory Staff	4	4	5
Department of Supply Chain Staff	4	4	5
Resident Doctors	0	3	3
Nurses	0	3	3
total	10	37	47

Table.1. Overview of participant's interviews

We used several ways to collect data that can be broadly organized into three main categories:

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[6] Post crises here means when peak of the crises was over in other words when number of cases dropped significantly.

Discussions and Open Interviews. In the beginning, the primary source of data collection involved open interviews. Our participants included the top leadership and management (n=10). We chose to interview all top management officials who were leading a particular unit or task in managing the crisis. These included the CEO, executive director, medical director, TIH network director, Covid-19-unit lead, supply chain director, and emergency unit director. The first round of open interviews was exploratory and open-ended (non-structured) to explore and decide which theoretical lens would be appropriate. These open interviews started with a general discussion of a participant's background, previous role, and role in the extant crisis. These questions had no or very little structure. We allowed participants to talk about themselves, share their views about the crisis, and then asked random questions.

For example, after a brief discussion, we tried to explore the hospital's overall approach, the changes it brought, and its strategy in responding to the crisis. In addition, other questions were asked: What was/is the plan? How was it executed? How was the coordination maintained?

Semi-Structured Interviews. Another main source of data collection was semi-structured interviews (n=37). Our sampling strategy was evolutionary, as, during the interviews, we discovered the people who had a crucial role in managing crises. For example, in an interview with the medical director, he shared a list of people assigned vital leadership roles, so we interviewed (n=17) people who had a direct role in managing the crisis. Another reason to interview these people was that in the open interviews, we found that the hospital had formed two committees: a corona task force and a corona lead group to deal with the crisis. We interviewed all the members of these committees, which involved consultants, anaesthesiologists, and senior doctors. Moreover, the branch hospitals of the network also dealt with Covid-19 patients, so

we interviewed people working in the global health directorate (n=6) to understand what they did at the other branches to manage the crisis.

Scholars argue that the data collected through interviews with the managers can be unreliable because they would try to show a positive image during a crisis (James et al., 2011). In order to reduce this bias, we interviewed subordinates of the top management to know their opinion and their role in the crisis. Our interviewees included resident doctors (n=3) and nurses (n=3) working in the Covid-19 ward. In addition to this, we also interviewed subordinates working in the supply chain department (n=4). We interviewed these people because a smooth supply of PPE was essential, and there was an acute shortage around the world. Hence, we wanted to know their leadership views, management of PPEs during the shortage, challenges, and strategies to deal with these issues.

Similarly, we interviewed subordinates (n=4) working in the laboratory department. We did so because this department had an essential role in the pandemic due to PCR testing. We also interviewed the chair of pathology services (clinical laboratories). In sum, we interviewed the top leadership, management, doctors, residents, nurses, supply chain personnel, and laboratory staff who were actively involved in managing various aspects of the Covid-19 crisis, i.e., 37 people.

Ten participants (n=10) were interviewed multiple times at different intervals to know their views at various stages of the crisis or to probe further into what was said in the first interview. For example, the hospital's medical director, global health director, and founders had a vital role, so our first interview with them was open-ended. Following this, we did semi-structured interviews to deepen our understanding. Additionally, we found that they had critical roles of paramount importance in managing crises, so we

changed the interview protocol to learn their opinions on different questions. Besides this, we wanted to understand the changes they made in the second wave of the pandemic and better understand their opinion about the challenges, problems, what went wrong, what went well, and how they responded similarly or differently compared to the time of the first wave.

Interviews were performed on Zoom or Skype and in person; the average duration of interviews was around one hour and ten minutes. The first author conducted the interviews, collected notes, and personally visited the Covid-19 unit and all other hospital facilities to understand the hospital's functioning. All interviews, open and semi-structured, were transcribed. First, the open interviews were transcribed, and then, an interview protocol was developed from the coding of these interviews. For example, in the open interview, participants talked about the challenges and problems they faced. Hence, we asked in the semi-structured interview what helped the participant overcome challenges and the characteristics or qualities of TIH that helped in dealing with the pandemic. An interview protocol was prepared from the emerging themes. Through the help of the emerging themes and notes, we modified our protocol. However, some questions were common in each protocol. These were, for instance, a) the challenges and problems faced in dealing with COVID-19, b) the organizational factors that played a role in dealing with COVID-19, and c) the views on the role of the top leadership. Some questions were different for each department because of their diverse roles (Appendix A).

Social scientists have diverse and conflicting opinions regarding the reliability of interviews as a source of data collection. Some believe that interviews are helpful but an underutilized means for understanding managers' views in stressful situations (Folkman and Moskowitz, 2000). In contrast to this, as previously indicated, some

others argue that individuals are biased and may adjust their views to give a positive image; hence, interviews or self-reported data may be unreliable (James et al., 2011). To mitigate this limitation, we collected data from other sources as well.

Secondary data. We collected secondary data, which includes minutes of meetings, email conversations, progress reports shared with the government and world health organizations, interviews of the hospital staff given to media outlets, and articles in the media. In total, 310 pages and four interviews were given to media outlets were analyzed. We analyzed minutes of meetings to supplement our understanding of what was discussed in the meeting, when the meetings were held, and what were/are the views of the top leadership. We also collected a record of email correspondence between the top management and employees regarding new benefits to employees, changes in roles, and new policies. In order to triangulate the claims made by the participants in the interviews regarding efforts to deal with the crisis, we used secondary data such as reports submitted to the WHO, the Pakistani government, progress reports, and other stakeholders' reports. The triangulation was done through multiple data sources (Farmer et al., 2006). We used the triangulation protocol for analyzing the secondary data (table 1).

TABLE 2	
Triangulation Protocol used for collecting and analyzing secondary data	
Steps	**Description**
Triangulation Protocol Research Questions	While analyzing secondary data, we had three questions: What was the hospital's approach? Which and how it made changes? What are the main capabilities of the hospital? How it influenced performance?
Collecting data or Sorting	The secondary data about employee email conversations and progress reports were collected during interviews. For example, during an interview, the medical director mentioned that the role of the operation department was sidelined. Principal investigator, how did you take this decision, and how did you inform to operation director? He replied we took this decision in a meeting, and I sent an email. Could you please provide this email conversation?

Convergence coding	After identifying the main themes, we compared them to check the convergence of findings. Convergence was categorized under four different levels: complete convergence, partial convergence, complexity or silence, and no zero convergence

Data analysis

We adopted a theory-building approach that moves from a rich description towards one that is more analytical and integrable with the existing research. Hence, in this study, we analyzed data using grounded theory. We followed the classical iterative process involving repetitive data analysis and initial emerging themes (Strauss & Corbin, 1994). The data analysis process had three significant steps.

Step 1: Creating first-order codes and initial categories. The principal author analyzed the data, starting with a line-by-line analysis of the initial open interviews (Straus & Corbin, 1998). This detailed analysis helped in generating the initial categories based on the common characteristics. The codes were labeled, and suitable categories were formed based on similarities and differences. Moreover, data was reviewed multiple times to reorganize the categories.

In some cases, the category was deleted or revised after the revision if it did not fit well into the last category. In this study, we moved iteratively between the data, discussions, and relevant literature to develop the categories. Following Strauss & Corbin (1998), the systematic comparison technique was used to compare the initial categories with existing literature. The systematic comparison technique is defined as "comparing an incident in the data to one recalled from experience or from the literature" (Straus & Corbin 1998, p. 95). We found a voluminous number of categories that revolved around specific themes that emerged from the data, such as

planning early, crisis experience, changing the infrastructure, forming new committees, assigning a role, and changing the structure. However, we lacked details or a rich description of each category due to the high number of categories.

With these major themes in mind, we developed an interview protocol to investigate further and know the opinion of participants. We transcribed again and started analyzing the data. We iteratively moved back and forth from the data, discussion, and literature on crisis management. Over time, our analysis evolved to have more focused on understanding the process of reverting the crisis. As we examined the data in light of the literature on crisis management, we found that our participants highlighted the role of a crisis experience. Even the subordinates talked about the role and functions of the corona task force and lead group. Building on this, we compared the role of crisis experience, these groups, and the functions found in the data with the existing literature. To get a more comprehensive view, we further refined the interview protocol to collect more information regarding the initial categories that focused on crisis experience and its role in a crisis situation. Our analysis of data revealed some surprising findings, perhaps surprising or different in the light of the extant literature on crisis management that focuses on the role of the crisis experience and the temporary structure for managing crises. However, our analysis showed that the organization appointed a new team of leaders, bringing a new decentralized structure that replaced the old one. Following this, a new structure replaced the existing structure, and the roles of operation and administrative teams were removed during crises. This surprising finding was in line with secondary data and reflected in the initial data, where the interviewees talked about a corona task force or a corona lead group that comprised leaders from different units and tasks. All this iterative analysis helped us to find the interrelated categories and their functioning, such as crisis

experience, the role of temporary structure in effective communication, and preparing a strategic plan, challenges, and outcomes.

Step 2: Integrating subcategories and creating theoretical categories. After organizing initial codes under subcategories, our next big challenge was to combine and relate several subcategories under one category. To examine this, we started observing how the organization performed these tasks, maintained communication, and what the impact was on managing crises. At this stage, specific characteristics of organizations—crisis experience, purpose, diverse crisis team, decision-making platform, etc.—started to emerge. We initiated looking for interrelationships with each other. Throughout the entire process of data analysis, we moved back and forth from the data to the literature. For instance, our analysis showed that the fear of a more significant crisis helped the organization to unite and transform the primary capabilities to deal with the crisis.

In contrast, the literature has highlighted that fear of a crisis leads to self-protection (Wright et al., 2021). This helped us clearly explain the purpose's role in mitigating fear and employee involvement in configuring resources. We integrated the subcategories and developed more abstract theoretical categories such as foundational capability, the configuration of crisis capabilities, etc. To put it simply, we moved from open to axial coding (Strauss & Corbin, 1998).

Step 3. Aggregating theoretical categories and developing a theory. After generating theoretical categories, we started looking for their dimensions to understand how multiple categories can be merged. Building on the process research (Langley 1999), we created a model by identifying all major internal organizational factors and their

role in managing crisis. We drafted several conceptual frameworks and revisited the contact summary sheets (appendix B) and existing literature to present a more coherent framework. We showed those frameworks to our participants for their views. Keeping in view their insights, we agreed upon theoretical categories, which included the crisis experience, purpose, capabilities/resources that were transformed, challenges in the transformation, and the overall impact of these factors on crisis management.

FINDINGS

The comprehensive review of the data revealed that TIH's novel approach to revert grand societal crises emerged from its previous struggles to deal with various small crises. In the early days of this big crisis, TIH started discussions about the possible damages the Covid-19 crisis could do in underdeveloped countries. At first, the hospital activated its crisis structure and team, which will define TIH's approach to dealing with crises and preparing a comprehensive action plan. By March 2020, TIH had appointed a new team, defined its role, and prepared a complete plan of action to manage the crisis. We first illustrate the role of previous crisis experiences, which provided a strong foundation, and then elaborate the process of configuration of multiple resources (Appendix C-data structure). This holistic approach of the TIH was vital in reverting and reducing the impact of the grand societal crises.

TIH's beginning- Role of Foundational Capability

Diverse crises management experience. In this study, we found that the Indus Hospital had vast experience managing various crises. For example, the hospital has dealt with TB and dengue crises and handled the heat stroke crises in Pakistan. These were smaller, national-level crises. Moreover, the regular inflow of emergency patients is very high, as quoted by the head of the emergency department:

> Actually, in emergency department, daily patient turnaround is 600 patients per day. It is like, after every three and a half minutes, there is a patient.

These experiences had a heavy influence in providing the basis for TIH's approach and quick configuration of resources. The hospital had trouble managing the crisis in the past due to the centralized and departmental structure. This structure at TIH is called the Service Line Structure (SLS), headed by the service line chair. There are seven service lines: the surgery and allied service line, medicine and the lead service line, pediatric service line, laboratory or pathology service, imaging service line, infection control service line, and anesthesia service line. Each service line has five departments led by the department head. Under this structure, doctors will report to senior consultants, the head of the department, the service line chair, the medical directorate, and the CEO, who will report to the board. This structure created enormous problems in managing the heat stroke crisis in 2015. Hence, the hospital formed another structure named "Standing Committees' Structure (SCS)." The idea of this structure came into being after communication problems the hospital faced in managing heat stroke crises in 2015, as recalled by the medical director:

> In 2015, Heat stroke struck Karachi, Pakistan. I remember that it was 2:00 am in the morning, I was sitting, I was standing in the emergency, and we were just rearranging things the ice and making the water the cold and we and of course, the planning element was missing in that area. So, there was no concept of central control and command. After that, we decided okay, we will be having one emergency response committee.

TIH formed nine standing committees (emergency response, infectious diseases, etc.). These committees will directly report to the medical directorate. The role of these committees is twofold- in normal times, they are assigned the responsibility to train staff for upcoming emergencies because emergencies are frequent. Second, these committees are activated during a crisis, and their role is to manage the crisis. As per this plan, a particular committee would have been activated to deal with the crisis.

As a result of these diverse crisis management experiences, from the beginning, a different approach clearly reflected TIH's deviation from conventional approaches adopted by hospitals. Although the hospital's previous experience, specifically past mistakes and difficulties due to the centralized structure, provided broad guidance on things not to do and provided foundation for alternative actions, which proved helpful in reverting the crisis. Management believed that the new structure connects the team, reduce biases, and ensure a

quick flow of information during crisis situation because, in crises, groups exaggerate the communication responses, which could lead to a fly-or-fight approach.

Effective communication during a crisis is not a magical solution that will fix all problems; however, it will reduce psychological impact and make team members feel empowered to take actions that will reduce the effect of fear. One of the incident below explains, how one such incident at TIH was resolved through the new decentralized structure:

> In the meeting for buying and usage of N-95 masks and personal respirators, people shared concerns (Director PPE).…
> I gathered the data and sent an email "dear all…. It took a lot of effort to collect this data. Please go through it and if you have any doubts, please have a zoom meeting (Email sent by Director PPE).
> Reply to the email by the person who raised concern: Dr---your efforts in this regard are highly appreciable and commendable….. I am now more satisfied. I would agree with Dr… that the problem is not due to the mask as yet ,but due to noncompliance after the exponential community spread.

A novel integrative approach for managing the crisis. Based on the fear of devastation caused by Covid-19 in developed countries. Damage Covid-19 crisis could do in Pakistan due to poor infrastructure and health facilities. In early March 2020, TIH was fully prepared with a concrete plan of action on how the hospital would respond to a crisis. Table 2 provides a brief illustration and compares other traditional approaches.

Characteristics/ Dimensions	Existing Studies	TIH
Fear	Under overwhelming fear and disruptions that a crisis can cause, organizations tend to break and start practicing harm-avoiding actions (Wright et al., 2021). As a result, negative emotions such as fear force organizations and their custodians to take precautionary measures of self-defense to avoid personal harm. For example, "if a patient suffering from Ebola or behaving violently caused serious harm or death to others, basic emotions might overwhelm more reflective moral emotions and disrupt ordinary processes of institutional maintenance" (Wright et al., 2021, p. 78).	TIH emphasized playing its role as an organization in crisis. Despite the fact that Covid-19 caused huge damage and led to the deaths of many health workers, TIH's management was careful and took preventive measures. However, the organization used purpose to convince health workers to fight the battle. Hence, as an organization, TIH was at the forefront of dealing with Covid-19 in Pakistan.

Crisis Experience	Organizations rely on positive experience and hence end up in a competency trap (Michael and Palandjian, 2004). Organization limited experience doesn't influence survival-enhanced learning, but greater experience is vital in the success and recovery of a firm. Hence, well-experienced people are preferred. Organizations usually faced with crises increase their structural redundancy (Lin et al., 2006).	TIH discouraged doctors from relying on previous successful experience and encouraged adding diversity by adding experts of particular diseases who are less experienced in managing crises. TIH usually faces a crisis, but it has enhanced its flexibility.
Decision-making and Teams	Firms focusing on smaller boards and powerful CEOs enable quick responses in crises (Dowell et al., 2011).	TIH established a bigger team and weak CEO dependent on the committees.
Organizational Structure	Organizations prefer a centralized structure over complex organizational structure to ensure efficiency, higher decision speed, and easier communication (Bakonyi, 2018; Lin et al., 2006).	TIH adopted a decentralized structure that involved multiple committees and people.
Configuration of Structure and resources	Organizations avoid restructuring because organizational restructuring in the face of a crisis doesn't influence performance (Lin et al., 2006)	TIH restructured during the crisis and involved new people in the crisis team.

Table-3. TIH's approach to pre-crisis and crisis management compared with other approaches adopted explained in existing studies

The differences are sharp. For example, While the organization overlooks the importance of clarifying and communicating purpose in reducing the fear and connecting people, TIH first explained the purpose and communicated with team members. Then, organizations generally focus on centralized structures for quick decision-making, whereas TIH endorsed a temporary decentralized structure. Organizations rely on past experiences and teams that performed well in a past crisis; however, TIH diversified team members to avoid experience bias.

The first step: Clarifying and Communicating Purpose.

In the first meeting on managing Covid-19, TIH's leadership clarified and communicated the Indus hospital's purpose despite the fear of getting collapsed. The following excerpt from the interview of one of the founders and executive director conveys the purpose of the hospital:

> There was a meeting in the last week of February 2020, in which it was very strongly questioned that should we commit more areas of the hospital to corona care,

and expose our staff? I told them, please consider INDUS hospital, as a different hospital than other places. Whenever there is a challenge to the nation, a challenge to the people of this country, whenever there is a need, Indus hospital has never backed down. Whatever the risk, whatever the consequences. We have stepped in. We have taken lead. The primary goal is to protect our health workers and the secondary goal is to provide quality care to Covid-19 patients (Founder-2).

This was also echoed by the medical director via email to all staff members as below:

Respected colleagues, we must understand that our hospital has emerged as the only hope for the critically ill poor patients in this city, be it COVID or Non-COVID. We are certainly not going to step back, we will move forward with all of our strength, passion, teamwork, competency because our purpose is to serve people in need (Medical director email sent to team members)

Considering the crisis context, TIH, as an organization, took a purpose-oriented position toward managing the crisis. This helped TIH to mobilize and connect team members. Usually, during a crisis and amid fear of death, perceived stress forces people into a psychological hostage of the event. To avoid this, the purpose was used as a tool to push courage and reduce fear. Moreover, at TIH, things started moving much faster; management was afraid that the next thing would be, they would have patients at their doorsteps, and they won't know what to do, which could lead to self-destruction. Management involved members and moved the discussion towards achieving the purpose. They kept their focus on clarifying that there is a crisis, and our purpose is to deal with it and protect the nation. Clarity of our purpose helped the organization in involving team members in mapping out how to achieve the purpose instead of self-defensive actions.

Establishing a crisis team and temporary structure as a team response to the crisis

TIH's top management's previous experience and clarity of purpose determined its plan of action. The hospital first established and adopted a new temporary structure by forming two

groups named the corona task force and the Covid lead group. TIH sidelined the existing

Service Line Structure (SLS) and moved to a new nonlinear decentralized structure (figure 1).
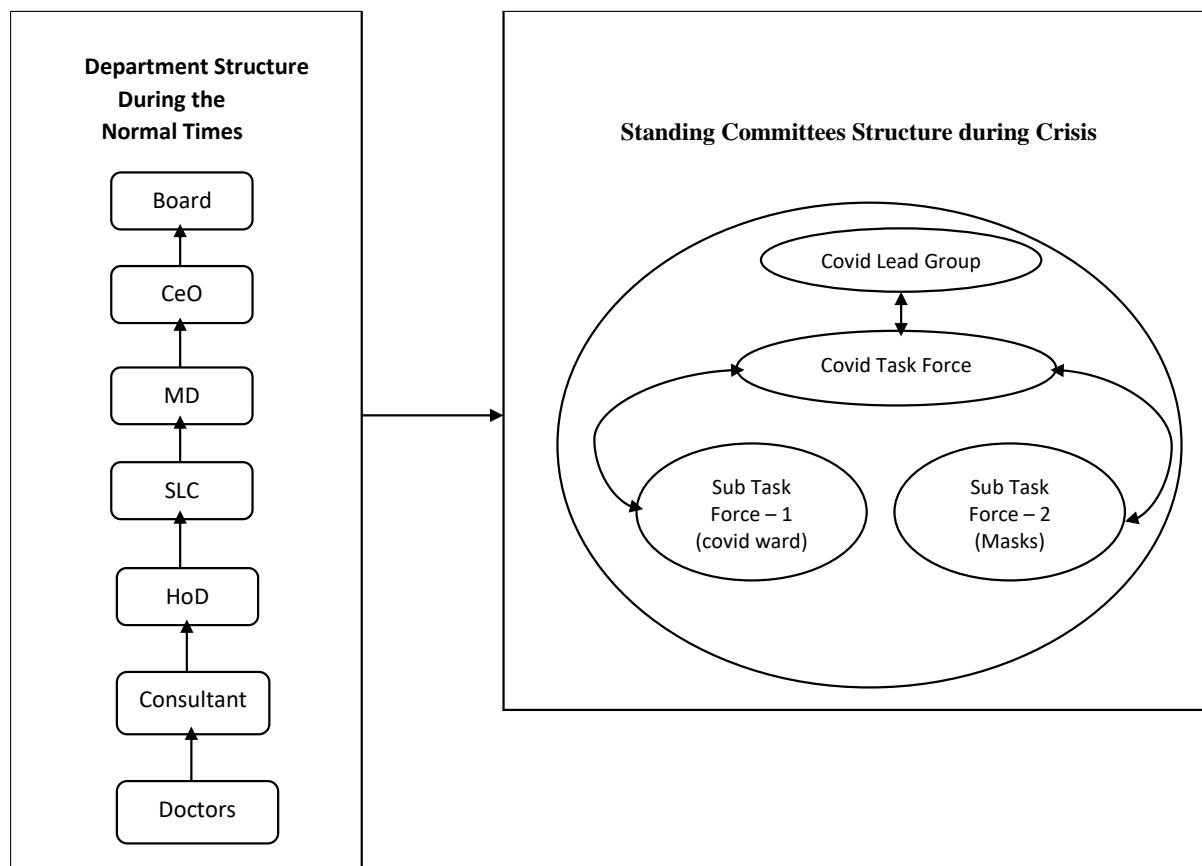
Figure.1. illustrate the old, centralized structure and new structure

This happened after completely removing the role of the administrative or support department,

as echoed by the medical director:

> In routine, what happens, what whatever we decide that and then it goes to the support functions they do their exercises and exchange of emails and things like that. Here, what we requested in the very beginning to the Chief Operating Officer (COO), we need a unity of command. He was very kind enough to give us that unity of command and he asked all his support departments heads, to just follow what are the group is saying. And in that email, he specifically mentioned one thing, there may be instances where policy routine processes would be bypassed. So, it was so critical.

The hospital decided that the committee's platform will be used for policy-making and

strategic decisions, as highlighted by the medical director:

As the first patient was diagnosed in Pakistan, we formed the corona task force (execution body) and Covid lead group (supervisory group).

Corona Task Force-executive body. The corona task force was composed of three doctors: an infectious disease specialist, an internal medicine specialist, and one from the emergency department. Each member's knowledge and experience were interrelated but had a specialty in different fields. They all had a common purpose but were assigned different roles. For example, one's role was to collect the latest reliable information regarding COVID-19 and share it with everyone else, review the new literature on COVID-19, remain in contact with WHO, prepare guidelines for the staff, and give training regarding the donning and doffing of PPE. The role of the other member was to manage the ward by allocating roles and making the work schedules of consultants, doctors, and nurses. The role of the third member was to train the staff for emergencies and make sure the PPEs were available for all the staff members working in the corona ward. The corona task force used to make a list of items to be discussed in the committee meeting. Each day, they prepared an agenda for discussion upon which a decision would be taken. The decisions were taken promptly in the meetings after discussing and understanding the views of each other.

Discussions focused on the working hours of employees, training of nurses, new staff hiring, and the staff's protection. Furthermore, these groups were connected virtually on WhatsApp to discuss minor issues and ensure fast decision-making in case something urgent arose after the committee meeting.

Covid Lead Group- supervisory group. In addition to the corona task force, there was the Covid lead group. The role of this group was to supervise and make strategic decisions. This group included a few corona task force members, the medical director and three executive directors: the academics directorate, CEO, global health directorate, and head of the supply

chain. Some senior doctors and the head of clinical services management (clinical operations) were also a part of the Covid lead group.

Common Connecting Members. Few people were part of both groups. Being part of both groups, for example, the medical director and corona task force members acted as a communication brige between the corona task force (working group) and the Covid lead group (supervisory group). The lead group members presented and discussed strategic plans in their meetings. For instance, they focused on hiring nurses or expanding the unit capacity. This group worked as an accompaniment for the corona task force.

Team Diversity to Avoid Experience Bias. TIH's other unconventional action was ensuring medical doctors who have diverse experience, or no experience would work together. The founder said this was done to avoid experience bias because Covid-19 is a novel crisis. TIH formed a corona task force, which was a merger of two committees' infectious diseases and emergency response committees. Management merged two committees to avoid experience bias of previous crisis experiences, as explained by the head of the corona task force:

> Emergency people were experienced in dealing with emergencies but not infectious diseases and vice versa. Hence, we merged both. Team diversity helped otherwise we would have been trapped in what we already know, don't forget corona is a novel disease, previous experience can be useful but also create problems (Head of Task force).

Management believed that the diversity of experience of team members is essential. Otherwise, experience can be a barrier in dealing with a new crisis. The diversity of the members allowed the inflow of information regarding international best practices, local capacity, and everyday issues in managing crisis. Top management thought that all crises have a few things in common but are not the same in many dimensions. Hence, knowledge and learning from one experience won't work for all crises. There is no one strategy or recipe for dealing with all crises. Therefore, this implies that people who manage a previous crisis well don't ensure they will address this crisis successfully. The past experience could block adaptability, so mixing people with different experiences is better. Management decided that doctors will work who have experience working on various medical emergencies, as highlighted by multiple doctors:

I worked on TB outbreak and dengue crises (Infectious diseases specialist).

I believe, TIH has experience of working on TB, it is also contagious diseases like corona, that has helped us (Head, IRB).

The Rise of Problems and Pitfalls of Standing Committees Structure in Managing the Crisis. In this study, we found during the process of managing crises, TIH faced multiple internal problems. We elaborate on a few internal challenges because they were considered more crucial, as described by the senior doctor and leader:

"I would like to point out one crucial internal challenge that is very big, the main challenge was overlapping roles" (Infectious diseases specialist).

TIH's unconventional approach, which brought a change in the hierarchy, perplexed senior members who were not included in the committees and now reporting to committee members-who were their juniors. Junior doctors reported directly to the medical director, not their former chair or director. This brought some disappointment in the senior people who were doing clinical work. Still, they are not getting appreciation because they are not in a leadership role, as explained by a young leader:

"Sometimes like what I said, senior people are taking orders from juniors I mean not orders, but in a way, they have listened to me, if someone has to listen to me and is my senior right, it is going to be a problem for that person" (Member lead group).

When the organization was working with several team members in big teams to manage the crises, we found that it faced problems in performing specific roles, as explained by one of the leaders and consultant:

I mean, the roles are not defined. Right. And this should be better defined so that everyone knows if this is what I have to do (Consultant Infectious Diseases).

Another leader, who was responsible for assigning roles and allocating duties, highlighted a similar concern, as explained below:

"I'm still struggling with how to have a dedicated and a definitive team of residents who are a backbone of medical care everywhere" (Lead group member and leader COVID-19 inpatient unit).

This overlapping role issue created complexity due to various viewpoints on one particular issue, as elaborated below by a senior leader:

> "The reason why some issues have not been addressed because everyone has a different answer to the problem. And there are so many voices coming out to me, "you do this, you do this etc. and then they are not coming to a consensus and, and things are just happening the way they are, we are overdoing things" (Consultant Infectious Diseases).

Resolving Problems in Decision Making Through Delegation, Discussion, Debate, and Consensus

In the meeting, after discussions, the Covid lead group made strategic decisions after consensus and convincing the majority. Furthermore, creating this supervisory group enhanced effective communication between medical workers and the top management. At the start, mandatory meetings of both groups were held daily to discuss, debate, and make a plan for the crisis. Management believed that the meetings between these two groups did not decrease tension but enhanced the interaction and discussion, as explained below:

> Everybody's involved, but, they are coming and working in the emergency department as emergency physicians, whether they are surgeons, whether they are interns, or whatever they are, but they don't want to sit at home, they don't want to work from home.
> They want to see patients and they want to help us. They're here helping us (Member Covid-19 task force and head of the Emergency Department).
> people express different opinions during meetings, Sometime, we had harsh and heated debate in meetings, but once decision is taken all supports (Member Task Force, responsible for PPEs monitoring and compliance).

This new structure helped the hospital ensure the information's effective flow and comprehensiveness. For example, one member, who was connected with the WHO, brought information regarding the 'effective screening tools and use of PPEs' in the group discussion. Based on this, the group designed a screening policy for the staff members and a guideline for the donning, doffing of PPEs according to international protocols. Another member who was head of the mask committee his input helped in buying quality masks at a reasonable price. The responsible person did homework by contacting multiple hospitals about the mask they

are using, collected several mask samples from suppliers, chose a few, and then presented them for approval in the committee meeting. He explains how the decision was taken as under:

> Buying mask - this issue came in the committee, there was a lot of discussions from here and from there. So, we had quarrels, we had like a high tone and low tones on it. But ultimately, the decision was, let subcommittee who is in charge, let them decide. So, when you delegate things, things get improved. People were very apprehended with the use of masks and selection of masks. But I think, what I feel was good was delegation of things was appropriate. And then the responsibility taken by our committee was good. So that made the things work. So, this was main thing delegate, discuss, debate, and decide. But if you don't delegate, and if there's only one CEO who decide for everything, then there are things that happened the other way.

These two groups and regular meetings ensure not only smooth communication but also make sure the discussion is helpful in finding solutions. This new structure shortened the decision-making time and placed the top management and workers on the same page, which helped them to arrive at a better consensus.

Outcome Of Crises Management

Main Hospital Performance in Crises. It was difficult to assess the performance of the hospital during the pandemic situation. Further, coronavirus is a new disease, and its treatment varies from patient to patient. Hence, we asked several questions to get an idea about the hospital's performance. However, for measuring performance, we relied more on secondary data such as government reports, progress reports submitted to the WHO, reports of the Sindh medical services, email communication records, and websites. The analysis of the secondary data shows the following:

> "Indus has treated 1813 seriously ill patients at zero cost (Progress report).
> Hospital didn't fire anyone, didn't cut salaries, though elective units were close for two months, however, gave bonus to people working in COVID-19 ward (Email communication with employees).

We found that TIH is the leading hospital in the fight against COVID-19 in Pakistan. It has supported the government in setting up quarantine centers, hospitals, and community testing. It also helped suppliers in producing PPEs locally. Further, it has set up a COVID-19 ward for

seriously ill patients. It started with 15 beds for critically ill patients and scaled up to 60. Besides this, many hospitals fired or reduced the salaries of the employees. We found that at TIH, no one was fired neither salary were reduced. On the contrary, gratitude allowance was given to the staff working in COVID-19 wards. In addition to this, the hospital established a psychological support center for its staff. Moreover, TIH provided PPEs to all its staff members, juniors, and seniors, as explained by the nursing staff and residents:

> Hospital had one stock available, but it ordered PPEs (internal report SCM department). You won't believe but we were given PPEs, psychological support, and place to live inside the hospital (Nurse, COVID-19 Ward).

We further collected evidence from patients to understand the quality of the care they received; one of the patients shared his experience on social media as under:

> I am employee in a private hospital. I know the condition of health services and cost. Honestly, I got the best care in the hospital at zero cost. I was allowed to talk to my family via skype (Video message on social media by patient recovered from corona virus).

We also found that the pharmacy department started manufacturing sanitizer with the help of open-source knowledge. Due to a high amount of utilization of sanitizers and less supply due to the lockdown, it began producing sanitizers inside the hospital. According to the assistant manager of the pharmacy department, the higher management supported it in this regard. The performance mentioned above measures show that the hospital has managed the crisis well.

Lab and Hospital Unit's Performance in Crises. In the beginning, few laboratories had a PCR machines and kits to conduct COVID-19 tests. Moreover, the country lacked facilities as well as trained human resources to run the tests. Taking the lead, TIH started testing using PCR. Till now, it has done 109627 tests which cover more than 50% of the total tests in the province. Each day, it conducted around 2,500 tests, as mentioned in the report highlighted below:

> In the beginning, we had only three trained people. I sent other staff members for training. It was difficult to train each person everything, so each person was trained in one task. As a result, we have now around 58 people working in the molecular lab, and we do 2600 test each day (Pathology Service Laboratory report).

The hospital also started treating patients at its unit hospital or branches. At the start, the main head office was working. Later, the same protocols and guidelines were shared with units. Then, they started working on COVID-19 patients. The hospital started COVID-19 screening, revised the scope of services, and provided PPEs in all seven hospitals in Punjab. As a result, our unit started dealing with COVID-19 patients, as highlighted in the report issued by the global health directorate:

> In the beginning, I ensured security of our employees at unit hospitals. I made sure there is proper screening and necessary PPEs. Then, allowed them to work. TIH branch offices have managed more than 700 corona patients (Director GHD).

DISCUSSION

This study aimed to investigate how an organization with limited resources and under the threat of death configures its resources to survive amid a disrupted crisis that has destroyed well-established organizations worldwide. The in-depth longitudinal analysis of TIH suggests that clarifying and communicating purpose is critical during such crises. This is achieved through reoccurring crisis experiences and fear of bigger crises. These factors provide the base for the configuration of resources which is done through two ways – adopting a decentralized structure and diversifying crisis experience. Below, we systemically explain the process and construct a theory by presenting an integrative model implemented during an unfolding crisis to revert its negative consequences.

Integrative Model of Reverting a Crisis

Figure 2 illustrates the integrative model of the process of reverting a crisis; this is developed on the notion of purpose (Frankl, 1963) and configuration resources (Teece et al., 1997; Zahra et al., 2006) as unfolded over time. The first big, dotted line box reflects the pre-crisis model, and the second one during the crisis (after the crisis in developed countries) – modifications made in the existing system by reconstructing a new coordination and decision-making system.

Figure. The process of reverting a grand health crisis at TIH
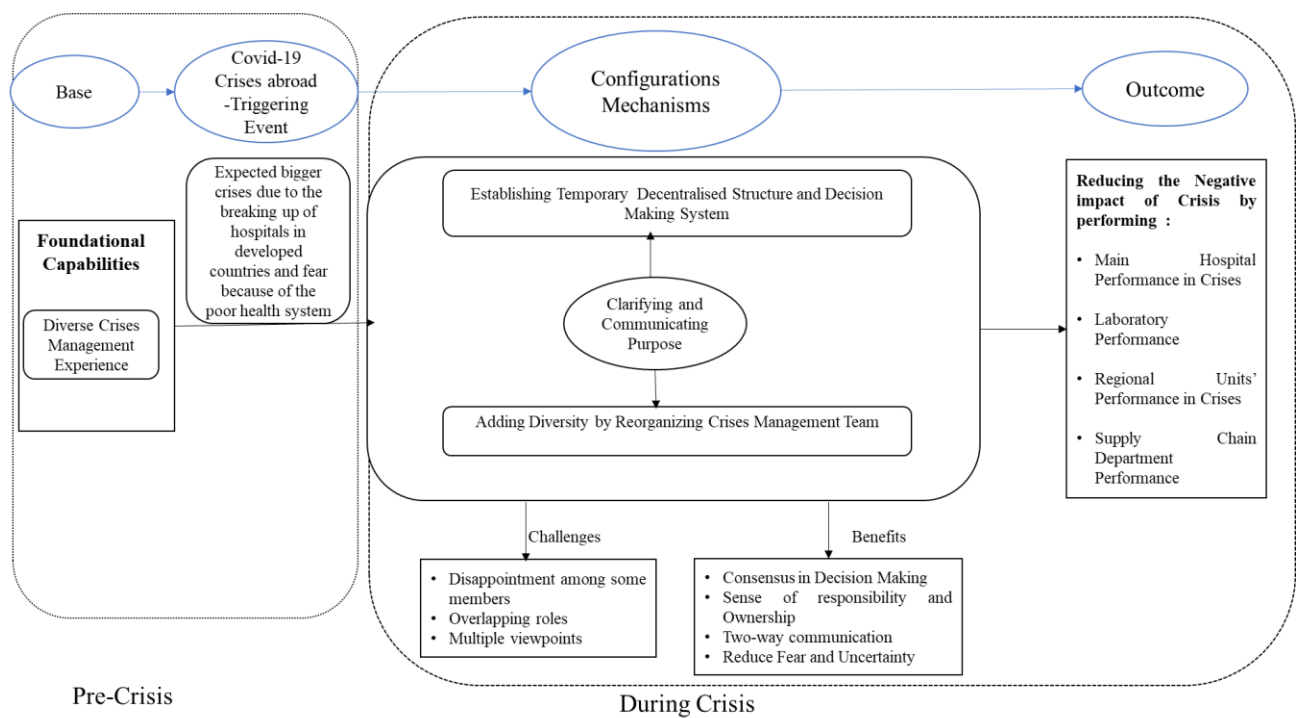
Our model elaborates on how an organization can survive and reduce the negative consequences of a more significant crisis through several changes in the interrelated resources. At first, the organization assesses its previous experiences in managing crisis-how it responded. Usually, crises are unexpected (Williams et al., 2017) and characterized by low probability (Weick, 1988). Still, in this particular case of Covid-19, a crisis was expected, and the probability was high that it would badly hit hospitals in underdeveloped countries. It was

forecasted the magnitude of the crisis would be very high in underdeveloped countries because it has collapsed many organizations in developed countries, thus leading to widespread fear. When an organization perceives this fear, its ability to clarify and communicate its purpose is critical in responding to a crisis. Purpose reduces psychological fear and encourages team members to focus on making efforts to revert the crisis because purpose motivates members of the organization to activate processes, which results in the balance required for managing a crisis and avoiding a breakdown. In other words, the purpose is vital in connecting team members, overcoming the fear of collapsing, and focusing on actions instead of being involved in self-protection activities. Purpose gives the hope that is usually doomed amid crisis situations, motivating group members to take action to respond to crisis situations. In the case of TIH, the configuration of resources was the foremost action performed by the team to reduce the impact of the crisis. Indeed, as crisis scholars have explained, taking action to manage the crisis generates reactions that affect the unfolding crisis (Weick, 1988). However, actions to configure resources with a purpose give a better understanding of the crisis, which reduces the overall negative impact of the crisis. The configuration of resources as per the nature of the crisis is helpful in successfully navigating the crisis because modifications in existing resources are done to reduce the negative consequences of the particular crisis. In the proposed crisis reverting model, crisis experience, purpose, and configuration of existing mechanisms generated particular challenges. However, it provided a set of actions that worked.

Building on this, we theorize a process of reverting a crisis by explaining a method that can systematically guide actions and changes needed for the holistic transformation of an organization to revert a crisis.

Contribution to Research on Crisis Management

This paper contributes to the research on crisis management by explaining one plausible process through which an organization amid a dangerous crisis uses its crisis experience and

purposes to transform crisis capabilities for reverting an extraordinary crisis. Building on the notion of purpose and the configuration of resources (Teece et al., 1997; Zahra et al., 2006), this study suggests purpose plays a vital role in the configuration of resources. On one side, the literature on crisis management highlight how one specific factor influences crisis outcome (Bundy et al., 2017). However, it is unclear how multiple factors combined with the organization's experience and capabilities influence the outcome (Bundy et al., 2017: Hallgren et al., 2018). On the other side, the extant literature focuses on the single dynamic capability, mostly the flexibility and its impact on performance (Pisano, 2017). This study goes beyond this by explaining the mechanisms of configurations, their interrelationship with each other, the positives and negatives of their functioning, and outcome. By doing so, we advance the integration of purpose, dynamic capabilities, and crisis management.

First, the organization loses its purpose amid a crisis due to fear and the risk of failing to manage it. TIH's case suggests that clarifying and communicating purpose encourages organizational members to get involved in actions that can reduce the negative impact of the crisis. The past literature has shown that due to fear of collapse, organizational actors get involved in self-protection or harm-avoiding work (Wright et al., 2021). This was evident in underdeveloped countries during Covid-19 when many private hospitals shut their doors to new patients in order to protect their health workers (Reuters.com, 2020).

However, in this study, we found that purpose is vital in reducing fear and performing actions because purpose provides direction and clarifies why we exist. In other words, communicating purpose helped to realize the meaning that often gets lost amid fear in crisis situations. This research recommends reducing or eliminating fear and empowering employees to get involved in activities that can reverse the crisis. Furthermore, this study shows that purpose is a force that redirects organizations to configure their resources. In this study, the purpose was the main

factor in modifying the existing capabilities because those were considered an obstacle to managing a crisis.

Second, our findings show that organizations purposefully make efforts to modify multiple mechanisms simultaneously rather than solely focusing on a single capability. However, researchers have not clearly explained how organizations should be structured and asked for further research (Lin et al., 2006). It is assumed that in a crisis context, the urgency of the situation force organization to take action promptly before understanding the situation (Weick, 1988); thus, the organization's centralized structure would be appropriate (Bakonyi, 2018). Our model of reverting a crisis challenges this assumption; we reveal that a decentralized structure where decisions are taken after discussion and debate is suitable for reverting a crisis. At TIH, two different committees consisting of several people were involved in making decisions. Furthermore, decisions were taken after debate and discussion in the meetings of the committees. This approach helped in making pragmatic decisions after reflection, which helped organizational members in understanding why certain painful decisions were taken. For example, working on Covid-19 was a precarious decision after knowing that many doctors died where hospitals had enough resources, and many private hospitals closed their operations to protect health workers. At TIH, the decision to work for Covid-19 patients was taken in the meeting after discussion and debate with doctors. Hence, organizational members owned and took the responsibility of managing the crisis. This mode also ensured fast communication because deeply committed people started working long hours and virtually connected in groups to make critical decisions after discussion instead of making irrational decisions to ensure speed.

Finally, this research shows that organizational experience negatively and positively influences crisis management. Hence, the diversity of crisis experience is an added advantage for reverting

a crisis. The extant literature suggests that firms dependent on experience get trapped in a competency trap (Michael and Palandjian, 2004), or experience is a poor teacher (Levinthal and March,1993, p.96). At TIH, this trap was removed by forming a crisis team with diverse experience. For example, the hospital formed a team to deal with the corona virus which had experience in working on infectious diseases and emergencies. It was done because emergency department people had vast experience in working on emergencies but little knowledge about infectious diseases and vice versa. Team diversity helped in mitigating the negative impact of experience on managing crises. Diversity of experience may play a significant role because it undermines one experience's value but merges knowledge from multiple experiences.

Contribution to Research on Resource Configuration

This study also contributes to the literature on dynamic capabilities or resource configuration by illuminating two interrelated configuration mechanisms. We theorize that configuration of resources amid a crisis is done through two ways- decentralizing the organizational structure and diversifying the crisis experience. We explain the functioning of these processes and their impact on reverting a crisis. This real-time study on TIH's approach during the crisis reveals that configuration processes not only provide flexibility or adaptability (Teece, 2007; Chaturvedi and Prescott, 2022) but are also helpful in pragmatic decision-making and a sense of ownership. For example, if TIH would have followed a centralised structure, decision-making would have been even faster but less effective and could have resulted in different outcomes. Building on the configuration of resources literature, we have presented an integrative model that was useful in reverting the crisis. However, there were particular challenges in implementing this model, for example, overlapping roles, disappointment among senior members because young people were part of the team to avoid the competency trap, and serious discussions.

Managerial implications

This study presents a model that will guide leaders, managers, and health practitioners in dealing with crises. Our study suggests that in situations like the Covid-19 crisis, an organization benefits from establishing a temporary structure and crisis team because it leads to easy communication, shared responsibility, ownership, and involvement of all leaders. We have also explained that organizational experience has a vital role in reverting the crisis. Building on this, we suggest that hospitals in developed countries where health systems are well established and patient-to-doctor ratios are well balanced in everyday situations must practice crisis management on a regular balance. This would help them to understand what to do amid a crisis or how to configure resources. Hospitals in developed countries where crises are not usual must conduct ad hoc crisis management training or dummy practices to practice further and train their employees for dealing with crisis

Another important implication of this study is about purpose, in order to manage a crisis, it is crucial that leaders clearly communicate "what is the purpose of the organization or who we are". For example, although in healthcare organizations where social purpose is enshrined in the job of leaders, hospital management decided to make it clear and communicate the purpose. They didn't take it for granted. This small step helped the team realize the meaning of their work, which is usually lost in the crisis.

Limitations and further directions for future research

We have conducted this study on a non-profit hospital working in an underdeveloped country in a particular crisis. Future research is needed on why hospitals in developed countries could not cope with the pressure while a hospital in an underdeveloped world managed to do so. We

have studied this question and explained some of the influential factors. However, further research is needed to elaborate the process of failing to revert a crisis.

We have constructed a theoretical model from a single case study. However, it is possible to challenge our findings because of the specific nature of non-profit organizations working in underdeveloped countries. However, our findings are not limited to non-profit organizations. Crises affect corporations or non-profit organizations in the same way and pose the same challenges (shortage of ICU-trained employees, limited quality of personal protective equipment, lack of funds to buy new ventilators, increasing number of patients, etc.). In this domain, the transferability of findings can be upheld.

Furthermore, hospitals in underdeveloped countries were under severe crisis due to a lack of health infrastructure, public awareness, and high population. In addition to this, as echoed by scholars of crisis management, several difficulties in conducting research on crisis management are present. Most studies used historical data or individual memories, which bring hindsight bias (James et al., 2011). Our study overcomes these problems, and to the best of our knowledge, this is the first longitudinal study that has collected real-time data to investigate pre-crisis, during crises, and post- crises situations in Pakistani hospitals during COVID. Scholars believe that case study research is appropriate for studying a phenomenon grounded in a real-life situation (Siggelkow, 2007). Covid-19 crisis was a real-life crisis. Hence, understanding how it can be reverted is highly important because it would be helpful in reverting future crisis. We agree with Pratt and colleagues that in qualitative research, the focus must be on trustworthiness instead of the replicability and transferability of findings (Pratt et al., 2019). Trustworthiness is "the degree to which the reader can assess whether the researchers have been honest in how the research has been carried out and reasonable in the conclusions they make" (p. 2). In qualitative research, researchers and scholars must be cautious in advocating replicability that applies to quantitative research. In order to ensure

trustworthiness, we have explained concrete steps, presented real quotes from interviews without even correcting grammar, and showed secondary data. We have also made the data available in a folder that is accessible to reviewers. In case if someone conducts the analysis, the person will likely reach a similar conclusion.

We have presented a model that offers a detailed understanding of crisis management processes during Covid-19; however, this might not work in another natural crisis that are random and can't be forecasted. Hence, further research is needed on the boundary conditions of this model. The extant research has highlighted three key dimensions of crisis salient, unexpected, and potentially disruptive. However, the Covid-19 crisis was expected like many other infectious disease outbreaks or flood crises. More research is needed on the types of crises and approaches to dealing with them. It is highly likely that one-trick ponies' approach or one strategy for all crises won't work (Iqbal et al., 2022). Hence, more empirical research on different crises and actors' responses would be helpful in the understanding of managing crises.

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The Role of Distributed Leadership in Managing Stakeholders During Expected Health Crisis

Abstract

The coronavirus crisis has created multiple challenges for leaders and has subjected healthcare institutions and other organizations to severe hardships. The prior literature on crisis leadership and crisis management is mainly based on historical data, scattered under different labels, and inconclusive. These limitations have resulted in the failure to understand the leadership role and organization's strategies in ensuring that good health care was actually offered. We conducted a longitudinal real-time case study on a health institution that provided healthcare services to people at zero cost during the Covid-19 crisis. Our findings suggest that leadership in this context and setting is a social process that allows multiple leaders to share power and responsibilities. We found that multiple leaders essential characteristic is shared work (strategic and operational). This insight contrasts with past literature that promotes heroism and focuses on one single leader. We show that if multiple leaders work together by doing strategic and operational work, they will inspire group members to work with dedication under expected crisis. Furthermore, this concordance of work by distributed leadership is helpful in collective sensemaking that happens through debate and discussion. We further illustrate that distributed leadership helps involve stakeholders in managing crises rather than simply communicating with stakeholders. We theorize that by involving stakeholders in the process of managing a crisis, organizations address their concerns. We integrate these findings in an integrative framework and present practical implications.

Introduction

Organizations in crisis do not only seek for direction but expect support and leadership involvement in dealing with a crisis. The crisis poses a more significant threat to an organization's credibility and survival and is often a test case for leaders (Wolbers, Boersma, & Groenewegen, 2018; Wu, Shao, Newman, and Shwarz, 2021; Collins, Dasborough, Gregg, Xu, Deen, He, and Restubog, 2022). For leadership, dealing with a crisis is a challenging task because a crisis is different from routine organizational challenges; moreover, there are several types of crises. Crisis and their impact depend on the nature of the crisis. For example, some crises are highly salient, unexpected, and potentially disruptive events (Bundy Bundy, Pfarrer, Short, and Coombs, 2017) for one country or context. However, some contagious events spread or become a process or expected event for another context. For instance, the Covid-19 crisis has killed more than six million people (World Health Organization, 2023). The event first happened in China, then caused havoc in Italy and Spain, and moved to the USA and then the rest of the world.

Moreover, the Covid-19 crisis was expected to cause more damage in underdeveloped countries due to densely populated cities, poor infrastructure of hospitals, and limited access to medical supplies due to restrictions. Further, leaders were not prepared to handle it because of no medical cure, high contagiousness, and shortage of medical equipment. The Covid-19 crisis was expected but also had some characteristics similar to unexpected crises, such as being rare, posing a threat to the organization's survival, and negatively impacting stakeholders. Stakeholders are those working inside or outside the organization but impacted by the crisis (Menghwar and Freeman, 2023). Hence, leadership has a critical role in implementing strategies that unite both stakeholders and helps to managing a crisis (James et al., 2011; Bundy et al., 2017; Collins et al., 2022). Extant research shows that leadership's role becomes challenging in an expected crisis because actions demanded by stakeholders vary with the

nature of the crisis (Collins et al., 2022), and internal stakeholders involved in self-protection activities when the expected crisis is dangerous (Wright et al., 2021). Collins et al.(2022) found that during unintentional external crises (pandemics, hurricanes, etc.), the leader is a shepherd who protects and guides during crises. Moreover, leaders preferred centralized decision authority, in which one leader has the power for quick decision-making (Bonn and Rundle-Thiele, 2007).

Recent literature reviews on crisis leadership found that past research has three main weaknesses. First, it has overemphasized that a leader's role is to inspire and motivate followers through charisma while neglecting other characteristics (Wu et al., 2021; Collins et al., 2022). Second, the extant literature is fragmented under multiple labels such as collective, collaborative, shared, or distributed leadership (Denis, Langely, and Sergi, 2012) and different streams (Collins et al., 2022), hence, fails to provide comprehensive understanding of leadership's role in the crisis (Wu et al., 2021). Third, most studies have considered a crisis an unexpected event, though in reality some crises are expected and go through three phases (i.e., pre-crisis, during, and post-crisis).

For instance, the nature of the Covid-19 crisis was different in various world regions. After the collapse of hospitals in Italy, the world was shocked but aware a crisis was rising. Consequently, hospitals in underdeveloped countries, on the one hand, knew the crisis would hit them, but on the other hand, they were in fear and chaos because of the belief they would not be able to manage the crisis due to poor infrastructure and health facilities. Further, the high demand for medical equipment's and the shortage of supply posed another challenge (Propper et al., 2020) and intensified the crisis. As a result, chaos and fear among employees in healthcare institutions spread quickly. Scholars believe this is why hospitals mainly adopted unitary leadership during the Covid-19 crisis and collapsed (Dombey et al., 2020: Cordoba et al., 2021). However, there is no real time longitudinal study on the role of leadership amid the Covid-19 crisis that explains

the function of leadership and its impact on strategic choices made by organizations (Collins et al., 2022). We sought to explore this topic by investigating three interrelated research questions: How does leadership respond to a certain but complex organizational crisis that brings chaos and fear? How does leadership make sense, design, and execute organizational strategy during such a crisis? How does this help in managing (i.e., minimizing the negative impact) the crisis?

We conducted a longitudinal case study during the time when health care organization in a developing nation during the pandemic was dealing with an expected crisis. The findings of this study advance the theoretical understanding of distributed leadership in implementing strategies in an attempt to manage a crisis. We contribute to the literature on leadership and strategies in crises in three ways. First, we explain that distributed leadership in this context, and potentially beyond it, may be crucial in managing crises effectively in contrast to individual leadership, thereby enhancing our understanding of the role of distributed leadership in expected crisis. We further highlight novel and, so far, neglected characteristic of distributed leadership shared work (strategic and operational). These findings contrast with the past literature that has considered primarily individual leadership style and their characteristics such as position, charisma, articulating vision, and communication skills vital during a crisis situation (Halverson et al., 2004; James et al., 2011; Wu et al., 2021; Williams et al., 2022). In this study, we found that multiple leaders do not only depend on charisma but also on operational work, which influences others to do the work during an expected crisis.

Second, we found that distributed leadership's characteristic (shared work) is helpful in collective sensemaking. As multiple leaders did operational and strategic work together, that work helped them to understand the expected crisis' attributes. Moreover, this shared work helped in consensus and bridging the appreciative gap, which is defined as "deep differences

in perspectives, aims, and actions" (Boin and Renaud, 2013, p.42). This gap occurs in situations when strategic and operational work is done by different leaders (Boin and Renaud, 2013).

Third, we found that distributed leadership's characteristics support organizations in implementing stakeholder involvement strategy. Building on the work of Iqbal and colleagues (2022) on stakeholders' concerns (rational, emotional, and moral) during crises, we show that one effective way to reduce the concers of stakeholders is by involving them in the crisis management process from the beginning. Extant literature on crisis strategy solely focuses on the organization's approach to accepting responsibility for the crisis (Iqbal et al., 2022). This school of thought is built on the notion that organizations and stakeholders have different concerns. Stakeholder concerns include reputational, rational, and emotional concerns (Iqbal et al., 2022). However, we consider that stakeholders have a stake in the survival of the organization. Hence, their concerns and interests are more aligned during crisis situation (Menghwar and Freeman, 2023). Thus, we theorize that the most effective strategy is the stakeholder involvement strategy, especially amid the expected crisis affecting all stakeholders. Fourth, we contribute to the literature on crisis management by conducting a real-time longitudinal study while the crisis was unfolding and leaders were dealing with the crisis. Extant research lacks real-time and longitudinal empirical studies on crisis management is mainly based on secondary data and is short of rigorous analysis (James et al., 2011; Collins et al., 2022).

Literature Review

Organizations can confront crises for many reasons that may be both internal and external, including natural disasters, market failure, financial crises, industrial accidents, product or service failures, internal personnel issues, or malicious acts. Such events can pose a significant threat to an organization's credibility and survival; hence the role of leadership is critical in

managing a crisis (James et al., 2011; Bundy et al., 2017; Kornberger, Leixnering and Meyer, 2019). Building on the work of Bundy et al. (2017) and Collins et al. (2022), we consider a crisis as an unexpected event at one point in time that later becomes a process involving three stages: pre-crisis, crisis, and post-crisis. External crises can be further categorised into two types – unexpected external crisis and expected external crisis. For example, the Covid-19 crisis was unexpected for China and some European countries. However, as medical experts noticed the devastation caused by it, it became an expected crisis for underdeveloped countries. Furthermore, after the end of the first wave, when cases started to rise again, medical experts expected another crisis.

The expected crisis was considered dangerous because of the high magnitude, fear, chaos, and lack of resources to manage the crisis. Another dangerous characteristic in some expected crises is the death of people managing the crisis. For example, Covid-19 caused the death of many doctors who were managing hospitals and treating patients. Hence, medical workers around the world were scared. Extant literature has not explained leadership's role in such a crisis. Therefore, scholars have called for research in this arena in recent review papers on crisis leadership (Wu et al., 2021; Collins et al., 2022). In one advance, however, another review article on leadership's role in crisis management (Denis et al., 2012) broadly categorizes leadership into two types: unitary and plural leadership.

Unitary leadership

This crisis management style focuses on a single leader—a central actor—who deals with the crisis. Some individual leaders perceive crises as threats and react emotionally but in a rigid style to control the damage (James & Wooten, 2006). In contrast, others consider crises as opportunities and tend to show flexibility by acting open-mindedly (Brockner & James, 2008). James et al., (2011) argue that this positive approach is helpful in managing a crisis. Sommer et al., (2016) found that a transformational style of leadership has a greater positive effect and

fewer adverse effects, bringing more resilience among team members. However, in an empirical study, Zhang et al., (2012) found that a transformational leader is effective if they (leaders) possess emotional control and focus on the quality of leader-member exchange. Some others argue that a transactional style of leadership, on the other hand, is effective only if followers trust the leaders (Sweeney, 2010). In contrast, James et al., (2011) argue that charismatic leadership is effective in a crisis. However, an empirical study found that leaders tend to show less charismatic behavior in critical and demanding situations (Halverson et al., 2004).

The literature on singular (unitary) leaders' role in crises situations is inconsistent and inconclusive. Scholars believe that a single leader, whether transformational, charismatic or otherwise, will be under stress due to uncertainty and lack of information in crises and hence, will show poor leadership behavior (Halverson et al., 2004). Crises demand a significant amount of simultaneous and highly complex decisions at a fast pace which a single leader often cannot make on their own (Cordoba et al., 2021; Oliviera & Cunha, 2021). These limitations of a single leader were exposed most recently during the COVID-19 crisis (Cordoba et al., 2021). In this regard, distributed leadership is a form of a plural style of leadership that involves multiple leaders (Denis et al., 2012), and it has the potential to be a better alternative (Cordoba et al., 2021) for crisis management.

Plural leadership

This school of thought considers leadership as a social process that involve multiple people, taking responsibility to engage with others to achieve a shared purpose in the face of uncertainty (Gronn, 2000; Denis et al., 2012). Advocates of plural forms of leadership focus on the enacted processes of leadership instead of the leader (Denis et al., 2012). The oldest term in this stream is distributed leadership; the first known reference to distributed leadership was in the field of social psychology in the early 1950s (Gronn,2002, p. 653). Distributed

leadership is defined as "the sharing of generic leadership tasks to influence resource availability, decision making and goal setting within an organizational perspective"' (Günzel-Jensen et al., 2016, p. 2). However, some scholars have used slightly different labels for plural leadership instead of distributed leadership, such as shared leadership, team leadership, and collective leadership, and have tried to show the differences among these forms of plural leadership (Denis et al., 2012). For example, some differentiate between distributed and collective leadership by stating that the former emphasizes the overall distribution of roles. In contrast, collective leadership advocates maintain the central leader's importance (Friedrich et al., 2016). Scholars of this school of thought define collective leadership as "function of selectively utilizing the information or specialized expertise that individuals within the network possess" (Friedrich et al.,2009,p.933). Moreover, they do not exclude the role of the focal leader in the leadership network (Friedrich et al.,2009; Friedrich et al.,2016). Hence, "there have been some growing pains in this domain, as there is frequent overlap in the definitions and use of the same words interchangeably" (Friedrich et al., 2016, p. 2). Furthermore, this approach led to the fragmentation of literature and failure to explain the role of distributed leadership in crises (Boin et al., 2005; Nesse, 2017). Some scholars argue that the COVID-19 crisis has exposed the state of leadership in health institutions and represents a disruptive opportunity to seriously focus on distributed leadership (Cordoba et al., 2021). However, empirical research have emphasized that individual leader's charisma is needed to influence followers' perceptions during a crisis positively. The literature review conducted using the bibliometric method found extant research on crisis leadership (unitary or plural) has mostly focused on charisma characteristics and their influence on managing the crisis (Wu et al., 2021; Williams et al., 2022). However, reseachers have criticized the studies pubslihed on charismatic leadership by arguing that it lacks robust measures (Antonakis et al., 2016).

Hence, Crisis leadership scholars have alled for researchers to analyze other leadership characteristics in managing a crisis (Wu et al., 2021; Williams et al., 2022) and their role executing strategies to manage stakeholders.

Organizational research on crisis strategies is built on attribution theory which highlights the role of crisis attributions in crisis management. According to this perspective, a firm can pursue two types of strategies. These are defensive or accommodative strategies. Defensive strategies assume less responsibility for crises; examples include denial, defiance, and scapegoating strategies. On the other hand, the accommodative strategy assumes more responsibility; examples include apologies, sympathetic behavior, and promise to take corrective actions (Bundy and Pfarrer, 2015). In recent work, Iqbal and colleagues categorize different crisis response strategies under the two dimensions of accountability and attention (Iqbal et al., 2022).

Although past research has elaborated a vast number of strategies an organization can pursue during a crisis, the interrelationships between leadership and its impact on a firm's chosen strategy have not been explored. Scholars argue that choosing the appropriate strategy and leadership style is critical in managing crises and protecting reputations (Coombs and Holladay, 2002; James et al., 2011). However, it is highly likely that stakeholders do not perceive the crisis response strategies in a way the firm's leadership does (Coombs and Holladay, 2002; Iqbal et al., 2022). Empirical work is needed to understand how an organization executes multiple strategies to deal with stakeholders whose understanding of crisis could differ from the organization's internal leadership. An important step is to differentiate crises from uncertainties and different types of crises so that leaders can design strategies accordingly depending on the situation (James et al., 2011). Generally, a crisis is characterized by low-probability and high-consequence events (Weick, 1988; Bundy et al., 2017). However, the recent Covid-19 crisis was different than other crises because it was a

high-probability event with higher certainty for underdeveloped countries, given the varied nature of the crisis and the paramount importance of leadership and strategies in managing crisis. There is a rising need for more research on the intersection of leadership and crisis strategies (Fuller and Rice, 2021; Schaedler et al., 2021). We aim to explore this by focusing on three interrelated questions: How does distributed leadership respond to a certain but complex organizational crisis that brought chaos? How did leadership make sense, design, and execute organizational strategy during such a crisis? How did the selected organizing strategy help in managing (i.e. minimizing the negative impact) the crisis?

Research Methodology and Setting

Collins and colleagues (2022) found that qualitative research on crisis leadership has several shortcomings, which include lack of counterfactual evidence to verify findings, failed to explain when theoretical saturation achieved, and provided little or no evidence of inter-coder reliability. Therefore, researchers have called for qualittative longitudinal study to understand stages of crisis and role of leadership in managing a crisis (Wu et al., 2021; Collins et al., 2022). To address these questions and concerns, we used a case study methodology. We chose case study research because it is primarily suitable for studying a real-life phenomenon that can be highly useful in developing more refined conceptualization (Siggelkow, 2007). Case study method is highly effective research method in settings where boundaries between context and phenomenon tend to be blurred and detailed rigorous analysis is required to understand the phenomenon (Gibbert and Ruigrok, 2010).

We chose a hospital in underdeveloped countries because we wanted to study how leadership manages an expected crisis or prepared for the crisis at early stage or pre-crisis stage. Usually, crises are less probabilistic, unexpected, and high-consequence events (Weick, 1988). However, the Covid-19 crisis, for the underdeveloped crisis, was a highly probable and expected crisis. Because Covid-19 crisis was a public health crisis that started from China,

then moved to European countries, where it destroyed well-established health systems, experts forecasted it would be highly dangerous for underdeveloped countries due to poor health systems and highly populated cities (Ft.com, 2020).

Taking this concern seriously, we specifically chose The Indus Hospital (TIH), a network of hospitals across Pakistan for two reasons: the context was appropriate and research on this topic was needed.

Context appropriateness. First, crisis scholars believe that case study research is appropriate for studying a crisis unfolding and going through different stages such as pre-crisis, crisis, and post-crisis (Collins et al., 2022). We chose TIH because the hospital was expecting a crisis, leaders were fearful, under pressure, and were the primary force to manage the crisis. Hence, it was suitable to study what the hospital did before and during the crisis. Luckily, the hospital permitted us to conduct research during the Covid-19 crisis. Thus, it was possible to conduct a real-time study as the crisis unfolded, which was useful in avoiding retrospective trade-offs and ensuring rigor (Gibbert and Ruigrok, 2010).

Research Need. Several review papers on crisis and crisis leadership found that past literature lacks rigorous and reliable qualitative studies (Bundy et al., 2017; Wu et al., 2021). Therefore, scholars have made repeated call for quality longitudinal studies on understanding crisis, characteristics of crisis leaders, and the way they manage stakeholders in crisis (Bundy et al., 2017; Wu et al., 2021; Collins et al., 2022).

Data collection

This research is based on a longitudinal case study that covered a period of 17 months. The first round of data collection started on 3rd April 2020 with open interviews. The principal researcher first coded open interviews, prepared the interview protocol, and then started conducting semi-structured interviews. The second round of data collection using semi-structured interviews started on 25th April 2020 and continued until 4th January 2021. The

third round of data collection, done through semi-structured interviews, started in May 2021 and ended on 30th August 2021. We conducted 47 interviews (6 open and 41 semi-structured) with 33 people. Below, we describe our three modes of data collection in detail.

Discussions and Open Interviews. We initiated data collection with open interviews. Open interview is a structure of an intensive interview which loosely guided or less structured for the exploration of topics (Charmaz,2006). We started doing open interviews prior to the arrival of the pandemic crisis in Pakistan (developing country) to understand the nature of planning being done and the expectations of the leadership team for coping with the coming crisis that has caused troubles in developed countries. This study focused on leadership, so we interviewed people working in different leadership positions and managing crisis. We did six interviews. These included the chairperson, medical director, director main hospital, TIH director for branch hospitals, Covid-19-unit lead, and director of emergency ward. We initiated open interviews with a general discussion of a participant's profile and role in the present crisis. We did not have a list of specific questions, however, we asked context-establishing questions that enabled us to understand the organizing structure of the hospital, for example, people who were responsible, their functions, and decision-making authority. In addition, other questions included: How leaders were analysing and understanding the nature and impact of the expected crisis? How hospital leadership was coordinating with other external stakeholders such as government, suppliers, and hospitals.

Semi-Structured Interviews. In the second phase, we did semi-structured interviews (n=41) until we reached theoretical saturation. We interviewed people who had crucial role in managing the pandemic crisis. For example, in an interview with one founder, who was dealing with the internal functions of the hospital. We discovered that the hospital was established by four doctors together. They all work in key positions and are actively involved

in managing the crisis. Therefore, using a snowball sampling approach, we interviewed all four founders. During the interviews, we also determined that the hospital had formed two committees: a corona task force and a corona lead group to deal with the crisis. These committee members were making strategic decisions and also performing technical job in the wards or operational job (in case of supply chain department people). Therefore, we interviewed all the members of these committees, including physicians, nephrologists, public health consultants, supply chain director, etc . We also did interviews with people (n=4) working at branch hospitals to get an idea of how branch hospitals were preparing for and managing the crisis.

As suggested by Gibbert and Ruigrok (2010), to enhance the credibility of this research, we interviewed with lower level (n=10) employees of leadership (followers or sub ordinates), this was done to know their opinion, how they were supported by top management, and role in the crisis situation. Our interviewees included medical residents (n=3) and nurses (n=3) dealing with crisis. Besides this, we interviewed lower rank employees working in the supply chain department (n=4). We did so because there was a shortage of personal protective equipment (PPEs) around the world and nurses were complaining that hospital management has failed to ensure PPEs for its employees, increasing the risk of becoming infected while treating patients (Iheduru-Anderson, 2021). Therefore, it was essential for us to understand how the leadership of this hospital managed supply of PPEs.

Another department that we chose for collecting interviews was pathology and laboratory medicines. We included this department because of its critical role in doing Covid-19 tests of patients and delivering results on time. We interviewed the chair of pathology services (clinical laboratories) and subordinates (n=5).

Fourteen participants (n=14) were interviewed several times for example before the crisis, during the crisis, and during the second and third wave. This was done for multiple reasons. First, because we had already conducted the first interview with them, which was open-ended, we wanted to probe further into what was said in the first interview to understand their opinion better. Moreover, with eight people, we did semi-structured interviews twice. This was done for two main reasons. First, the Covid-19 crisis was a process that had multiple stages and waves. In total, we covered the initial three waves. We wanted to know if there was in change in their role in the second and third wave. After few initial interviews, we realized that studying leadership is more appropriate because of its vital role in managing crises, so we changed the interview protocol to learn their opinion about leadership style, characteristics, and way of dealing with stakeholders etc.

The first author conducted all the interviews, collected notes, and personally visited the COVID-19 ward. All interviews were transcribed. The average duration of interviews was around one hour. However, some open interviews took longer, reaching one hour and 40 minutes. The interview protocol (Appendix A) for semi-structured interviews was prepared from the themes of open interviews.

Crisis scholars have questioned that quality and reliability of existing studied published on crisis leadership (for details see Collins et al., 2022). To enhance credibility, we collected data from secondary sources to remove biases, overcome limitations, and enhance the rigour of the study.

Secondary data. We analysed 300 pages of secondary data, which included email correspondence among leadership and with staff, performance reports. We analysed secondary data to conduct triangulation with primary data. For example, the medical directorate and one founder claimed in the interview that we had excluded the role of chief

operating officer (COO) for faster response in crisis. In order to understand how it was done and the COO's reaction, we asked for the record of the email conversation. Moreover, to understand and triangulate the claims about the performance of the hospital, we used secondary data such as reports submitted to world health organization. We developed a protocol for analyzing the secondary data and for triangulation purposes (table 1). As suggested by Farmer et al., (2006), we used numerous ways to do triangulation.

Steps	Description
Triangulation Protocol Research Questions	What was the leader's role and characteristics? How did they make sense of the expected crisis? How has it maintained coordination with other stakeholders?
Collecting data or Sorting	We collected performance reports, minutes of meetings, and emails exchanges by the leadership with each other.
Convergence coding	We highlighted the main themes and then convergence was classified under three levels: complete, partial convergence, and zero convergence

Table 1. Triangulation protocol used for collecting and analyzing secondary data

Data and Theoretical saturation. We stopped collecting further interviews after we reached data saturation, which was noticed when the last three interviews had huge similarities and we failed to gather new insights or themes from the data. We achieved theoretical saturation when we managed to explain the question we were investigating – how does leadership deal with an expected crisis?

Data analysis

The data analysis process had three major steps.

Step 1: Creating first-order codes and initial categories. We started with open coding to get an understanding of the phenomenon (Straus & Corbin, 1998). The primary author did the analysis of the data. While doing a detailed analysis, we aimed to find answers to questions – how the hospital leadership analyzed the crisis, what actions leadership took to reduce the negative impact of the expected crisis, how leadership is engaging with stakeholders. We

started classifying the pieces of data and labeled them with a particular code. For example, in the open interview, the medical director mentioned that the "first thing a liaison with the government started," we labelled this with a code "building strategic alliance with the government". We continued in this fashion, which resulted in a vast number of codes. For example, in the interview with the supply chain director, he also mentioned that "we started supporting the local government," we labeled this code as "helping the government". Another notable sentence from supply chain director was , "in February meeting, we expected a lethal," we labeled this code as a "early sensemaking". We compared this with secondary data of minutes of meetings to see what was discussed in the meeting. Based on similarities and differences among codes, we started forming categories. For example, initial codes regarding collaboration were merged under the category of "stakeholder involvement strategy".

Moreover, data were reviewed multiple times to reorganize the categories. In some cases, the category was deleted or revised after the revised data did not fit well into the previous category. We moved iteratively between the data and relevant literature in this study to develop the categories. The primary author was (initially) unfamiliar with the literature on crisis management, so after coding the open interviews, we reviewed the literature and tried to explore something new in the data. We found a voluminous number of categories that revolved around specific themes that emerged from the data, such as early "sensemaking approach", "distributing the lead role to different people", "shared work- operational and strategic work and "involving stakeholders".

We then iteratively moved back and forth from the data to literature on crisis leadership. During this process, we found that our participants highlighted the role of multiple leaders. Building on this insight, we compared the leadership characteristics and role explained in the literature. We found a few unexpected findings in light of the extant literature on crisis leadership mainly discuss charisma and way one leader inspire followers amid crisis.

However, our analysis showed that the organization emphasized a team of leaders instead of one leader and leaders do strategic as well as well common work to inspire others and manage crisis. This repetitive analysis was critical in finding categories, which include multiple leaders, shared work, and involving stakeholders to list few.

Step 2: Integrating subcategories and creating theoretical categories. Here our goal was to connect and integrate related subcategories for broader categories. We did this by looking at the interrelationships. For example, some prominent codes were: multiple leaders or group of leaders, performing operational and strategic jobs. We merged these codes under one category, characteristics of distributed leadership. Throughout the entire process of data analysis, we moved back and forth from the data to the literature. For example, our data analysis consistently showed that the hospital was not dependent on a single leader but a group of leaders, and they were performing multiple functions. This finding is in contrast to the leadership literature that usually highlights the role of a single leader in managing a crisis. The well-cited example is of New York City's Mayor Rudy Giuliani in managing the 9/11 crisis, which made him a person of the year (Poole, 2001). Besides this, the literature on distributed leadership was naïve or silent on the characteristics of these leaders in crises. This gap in the literature helped us to explore and describe the characteristics of multiple leaders. We integrated the subcategories (groups of leaders and performing operational and strategic jobs) and developed one abstract theoretical category that we labelled distributed leadership. In other words, we moved from open to axial coding (Strauss & Corbin, 1998).

Step 3. Aggregating theoretical categories and developing a theory. In this step, we searched for connecting multiple categories that can be merged in a framework or process. We created several frameworks and received opinions from our participants. Taking their opinions into account, we agreed upon theoretical categories and framework that connects role of distributed leadership in collective sensemaking, and stakeholder involvement amid an expected crisis

that is fearful, created chaos, and would be difficult to manage due to limited knowledge and resources.

Findings

At the beginning of March 2020, as COVID-19 patients started increasing in Pakistan and images of the havoc caused by COVID-19 in developing countries started circulating, TIH started preparing for how its hospitals would function during the crisis. Table 2 summarizes what can be derived from the literature and elaborates on the dimensions of managing crisis at TIH .

Dimension	Existing Literature	TIH's Approach
Leadership	Extant literature focuses on a single leader and their style, for example, the transformational style (Zhang, Jia & Gu, 2012; Sommer, Howell, & Hadley, 2016). Charismatic leadership is effective in a crisis situation (James et al., 2011). Even multiple hospitals in developed countries focused on one unitary leadership style during the COVID-19 crisis (Cordoba et al., 2021).	Group of leaders, more than one leader, working together to manage the crisis.
Influence	Scholars believe leaders sometimes fail to show charisma in crises (Halverson, Murphy, & Riggio, 2004; Collins et al.,2022).	Leadership influences other leaders in subordinates by working with them or performing operational jobs. Senior management worked in wards though they were more prone to getting COVID-19 which could lead to death.
Sensemaking	Leaders within one organization functions in numerous ways. For example, strategic and operational leaders have different perspectives, aims, and plans of action that negatively affects joint sensemaking (Boin and Renaud, 2013). During crises, cognitive consensus occurred in management teams over time. However, leadership as a whole lacked consensus and joint sensemaking (Combe and Carrington,2015)	At TIH, leadership was distributed, and all leaders performed strategic and operational jobs. Moreover, regular meetings of leaders in which discussion and debate on managing the crisis took helped in collective sensemaking. Direct communication in regular meetings was helpful in the collective sensemaking of the expected crisis.
External Strategy or Approach	The external perspective of crisis management shows that firms pursue two strategies to manage stakeholders: defensive strategy - the organization's efforts to disconnect its association with a crisis (Bundy and Pfarrer, 2015). Accommodative strategy – organization acknowledges role in crisis (Bundy and Pfarrer, 2015).	TIH involved stakeholders in dealing with the crisis. For instance, the CEO was working with the government; hence it helped ensure a timely lockdown. The supplier's department was in contact with suppliers who were helpful in manufacturing masks, sanitizers, and other protective equipment in Pakistan.

Table.2. TIH's approach in comparison with traditional approaches to managing crisis.

These dimensions are drawn from the findings. Figure 1 (Appendix D) shows the overview of data structure. Below, we present these findings in detail.

Characteristics of Distributed leadership

The data of this study revealed that The Indus Hospital's (TIH) formation and attempt to manage the crises was highly dependent on distributed leadership characteristics, including purpose and influence with work.

As the crisis unfolded in developing countries where hospitals were well equipped and had the capacity to deal with the crisis but collapsed, leadership at TIH started discussing and preparing for the biggest crisis. As the number of COVID-19 cases increased in Pakistan, the hospital formed two committees of several leaders, named COVID Lead Group (CLG) and COVID Task Force (CTF), to deal with the expected crisis. All the major strategic decisions were discussed and taken by the CLG members, and CTF implemented these decisions. Even four founders currently working at different top management positions were assigned different leadership and operational roles. So, there was no one leader or central decision-making system. Tthis task was rather assigned to multiple leaders, as explained in the quotes below:

> In the lead group, we had representation from all departments. We, we have representatives from infectious disease, we have representative from the medical facility, we have medicine, representative from nursing, initially supply chain and even mechanical and plumbing department. We all were discussing, formulating policy, and working together in wards and making policy (Medical Director).

Moreover, in the initial interviews we conducted to get the historical review of the hospital, we found that TIH was established by four friends in 2007. These four friends started working on humanitarian projects while studying medicine at college. In 1982, they built the first volunteer blood bank. In this study, we found that the founders took several risky initiatives (giving quality care at zero cost), formed several new organizations in which they did strategic work as well as operational work, as highlighted in the below quote:

> Four of us, we started planning and building the hospital whose purpose is to give quality health care to poor people. Then we all had different strategic roles but we worked in wards and treated patients(Founder, 4).

Our data analysis revealed that the leaders, which included founders, senior management, doctors, and heads of departments, had another distinctive common characteristic at the individual level to manage the crisis. The characteristic "Influence by work- doing strategic

but operational work with other team members" was vital in inspiring and encouraging others and reducing the fear of a crisis situation. This was done by working with the staff on the ground and in the wards. The presence of the top leadership in and outside the hospital worked with the staff members made a huge difference; they worked hand-in-hand with the employees and enhanced their morale. From day one, the hospital's CEO worked with the government and discussed possible options. Many fears were around the hospital during this scenario; people were afraid of getting COVID-19 since the hospital was a place where the probability of this was higher.

Furthermore, this disease affects more older people. Despite these risks and dangers, the senior management was coming to the hospital to attend meetings, set up a ward, and work in them. This characteristic of influencing team members by taking the lead in operational work and working with them was paramount, as explained by some senior, middle level, and front-line employees (nurses and residents) illustrated below.

You will be surprised, medical director didn't take leave for a single day, he was present in regular as well as ad hoc meetings and doing clinical job (In charge, COVID lead group).
Responsibility of the things basically comes from top to bottom… So, see, as a senior, show your presence and work... I am head of the department, but I still work clinically, I present on floor (head of emergency department)

This was also echoed by other juniors, middle, and senior-level employees. The hospital founders and top leadership were highly supportive and worked as a team. None of them took a day off during the COVID-19 emergency. Some worked inside the unit, while others made arrangements for equipment. Some worked with the government, while some worked with the community. Some of the professionals described these actions as follows:

Combating crisis means that you are fighting a war, in this situation leader needs to be at ground with his team. (Head of supply chain).

I can call my COVID-19 ward lead anytime, she replies quickly, and I also see my CEO and director working, this influence me not to give up (Nurse, COVID-19 ward).

Distributed Leadership and Collective Sensemaking

Our data revealed that distributed leadership was highly useful in making collective sense of the expected crisis. Before the first patient was diagnosed, the top management started discussing possible options to deal with the coronavirus crisis. The first patient was diagnosed in Pakistan on 26th February (Dawn.com, 2020). We found evidence that the hospital started discussing and planning before even the first patient arrived in Pakistan. Soon after that, the medical director established the corona task force and COVID lead group, both groups to undertake strategic and operational duties. The meetings of these groups took place regularly to understand and analyze the new information, plan a strategy, and mobilize resources to deal with the pandemic, as explained below:

We started discussing, when there was no patient of corona in Pakistan (CEO).
The good thing about Indus is that it realized immediately that if needed to get on to the task and cannot shy away from a national disaster or pandemic, that helped in collecting resources (Lead COVID-19 patient unit).

Founders established this hospital with the purpose of providing quality health care to poor people who cannot afford healthcare. TIH wanted to keep its legacy of providing quality health services to poor people in crisis situations. Hence, it started preparing for the pandemic. TIH was the leading hospital for COVID-19 patients when other hospitals avoided taking COVID-19 patients due to fear. The hospital's CEO joined the first meeting chaired by the chief minister of Sindh, Pakistan. He discussed with the team members on his return and altogether made efforts to understand the severity of the impending crisis and decided that TIH would lead from the front and play a lead role in dealing with the crisis.

This collective sensemaking helped to understand the magnitude of the expected crisis. In the last week of February, TIH started building a new unit for COVID patients. On 18th March 2020, it established 20 bedded COVID units (5 ICU ventilators and 15 HDU-high dependency units). On 2nd April, 10 ICU-ventilators beds were added. At the end of March, hospital branch units also started working on COVID patients. On 2nd April, the hospital also started PCR testing of COVID patients. The hospital quickly updated its capacity and reached the capacity

to do 2500 tests daily. This proactive understanding of crisis was explained by a senior leader in an interview as follows:

As we sensed a surge in cases and also keeping in view the condition of hospitals abroad. To avoid similar situation, we enhanced capacity up till 20 beds for critically ill patients and also helped the government in setting up two hospitals for mild symptom patients (Medical Director).

This collective sensemaking through debate and discussion was evident in the secondary data and our analysis of documentary evidence. For example, as per the record of minutes of meetings, the first meeting was held on 26th 2020 to discuss the COVID-19 approach. This approach helped TIH buy the necessary equipment and establish a separate COVID-19 ward inside the hospital. For example, the hospital purchased ventilators and testing kits as explained by the CEO and medical director:

We realized that we will more ventilaros. So, I called a Supplier, he told me on call, if I were late by one hour, I would have not accepted the order of ventilators (CEO).
Our early planning helped us not only in closing electives but managing those patients, setting up a new ward emergency for corona patients, installing screening points, training to doctors and nurses (Medical director).

Other hospitals sensed the severity of crisis only when the patients started getting diagnosed with COVID-19 inside the hospital. Initially, many hospitals did not allow COVID-19 patients to enter their premises. This approach did not work because people without symptoms can be COVID-positive too. Hence, this delayed approach and defensive response resulted in the exponential growth of health workers diagnosed with COVID-19. As a result, hospitals ran out of medical staff and went into internal crises. They had to close electives and lay off employees as well. However, TIH trained and used the staff in the corona ward.

Furthermore, its earlier collective sensemaking helped reduce the number of medical staff who got COVID-19 from patients. Hospitals had enough PPEs, so medical workers were comfortable treating patients. This approach gave time for the management to deal with the crisis in a systematic way, as described by the medical director and founder:

Our plan is comprised of four steps: space requirement, equipment needed, human resource, and effect of working COVID-19 on other hospital functions. Our planning well before time helped us in executing this plan successfully (Medical director).

Moreover, hospitals' collective proactive understanding of the crisis was also helpful in doing trial and error. As highlighted by the medical director:

For example, in the beginning, the COVID-19 ward was set up in parking space, after few days we found that if aerosolization happens in this ward, it may be dangerous for the healthcare workers. We developed the COVID-19 ward but it wasn't useful once we received the opinion of engineers. So, what we learned, you need to have a very strong mechanical electrical and plumbing (MEP) engineering side of the hospital so that can guide you well as per the nature of disease, spread of infection, whether it's droplet or airborne, whether this area is safe for your health care workers or not. So, it is always the MEP who guided us we have to makes appropriate changes before we get certain volume of patient in respiratory in our emergency rooms in order to save healthcare workers. (Medical director).

Understanding the magnitude and nature of the crisis helped the hospital collect resources and was helpful in forming a separate team, allocating roles and responsibilities, and taking preventive measures to avoid the risk of the spread of the virus in the hospital as well. This approach aids in effectively managing the crisis (some of the numbers and secondary data are highlighted in the later part of this paper).

Distributed Leadership Role in Stakeholder Involvement Strategy or Resource Pooling by Involving External Stakeholders. TIH's distributed leadership was useful in involving external stakeholders, such as the provincial government (politicians), suppliers, and hospitals. Leadership's approach enabled sharing of challenges with external stakeholders while the organization itself was at the forefront in managing the crisis, as explained by the board of governor:

the driving force very frankly, it has been it has been the passion, the sincerity of purpose, that helped us to gain a large help and donors' cooperation that has driven us to where we are today.

This was possible because of the involvement of multiple leaders, and other leaders were managing internal functions. The hospital's CEO was dealing with the government and involved them in the process. As a result, the government provided financial support, while

the hospital used this support to increase the number of ventilators in the COVID-19 ward, in other words, pooling the resources. This was contrary to the usual crisis management approach because here the retrenchment strategy for the internal organization (reducing scope) and the involvement strategy with collaborators were implemented simultaneously to enhance the scope (instead of following a defensive or accommodative strategy for stakeholders). The hospital also enhanced its lab testing capacity through resources from the government, resulting in more than 50% of the tests being conducted in the Sindh province.

Furthermore, the hospital management also helped the government in setting up two quarantine centers and two hospitals for people with mild or no symptoms. Through its network, the hospital launched a COVID-19 test drive facility in the community. Furthermore, it also treated COVID-19 patients at its branch hospitals. The management believed that cooperation with the government was of paramount importance in dealing with the pandemic, as explained by directors (found in documentary evidence):

We helped government in setting up isolation centers, this reduced the burden on our hospital and also was useful in collecting resources (Director GHD).
Documentary evidence: CEO Indus hospital is part of Sindh province corona task force (Dawn, newspaper).

Even though the hospital took a lot of proactive measures, it had limited resources to deal with the huge number of patients within such a short time. In this regard, the government support in providing equipment and financial support helped build new hospitals and units quickly. Moreover, the hospital helped the government in forming a policy. As a result, COVID-19 in Pakistan remained a medical issue instead of a political one. This way hospital management managed to address the rational and reputational concerns of the government. The government's involvement with doctors showed the public that it cares for common people and will not lose their potential vote bank. Furthermore, close cooperation helped the government to make rational use of resources.

This approach helped TIH in building a good collaboration with the suppliers. Due to hoarding and high demand in Pakistan, medicines and medical equipment prices increased dramatically. However, the hospital managed to buy the ventilators, masks, and medicines at the regular price because a few suppliers chose the welfare of people over money. Furthermore, the hospital also supported its suppliers in developing PPEs locally. Before the pandemic, suppliers in Pakistan used to import PPEs from China. Unfortunately, this all stopped due to the lockdown and the government's ban on importing medical goods. As a result, hospitals and suppliers collaborated to manufacture PPEs locally, as explained by the management (as found in the secondary data):

Interviews: 'In order to avoid shortage of PPEs, we helped suppliers in manufacturing PPEs inside Pakistan' (Director SCM).
Asim Jofa, a designer company has started making reusable PPEs in Pakistan through the support of doctors at Indus Hospital and Jinnah hospital, who assisted them by sharing the knowledge about PPEs quality etc. (Dawn, newspaper).

TIH top management realized that the lack of cooperation among hospitals created patient problems. For instance, the incoming patients or ambulance service providers did not know which hospital had a free bed. So, TIH decided to build a dashboard of hospitals working on COVID-19. Through this, all hospitals started sharing data as highlighted by a doctor:

We have established a dashboard of seven hospitals, we talk on zoom each week to discuss challenges and future plans (In charge COVID-19 unit).

The cooperation helped patients and assisted them on where to go. Furthermore, TIH also organized seminars and regular meetings to better understand the diseases and challenges. It also helped the hospital to learn from the experience and knowledge of colleagues in other hospitals.

Impact on the primary goal of providing health care and protecting employees.

This integrative approach of the hospital had an enormous impact on achieving the organization's goal. We found that the hospital's anticipative and purpose-driven approach

changed the provincial government's perception and convinced them to ensure a timely lockdown despite the challenge posed by the federal government, religious scholars, and the business community. This change in provincial government perception and concern was due to medical doctors' presence in the corona task force committee assisting him in devising policy. As a result, though the federal government wanted to avoid lockdown to ensure economic activity in the country, provincial government went for strict lockdown, as evident below in their policy announcements.

On March 22, Sindh Chief Minister announced that a lockdown will be imposed throughout the province starting midnight for the next 15 days in order to control the spread of coronavirus (Dawn.com 2020, March 22).

"I believe that we should not go towards a lockdown in which we shut down transport... it would harm the economy (Prime Minister of Pakistan, Dawn.com 2020, March 26).

Not only this, but this approach also mobilized some prominent businessmen to support hospitals in managing the crisis, instead of pursuing their economic interests during crisis time—for example, a prominent designer company whose business was closed due to lock down. The CEO of the company initiated a drive to protect health workers. To achieve this, he started manufacturing personal protective equipment and distributing it at zero cost to hospitals, as reported in the newspaper:

Renowned designer Asim Jofa, who stepped forward to help the government procure protective suits, has delivered the first batch of protective suits (thecurrent.pk,2020).

Due to the business community's support, hospitals managed to ensure that doctors working in the COVID-19 are protected and have access to quality protective equipment. Besides this, TIH also brought other competing hospitals on board. TIH established a dashboard on which all hospitals were connected. Hospitals were sharing their current status, how many beds are available in a hospital etc, so a patient can directly go to that hospital instead of making rounds to several hospitals, as explained by the medical director:

What was missing in that coordination that we made a group of seven hospitals… and we failed other hospitals didn't listen to us. We are not their boss.. Then we tried to convey this message to chief minister through Dr. Bari. Please have some dashboard, Have some centralized dashboard

that is reflecting the availability of beds and availability of ventilators in all of these six seven hospitals. Through CM's help, we manage to do so patients are having less trouble in choosing hospital (Medical director, TIH).

This helped all hospitals, businesses, and government to work together to protect people's health. This integrative approach worked well, as evident below in the feedback of the world health organization:

I am impressed by the swift and diligent way the government has handled the crisis so far, and WHO is committed to support them every step of the way," said Representative of the WHO in Pakistan, Dr Palitha Mahipala (Tribune.com.pk,2020).

Discussion

The COVID-19 crisis was initially unexpected, but after some time, it became an expected crisis for some countries. For example, the pre-crisis stage for one country was when a small number of COVID-19 patients were detected. However, strong precautionary measures (lock down, self-isolation) were not taken, so cases were expected to rise sharply to the extent that hospitals would run out of resources (Wu et al., 2021). Though a crisis was expected, there was fear because health workers and leaders could lose their lives while doing their job. In other words, those giving and taking responsibility to perform tasks during this situation were risking their own lives.

Moreover, there was no algorithm to calculate risk; working in wards for patients was psychologically tiring, complex, and demanding long hours hence a frightening job to deliver the desired outcomes. Therefore, health workers and leaders were responsible for delivering during a complex, ambiguous, and life-threatening situation. This study explored how leadership collectively makes sense and employs strategies to manage stakeholders amid an expected crisis that is fearful, brings chaos, and leaders have limited knowledge and resources to manage it. We found that they do so in two ways. First, leadership becomes distributed but connected and shared work (operational and strategic work) becomes the uniting forces of each

other. The characteristic of shared work is helpful in collective sensemaking, bridging the gap in understanding and reaching to consensus about the expected crisis.

Moreover, distributed leadership has multiple leaders who are critical in involving external stakeholders and assisting them in sensemaking and crisis planning. If a stakeholder shows concern, the leader returns and discusses it with other hospital leaders. Then all leaders together again try to understand the concern and prepare to address it (as indicated in the blue arrow in Figure.1). Building on this, we have proposed that an organization's distributed leadership helped execute stakeholder involvement strategies. The integrative approach helped to manage the crisis. Figure.1 illustrates the framework.

Figure.1. An integrative framework of distributed leadership's role in managing an expected crisis.

Theoretical Contributions

Our findings about the characteristics of distributed leadership and the ways they navigate the social purpose and devise strategies during a grand health crisis are helpful to contribute in

several ways to theory and research in the field of distributed leadership, strategies, and crisis management. Below, we articulate our arguments' theoretical underpinnings and highlight our findings' novelty. We do this to show how our findings differ and challenge the current assumptions regarding leadership's functioning and impact in executing internal and external strategy.

Contribution to the literature on distributed leadership. Past research on the role of leadership has primarily focused on a single leader and their capacity to deal with a crisis (Halverson et al., 2004; James et al., 2011). This immense focus on one leader has led to a limited understanding of distributed leadership in crises (Cordoba et al., 2021). Hence, more research is needed on crisis leadership characteristics (Schaedler et al., 2021; Menghwar, 2021). However, some other researchers have found that the charisma of a leader and centralized decision-making is helpful in effectively managing crisis (Lu et al.,2021). In contrast, this study found that leadership understood as a process of distributed actions is more important than a single leader during a grand health crisis. All the departments must be decentralized to ensure effective communication, debate, and discussion. Moreover, these decentralised units were connected through group of leaders who made decisions together in meetings.

We found that leadership is an organizational quality shared by its members, which brings different experiences, knowledge, and expertise. We found ample evidence about the one main characteristic of distributed leadership is vital in a crisis situation – shared work. Although a leader's qualities include articulating the vision and showing determination, communication may be helpful during a crisis (James et al., 2011). Our findings suggest that leadership is a social process of working with others to achieve a shared purpose in the face of uncertainty. Shared work, especially when done by all the leaders, play a vital role in managing a crisis. First, leaders inspire fellow leaders and subordinates by working with them, in other words

doing the strategic and operational work. However, the charisma of a single personality does not work. This was echoed by Halverson et al. (2004) in the experimental study which found that charismatic leaders in crisis condition experienced a decrease in the charismatic behavior.

Our observations indicate that operational work by leaders with others can potentially help organizations to survive during crises. For example, COVID-19 is a deadly disease and more dangerous for older people, such as senior leadership. Despite this threat, the hospital leadership worked directly in the ward. The leadership was performing administrative and technical jobs, and these actions influenced other people to work diligently in the ward despite the risk of death. This shared work clarifies that in expected crisis situation, one way to influence the team is by working with the team. In other words, it is not the charisma of the leader that is necessarily required. Rather, social interaction while working with subordinates connects people and leads to better execution of strategies amid a crisis. Thus, leaders need to emphasize characteristics that unite and mobilize social bonds instead of independence or individual characteristics of "heroic" leaders. These ideas suggest that the more leaders exercise these characteristics, the better they may become at dealing with crises. Therefore:

Proposition -1. Distributed leadership, evidenced by multiple leaders and shared operational and strategic work, is more effective in crisis situations than individual leadership.

Collective sensemaking during an expected crisis

Crisis scholars have long recognized the importance of sensemaking in crises (Williams et al., 2022) and found the classifying of crises into typologies is useful in sensemaking (Weick, 1988). However, empirical research has found that when leaders perform different roles, such as some doing strategic work and others doing operational work creates a consensus gap. It leads to poor sensemaking (Boin and Renaud, 2013).

In this study, we found that leaders were doing the same work as other organizational members and were all involved in debate and discussion, which helped organizational members make sense of the expected crisis. As a result, they have an idea of what is needed on the ground, which helps in arranging necessary equipment, timely closure of elective units, team selection, role allocation, designing a governance structure, and developing collaboration with external stakeholders. Usually, crises pose a threat and bring chaos and fear. However, distributed leadership involves multiple leaders sharing the risk, reducing fear and giving confidence.

Moreover, distributed leadership coherently combines resources that minimize psychological disturbance. Besides, leaders together set a congruent strategic direction and do the operational work, providing the ground for effective mobilization and deployment of resources because they help to managing a crisis. These observations lead to the following proposition:

Proposition -2. Distributed leadership facilitates collective sensemaking, which helps to plan and reduce fear hence can help organizations deal better with a crisis than would unitary leadership that does not facilitate collective sensemaking

Strategy for managing stakeholders during a crisis situation.

Crisis scholars have diverse opinions on managing stakeholders and their concerns during a crisis. Some believe listening to the concerns of stakeholders helps to avert internally generated and industry-specific crises (Clair and Waddock, 2007), while negative relationships can worsen the situation (McDonnell and King, 2013). While others argue that an organization can pursue two types of strategies in a crisis situation: defensive or accommodative strategies (Coombs, 2010), contrary to this, some others argue that accountability and attention strategies help to address the fears of stakeholders (Iqbal et al., 2022). Our study shows that organizations can effectively manage their relationship with

stakeholders by involving them in the crisis management process and pursuing a stakeholder involvement strategy. The involvement occurs by facilitating stakeholders in preparing a unified response. The past research on the relationship between an organization and stakeholders amid a crisis is based on the assumption that stakeholders have no interest in managing a crisis. However, stakeholders show concerns reputational, rational, and emotional, while the role of the organization is to address these concerns ((Iqbal et al., 2022).

While these typologies of concerns are helpful in getting a clear understanding of stakeholders' views, my findings suggest that stakeholders' primary concern is to reduce the negative impact of a crisis. The organization in this study managed to take stakeholders on board because all stakeholders had the same goal, i.e. to manage a crisis. Moreover, the organization's reputation and stakeholders depended on managing well during the crisis. Hence, the hospital and its stakeholders all shared the information and tried to deal with these challenging times together. These findings suggest that all stakeholders' overall purpose or concern was unified amid the crisis. This context provided the ground to share knowledge and resources with each. Therefore,

Proposition-3.a. Distributed leadership that fosters strong stakeholder involvement enables organizations to better cope with crises than one-way communications with stakeholders.

Proposition-3.b. Through collective discussions and sensemaking, all stakeholders could view the COVID-19 crisis as a threat, hence viewed as a joint project rather than the sole responsibility of the front-line organization.

Managerial Implications, Limitations, and Future Research

Organizational leaders get involved in self-protecting activities during an expected crisis and lose purpose. Our study suggests that in a crisis situation, distributed leadership functions well because it enables shared work, ownership, and the involvement of all leaders and brings

stakeholders on board as well. Distributed leadership ensures fast, effective communication that is vital in managing the crisis. Distributed leadership characteristics are helpful in uniting team members and enable the organization to navigate uncertain times, this study explains to leaders and practitioners' how these characteristics can be effectively utilized to manage a crisis.

Our study also suggests that distributed leadership may be crucial in collective sensemaking because multiple leaders discuss and debate stratetic as well as operational issues. Furthermore, leaders doing strategic and operational work all together leads to a better understanding of the crisis. Our findings imply that distributed leadership can be vital in developing partnerships with the government, suppliers, and competitors in a crisis situation. Moreover, this approach is critical in addressing the stakeholders' emotional, rational, and reputational concerns. Once stakeholders observe that multiple organization leaders are working together at the same level to manage a crisis, it signals that organizations are united and have the capacity to manage the crisis. As a result, stakeholders get involved and support the organization in rough times.

Our findings are derived from a single case study. Hence, they must be transferred with care. This study's country context hinders transferability to other, developed contexts, however, can potentially be generalised to expected crises that cause fear and chaos due to limited resources. Interviews with some key informants gives rise to key informant bias (e.g. founders) – however, this possible bias is mitigated by having also considered other informants and archival data.

In the future, scholars can test these findings in a crisis involving financial corruption or employee negligence, or in other types of settings. Insights from this study are based on the COVID-19 crisis that had the potential to affect all stakeholders, and more research is needed

on how stakeholders respond to an organization's approach in other extreme crises. Distributed leadership is an understudied topic; hence, more research is needed to understand how communication among multiple leaders create tensions and worsen crisis management.

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Appendices

APPENDIX. A

INTERVIEW PROTOCOLS

<u>**Structured Protocol for Interviews-1**</u>

Hello. My name is **X** I am from the **Y** University. Thanks for seeing me today. I am here to interview you for a study that me and other senior scholars are conducting in cooperation with the INDUS HOSPITAL which looks at **HOW AN ORGANIZATION RESPOND IN CHAOTIC/CRISES SITUATIONS?** Before we can begin, we need to get your permission to participate in the study (give consent form). Do you have any questions about the study?

(After consent form is signed). During the interview, I will ask you several questions about your experiences and recent problem caused by COVID-19. We're not looking for any specific answers. The reason we're taking the time to sit down with you is to get your perspective. Also, some questions may seem very general that many people have discussed with you, but I need to ask these questions to get at issues differently. Are you ready to begin?

INTRODUCTORY QUESTIONS

1. Can you please briefly tell me about yourself and your work experience at TIH?
2. Have you worked before in the emergency or crises situations?

TIH- QUESTIONS

3. How do you see the role of existing knowledge and experience in Covid-19?
4. What are the main challenges and problems that you faced in dealing with Covid-19?
5. What do you think which internal factors played role in dealing with crises of covid-19?
6. In your opinion, which are the unique and distinctive capabilities that are important in overcoming these challenges?
7. How is the structure of Covid ward? To whom you report? Who takes decisions?
8. How would you describe the organizational culture of the TIH?
9. In your opinion, how is the leadership style of TIH top management?

ROLE OF EXTERNAL STAKEHOLDERS

10. Who are the main external stakeholders (Please name few)? How do you see role of external stakeholders in responding to COVID-19?
11. How do you respond to challenges and problems posed by external stakeholders?

PERSONAL INSIGHTS

12.   The goal of this study is to examine and understand which key capabilities INDUS HOSPITAL is executing to deal with the CURRENT SITUATION. Given this goal, were there any questions you think I should have asked?

Structured Protocol for Interviews-2

Hello. My name is **X,** I am from the **Y** University. Thanks for seeing me today. I am here to interview you for a study that me and other senior scholars are conducting in cooperation with the INDUS HOSPITAL which looks at **HOW AN ORGANIZATION RESPOND CRISES SITUATIONS?** Before we can begin, we need to get your permission to participate in the study (give consent form). Do you have any questions about the study?

(After consent form is signed). During the interview, I will ask you several questions about your experiences and recent problem caused by COVID-19. We're not looking for any specific answers. The reason we're taking the time to sit down with you is to get your perspective. Also, some questions may seem very general that many people have discussed with you, but I need to ask these questions to get at issues differently. Are you ready to begin?

1. Could you please tell me about yourself and your role at TIH?
2. People shared that TIH worked on TB, Heat stroke emergency, did you also work on those, what was your role in those emergencies?

Proactive Approach

3. Could you please tell me about the TIH's response to Covid-19? When TIH started working, it's brief history?
4. Do you think, planning before the peak of crises was helpful? How?

Role of Task force and discussion

5. What changes TIH have brought to deal with Covid-19? Did structure or processes have changed?
6. People mentioned that Corona task force and Covid lead group has important role? Are you part of that group?
7. How do you see role of these groups in managing the currents crises?

Role of Past Experience

8. If yes(Q-2). You mentioned that you worked on emergencies before. How do you see the role of existing knowledge and experience in dealing with Covid-19?
9. Does that experience act as a barrier in managing the current crises? Because emergencies are different?

Role of Founders and top management

10. How do you see role of founders and top management in dealing with crises?
11. Which type of support you receive from top management? How often do you meet top leadership?
12. Are there well-coordinated and standardized communication systems and protocols to ensure clear and transparent communication with top management?

13. How do you extend support to your team? How often do you meet them? How you communicate with your team members?

Unique Features TIH (If time allows)

14. What do you think, what are the unique capabilities or characteristics of TIH?

Role of External Stakeholders (If time allows)

15. How do you see role of government in responding to COVID-19?
16. How do you respond to challenges and problems posed by external stakeholders?

PERSONAL INSIGHTS

> The goal of this study is to examine and understand which key capabilities INDUS HOSPITAL is executing to deal with the CURRENT SITUATION. Given this goal, were there any questions you think I should have asked?

Structured Protocol for Interviews-3

Hello. Thank you for joining me again. I had a useful discussion with you last time. I analysed that data and come up with some questions where your views are needed. This will help me to better understand your earlier insights. Some questions would be similar and some new questions to know also "how things are in the present situation"? I know you but will ask that question again, apologise me for that. Can we start?

1. Could you please tell me about yourself and current situation of the hospital?
2. How would you explain the performance of TIH? Could you please share your opinion?

Proactive Approach

3. People mentioned that TIH started working well before the crises, do you think, planning before the peak of crises was helpful? How?

Role of Task force, Covid lead group and regular discussions

4. What changes TIH have brought to deal with Covid-19? Did structure or processes have changed?
5. People mentioned that Corona task force and Covid lead group has important role? Are you part of that group?
6. How do you see role of these groups in managing the currents crises?

Role of Founders and top management

7. How do you see role of founders and top management in dealing with crises?
8. Which type of support you receive from top management? How often do you meet top leadership?

Support to Subordinates

9. How do you extend support to your team? How often do you meet them? How you communicate with your team members?

Unique Features TIH (If time allows)

10. What do you think, what are the unique capabilities or characteristics of TIH?

Role of External Stakeholders (If time allows)

11. How do you see role of government in responding to COVID-19?
12. How do you respond to challenges and problems posed by external stakeholders?

PERSONAL INSIGHTS

The goal of this study is to examine and understand which key capabilities INDUS HOSPITAL is executing to deal with the CURRENT SITUATION. Given this goal, were there any questions you think I should have asked?

APPENDIX. B

SUMMARY SHEET OF AN INTERVIEW

Code: ICM_0_0_0_1_001
Role: leadership
Gender: Male
Official title: Executive Director
Past role, if any: Medical Director

Before the pandemic, we start preparing...
When pandemic happened, we managed to collect the leadership, not the management, the top leadership as a huddle, and decided that we're going to start preparing for things to happen…
Some of the committees like the emergency response committee, infection control committee, the ID are already established. The first patient in Pakistan had arrived or was about or just a week before that. Committees started coming up with their sort of guidelines and things…
Things started moving much faster .. and we were afraid that the next thing would be, we'll have a patient on at the doorsteps which we won't know not know what to do…

Some people from top leader, they took on the command and control responsibility, where all of these committees were now reporting to, and they were doing their bit…
Delegation of Responsibility: Centralized command and MD was made in charge of that. It's a medical Directorate driven, it is a doctor driven thing…
Our primary goal is to protect our health worker so we made changes in infrastructure, started screening…Taking care of patients was the secondary objective..
Role of leadership in crises : In this crisis, my role has been the man who is sort of holding on or sort of holding the things together and giving you know, consoling with people and, and sort

of putting them in the right place and letting them do the right things, and letting them get on with with with with, with the decision that they have done and backing them up with the decisions and helping them connect with others and, and sort of sort of sort of a fatherly figure if you're a grandfather, whatever you want to put that sort of thing in there

COO was side-lined, he was interested... It is physician driven exercise hence largely the physicians in various roles that they are they have taken in. covid crisis management group…

I think the there's a lot of learning from crisis management, the leadership and the management, how they've adapted, how they've changed and I can tell you, the few People who were very much leaders in, in this hospital before the crisis are not there in on the scene. It's it's a, it's there, some of them are and some of them are not…and they are new new leaders, they may not be called or considered as leaders, I would certainly would consider them illegal, but certainly, they are above managers where they are doing managing the things. And, and, and that they are, they are in my eyes, they are the future leaders of some of the things that will be coming up in the future, because they've proven themselves nobody had thought of them to be you know, they were people you didn't think that they would be doing , you always thought Oh, Mr. X and Y and Z would be and, and and behold, and I think by allowing them to do things and and and giving them the courage and importance and and and freedom and support. they've they've really shown and that that's been the beauty here…..MD's role has been what my role had been in the previous past where you know Get it, do it overnight, be involved in it know everything, you know, be at the front end be the cutting edge to whatever..

There was a meeting in our crisis thing in about about 10 days ago, where it was very strongly question that should be, you know, should we commit more areas of the hospital, to Corona care, and be exposing our more staff to all of that…

APPENDIX. C. OVERVIEW OF DATA STRUCTURE PAPER-2

TABLE 2
Evidence for Findings from the Data

Second Order Codes	Selected Quotes from Interviews
Diverse crises management experience	In 2014, we formed the Emergency Response Committee for training people and dealing with disasters/crisis. I have dealt with heat crisis, small crisis like rise in cases due to terrorist attack and currently Covid-19 crisis (Consultant and Chair of Emergency Response Committee). I think there's a lot of learning from crisis management, we realized some people who were very much leaders in, in this hospital before the crisis are not there on the scene. So, we learned from past crisis experience, which people bold, courage to deal with crisis (Founder, 1)
Clarifying and Communicating Purpose.	In the meeting for Covid-19 crisis, I explained "We are not a commercial organization. We are not here to make money. We are not here to look at Prophets, we will spend some of the money that we have raised for our projects, we may have to even share some of our projects and be diverted. But we will we know that we will be doing the right thing. We have to be in it, because nobody else will be in it. We will stick to our purpose of providing quality health care at zero cost during crisis too (Founder, 2). We started working with the vision that we cannot turn away patients who need help (Consultant and Head of Department of Internal medicine) After the COVID-19 pandemic hit Pakistan, TIH jumped into action. Though, it was dangerous and fearful situation but we had a clear goal that we will be at the front in dealing with crisis (Chairperson TIH)
Establishing temporary Decentralized Structure and Decision-Making System	The existing routine structure was removed and emergency committee was activated that was further divided into Corona task force and Covid-19 lead group, these committee will design, plan, and take decisions (Medical Director). Corona Task force was comprised of three doctors, who were given important but distinctive roles. Covid-19 lead group had three other directors and also take force members are part of lead group, we took the key decisions in meetings after discussion (Consultant and Member of Task Force and lead group)

Adding Diversity by Reorganizing Crisis Management Team	I had multiple different crises experience, I worked on Flood that came in 2010, set up a colora center for them.I managed heat stokes (Member Task force). I been at the forefront of managing Crisis from the ID side putting in protocols and, and, and procedures of how to investigate and how to do outbreak investigation and management. I was part of the heat emergency response . I mean, I was. At that time I had, I think it was part of my training days. Usually We See Outbreaks All The Time. There. There is always like there was a big dengue outbreak last year . Before that, we had tb outbreak in the residents of the Indus (ID Consultant, Member corona task force).
Challenges and Benefits	The main challenges were lack of continuity of teams (Member corona task force) Continuity of care suffers in a way because they are when they come back again for duty, the patients have changed, things are different. And then obviously everyone's style is different (ID Consultant, Member Corona Task Force). We rapidly increased the capacity, during March 30 – April 6, 2020 fully automated RNA extraction was initiated, enhancing the lab's capacity to conduct 7,000 tests a week. Currently we are processing and reporting around 14,000 samples per week (TIH website)

APPENDIX. D. OVERVIEW OF DATA STRUCTURE PAPER-3

First Order Codes
Interviews: Dr. Bari is an anchor person who is involved with the government during Covid-19, I am looking at operations of branch hospitals (Director GHD). To manage Covid-19 crisis, it wasn't my role only but several people who were part of corona task force and corona lead group (Member corona task force).
Interviews: In the pandemic, my role is strategic (setting direction) and doing technical work in wards (Founder, 1). It is physician/doctors driven project hence largely the physicians in various roles (planning as well as well medical duties) that they have taken (Member Task force)
Interviews: We started discussing, when there was no patient of corona in Pakistan (CEO, TIH).The good thing about INDUS is that it realized immediately that if needed to get on to the task and cannot shy away from a national disaster or pandemic, that helped in collecting resources (Lead Covid patient unit).Our ICU which had 15 ventilators was ready before the 5th march (MD, TIH). *Documentary evidence:* First meeting was held on 26th February (minutes of meetings).
Interviews: Our CEO was included in the Chief Minister task force and guided the government in developing Covid-19 policy. (Head supply chain). Government gave us many ventilators and also financial support (CEO, TIH). *Documentary evidence:* CEO Indus hospital is part of Sindh province corona task force (Dawn, newspaper). Indus Hospital & Health Network helped the Government of Sindh in setting up a 100-bed Quarantine Center in Dumba Goth. as well as a 120-bed COVID-19 Hospital in Gadap Town, and a 20-bed COVID-19 Unit in Badin (TIH Website) Majority of tests for government hospitals were done in TIH Lab (Chair, Pathology Services-clinical laboratories).
Interviews: "In order to avoid shortage of PPEs, we helped suppliers in manufacturing PPEs inside Pakistan (Director SCM)..We gave them sample, information about fabric used in PPEs, then, suppliers started making PPEs (Senior manager supply chain).We have established a dashboard of seven hospitals, we talk on zoom each week to discuss challenges and future plans (MD TIH). *Documentary evidence:* Asim jofa, a designer company has started making reusable PPEs in Pakistan. (Dawn, newspaper).
Interviews: "Indus has treated around 900 seriously ill patients at zero cost (Progress report, TIH). Highest number of patients transferred at Indus hospital through ambulance service (Sindh Rescue and Medical Services report)
TIH Lab conducts 2000 PCR tests each day, it is more than of half tests conducted in Sindh province (Government report).

Second Order Categories — Aggregate Dimensions

Team of Leaders
Shared Work → Distributed Leadership

Discusion and Debate → Collective Sensemaking

Collaboration with Government
Collaboration with Suppliers and Hospitals → Involving External Stakeholders

Main Hospital Performace in
Lab Performace in Crises → Reverting a Crisis

APPENDIX.E. IRB APPROVAL LETTER

IRD — Interactive Research & Development

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Protection of Human Subjects – Declaration / Assurance of IRB Approval

PI	IRD-IRB	Department/Institute
Prem Menghwar	IRD_IRB_2020_04_007	Management/LUISS University, Italy

Approval Date	Expiration Date	Administrative Due Date
17-April-2020	N/A	N/A

The following research study has been reviewed by the IRD-IRB:
How organizations respond in Chaotic Situations: A case of The Indus Hospital

IRB EXPEDITED STATUS: APPROVED
The IRD-IRB has reviewed the above-referenced study and determined that, as currently described, it was eligible for expedited review and has been approved, as per the following category:

Category #7: Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.

Stamped consent form(s) [if applicable] are attached for your reference.

As principal investigator for a study involving human subjects, you assume certain responsibilities, specifically:

1. You will conduct the study according to the protocol approved by the IRB. As the PI, you will be accountable for your own research and the protection of human subjects. You will ensure, at all times, that you have the appropriate resources and facilities to conduct the study. You will ensure that all research personnel involved in the conduct of the study have been appropriately trained on the protection of human subjects, in addition to the study procedures.

2. Any unanticipated problems involving risks to participants or others will be reported to the IRB in accordance to the IRB policy. Changes in approved research initiated without IRB approval to eliminate apparent immediate hazards to the participant, are to be reported to the IRB.

3. Any changes in your research plan must be submitted to the IRB for review and approval prior to implementation of the change. Proposed changes in approved research cannot be initiated without IRB approval, except when necessary to eliminate apparent immediate hazards to participants.

Signature of the IRB Chair/Designee	
Salma Badruddin	
Name / Designation Dr Salma H. Badruddin/ Chair, IRD-IRB	Date: 17-April-2020