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Resilience Through Collaboration? Emerging Tensions and Paradoxes in Crisis Management

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ABSTRACT

This article uses a pragmatic constructivism (PC) framework to examine crisis responses during the coping phase of a crisis. Although coping is a crucial stage for understanding the nature of a crisis and creating solutions, resilience research on this phase is scarce. The framework is used to study the collaborative nature of crisis management and the tensions that arise within it, drawing on the dimensions of value, fact, possibility, and communication. The data are based on thematic interviews ($n=34$), and the results suggest that tensions, conflicts, and paradoxes can be prevalent in crisis management. These create challenges in establishing a cohesive understanding of the crisis reality. Tensions can compromise the integration of institutional logics, values, and norms between stakeholders. The findings of the study extend the understanding of the dimensions enhancing resilience, thus augmenting public management practices.

KEYWORDS

Resilience; crisis management; pragmatic constructivism; paradoxes; learning

Introduction

Resilience is considered one of the key concepts of crisis management (Boin & van Eeten, 2013; Gibbs Springer, 2012; Leite & Hodgkinson, 2023). However, research on understanding resilience during the *coping* phase of a crisis remains scarce despite it being crucial in crisis management, particularly in understanding the crisis phenomenon, sensemaking, and implementing effective and timely solutions (Duchek, 2020; Linnenluecke et al., 2012). Metaphorically, the coping phase has been likened to a 'black box' situated between the onset and resolution of crises. Moreover, coping is usually based on pragmatic and practical solutions, often implemented due to time and resource constraints (van Wart & Kapucu, 2011).

The need for mutual understanding is a dominant theme in crisis management research (Laakso & Palomäki, 2013; Wolbers, 2022). However, collaborative arrangements are seldom without conflict and tension. Existing

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research provides limited insights into how conflicting demands operate in different crisis contexts. Crisis management requires a focus on the interaction between governance actors and the emerging dynamics, which cannot be reduced to the characteristics of individual stakeholders (Christensen & Lægreid, 2020). As such, the literature on crisis management emphasizes anticipation (November et al., 2023), adaptation (Christensen et al., 2016; Linnenluecke et al., 2012), and learning (Moynihan, 2008), competences requiring a considerable degree of cooperation. Resilient public governance relies on governance actors working in networked cooperation, where competencies may overlap and knowledge generation often draws from multiple sources (Uitdewilligen & Waller, 2018). In collaborative arrangements, values, norms, and institutional logics can differ (Zhong et al., 2022), increasing the likelihood of conflicts and undermining the conditions necessary for rapid solutions – especially critical during crises (O'Leary and Vij, 2012). Public authorities often face the challenge of balancing traditional bureaucratic norms with the adaptability required of agents in crisis management networks to foster resilience (Stark, 2014).

The current research utilizes a pragmatic constructivism (PC) framework (Nørreklit, 2011; 2017) to understand how governance actors jointly created and interpreted resilience-enhancing solutions during the coping phase of the COVID-19 crisis. PC underscores that the effectiveness of crisis responses is contingent upon the quality and accuracy of the information the public authorities hold (Shafaei et al., 2023). In the case of COVID-19, this information pertained to the recorded and potential impact of the virus (Mitchell et al., 2021). PC also has the potential to equip public authorities and politicians with tools to navigate and mitigate widespread ignorance inherent in health crises (Parviainen et al., 2021).

In addition, we draw on PC to examine the conflicts and tensions in collaborative action that can affect resilience. Paralleling the idea of the social construction of reality (Weinberg, 2014), the dimensions of PC—value, fact, possibility, and communication—frame actors' understanding of themselves, the world, and the options for interaction to achieve accountable goals. Research tends to reinforce the theoretical premise that resilience is based on collaboration that strengthens responses to volatility and uncertainty through diversity and openness (see Folke, 2006). According to Duit (2016, p. 375), "*there is little evidence to suggest that increased diversity in public administration will create a more resilient governance system.*" The theoretical premises of resilience thinking should be critically evaluated through empirical testing. Moreover, in the context of public administration, developing and exploring competing models of resilience is necessary and encouraged.

We take as our starting point the two key competences for coping with a crisis: (1) accepting the nature of the crisis (Catalan & Robert, 2011)

and (2) developing and implementing solutions (Kendra & Wachtendorf, 2003; Weick et al., 2005). We draw on a PC framework and Nørreklit's (2011, 2014) terminology to outline how diverging views on value, fact, possibility, and communication influence the interpretation of the crisis by governance actors in a collaborative setting. The research question is: How do governance actors' interpretations of facts, values, and possibilities affect their ability to implement effective solutions during the coping phase of a crisis?

This article makes three contributions. First, it fills a research gap concerning resilience during the coping phase of a crisis. By analyzing conflicts and tensions arising from differing values, norms, and institutional logics, the article extends the understanding of the dynamics within crisis management. Second, by using PC as a lens, the article provides a robust theoretical framework to comprehend how governance actors create and interpret resilience when coping with crises. Finally, the article meets the practical needs of crisis management. It guides public organizations and governance actors on how to better prepare for, respond to, and manage crises as they unfold. In the following sections, we introduce the theoretical and methodological underpinnings of the research before presenting its results and conclusions.

Pragmatic constructivism as a lens

The philosophy of pragmatic constructivism (Nørreklit 2014; Nørreklit, 2017) serves as a framework for understanding pandemic management. The core assumption of PC is that individuals are empowered to become proactive agents, meaning they take responsibility for their actions by enhancing their capacity to turn potential actions into actual outcomes. Pragmatic constructivism builds upon the ideas of Ludwig Wittgenstein and Jürgen Habermas by emphasizing that effective language games and communicative actions – such as effectively managing the virus – must encompass four key dimensions within the actor–world relationship. These dimensions must be developed and integrated to ensure coherent and successful action (see also Comfort, 2022). Employing PC can clarify how public authorities facilitate effective responses and provide insights into why actions have varying levels of success (Mitchell et al., 2021.) Nørreklit (2017, p. 23) posits that *"pragmatic constructivism considers people as intentional actors. To lead their activities to success, they develop overarching ideas of what things are, how they function, and when actions succeed and when they fail"*. In PC theory, the concept of reality refers to an interpretation of the nature of the world, forming the cornerstone for action. According to PC theory, actors' understanding and interpretation of a situation are influenced by contextual dimensions such as beliefs, power

relations, organizational assumptions, and institutional logics. Accordingly, sensemaking among stakeholders is not only based on objective states of affairs but also involves subjective assumptions and their reconciliation. Pragmatic constructivism reveals how different perspectives influence the development of sensemaking and decision-making, including during a pandemic. It helps us to examine contextual dimensions that influence crisis management, such as misunderstandings between actors or conflicting perceptions that hinder or delay decision-making in multi-actor networks (Moynihan, 2009).

Nørreklit (2017), Mitchell et al. (2021), and Tiitola et al. (2023) demonstrate that PC has four elements. First, adequate *factual knowledge* is essential for effective action; without it, there is no basis to believe the action will produce the intended results. However, since facts are not absolute, new evidence can reshape what is considered factual (Nørreklit, 2017). Second, actors frequently face the challenge of balancing competing priorities and differing *values*, often leading to difficult tradeoffs (Abbasi, 2020). Third, effective action relies on understanding the *possibilities* available, and having a clear vision of the purpose of action provides the actor with a reason to act. These possibilities, grounded in fact, are theoretical constructs shaped by cognitive processes (Nørreklit, 2020). Finally, effective *communication* is also vital throughout this process. To build a shared reality, individuals must align their understanding of facts, values, and possibilities through communication (Nørreklit, 2017). Actors construct their reality and refine their coping strategies through continuous engagement with the four dimensions – facts, values, possibilities, and communication – demonstrating that these elements are interconnected. For example, during the COVID-19 pandemic, values like prioritizing healthcare were based on accurate facts, such as healthcare capacity, which in turn facilitated public authority action (Mitchell et al., 2021).

During the COVID-19 pandemic, for example, strategies such as suppression measures (e.g., lockdowns, social distancing) relied on evolving factual knowledge, enabling leaders to respond effectively as new information emerged (Mitchell et al., 2021).

Accepting and addressing reality through coping

In turbulent times, public organizations must develop the capacity to cope with unexpected events, recover from crises, and learn from them to face future challenges (Weick & Sutcliffe, 2001; Wildavsky, 1991). Numerous scholars have highlighted the critical role of resilience in public organizations (e.g., Boin & van Eeten, 2013; Stark, 2014). The literature outlines the characteristics of resilient organizations (e.g., Duchek, 2020) and the

general principles of resilience (e.g., Barton et al., 2020). The COVID-19 pandemic underscored the need for resilience, as public authorities had to adapt to unforeseen challenges, ensuring continuity of services while responding to an evolving crisis. This period demanded not only immediate recovery but also long-term adaptation and learning to prepare for future pandemics.

An interesting typology classifies resilience in two ways: defensive resilience, pointing to the ability to react, recover, and bounce back to a state of normality, and offensive resilience, denoting either the ability to anticipate emerging problems and prevent them (Boin & van Eeten, 2013) or the capability to develop new capacities to cope with the unexpected (Sudmeier-Rieux, 2014). According to Rajala and Jalonen (2023), the key distinction between defensive and offensive resilience is that defensive resilience preserves existing beliefs, practices, and values, while offensive resilience involves replacing the old with the new or devising novel beliefs, practices, and values. The COVID-19 pandemic prompted both offensive and defensive responses, illustrating the interplay between these two dimensions.

A temporal approach to resilience is evident in the research literature conceptualizing resilience in terms of anticipation (Somers, 2009), coping (Linnenluecke et al., 2012), and adaptation (Lengnick-Hall et al., 2011). These phases are neither distinct nor isolated but interconnected and often overlapping, with anticipation influencing coping strategies and both shaping the organization's ability to adapt in the long term (Duchek, 2020). Despite its critical role in crisis management, research focusing on the coping phase of resilience remains limited.

Effective coping strategies extend beyond reliance on centralized control, emphasizing instead the significance of decentralized expertise. Given the transboundary nature of crises (Ansell et al., 2010), researchers increasingly recognize that a variety of perspectives offers the most effective path for coping (Pot et al., 2023). The literature offers a wealth of alternative terms for coping with unexpected events, such as managing unknown risks, responding effectively to major changes, or developing and applying adaptive behaviors suited to the situation (e.g., Duchek, 2020). Despite the variation in terms, all these concepts emphasize effectively handling unforeseen challenges to mitigate significant harm or disruption. It has been argued that coping strategies are most rational and valid when the problem allows options to be narrowed down to well-understood forms, where potential errors are limited or known, there is a solid information base, and outcomes can be monitored and corrected (Turner, 1989). The coping approach highlights the necessity of embracing diversity in thought and action to confront the challenges presented by crises.

The ability to cope with unforeseen events is strongly tied to effective crisis management and can be broken down into two main components: accepting the problem and developing and implementing solutions (e.g., Duchek, 2020; Jaques, 2007; Reilly, 1993). The notion that managing unexpected situations begins with acknowledging the issue is a recurring theme in resilience research. For example, Coutu (2002) argues that one of the key traits of resilient individuals is their unwavering acceptance of reality. Similarly, Catalan and Robert (2011) claim that resilience requires accepting reality and the limits of one's agency and permitting the existence of doubt (Catalan & Robert, 2011). At the organizational level, this phenomenon is discussed as the "cognitive challenge" (Hamel & Välikangas, 2003, p. 54). When a crisis occurs, organizations must implement their crisis plans and develop ad hoc solutions (Ansell et al., 2021). Addressing crises requires a combination of sensemaking and action (Weick et al., 2005). Sensemaking is the process by which individuals or groups create order and make sense of events after they happen, with the idea that these efforts constantly shape reality (Weick, 1993). It involves people trying to interpret situations to make them understandable and explainable to both themselves and others. People can only respond effectively to a crisis if they have a clear understanding of it. For sensemaking to work well, there must be ongoing feedback between interpretation and action, with meanings being continuously reassessed and adjusted. Crisis management is, therefore, as much about creating reality as it is about responding to it. This underscores the importance of understanding the contexts from which actors perceive the world and socially construct reality (Weick et al., 2005).

Combining resilience with pragmatic constructivism

Pragmatic constructivism provides a tool for understanding how governance actors perceive and respond to the reality of a rapidly changing crisis, which resilience research has identified as a key characteristic for developing effective responses (Duchek, 2020). Furthermore, the successful integration of the dimensions PC enables stakeholders to act in a resilient manner, better understanding the nature of the crisis and implement effective decision-making. The integrated crisis reality constructed by governance actors not only guides governance but also facilitates agile learning (Korhonen et al., 2020). In stakeholder collaboration, accepting the nature of the crisis or finding solutions requires actors to share a coherent picture of the crisis reality, which can be difficult owing to potentially conflicting institutional backgrounds or values and norms (Stark, 2014). The integration process highlights the need for resilient crisis management and supports a holistic approach to the policies that shape organizations. One illustrative example is the coordinated response to the

COVID-19 pandemic, where public health officials, government agencies, and economic stakeholders worked together to integrate diverse perspectives.

Crisis management can be viewed through pragmatism, where uncertainty is seen as a core characteristic of crisis feature that cannot be addressed solely by applying rational means (Ansell & Boin, 2019). In this context, collaborative sensemaking between governance actors is immensely important (Weick et al., 2005). Accordingly, ideas and strategies are pragmatically contested in the real world, where success or failure validates their utility. For example, van Wart and Kapucu (2011) studied crisis management competency and found that resilient leaders must be able to engage in pragmatic decision-making despite severe time and resource constraints. A crisis often does not permit extended periods for reform, requiring decisions that are pragmatic and practical. Such pragmatic premises become especially important in 'black swan' events like COVID-19, characterized by information asymmetry, where organizations must make swift decisions despite incomplete or ambiguous information (Phillips et al., 2023).

This study applies PC and conceptualizes *the resilience of governance actors during the coping phase of a crisis through its four dimensions: value, fact, possibility, and communication* (Mitchell et al., 2021; Nørreklit, 2014). Pragmatic constructivism emphasizes the integration of these dimensions, enabling a successful representation of reality and action in the world (Nørreklit, 2014). Facts, values, possibilities, and forms of cooperation communicated among governance actors play a significant role in shaping a shared picture of reality. If the integration of these dimensions encounters serious challenges (e.g., if values conflict with facts), crisis management risks being founded on false interpretations, which could undermine collaboration and resilience (see Nørreklit, 2011). Table 1 below examines the relationship of each dimension to the swiftly changing crisis and the risks it poses for resilience.

The table illustrates how, according to resilience studies, factors such as different value orientations, information fragmentation, limited perceived opportunities for action, and lack of cooperation can undermine resilience, especially in the context of a crisis. In such situations, the limited time available for decision-making can highlight tensions among actors as well as the contextual dynamics they face. Nevertheless, conflicts do not always undermine learning, as crises are inherently contextual phenomena shaped by the diverse interpretations of stakeholders. In a multi-actor and complex environment, sensemaking is always to some extent a compromise reached by governance actors. Thus, analyzing tensions and conflicts alongside the compromises made can provide valuable insights. Learning in rapidly changing situations is not always based on seamless cooperation; it can

Table 1. Risks and dimensions of resilience via pragmatic constructivism in a crisis.

Dimension (Mitchell et al., 2021; Nørreklit, 2014)	Why is it important from a resilience perspective?	Risk determinant
Actors have values that drive their choices	The health crisis widens the range of values on which choices are expected to be based, leading to an expansion of choices (Schmidt-Sane et al., 2021; Stark, 2014).	In multi-stakeholder cooperation, the growth of values can increase tensions and make decision-making more difficult. Bureaucratic values can affect the ability of actors to adapt to crises.
Actors need facts about the world to act successfully	Evidence-based decision-making is offered as an ideal way to tackle the health crisis (Cairney, 2019; Phillips et al., 2023; Vickery et al., 2022).	Crisis conditions such as information asymmetry can undermine the conditions for evidence-based decision-making. The actor does not have the necessary information to act effectively.
Actors must assess the opportunity to act	A health crisis challenges actors by presenting a changing environment requiring the application of new organizational logics and principles (Moynihan, 2008; Ortiz-de-Mandojana & Bansal, 2016; Yuan et al., 2025).	The actor cannot assess the action options (abilities, tendencies, and other forces), leading to slowness, path dependency, inaction, or retaining ineffective procedures. In the face of fragmented governance, the traditional institutional logic is adhered to.
Actors must be able to communicate and develop ideas in collaboration	In a rapidly changing environment, it is harder for the actor to communicate or develop ideas in collaboration (Moynihan, 2009; Waugh & Streib, 2006).	The opportunity to communicate is weakened by uncertainty, lack of evidence, and institutional differences, leading to conflict and a lack of ideas.

emerge from competition and conflict between governance actors (Kakavelakis & Edwards, 2012).

It is important to note that PC has its limitations. The framework may overly rely on the assumption that actors can form autonomous interpretations of their identities and capacities, uninfluenced by external manipulation or persuasion. For example, PC can be contrasted with the view emphasizing the ability of political actors to influence other actors' beliefs about the world and patterns of action (Alasuutari & Qadir, 2019). Such external influences may hinder the capacity of actors to make well-informed, independent, and pragmatically effective decisions.

Methodology

The administrative culture in Finland emphasizes the state's central role in governing society, with a strong welfare-state orientation. Civil servants' actions are typically subject to public scrutiny, a requirement regarded as promoting transparency. The regional administration in Finland is structured as a two-tier system, comprising both the regional government of municipalities – which involves inter-municipal cooperation – and the regional state administration. The regional state administration encompasses the authorities through which state ministries and central agencies

operate at the regional level (Pekkola et al., 2023). Since the beginning of 2023, Finland's social and healthcare services have been structured under *well-being services counties* (WSCs). These WSCs hold broad responsibilities, although municipalities retain responsibility for collaborative efforts requiring engagement between professionals from both WSCs and municipalities (Laitinen et al., 2023). This administrative reform has been a central topic in Finnish public administration discussions throughout the twenty-first century. It has been both prepared and opposed by several governments over the years.

This study uses an interpretivist methodology that has been successfully applied in public policy and crisis management contexts (Bevir & Rhodes, 2012; Stark, 2014). The researcher's task is to "*interpret interpretations*" of actor-level data, which can be used to "*identify progressive, fruitful and open narratives that interrogate existing narratives*" (Bevir & Rhodes 2003, p. 40). This study is based on qualitative data collected from two research projects in Finland. Both projects examine the response patterns and practices of public administration during crises. Research Project 1 (RP1) aims to develop sustainable solutions to safeguard well-being in potential health crises based on the experience and lessons learned from the governance of COVID-19. Research Project 2 (RP2) analyses the governance of the COVID-19 pandemic response within a complex environment through the lens of information resilience.

The 14 interviewees contributing to RP1 were experts from various sectors, including the hospital district, the regional administrative authority (RGA), the municipality, the ministry, and the scientific expert organization in health sciences and social policy (SEO). The roles of interviewees included chief administrative physician, director of the hospital district, and chief nurse. The semi-structured interviews, conducted via video conferencing, lasted between 60 and 90 minutes. To ensure confidentiality on a sensitive national topic, the interviews were not digitally recorded; instead, interviewers took extensive notes. In RP2, the data collection process involved interviewing 20 people with expertise in various levels of governance, including eight from central government and ten from regional governments. Furthermore, two interviewees represented the private sector. These thematic interviews were also conducted via video calls, lasting 45–80 min, and were audio-recorded.

International comparisons suggest that Finland demonstrated societal resilience during the pandemic (Kihlström et al., 2022). The country adopted a hybrid strategy, combining targeted actions with its Emergency Powers Act and the Communicable Diseases Act. While the strategy posed challenges for various sectors and population groups, it contributed to one of the lowest infection rates in Europe. According to the OECD's 2021 survey, there was high public acceptance of government actions and

widespread acknowledgment of the pandemic's severity. Government communication was transparent, and the health system displayed operational adaptability, including cross-sectoral coordination.

The study is focused primarily on the conditions of resilience between actors and its impact on decision-making in a health crisis. The article takes as its starting point the two key competences for crisis coping: accepting the nature of the crisis and developing and implementing effective solutions. The interviews focused on crisis preparedness, the development of situational awareness, the adaptation of administrative structures and processes to crises, learning from the crisis, and the epistemological assumptions of pandemic management.

The analysis following the interviews is based on the governance actors, who were grouped into four categories: regions, the regional government authorities (RGAs), the scientific expert organization (SEO), and the central government. Representatives from each group participated in COVID-19 coordination working groups (CCGs) across various regions. The regional actor group comprises hospital district officials, municipal authorities, and local associations. The RGAs provide guidance on implementing legislation regionally and ensure its supervision. The SEO was not only responsible for creating the national snapshot in terms of written reports but also the hospital district-level snapshots within the CCGs. Central government actors worked in ministries, agencies, and institutions. In addition to the interviews with members of those groups, two private-sector respondents were interviewed to illustrate the development of sensemaking from a non-governmental perspective.

The research approach can be characterized as abductive reasoning (Sætre and Van De Ven, 2021), as the starting point was the idea that PC assists in comprehending the coping phase of resilience during times of crisis in a novel manner (Figure 1). According to Van Hulst and Visser (2024), abductive analysis is well-suited to public administration research, enabling scholars to develop practically relevant theories that address real-world complexities and uncertainties.

The main argument is that assessing resilience through the lens of PC provides a constructive framework for conceptualizing the assumptions governance actors make about stakeholders, their environment, and the values informing their actions during the coping phase of the crisis. The point was also made apparent during data collection, which gave rise to the abductive idea of PC and the social construction of crisis reality.

The empirical data were analyzed in five phases. First, the resilience of governance actors was assessed from a data-driven perspective. The researchers ensured they were familiar with the data by reading and re-reading transcripts and notes to grasp the nuances and discern emerging themes or patterns. This initial stage utilized a well-established approach

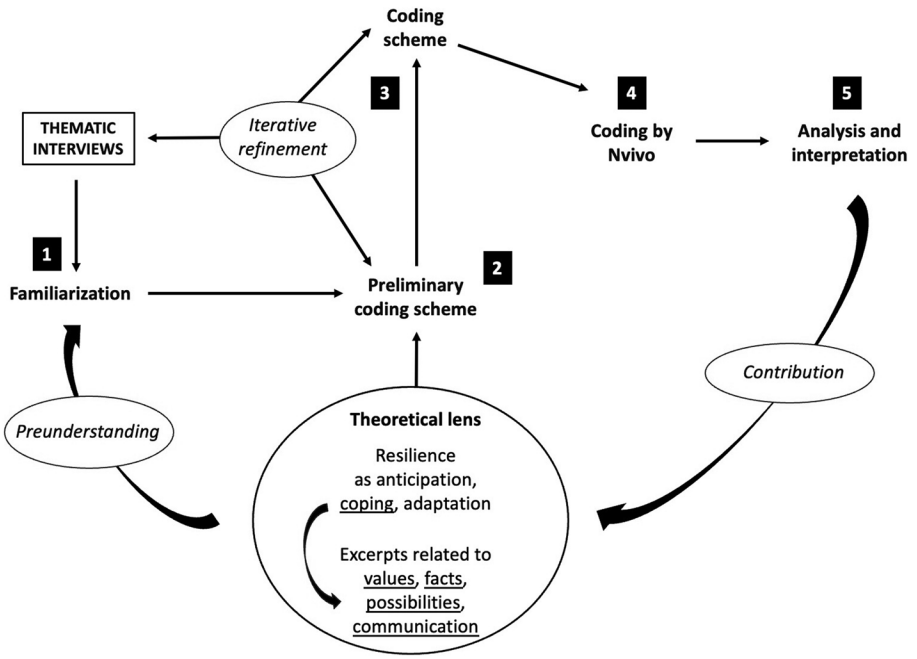

Figure 1. Five steps of abductive analysis.

in resilience research, which temporally divides resilience into three interdependent phases: anticipation, coping, and adaptation (Duchek, 2020). This framework provided a structured lens through which we analyzed the data, allowing us to explore the dynamics of resilience across these critical stages systematically. In line with the study's objective, particular attention was given to the coping phase of a crisis, which involves the immediate response to unanticipated events while also considering values, facts, possibilities, and communication as key manifestations of PC. The interview transcripts were systematically analyzed to identify expressions specifically reflecting the acceptance of the situation and the development of various solution options, both of which are recognized in the literature as essential mechanisms in the coping phase (e.g., Weick, 1993; Wildavsky, 1991). Preliminary observations or notable insights from the data were documented for later investigation. Second, drawing upon insights gathered during the familiarization stage, the authors constructed a preliminary coding scheme. This scheme comprised categories and labels to help segment the text into manageable and analyzable units. The authors focused on coding expressions related to two mechanisms of the coping phase: acceptance of the situation and the development of solutions. In the spirit of PC, acceptance was tied to questions of values and norms, with codes were created to capture instances where governance actors acknowledged the reality of the crisis, recognized its implications, and prepared mentally or organizationally to address it. Conversely, during the development of

solutions, attention was focused on possibilities and communication, with the coding process identifying how actors conceptualized, proposed, and debated potential strategies to mitigate the crisis.

Third, a sample of the data comprising two interview transcripts was chosen. Both authors applied the coding scheme to the text independently, systematically identifying and labeling text portions corresponding to each code. Discrepancies were resolved through discussion, and the coding scheme was refined accordingly. Fourth, the complete set of transcripts was coded using the validated coding scheme with NVivo software. The units of analysis ranged from short phrases to entire sentences, capturing the essence and context of the information. Finally, patterns, relationships, and discrepancies between the data and the theory (resilience and PC) were identified. Abductive analysis served to integrate the findings with prior theoretical understanding while addressing emerging themes from the data, such as epidemiology-limited values, ambivalence of knowledge, complexity-constrained options, and cooperation as paradoxes. This approach enhanced theoretical insights and contributed to a more nuanced understanding of the data.

Findings

Epidemiology-limited values

Values play a critical role in resilient crisis management because they help to interpret the nature of a crisis and propose policies to address it (Stark, 2014). They can also undermine the resilience and adaptability of actors if the operating principles they create fail to produce effective responses. Furthermore, the challenge in multi-stakeholder cooperation is to reconcile values and find consensus amidst tensions. The case study revealed value tensions particularly regarding health priorities and the sustainability of health services during a crisis.

Informants did not universally agree on the centrality of the health perspective, given the constraints of a strong epidemiological perspective and its impact on society as a whole. The findings reflect a need for a more holistic or 'syndemic' approach to pandemic management, which emphasizes addressing the social determinants of health outcomes (Schmidt-Sane et al., 2021).

The regional informants reported that the tasks and roles of the CCGs were determined by central government guidelines. As CCGs were typically based in central hospitals, their discussions were primarily healthcare-oriented, focusing on the sustainability of the health service delivery system. As a result, the CCGs did not attempt a broader social analysis of the decisions. One informant noted, "*We need to think about [pandemic management] from a societal perspective. We must consider the impact of these decisions on children, young people, and adults. The incidence of disease*

must be compared with the overall impact." Regional actors argued that the responsibility at the national level rested on narrow shoulders, limiting the scope of values to an epidemiological focus, which was later actioned in decisions. Consequently, the prioritization of public health metrics often overshadowed diverse socio-economic and regional needs, hindering the development of effective coping strategies.

Informants from the SEO perceived pandemic management as being primarily concerned with health issues rather than solely epidemiological ones. The implementation of the values was strongly influenced by the Communicable Diseases Act (1227/2016), which is very health oriented. One informant stated: "*It did not quite become a 'dictatorship of health,' but did approach it. The Chancellor of Justice ruled that the administration's first priority was the constitutional obligation to protect human health and life. That ruling was taken very literally.*" Informants from the central government agreed that pandemic management mainly related to the containment of the epidemic. Political decision-making did not take adequately account for the social dimension, which could have influenced legislation. Over time, decision-making became politicized, and data supporting an actor's view or interests was selectively used to support decision-making. For example, the central government occasionally prioritized national lockdowns based on broad epidemiological data. In contrast, regional authorities, particularly in areas with lower infection rates, advocated localized approaches to reflect the economic and social impacts on their communities.

Ambivalence of knowledge

Knowledge plays a key role in resilience, not only in providing a situational picture but also to inform decision-making during a crisis. The findings embodied the conflict between evidence-based decision-making and policy-based evidence-making throughout the separate phases of the crisis (Cairney, 2019). The interviewees identified instances where evidence was selectively used and interpreted to support preexisting political decisions. Public authorities grappled with the challenge of balancing public health recommendations against economic, social, and political pressures, which at times resulted in policies that were not fully aligned with the evolving scientific evidence. The governance actors' approaches to acquiring knowledge reflected decentralized knowledge acquisition, ambivalence in planning and preparedness, and the evolving role of knowledge as the pandemic progressed. The conditions for evidence-based decision-making changed at various stages of the pandemic but were generally viewed with reservations. Knowledge creation was initially perceived as intuitive, relying heavily on expert opinions.

Many regional informants described how *pandemic management was initially based on false beliefs*. Contingency plans had anticipated an influenza outbreak,

and informants noted that emergency stockpiles were inadequate for a pandemic lasting several years. This lack of preparation, coupled with the slow production of new knowledge hampered decision-making and delayed the assessment of the pandemic's broader societal impact. Decision-making relied on intuition and the long-term experience of those working in the field, particularly in the first stages of the crisis. RGA informants emphasized the importance of information, particularly when decisions impacted multiple societal sectors. The informants thought contingency plans must be in place, although digressions were justifiable. They considered the first wave of the pandemic challenging in terms of data management, as all levels of government gathered data. The decentralized model of information gathering was deemed ineffective, resulting in knowledge creation becoming politicized.

SEO informants viewed the evidence as crucial, given their role in producing the national situational snapshot. Years of financial cuts and the organization's aging technical infrastructure had undermined preparedness. The informants perceived that the decision-making was based mostly on evidence. No ex-ante assessment of the impact of the decisions was conducted. The informants deemed it naïve to think that decisions should be based solely on medical evidence. Initially, a lack of evidence meant decision-making was based more on experience and knowledge of how pandemics generally behave. At the central government level, the occurrence of evidence-based decision-making depended on the situation of the virus outbreak. Evidence-based decision-making was criticized for underestimating the influence of interpretations and values in decision-making. The following quotation illustrates the point: *"It is a misconception that information can be derived directly from ideal data; that is not the case. There is no exhaustive description of any issue's different aspects or constituent phenomena."* Preparedness, they argued, cannot rely solely on detailed pandemic doctrines. In early 2020, the experts were seen as possessing sufficient expertise and intuition in a highly uncertain situation. However, collective sensemaking and data collection improved significantly over time.

Complexity-constrained options

Bureaucratic structures have proven capable of absorbing the impact of crises and enhancing resilience, but at the same time, there can be tension with flexible crisis responses (Stark 2014). The findings reflect the challenges faced by political and top decision-making levels during pandemic management, particularly in demonstrating resilience and adaptability to an ever-changing environment. The options were limited by the complexity of the crisis, including phenomena such as rigid legislation and politicization. Informants felt that pandemic management did not adequately account for experts' views or the specific circumstances of different regions. Political influences and central government delays were key drivers.

Regional actors stated the ministerial autonomy and rigidity in legislation made it difficult to adapt quickly to the distinct stages of the increasingly complex pandemic. Cooperation between various levels of government often failed to account for the diverse circumstances of the regions, leading to decisions that were not always proportionate. National-level decision-making did not consider expert views sufficiently, and the lack of preparedness prevented effective solutions. The politicization of the responsible ministry, combined with an overemphasis on epidemiology, further challenged adaptability. According to the RGA informants, the central government struggled to communicate effectively. One informant noted, *"It is important that there has been clear communication from the central government to other bodies. However, this has been the most challenging issue […] The guidance has been confusing and has made our role more difficult."* Additionally, changes in legislation created an administrative burden, and regional sensitivity to restrictive measures varied considerably. In the initial stages of the crisis, informants characterized pandemic management as fragmented. However, over time, regions became increasingly self-reliant. RGA informants stated that the government should have established clear principles governing the circumstances under which restraints should be applied.

SEO informants observed that *"political decision-making occurred at the very last minute."* A lack of resources meant various levels had done very little proactive planning. Pandemic management was monopolized by the responsible ministry, leading to tensions among governance actors. The protracted nature of the crisis increased the likelihood of path dependency and the politicization of pandemic management, where decisions were left to only a few parties. Central government informants argued that the legislation was based on two extremes: The Communicable Diseases Act addressed individual infection control, whereas the Emergency Preparedness Act provided tools only to be deployed in extreme circumstances. Insufficient attention was given to regional differences, which which created significant challenges. Interviewees pointed out that the regional attitudes toward autonomy varied throughout the pandemic's distinct stages. In sparsely populated Finland, the progression of the pandemic varied significantly across regions. Certain restrictive measures, such as those imposed on restaurants, were deemed disproportionate by many, particularly in areas geographically distant from the capital. This discrepancy underscored the need for more regionally tailored approaches to manage the pandemic's impact effectively.

Cooperation as paradox

Resilient crisis management is often understood to rely on governance actors working in networked cooperation. The competence of those actors might

overlap, and their knowledge acquisition may be based on multiple sources (Duchek, 2020). However, governance actors perceived cooperation as a paradoxical phenomenon: It was typified by fragmented, unclear communication and little dialogue, but central government informants felt there was too much dialogue. The paradox reflected conflicts between stakeholders and difficulties in constructing a shared crisis reality. As circumstances change, sensemaking requires constant and rapid updates, which complicates resilience in stakeholder collaboration and coordination (Weick et al., 2005).

Regional representatives argued that the weak interaction between governance actors stemmed from the fragmented nature of the central administration: *"Sometimes [central government actors] try to consider regional statements. They listen to some [of the RGAs], but they live their own lives. The ministry has its own legislative projects and political guidance. Work is done at different levels."* Informants regarded the creation of the CCGs as a positive step toward improved cooperation. Regional interviewees believed that the differences of opinion between levels of government were partly due to politics. Initially, the health crisis was dealt with by experts, but politicization was already evident a few weeks after the outbreak of the epidemic. RGA informants noted that whild cooperation helped build a shared crisis reality, the process was not always smooth. Central government communication was often insufficient, which made it challenging to create a dialogue between actors.

The SEO acted as an intermediary between levels of government, making cooperation a crucial component of resilience. However political decision-makers often failed to adequately consider the input of governance actors. That challenge is conveyed in the following excerpt: "*A situation arose where a couple of people were basically preparing decisions, with a lot of passion, also with a sense of responsibility, nothing more. The burden could have been shared a bit more, but there is no structure or tradition for that. Something else would have to be invented. In a protracted crisis, things become politicized very quickly; there is nothing we can do about it*." The issue was not necessarily that the central government ignored stakeholders but that decisions were often made under tight time constraints.

Informants argued that the responsible ministry was left to handle preparatory work alone, with little pressure placed on other ministries, even when certain area fell within part their jurisdictions. Central government actors stated that the dialogue with the regions was established early on, allowing for the swift development of regional situational snapshot to support data collection. However, some informants noted that there could sometimes be too excessive dialogue with regions. Despite this, the lack of strong natural cooperation between government sectors meant that public messaging was often incomplete or contradictory. While actors did not necessarily disagree on the knowledge itself, their proposed measures often diverged.

Discussion

This research delves into the complexities of decision-making and the conditions of resilience in the context of pandemic management, highlighting the dynamic and ever-changing nature of crises. Using a framework grounded in PC, which encompasses value, fact, possibility, and communication, the study provides insights into the dynamics of multi-stakeholder collaboration during the coping phase of the crisis. Table 2 outlines the key factors contributing to resilience among governance actors. Collaboration

Table 2. Governance actor interpretations of the dimensions influencing resilience.

Theme	Values	Facts	Possibilities	Communication
Regions	Lack of greater societal analysis.	Slowness in producing knowledge; evidence-based bias; ineffectiveness of plans.	Made harder by ministerial autonomy, rigid legislation, and politicization. Crisis management is a multifaceted, complex, and fragmented reality.	Fragmentation among government weakened cooperation; the creation of CCGs was seen as good, although political decision-makers did not always understand regional diversity.
RGA	Strong health focus, which varied during phases.	The decentralized data collection model did not work, resulting in the politicization of knowledge creation.	Changing legislation resulted in an administrative burden, adaptation differences in regions, initial pandemic management fragmentation, and a lack of ministerial guidance.	Pandemic management resulted in new networks; unclear communication by central government, and the desire for better dialogue.
SEO	Legislation strengthened health-centeredness.	Evidence-based decision-making is seen as important; organizational preparedness weakened by financial cuts; initial lack of information; knowledge based solely on epidemiology deemed naïve.	Late decision-making, negatively affected preparatory work; no proactive decisions because of a lack of resources, and path dependency on measures; political decisions were left to only a few.	SEO is an intermediary between levels of government; political decision-making took no account of governance actors; a need for resources in legislation.
Central government	Societal perspective identified but not implemented.	Variation of evidence-based decision-making; interpretation and values as core principles; role of experts more prominent during uncertainty; learning challenges.	Legislation of two extremes, which made it harder to deploy effective tools in a given situation; regions had mixed responses to autonomy.	Dialogue with regions was established early; sometimes, there was even too much dialogue; the message to the public was incoherent due to a lack of cooperation between levels of government; different actors produced different measures.

in this context is shaped by tensions that demand a balance between cooperation and control in intergovernmental and multilevel interactions. These interactions are influenced by competing institutional logics and value orientations. One notable observation is the emergence of distinct risks across all dimensions, with limited integration between them. In fact, tensions, conflicts, and paradoxes are prevalent, posing significant challenges in establishing a cohesive understanding of the crisis reality among stakeholders. Whereas traditional resilience literature in public governance emphasizes cooperation (Uitdewilligen & Waller, 2018) or mutual understanding (Wolbers, 2022) between stakeholders, the application of PC provides a framework for examining how conflicting demands coexist in a crisis context. The failed integration process can contribute to erroneous forms of anticipation, coping, or adaptation in a stakeholder setting.

The guiding values are not crucial only for constructing crisis reality but also for navigating the coping phase of a crisis, shaping the understanding of the crisis itself and the subsequent formulation and implementation of solutions (Catalan & Robert, 2011; Kendra & Wachtendorf, 2003). In the case study, a lack of consensus among operators regarding these guiding values resulted in an overemphasis on procedural rationality dictated by legislation (see Stark, 2014). Such discordance undermined the resilience and adaptability of crisis management, making it difficult both identify and implement effective tools. Governance entities grappled with reconciling divergent values and institutional frameworks. While legislation portrays a pandemic primarily as an epidemiological concern, governance during a pandemic often evolves into a multifaceted, intricate, and segmented sphere. This shift highlights the growing need to incorporate political, social, and economic determinants into health outcomes (Schmidt-Sane et al., 2021). This need is evident in debates surrounding the nature of the pandemic and the subsequent responses, such as a societal lockdown. Some stakeholders advocate for a comprehensive approach to pandemic management, while others insist it must prioritize epidemiological strategies.

Governance actors generally exhibit adaptability in changing circumstances. Resilience is not a static set of competences; rather, the tools required often shift in response to unexpected events (Ortiz-de-Mandojana & Bansal, 2016). Nevertheless, path dependency is discernible (Vickery et al., 2022), creating inertia risks sluggish responses or adherence to outdated protocols. Moreover, operators can misinterpret the efficacy of the old protocols, believing they deliver robust responses when, in fact, they undermine defensive resilience. Despite efforts to demonstrate resilience, coordination groups faced numerous institutional constraints, such as rigid legislation, politicization, and divergent stakeholder perspectives. Measures taken often varied based on authority, and the degree of

information available, leading to differing interpretations among stakeholders. Here, administrative culture plays a significant role in implementing of effective solutions. Crises accentuate the criticality of established cultural norms and operational procedures, demanding swift responses and leaving no room for comprehensive organizational changes (van Wart & Kapucu, 2011). In Finland, there is a prevailing assumption that crises are preventable, with the government seen as the primary actor responsible (Johanson et al., 2024). This belief is reinforced by the high level of trust that Finns place in institutions (Demmke et al., 2021; Luoma-aho et al., 2017) and public officials (OECD, 2021; Salminen & Ikola-Norrbacka 2010). Such trust provided a solid foundation for the effective execution of pandemic management measures.

The establishment of coordination groups, such as CCGs, was viewed as a progressive step toward augmenting sensemaking, a critical aspect of resilience during the coping phase of the crisis (Duchek, 2020; Weick et al., 2005). These groups were tasked with planning and implementing regional measures to prevent the virus's spread. The use of recommendations and restrictions required a comprehensive assessment, where decisions were weighed in relation to epidemiological, social, and economic impacts, as well as fundamental rights. However, tensions emerged when these groups, often composed of authoritative figures, leaned toward self-centric coordination. In some cases, (chief) physicians bore the brunt of the decision-making, detracting from a more holistic pandemic response. Instead of fostering sensemaking, this dynamic often resulted in 'sense-giving,' wherein the focus shifted to influencing others' perceptions of the situation (Mirbabaie et al., 2020). Inter-level governance conflicts, legislative hurdles, and inconsistent communication between stakeholders and the public further impeded a unified response.

Constructing a coherent and resilient picture of crisis reality must be based on facts rather than false interpretations or illusions (Nørreklit, 2011). While decision-making should ideally be evidence-centric, the lack of comprehensive scientific data during a health crisis often complicates this goal. This research underscores that pandemic management frequently oscillates between policy-driven evidence creation and genuine evidence-based decision-making (Cairney, 2019). Expertise in decision-making is dynamic, with reasoning among experts from various institutions often diverging. Since pandemics inherently involve complex and difficult-to-quantify issues, a *policy-based* bias often becomes apparent. This bias leans toward disregarding historical knowledge about infectious diseases and respiratory viruses, potentially leading to institutional amnesia (Pollitt, 2000), which Stark and Head (2019, p. 1526) define as *"intentional or unintentional ways in which government agents and organizations […] no longer remember or record policy-relevant lessons from the past."*

As a unique crisis unfolds, learning becomes a key element of resilience (Moynihan, 2008). However, crisis management is fraught with tensions, as actors often lack the time needed to construct a collaborative crisis reality. In this case, learning exhibited elements of path dependency (see also Arthur, 1994). For example, health experts acknowledged that new variants necessitate updated approaches, but old measures like infection tracing or testing were still relied upon. Some regions reportedly lacked comprehensive action summaries, indicating a failure to assimilate learning. Path dependency restricted the optimal utilization of information, directing what was deemed pertinent for decision-making. The initial phase of pandemic management primarily highlighted case numbers, often sidelining broader societal implications. This practice raises concerns about how well these lessons are integrated into future planning. Effective learning requires breaking free from path dependencies and enhancing adaptability in crisis management (Yuan et al., 2025). Unfortunately, path dependencies and learning difficulties observed in this case raise doubts about whether the pandemic's lessons have been adequately internalized.

Despite these challenges, governance actors noted that the pandemic fostered new forms of cooperation that enabled learning, even amidst tensions between government levels. Paradoxically, learning was not solely based on cooperation, shared goal, or consensus. This finding align with the idea that learning can also be facilitated by contrasting dynamics, such as competition, tensions, and explicit conflicts (Kakavelakis & Edwards, 2012). Tensions do not necessarily undermine resilience but can even strengthen it (e.g., Cassola et al., 2022). The key question is how stakeholders address these tensions. The paradox literature identifies two approaches: the *either-or* approach refers to actions where the opposing factors causing tension are separated from each other, whereas the *both-and* approach signifies actions that aim not to resolve the tension but to coexist with it (e.g., Putnam et al., 2016; Smith & Lewis, 2011). While the either-or approach is a defensive strategy that may produce a sense of control, the both-and approach manifests as a continual search for compromises. This could involve activities where the opposing factors creating tension are deliberately emphasized.

The both-and approach may offer a pathway to managing tensions and seeking compromises; however, its practical application proves challenging, particularly in crisis situations where accountability and blame dynamics prevail. From a PC perspective, this can be seen as an example of the breakdowns in dimensional integration – between value, facts, opportunities, and communication – where not all actors supported the situational awareness or measures taken. Governance actors, in some instances, appeared more motivated by blame avoidance (Weaver, 1986; Hood, 2007;

see also Kihlström et al., 2023) than seeking commendation. The inherent unpredictability of the crisis and the scarcity of evidence often resulted in suboptimal decisions, leading to blame games. The central government was frequently criticized for inaction or politicization, but no governance tier was immune from scrutiny. Findings suggest a desire for stronger central government oversight, juxtaposed with ministries sidestepping responsibility during contentious events. Accountability becomes problematic if the body assessing an actor's performance lacks genuine interest in their role (Schillemans & Busuioc 2015).

Alvesson and Jonsson, 2022 argue that sensemaking can flip to 'non-sensemaking', caused by divergent interpretations and applications of guiding values and procedures among governance actors. This divergence results in conflicting strategies that may not align with logical or evidence-based practices. Such conflicts are further exacerbated by *organizational dischronization* (Alvesson & Jonsson, 2022), where unsynchronized action and decision-making timelines among stakeholders—from governmental bodies to health experts—hinder the cohesive, adaptive responses necessary to tackle a pandemic's multifaceted challenges. These delays in implementing effective measures and inconsistencies in communication, ultimately compromise the resilience and efficacy of crisis management efforts. The findings underscore the critical need for improved sensemaking, value alignment, and temporal coordination mechanisms across the facets of pandemic governance.

Conclusions

The research question was: How do governance actors' interpretations of facts, values, and possibilities affect their ability to implement effective solutions during the coping phase of a crisis? According to the results, tensions emerged in several areas, including guiding values and institutional foundations, understanding the nature of the crisis, coordination and decision-making, knowledge utilization, and learning. It is important to note that tensions do not necessarily undermine resilience; however, they can complicate the integration of differing value perspectives and operational logics. During the pandemic, Finland demonstrated societal resilience. Nevertheless, tensions pose significant challenges when they hinder the identification of a crisis or the implementation and development of effective tools, thereby affecting both the defensive and offensive responses critical to resilience.

The PC framework was utilized to study the social construction of crisis reality among stakeholders who approached the coping phase of the crisis from different institutional perspectives. The extent to which the diversity of actors enhances the quality of crisis responses is highly contextual (see

Duit, 2016). Stakeholders' interpretations may differ, especially in the coping phase, when the quickly unfolding crisis challenges both organizational structures and the actors' everyday understanding. During a crisis, values, facts, possibilities, and communication are confront a rapidly evolving and unpredictable context.

The data for this study were collected from a single country, which may limit the generalizability of the findings to broader populations or contexts. However, the study's empirical observations align with analytical generalization, connecting case study findings to the theoretical frameworks (Yin, 2003). Additionally, social reality is a complex whole, where human actions cannot be fully explained by a single factor. Pragmatic constructivism represents just one possible explanatory mechanism, emphasizing the interpretation of actors. Expanding the analysis to include different crisis phases or emphasizing structural dimensions might shift the explanatory mechanism. Further research could expolre how various professions prioritize and assign meaning to different aspects of crisis management, potentially utilizing the framework of institutional complexity (Ahmadjian, 2016; Greenwood et al., 2011). For instance, what institutional assumptions underlie different professions' conceptions of resilience? As a crisis extends its societal impact, a more holistic management approach becomes essential. Such an approach must reconcile diverse institutional logics and professional contributions, enhancing sensemaking and integrating scientific knowledge into decision-making, even if it results in paradoxical consequences (e.g., Autioniemi, 2021; Bao & Yang, 2024).

The managerial implications for improving the resilience of pandemic management are twofold. First, effective pandemic management requires a multifaceted approach, with frameworks like PC proving useful for assessing the dimensions affecting collaborative arrangements. This awareness is best achieved when mechanisms ensure the rapid dissemination of knowledge across all tiers of government. Addressing over-reliance on specific expert groups and rectifying inconsistent communication patterns are vital steps toward adopting a holistic strategy. Leadership at both regional and national levels must prioritize engaging a diverse range of expertise. Ensuring representation from sectors such as social and healthcare, legislation, business, and education is crucial. Diverse voices deepen the understanding of varied societal and regional contexts, providing a *factual basis* for rational and informed actions. Cross-sectoral advisory groups, regular consultations, and decision-making protocols that incorporate input from these sectors must be established to ensure contextually relevant actions. However, since rationality is bounded and facts evolve during crises as new evidence emerges, governance actors must also articulate the *values* underlying their decisions. These values should be consistently reflected in actions, adapting to new information while

maintaining transparency about how evolving circumstances influence choices. Clearly articulated values, coupled with factual knowledge, foster transparency, expanding the *possibilities* for action. Without transparency, decision-making becomes fragmented, as stakeholders may lack crucial information or misinterpret the rationale behind certain choices. Transparency also strengthens trust, enhancing *communication* among governance actors and between them and society. Feedback mechanisms enabling stakeholders to voice concerns, ask questions, and offer suggestions are crucial. Regularly scheduled cross-regional drills should be organized to improve communication and ensure that all stakeholders are well-informed and aligned.

Second, crises inherently involve limited access to accurate information, an abundance of false or misleading information, and the accumulation of diverging or conflicting information. These challenges, both individually and especially in parallel, complicate crisis management and decision-making for governance actors. Crises, in effect, induce *ignorance*, which manifests in multiple forms – such as ignorance about what is happening, why it is happening, or its consequences (e.g., Jalonen, 2024). A narrow view of ignorance might attribute it to a lack of information, but research suggests that ignorance cannot be eliminated merely by producing more information (e.g., McGoey, 2014). In other words, ignorance is not the opposite of knowledge; increasing knowledge reframes ignorance rather than eliminating it. Addressing ignorance might rely on *possible-world thinking* (e.g., Lewis, 1986; Rajala & Jalonen, 2023), which involves exploring alternative scenarios and outcomes based on varying assumptions, actions, or variables. By envisioning how the world might change under different conditions, governance actors can challenge existing mental models, uncover blind spots, and anticipate unexpected developments. This method reframes as an opportunity to question prevailing assumptions and explore broader options. Such thinking enhances resilience by preparing individuals and organizations to adapt to unforeseen situations.

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