

Resilience building during the management of the COVID-19 crisis in Lithuania: Major breakthroughs and incremental change

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Abstract

Modern societies are facing an increasing number of transboundary systemic threats. The sudden spread of the coronavirus disease 2019 (COVID-19) pandemic has once again highlighted concerns about governments' capacity to deal with disruptions and stressed the need for more resilient governance arrangements. Besides the usual policymaking, the latter might emerge from decisions, made during the crisis management as well. Building on ideas of the new institutionalism, more specifically, the normative logic of appropriateness and the rational logic of consequentiality, we examine how different mechanisms in varying contexts lead to different types of resilience building. Based on the results of pattern matching applied to the Lithuanian case of COVID-19 crisis management in 2020, we argue that in environments where the logic of consequentiality was dominant, resilience was mostly strengthened because of major breakthroughs, stemming from coercive pressures as well as top-down policy action from the centre of government. In contrast, more incremental developments contributed to resilience building through normative or mimetic pressures, professionalization, network-based and bottom-up practices in environments, where the logic of appropriateness prevailed. We claim that, while the logic of consequentiality helps to strengthen resilience in the context of turbulence, the logic of appropriateness is especially important for ensuring its sustainability.

KEY WORDS

COVID-19, crisis management, Lithuania, mechanisms of change, new institutionalism, resilience

1 | INTRODUCTION

We live in an increasingly interconnected, complex world. Besides the growing number of 'wicked problems', natural disasters and transboundary systemic threats, the context in which these problems must be solved is also becoming more complicated (Nabatchi et al., 2011). This leads to growing concern about governments' capacity to cope with disruptions and risks which emerge in an era of heightened uncertainty (Berkes, 2007).

Metaphorically described as a 'grey rhino'—a highly probable, high impact yet neglected event (Wucker, 2020), management of the coronavirus disease 2019 (COVID-19) pandemic required the combination of centralized and decentralized mechanisms, innovation and bureaucracy, science and politics (Janssen & van der Voort, 2020). As a result, it once again highlighted the need for greater resilience to overcome crises or disasters (Boin & Lodge, 2016), leading to a call for more resilient governance both in theory (e.g., Boin et al., 2021) and in practice (e.g., OECD, 2021). Resilience would allow

governments to ensure 'the flexible adaptation, agile modification, and pragmatic redirection of governance solutions' (Ansell et al., 2021, p. 4) as a response to turbulent events.

Despite some (although contested) agreement on the definition of resilience, extensive discussion of its factors (e.g., Barasa et al., 2018) and indicators (e.g., Birkmann et al., 2013), existing literature offers little guidance when it comes to strategies which could make governance systems more resilient for crises (Boin & Lodge, 2016). The research on resilience has been dominated by the focus on community or infrastructure (Cai et al., 2018), and has recently moved to describing the constituent elements of resilient health systems during the COVID-19 pandemic (e.g., Haldane et al., 2021). Meanwhile, the research on crisis management tends to orient towards coordination and communication, with little attention paid to explaining how systems become more resilient during and after these events. Finally, even though resilience building takes place in specific institutional, political and organizational contexts (Christensen et al., 2016), factors- and indicators-based approaches decontextualize and depoliticize this process (Manyena et al., 2019). This, in turn, complicates reaching an understanding of mechanisms behind the development of resilience.

In the face of disasters, crises or emergencies, public sector organizations have specific response-related roles, but usually cannot meet their objectives alone. Closer interorganizational collaboration in a crisis management network is important for coping with intractable problems (Bynander & Nohrstedt, 2020; Nohrstedt et al., 2018). An increasing number of researchers point to the need for (in)formal collaboration of individuals and organizations to cope with and recover from the COVID-19 pandemic (e.g., Hsieh et al., 2021). Some authors even claim that it is the relations between the actors of a network and their quality that 'make or break systemic resilience' (Boin & 't Hart, 2010, p. 365).

Thus, it is important to analyse the interorganizational networks involved in crisis management to uncover how the behaviour of individual and institutional actors in different contexts contribute to building resilience for various crises (Boin & van Eeten, 2013). The aim of our research is to reveal the key mechanisms and their impact on building resilience of governance arrangements during the COVID-19 crisis. Understanding this process is crucial for choosing suitable strategies and operations for the development of greater resilience for potential (especially pandemic-like) threats in the future.

To bring relevant contextual factors to the analysis of resilience, we employ ideas from different strands of the new institutionalism, which emphasizes the relationship between structures, political action and the process of institutional change (Powell & DiMaggio, 1991). More specifically, our explanation relies on the logic of appropriateness and the logic of consequentiality (March & Olsen, 2013). Based on the first logic, we expect that the development of resilience will be an incremental and professionalized process stimulated by normative or mimetic pressures, collaboration and bottom-up initiatives within a crisis management network. Building on the second one, we hypothesize that resilience will be strengthened through major top-down fashioned shifts which are mainly supported by politicization, central steering and coercive pressures.

We apply flexible pattern-matching to compare our theoretical expectations with the patterns revealed by the empirical case (Sinkovics, 2018). Our analysis is based on the case of COVID-19 crisis management in Lithuania from the declaration of a nation-wide emergency in February 2020 until the first weeks of December 2020, when, after Parliamentary elections, the 2016–2020 Lithuanian government led by Prime Minister Saulius Skvernelis was replaced by the 2020–2024 Lithuanian government led by Prime Minister Ingrida Šimonytė. We analyse the management of two waves of the COVID-19 pandemic in the country to capture and explain differences in the types of resilience building during the crisis.

Two major U-turns in its response to the COVID-19 pandemic make Lithuania a typical case of Central and Eastern European countries, marked by the initial success of managing the COVID-19 crisis, the relaxation of measures in subsequent periods, and the struggle to bring the second wave under control (Toshkov et al., 2021). In the early spring of 2020, Lithuania demonstrated one of the fastest reactions to the pandemic (Toshkov et al., 2021) and had one of the most stringent regimes in Europe. After successfully coping with the first wave of coronavirus, Lithuanian authorities eased most restrictions, with the country becoming the second least stringent in terms of its response in Europe at the end of June 2020 (Hale et al., 2020). However, since Lithuanian authorities failed to adequately prepare for the second wave of COVID-19, they were forced to introduce a new nation-wide quarantine in early November 2020.

Our research results suggest that different logics of action during the COVID-19 crisis in Lithuania generated different types of resilience building. We argue that the overall resilience of governance arrangements was strengthened mostly through major breakthroughs initiated and steered by politicians from the centre of government. However, some of these were 'highly contextual adaptations' (Boin & Lodge, 2016, p. 294) that occurred as a by-product of crisis management. On the other hand, some incremental changes did somewhat contribute to the sustainable growth of resilience, but their potential was not exploited in the country's preparation for the second wave of COVID-19.

The structure of the article is as follows. The first section introduces the definition of resilience and elaborates on the mechanisms of resilience building which stem from the logic of appropriateness and the logic of consequentiality. Following a brief description of our methodology, the next section presents an analysis of resilience building during the management of the COVID-19 crisis in Lithuania. The article concludes with a discussion of key resilience building mechanisms and offers suggestions for future research.

2 | THEORETICAL FRAMEWORK

2.1 | Defining resilience

One group of interpretations of resilience emphasizes the resistance to change ('bouncing back'), summarizing it as an ability of a system to 'deal with disaster and recover quickly' (Waugh & Tierney, 2007, p. 331). This definition stresses the capacity of the system to handle disturbances and

the existence of an equilibrium to which it should return after experiencing turbulent events (Boin & van Eeten, 2013). However, large-scale crises tend to have an irreversible impact on the general context of functioning and thus require adjustment to the new reality.

Reacting to this issue, the other group of explanations of resilience emphasizes the importance of adaptation and transformation of systems marked by their ability to 'bounce forward' (Manyena et al., 2011). Instead of aiming to restore the previous equilibrium, systems are expected to learn from past experiences and turn them into policy changes which would lead to a newly emerging order (Duit, 2016). Building on the latter approach, we treat resilience as the capacity of a system to absorb shocks and adapt, as well as to transform itself to be better prepared for future crises (de Bruijn et al., 2017; Linkov & Trump, 2019).

To explain the resilience of governance arrangements during the COVID-19 crisis, we combine the key resilience elements of highly effective country responses (Haldane et al., 2021) and different characteristics of resilient systems (Linkov & Trump, 2019).¹ They include both policy content and joint actions of actors involved in a crisis management system:

1. *Activation of comprehensive responses* (e.g., tailored whole-of-government approach to the pandemic, spanning multiple policy subsystems, use of scientific advice during decision-making);
2. *Adaptation of health system capacity* (e.g., speed and breadth of information flows, necessary expansion of healthcare services, effective public procurement of medical equipment);
3. A horizontal principle of *community engagement and partnerships* that spans across all elements.

As highlighted by scholars of crisis management, collaboration is helpful in overcoming the lack of knowledge, competence and resources in crisis management systems (Barasa et al., 2018; Parker et al., 2020) and it may thus strengthen various elements of resilience. Following this, we assume that the development of resilience depends on mechanisms involving the interaction of individuals and organizations within the crisis management system. This factor is poorly reflected in the traditional frameworks and 'snapshot measurement methods' (Cai et al., 2018, p. 853) which are applied in the research on resilience.

2.2 | Building resilience: Logics, contexts and mechanisms of change

2.2.1 | Logics of action

Since we focus on explaining the mechanisms behind resilience building rather than describing the individual elements and functions of resilient systems, we chose new institutionalism as our main theoretical approach. New institutionalism is a 'middle-range' theory which is oriented at the explanation of institutional stability or change. It is based on the assumption that individuals and organizations are acting under conditions of bounded rationality,² which provides a suitable basis for explaining their interactions in an environment of high uncertainty. Although the

theory allows identifying actions that constitute the change, its application for explaining the development of resilience is rather rare (e.g., Lang, 2012). We aim to fill this gap by showing that different types of interaction within a crisis management network (mechanisms) lead to divergent types and results of resilience building.

Following March and Olsen (1998, 2013), we argue that the actions of decision-makers are guided by two logics: the normative logic of appropriateness and the rational logic of consequentiality. Based on the logic of appropriateness, the decision-making processes or interaction among different actors in the network can be explained as the 'matching of (signals about) situations to rules' (Schulz, 2018, p. 915). To act appropriately is to behave according to socialized values, regulations, typical procedures or professional standards (March & Olsen, 2013; Peters, 2016). Norms guide interaction between individuals or their groups, because they act to fulfil their roles rather than calculate expected consequences (March & Olsen, 2013).

On the one hand, action based on the logic of appropriateness provides stability by guiding what sorts of policy choices are acceptable to the institution and its members (Peters, 2016); on the other hand, it may lead towards less flexibility of the system. This happens as decision-makers prefer established rules and practices to new ones, which could be more suitable in the context, or underplay risks due to their confidence in professional routines and regulations (Boin et al., 2021; Dewulf et al., 2020).

Meanwhile, rational choice institutionalism shifts attention to the outcomes of action. The logic of consequentiality links alternative decisions with their expected consequences (Dewulf et al., 2020). It is activated when exogenous developments, such as technological innovation, economic developments, crises, and changes in the distribution of power (Entwistle, 2011) evoke rational problem-solving activity aimed at discovering alternatives (March & Olsen, 2013).

As political actors are 'likely to be held accountable for both the appropriateness and the consequences of their actions' (March & Olsen, 2013, p. 490), decision-making usually includes a combination of both logics (Schulz, 2018). Besides, shifts might happen between the dominant logics: for example, the logic of consequentiality might be replaced by the logic of appropriateness through routinization and change in values held by members of an institution (Peters, 2016), while a shift from the logic of appropriateness to the logic of consequentiality might take place when the old rules are no longer applicable to the situation (Schulz, 2018).

2.2.2 | Characteristics of the context

Different logics of action are more likely to be applied in different contexts of operation. March and Olsen (1998, 2013) point to a few contextual characteristics which are presented below.

2.2.2.1 | Autonomy of professional communities versus control by decision-makers

Crises put actors in a continuum between the safe reassurance of procedure and riskier choices of flexibility (Bodin et al., 2019). The action

of bureaucrats is mainly guided by ethos, based on procedural knowledge, precedent or socialization with other organizational members, which allows 'immunization' from postcrisis blaming (Stark, 2014, p. 705). Meanwhile, as politicians hold delegated power, crises put them under intense public pressure to 'do something' (Nohrstedt et al., 2018, p. 265), which provides more room for urgent measures and innovations (Ansell et al., 2021). In other words, the latter group might be more focused on the result (the implementation of their preferred alternatives) rather than the process (strictly following established rules). As a result, the logic of appropriateness tends to flourish among public servants, while authoritative decision-makers are more likely to follow the logic of consequentiality (March & Olsen, 2013).

2.2.2.2 | Organizations with prior history of cooperation versus newly shaped networks

Coworking experience helps to develop common understandings, achieve effective coordination, build shared work practices and relationships (Emerson et al., 2012). The prior history of cooperation contributes to the routinization of activities and easier assimilation of ideas or information, preventing radical changes. Meanwhile, in environments where organizations with different goals, professional cultures and backgrounds begin to work together for the first time, new mechanisms will have to be built (Boin & McConnell, 2007). Where a precedent has not yet been set, new ideas and information are more likely to catalyze major changes. Thus, it is more plausible that the logic of appropriateness will prevail in networks with previous experience of cooperation, while the logic of consequentiality will be employed where new partners enter the field (March & Olsen, 2013).

2.2.2.3 | High versus low trust among stakeholders

Trust reduces the unpredictability and uncertainty of the actions of other actors, creating an honest and nonthreatening environment which should lead towards a higher willingness to take risks and accept vulnerability (Ran & Qi, 2018). However, if partners of the crisis management system are not seen as trustworthy, credible or sharing similar interests (Emerson et al., 2012), it is more likely that decisions will be made unilaterally, with hierarchy and direct supervision being the dominant coordination mechanisms (Edelenbos & Klijn, 2007). As a result, the logic of appropriateness will be applied in environments

marked by high levels of trust among the main actors of crisis management, while those operating in contexts with low levels of trust will favour the logic of consequentiality (March & Olsen, 1998).

2.2.3 | Mechanisms of change

Both logics are related to different mechanisms of change and pathways towards resilience which are summarized in Table 1.

2.2.3.1 | Normative and mimetic versus coercive pressures

The institutional perspective argues that institutional change can be adopted as a reaction to coercive, mimetic and normative pressures. Coercive pressures, where organizational change is a direct response to a formal or informal government mandate (Powell & DiMaggio, 1991), are more likely to happen in environments dominated by the logic of consequentiality. Meanwhile, mimetic and normative processes are more typical of the contexts with more frequent application of the logic of appropriateness. Mimicking happens when organizations aiming to increase their legitimacy imitate similar organizations which they perceive to be successful, while normative pressures arise from the professional public servants' community which approaches problems in a similar way (Powell & DiMaggio, 1991).

2.2.3.2 | Professionalization versus politicization

Crisis management brings crucial leadership challenges associated with decision-making, public information, accountability, learning, and reform (Boin et al. 2016). As the logic of appropriateness prevails in the environment of professional communities, decisions in these contexts will be based on public service ethos (Stark, 2014). Yet, in contexts where the logic of consequentiality prevails, political considerations might dominate choices. Decision-making in a crisis environment imposes pressures to adopt changes quickly, which requires political attention to overcome any conflict caused by the involvement of different interests (Brändström & Kuipers, 2003).

2.2.3.3 | Network-based collaboration versus central steering

Network-based collaboration is likely to ensure swift mobilization of partners across public and private sectors, nongovernmental

TABLE 1 Context, logics, mechanisms and types of resilience building

Characteristics of the context	Institutionalist principle	Mechanisms of change	Type of resilience building
Autonomy of professional communities	Logic of appropriateness	Normative or mimetic pressures Professionalization	
Organizations with a prior history of cooperation		Network-based collaboration	Incremental processes
High trust among stakeholders		Bottom-up adaptation	
Control by authoritative decision-makers	Logic of consequentiality	Coercive pressures prevailing Politicization	
Newly shaped networks		Central steering of the crisis network	Major breakthroughs
Low trust among stakeholders		Top-down innovation	

organizations (NGOs) or academia (Bynander & Nohrstedt, 2020; Steen & BrandSEN, 2020) who share the previous experience of cooperation in contexts where the logic of appropriateness is dominant. In those cases where the logic of consequentiality prevails, power and authority tend to be concentrated in the hands of political leaders and chief executives who are able to authorize crucial measures, approve emergency resource allocation and fulfil societal expectations. In the face of crisis, this is sometimes referred to as 'centralization reflex' (Boin & McConnell, 2007, p. 53).

2.2.3.4 | Bottom-up adaptation versus top-down innovation

In the case of the logic of appropriateness, bottom-up adaptation to turbulent events is more likely, when public servants incrementally adjust their understanding of problems, working methods, and solutions through social learning (Manyena et al., 2019; Parker et al., 2020). Conversely, in environments where the logic of consequentiality is dominant, change is more likely to be based on top-down innovations (Kapucu et al., 2010) as radical transformations are unlikely to elicit general support (Schalk, 2017). Nevertheless, it might be marked by some elements of collaboration as stakeholders 'hold the keys to understanding a particular problem' (Torfing & Ansell, 2017, p. 38).

2.2.4 | Resilience building

Disasters or crises might challenge existing rules, but in the context where the logic of appropriateness prevails, radical change is unlikely to happen (March & Olsen, 2013; Schulz, 2018) because of the need to ensure the legitimacy of decisions. These environments are marked by the dominance of professional communities guided by formal and informal rules, reinforced by shared activities and the development of mutual trust. Thus, processes such as mimicking or adaptation are more likely to lead to incremental refinements in resilience of governance arrangements.

However, turbulent events might also require quick and innovative solutions, which are more typical in contexts where the logic of consequentiality is dominant (Schulz, 2018). This logic is more likely to flourish in environments marked by stronger control of authorities and less collaborative experience between institutions, which leads to lower levels of trust among participants (Nohrstedt et al., 2018). In the face of urgent pressures, a strong lead from political authorities might emerge, which could follow from the use of coercive pressures and top-down initiatives. As a result, it is more likely that the process of resilience building will happen as a result of major breakthroughs.

3 | METHODOLOGY

3.1 | Method

We employ a flexible pattern matching approach, which combines deductive and inductive elements, to ensure rigorous 'matching between theoretical patterns derived from the literature and observed

patterns emerging from empirical data' (R. B. Bouncken et al., 2021, p. 255). We build our empirical research while analysing the data through the lens of the initial theoretical patterns (presented in Table 1) and iteratively comparing them to their manifestations in practice (summarized in Table 2). The relevance of pattern matching for this study is based on two major reasons. First, it is crucial for the testing of this novel theoretical approach as matches between theoretical expectations and observed empirical patterns allows the confirmation of relations between different contexts, mechanisms and types of resilience building. Second, by revealing mismatches or unexpected patterns, this approach provides opportunities for reexamination and further development of the theory (R. Bouncken & Barwinski, 2021; Sinkovics, 2018), which is elaborated in the Section 5.

3.2 | Case

At the time of carrying out this study, there was no reliable comparative data on the resilience of governance during the COVID-19 crisis. Therefore, the response to the first two waves of the pandemic substantiated our choice. Our research is based on the case study of COVID-19 crisis management in Lithuania, which, in this regard, is typical of Central and Eastern European countries. As the case of Lithuania represents the theoretical argument as well, it allows better exploring the mechanisms within the particular case (Seawright & Gerring, 2008). We analyse the mechanisms of resilience development during the first (from February to August, 2020) and the second (from September to December, 2020) waves of the COVID-19 pandemic. This period covers the application of both logics of action and different types of governance resilience building, which allows analysing the role of mechanisms linking these variables.

The unit of our analysis is the COVID-19 crisis management network at the national level, within which various actors (public, private and nongovernmental) worked together to control the spread of the coronavirus and address its negative consequences. The scope of our analysis is limited to the central crisis management system, including relations between central and local authorities. We focus on key governance and public health decisions which led to the development of greater governance arrangements' resilience (as defined in the Section 2.1).

3.3 | Data

The main data for this study were derived from 25 semistructured interviews with different stakeholders involved in the COVID-19 crisis management in Lithuania, 10 of which were cited in this article (a full list is presented in Supporting Information: Appendix 1). We combined purposive and 'snowball' sampling to build our sample that includes four politicians, eight politically appointed civil servants, five career civil servants and other employees of public institutions, three representatives of the nongovernmental and private sector, and five specialists in their respective fields (medicine, economics and civic

TABLE 2 Mechanisms behind resilience building in the Lithuanian COVID-19 crisis management (February–December 2020)

Characteristics of the context	Dominant institutionalist principle	Mechanisms of change	Element of resilience	Type of resilience building
Control by authoritative decision-makers, newly shaped networks, high trust within the central crisis management mechanism and low trust beyond it	Logic of consequentiality	Politization, Central steering	Creation of a centralized mechanism, tailored to the needs of COVID-19 crisis management	Major breakthroughs
Control by authoritative decision-makers, newly shaped networks, high trust within the central crisis management mechanism and low trust beyond it	Logic of consequentiality	Professionalization and politicization Central steering	Approval of COVID-19 management strategy	
Control by authoritative decision-makers, newly shaped networks, high trust within the central crisis management mechanism and low trust beyond it	Logic of consequentiality	Coercive pressures Central steering	Micro-management in the relationship between the central government and other organizations	
Control by authoritative decision-makers, newly shaped networks, high trust within the central crisis management mechanism and low trust beyond it	Logic of consequentiality	Central authorization of direct awards concerning the purchase of medical equipment		
Control by authoritative decision-makers, newly shaped networks, high trust	Combination of both logics with a dominant logic of consequentiality	Coercive pressures Top-down innovation	Establishment of centralized information management system	
Control by authoritative decision-makers, newly shaped networks, high trust	Combination of both logics with a dominant logic of appropriateness	Central steering Network-based collaboration	Creation of five clusters of healthcare organizations for the treatment of COVID-19 patients	
Control by authoritative decision-makers, prior history of cooperation, high trust	Combination of both logics with a dominant logic of appropriateness	Coercive pressures Professionalization and politicization Central steering	Establishment of an advisory body of medical experts and following their recommendations	
Control by authoritative decision-makers, prior history of cooperation, high trust	Combination of both logics with a dominant logic of appropriateness	Mimetic pressures Professionalization and politicization Central steering	Imitating measures of response to COVID-19	Incremental processes
Control by authoritative decision-makers, prior history of cooperation, low trust	Logic of appropriateness	Politization, Bottom-up adaptation	More active use of the working group on municipal affairs	
Professional communities, prior history of cooperation, high trust	Logic of appropriateness	Normative pressures Professionalization Bottom-up adaptation	NGOs involvement in crisis and its impact management	
Professional communities, prior history of cooperation, high trust	Logic of appropriateness	Normative pressures Professionalization	Implementation of COVID-19 management strategy	
Professional communities, prior history of cooperation, high trust	Logic of appropriateness	Normative pressures Professionalization Bottom-up adaptation	Continuous NGOs involvement in crisis management and its impact management	

Abbreviation: COVID-19, coronavirus disease 2019; NGOs, nongovernmental organizations.

participation). The interviews were conducted from September 7 to November 18, 2020 until data saturation was reached. A total of 10 of the interviews were conducted directly, and 15 of them remotely. All interviews were recorded, transcribed and analysed using open coding. In addition, we analysed publicly available documents, publications and social media content.

3.4 | Operationalization

The attribution of action to the specific institutionalist principle might be made either by the researcher or by the actors themselves (Schulz, 2018). Due to the specificity of the term, which could be misinterpreted by decision-makers, or their unwillingness to reveal their real aims, we decided against the latter method. We chose to ascribe the dominant logic by cross-checking the characteristics of the context (the more elements favourable to a particular logic of action that are present in the context, the more likely that it is employed) with the evidence (intentions of action that reflect the features of the logics) provided during the interviews.

We operationalize the mechanisms of change that lead to resilience building as follows. First, normative pressures take place when practices and rules typical for a particular community are employed, mimicking—when the best practices from other contexts are copied, while coercive pressures are seen as a mandate of authorities for a particular action. Second, professionalization is employed when decisions are made with/in professional communities, on contrary to politicization, when the process is dominated by politicians and/or politically appointed decision-makers. Third, network-based collaboration is seen as a horizontal approach, including the relevant stakeholders in decision-making, while central steering represents a vertical approach dominated by top-level authorities. Finally, bottom-up adaptation is treated as a modification of rules and processes stemming from public servants, conversely to top-down innovations when changes are initiated and pushed forward by high level authorities.

4 | EMPIRICAL RESEARCH

4.1 | Crisis management and resilience building during the first wave of COVID-19

As a reaction to the global spread of COVID-19, the Lithuanian authorities declared a nation-wide emergency at the end of February 2020. For the management of the emergency, they set up the State Emergency Operations Centre (SEOC) and appointed the Minister for Health as its head, as well as activated a number of operational centres in individual state and municipal institutions. The Fire and Rescue Department under the Ministry of the Interior which is responsible for civil protection in the country coordinated the operations of SEOC. Although it was expected that 'statutory officers will knock on the door, pull out secret plans, and take on necessary work' (interview with politically appointed civil servant 1), this did not materialize. The

emergency management system composed of SEOC and individual operational centres was not able to cope with the complexity of the COVID-19 crisis, which went beyond standard civil protection practices, and soon appeared to be 'absolutely null and void' (interview with politician).

Therefore, at the end of March 2020, the Lithuanian government set up a new mechanism, tailored to the management of the COVID-19 crisis, which marked a shift from professionalization to politicization. It consisted of the COVID-19 Management Committee chaired by the Prime Minister, the Committee's administration and coordination group, and several other working groups in the centre of government. According to our respondents, the mechanism was marked by high levels of trust in the central management structure, but relatively low trust relations with stakeholders beyond it (i.e., different public sector organizations or municipalities). Its purpose was to involve the government more closely in the management of the crisis, and to address challenges which spanned different policy fields.

On the one hand, when the government assumed control, 'everything has moved' (interview with politically appointed civil servant 2). The leadership of politicians produced a more efficient dissemination of information among different participants of the crisis management network and helped to organize swift logistics operations. In addition, 'this crisis clearly revealed how weak some public sector and healthcare organizations are' (interview with state official), making it necessary to adopt many technical decisions.³ This produced coercive pressures (in particular, through the use of micro-management practices) beyond the main mechanism of crisis management.

Taken together, these empirical patterns match with our theoretical expectations. The combination of such mechanisms as central steering, politicization and coercive pressures caused a major breakthrough in the development of more resilient governance arrangements at that time by increasing rapidity and resourcefulness within the crisis management system (Birkland & Warnement, 2014). As expected, this process was dominated by authoritative decision-makers and took place within a newly shaped network. However, our results highlight that it was particularly the low level of trust *beyond* the central crisis management mechanism that enabled more radical rather than incremental resilience building. In line with this, Lithuanian authorities failed to develop horizontal decision-making mechanisms which could have been useful while responding to the second outbreak of COVID-19.

The Lithuanian response to COVID-19 was based on the suppression strategy, aimed at 'flattening the curve' and winning some time to expand the capacity of the health system. The management of the early stages of the crisis was marked by a strong need for and reliance on medical expertise: 'especially that month [March] was without any politics at all' (interview with politically appointed civil servant 4). Even though this points to a certain level of professionalization, the establishment of a new advisory body of medical experts and taking up its recommendations was a result of political will. Besides, the early response involved mimicking the practices of other countries in light of information regularly updated by the Ministry of Foreign Affairs.

Reliance on medical advice and foreign practices contributed to resilience building by informing decision-making, developing proactive

response strategies, and creating new relations which could be activated during future crises. While a new network was established in the first case (constituting a more radical change), the usual partnerships were enabled in the second (incremental resilience building). Both developments include a mixture of patterns emerging from the theoretical framework. Despite being marked by the central control of politicians in a relatively high trust environment, it was only the establishment of an advisory body of medical experts that infused decision-making with new perspectives and collaborative problem solving. Besides, the focus on healthcare issues went hand in hand with the use of coercive measures, leading towards major breakthroughs in resilience building.

Coping with the scarcity of medical protection equipment and developing adequate testing capacity were among the main challenges at the beginning of the pandemic. However, due to the global shortage and complicated national procedures, public sector organizations were competing for the same goods, and the processes of procurement were rather slow. If individual state institutions initially followed standard operating procedures due to the culture of zero-error tolerance, politicians employed coercive pressures to mobilize the efforts of diplomatic missions, the private sector, the military and other actors, as well as steered the process of central purchasing of necessary medical equipment 'because time was very precious' (interview with politically appointed civil servant 1). This was in line with the expected pattern when a major change, pushed forward by authoritative decision-makers acting in a newly shaped, low trust setting, helped healthcare organizations to ensure the treatment and care of hospitalized COVID-19 patients.

In March 2020, the Ministry of Health decided to organize healthcare services by grouping all healthcare organizations participating in the treatment of COVID-19 patients into five clusters reflecting the five biggest regions of Lithuania. The Ministry of Health coordinated the functioning of five regional hospitals, while these hospitals organized the delivery of health services related to COVID-19 within their clusters. Contrary to our theoretical expectations, a total of 60 healthcare organizations were involved in this network of COVID-19-related service delivery with two levels of (central and regional) steering, which allowed better management of the flow of COVID-19 patients in the country and promoted interorganizational collaboration. In combination with other measures, this central decision mobilized the capacity of the healthcare system, thus increasing its resilience to the pandemic. However, the fact that only 25% of excess deaths registered in 2020 in the country (Statistics Lithuania, 2020) were caused directly by COVID-19 shows that the health system was not able to effectively absorb the crisis and substantial disruptions in the provision of non-COVID-19-related healthcare services took place.

In addition, various civic society, public and private initiatives sprung up to mitigate the COVID-19 crisis by collecting donations, providing equipment to healthcare organizations, and offering voluntary assistance. However, due to the prevailing patterns of low trust and lack of cross-sectoral cooperation in the country (Pilielinės visuomenės institutas, 2015), shared decision-making or coordination were typically treated as time-consuming activities (Helsloot, 2008) and different sectors chose to act on their own. Unlike in the case of hospitals'

clusters, there was no political support and coercive pressures, which would encourage different organizations to work together and enhance the preparedness for the management of the second COVID-19 wave.

Conversely, cases where state institutions and NGOs had previous experience of cooperation and enjoyed higher levels of trust match well with the expected patterns behind resilience building. For example, the Ministry of Social Security and Labor⁴ strengthened collaboration with these organizations through the creation of an informal working group for information exchange, policy advice and resource management. In addition, it bolstered the capacity of NGOs by allocating additional funds to offset the expenses of those organizations incurred due to COVID-19 and to reinforce the delivery of some services whose importance had grown during the pandemic. In line with Boin and McConnell (2007), this shows that resilience was incrementally built within professional communities through the sustainable development of the already existing relations (normative pressures) as well as their adaptation to overcome uncertainty in decision-making.

Another challenge was related to information flows within the crisis management system. In the initial stages of the crisis, state institutions were sharing important information in Excel spreadsheets, which reduced data availability and reliability. At the end of March 2020, the Office of the Government launched a new centralized tool based on the Palantir software for integrating COVID-19 data. This top-down innovation strengthened resilience within the crisis management system by increasing its connectivity (de Bruijn et al., 2017), improving response to the existing epidemiological situation and preparedness for future scenarios. As the coercive pressures for the optimization of pandemic data management grew, it was later decided to make Statistics Lithuania a single centre of the data on COVID-19. This made it possible to improve the coordination of the country's response to COVID-19 across government and public sector organizations. These improvements in the data management system matches well with our expected patterns. Mechanisms needed for the major breakthrough in the development of resilience were enacted by political authorities in newly created networks characterized by low-level trust relations.

Finally, the approval of a COVID-19 management strategy on May 6, 2020 was one more advancement in resilience building. Besides offering solutions for controlling the short-term spread of COVID-19, the strategy also highlighted measures to prepare for possible new waves of coronavirus. The document was created by the representatives of the COVID-19 Management Committee, Ministry of Health, military, health, and data management experts. Therefore, contrary to what was expected, this strategy came into effect as a result of both politicization and professionalization, steered by high-level authorities. However, the implementation of this strategy was rather slow (e.g., almost one-third of the planned activities which should have been implemented before October 1, 2020 were delayed). Without continued coercive pressures from the top, it lost momentum in professionalized environments in the course of summer 2020 when the number of registered COVID-19 cases dropped substantially in the country. Overall, the strategy turned into a 'fantasy document' (Boin et al., 2021) since it was not adjusted to the changing epidemiological situation in Lithuania until the end of the term of the Skvernelis government in early December 2020.

4.2 | Crisis management and resilience building during the second wave of COVID-19

After the first wave of the pandemic, Lithuania ranked among the countries which had handled it most effectively (Sachs et al., 2020). The country significantly relaxed its COVID-19 restrictions in May–August 2020, making its response one of the least stringent in the European Union (EU). According to our interviewees, the initial success of the response led to an unfounded over-confidence within the country's authorities on preparation for the second wave. Taken together with the summer holidays, a shift of political attention towards the approaching parliamentary elections and the diminishing role of healthcare experts, it caused a 'slip back into business as usual' (Steen & Brandsen, 2020, p. 854), instead of a preparation for the second wave of the pandemic. The latter hit Lithuania with its full force in December 2020, when the country registered among the ones with the highest coronavirus infection rates in Europe. The fast spread of this infectious disease revealed the insufficient strengthening of resilience during the first outbreak.

In contrast to the first wave, the Skvernelis government was not very receptive to the advice of medical experts: instead of meetings that took place once a week in April, the advisory group was meeting once or twice in a month in November 2020. In response to the growing concerns of healthcare experts, at the end of October 2020, the President set up the Health Experts Council, a new advisory body bringing together more than 20 healthcare experts, data analysts and other specialists. However, in the context of the approaching parliamentary elections the process of crisis management became more politicized, and the recommendations of this Council had no significant impact on resilience.

There is no evidence to support the claim that the Skvernelis government was reluctant to tighten COVID-19 restrictions through fear of lowering its chances of re-election. However, we can suggest that preparation for the parliamentary elections redirected political attention away from the crisis: 'the priority was the elections, but not, let's say, the second wave of COVID-19 that might emerge or might not emerge' (interview with politically appointed civil servant 5). The drift of political attention and the diminished central steering of crisis management marked the beginning of a period with a dominant incremental resilience building led by the public sector organizations and municipalities.

Major difficulties were encountered in implementing the localized control strategy whose execution required a good deal of cooperation between the central government and local authorities as well as effective contact-tracing and digital solutions. Due to limited involvement in the initial stages of crisis management, local authorities lacked learning opportunities to strengthen their response capacities. In addition, conflicts broke out as a result of low trust and limited partnership experience between different levels of government. While the municipalities were pressing their position against the prevailing control of central authorities, the government was pointing to the limited capacity of local authorities to deal with the quickly changing situation. This process involved a combination of both theoretical patterns, highlighting the dual role of politicization. The involvement of politicians might not only catalyze relevant changes but also lock-up the situation in blame games. In the latter case, a bottom-up development of

resilience through increased coordination between central and local authorities is necessary. A more active use of the working group on municipal affairs, which 'only started to work now, before the announcement of the second quarantine' (interview with politically appointed civil servant 3) could be seen as an example of it.

The National Public Health Centre, an agency under the Ministry of Health with responsibility for preventing and controlling the spread of COVID-19, had inadequate human and technological resources to ensure an effective and timely implementation of localized strategy. First, even after struggling to cope with the first wave of the pandemic, 'the Centre was not prepared ... it really hurts to hear calls for help every day, because they had time all through the summer' (interview with healthcare expert 2). The 'money was not a problem' (interview with politically appointed civil servant 4) during the crisis. However, the troublesome functioning of the institution was left to solve within professional fora, under the weak leadership of the Centre's top executives.

Second, the Centre did not have sufficient capacity to proceed with digital innovations. For example, the launch of a contact tracing app got stuck in bureaucratic processes after the government delegated ownership of this project to the Centre. Instead of the planned launch date in August 2020, the app only started functioning with a heavy delay in early November 2020. There was also a lack of 'automatic, digitalized technologies' (interview with healthcare expert 1), which could have increased the efficiency of contact tracing process. This points to the complex nature of incremental resilience building: the following of standard operating procedures (normative pressures), professionalization of the process, and the failure to open the relevant processes to various stakeholders, makes it exceedingly difficult (Ansell et al., 2021).

There were no significant changes in cross-sectoral collaboration while dealing with the second wave of COVID-19. Even though in September 2020 the need to involve the nongovernmental sector in the early stages of crisis management was highlighted by the government among the lessons of the initial response, it was not sufficiently learnt. When the second wave hit the country, NGOs were still working as 'separate initiatives that were not connected' (interview with representative of an NGO). It should be noted that, in cases where certain collaborative practices were established during the first wave, they were also continued during the second outbreak, thus proving the expected pattern on incremental resilience building.

5 | CONCLUSIONS AND DISCUSSION

Based on the ideas of new institutionalism, we contribute to the increasing body of literature on resilience by offering a novel approach which treats resilience building as a dynamic process shaped by the behaviour of individual and institutional actors in different contexts. We provide *a priori* patterns as a theoretical interpretation and match them with observations from the Lithuanian case study. The results of pattern matching allow us to suggest that different logics of action enact divergent mechanisms and, in turn, lead towards contrasting types of resilience building.

Managing the first wave of the COVID-19 pandemic in Lithuania involved a mix of governance and policy decisions that corresponded to both the logic of appropriateness and the logic of consequentiality. The latter logic prevailed in controlling the spread of COVID-19 in February–June 2020 due to the establishment of the centralized mechanism for crisis management. Decisions were usually made in contexts which involved new partners and were marked by low levels of mutual trust. Reacting to high levels of urgency and uncertainty, this appears to have provoked a typical 'centralization reflex' (Boin & McConnell, 2007).

Such mechanisms as central steering and coercive pressures helped to achieve the major breakthroughs, where the old rules and practices appeared to be incapable of adjusting to dynamic developments of the pandemic. Two inconsistencies with the expected patterns were discovered. First, we found that it is both the level of trust *within* and *beyond* the central crisis management mechanism that makes an impact on the mechanisms and results of resilience building. A relatively low trust in the capacity of public sector organizations and/or municipalities discouraged central decision-makers from a closer involvement of these stakeholders in crisis management. Meanwhile, the internal trust enabled shared action within the central mechanism of crisis management which allowed to achieve major breakthroughs in resilience building through the foreseen mechanisms of change. Second, as demonstrated by the examples of the hospitals' clusters and collaboration with NGOs, mechanisms such as network-based collaboration might only enable major breakthroughs in resilience building when centrally steered and supported by politicians.

It is important to note that while some decisions guided by the (dominant) logic of consequentiality contributed to strengthening the resilience of governance arrangements by increasing their long-term robustness, resourcefulness and rapidity (Birkland & Warnement, 2014), some of them were focused on increasing systemic resilience for the situation at that time. For example, strong guidance by politicians and political appointees in low-trust environments helped to overcome bottlenecks in the public sector. However, at the same time it might have withheld learning and integration of past experiences to strengthen the system. In other words, the major top-down developments in resilience were not internalized enough to be further nurtured based on the logic of appropriateness. As a result, often the system 'bounced back' and the previous equilibrium was restored after dealing with the first wave of the crisis (Ansoll et al., 2021; Duit, 2016).

Meanwhile, the use of the logic of appropriateness was rarer. As expected, it was employed mainly in professional communities marked by prior history of cooperation, high trust and guided by shared norms or procedures. In some cases, decisions based on this logic led to higher levels of adaptation to the current context of crisis, building of trust, partnership skills among multiple stakeholders and readiness to respond in the long-term (Parker et al., 2020). On the other hand, our research highlights that the dominance of the logic of appropriateness might also challenge resilience building. The following of standard operating procedures and collaboration with usual partners makes it exceedingly difficult to innovate and flexibly adapt to a dynamic environment.

Our research not only reveals the linkage between the dominant logic of action, mechanisms and type of resilience building but also points to the diverging impact of the major breakthroughs and incremental resilience building. Examples such as the development of the tailored COVID-19 crisis management mechanism, preparation of the COVID-19 management strategy or the use of recommendations of medical experts refer to 'highly contextual adaptations' (Boin & Lodge, 2016, p. 294). Despite contributing to the resilience at a particular time of crisis management, continuous political attention or a switch to the logic of appropriateness, is necessary for their sustainability. On the other hand, practices such as the development of partnerships with NGOs may incrementally increase resilience through the strengthening of capacities in public institutions.

There is widespread agreement that such massive disruptions as COVID-19 can and will happen in different policy areas in the future. However, our findings reveal that resilience of governance was strengthened primarily as a by-product of managing the ongoing crisis with limited use of thorough designing (Boin & van Eeten, 2013) in Lithuania. As a result, even though the system became more resilient to the challenges it was facing at the time, it did not in many cases 'bounce forward' by changing institutions, processes and instruments to meet emerging conditions. The ways of thinking about building a more resilient system for absorbing and recovering from similar systemic threats had not changed much by the end of 2020. Therefore, it is important to engage in strategic choices during economic, social and budgetary decision-making to better prepare for potential pandemic-like threats in the future while developing more resilient governance arrangements.

Taken together, our research shows that, to explain the development of resilience, it is important to look beyond individual factors and bring the context as well as interaction of actors within the crisis management network into the analysis. We provide two main mechanisms behind resilience building that are available for replication and comparison, but further analysis is required to better explain their relationship with different elements of resilience. It is important to find out when major breakthroughs or incremental changes help only to overcome the immediate turbulence and return to the prior order, and when they lead to the strengthening of systemic resilience, that is, to the position where the systems emerge stronger from the crisis for the long term. In addition, examples marked by mixed contextual features (such as the establishment of an advisory body of medical experts) should be analysed more elaborately to better link the particular combination of contextual characteristics and mechanisms of resilience building. Finally, a comparative analysis of crisis management in a few (Central and Eastern) European countries characterized by variation in contextual, political, policy or governance conditions could shed more light on how resilience building evolves within crisis management networks and present more evidence on the extent to which this case study of Lithuania is typical of the postcommunist countries.

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DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

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ENDNOTES

- ¹ Since these elements are context-dependent (Lang, 2012), they might be a subject to change due to the specific circumstances of the pandemic.
- ² The term refers to action, which is constrained by limited resources (such as information or time) and institutions (such as norms and cultural beliefs), and thus oriented towards a satisfactory solution.
- ³ About 1400 publicly available emergency management decisions and their changes were announced by SEOC from February to December 2020.
- ⁴ The Ministry of Social Security and Labor is responsible for the development of NGOs in the country.

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