**Organising care in a time of COVID-19**

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**Call for Contributions**

Around the world, the COVID-19 pandemic has prompted radical transformations in organisation and delivery of health and care services. In many countries, policy makers have rushed to re-organise care services to meet the surge demand of COVID-19, from re-profiling or re-purposing existing services to creating new emergency 'field' hospitals.

Such strategies signal important and sweeping changes in the organisation of *both* 'COVID' *and* 'non-COVID care, whilst asking more fundamental questions about the long-term organisation of care 'after COVID'. This includes, for example, unprecedented patterns and levels of funding; new ways of governing, managing and leading services; and the reconfiguration of clinical teams and frontline care delivery. In some contexts, COVID-19 has exposed the fragilities and vulnerabilities of long held ways of organising care, especially where services operate at the very brink of resource constraints or at near full capacity. In others, it has shown how services are organised to be more resilient and adaptive to unanticipated pressures and surge demand.

Although these unprecedented changes in the organisation and governance of health and care services have emerged in response to a particular challenge, there is every possibility that they will ask more fundamental and long-lasting questions, not only about how services might prepare for and deal with pandemic-like events, but how nations should organise and govern services more broadly. One of the key challenges for the future is how (and whether) health systems return from 'crisis mode' to more customary ways of organising and delivering care, or whether a 'new normal' of care organisation becomes institutionalised, especially if a vaccine for Coronavirus is not forthcoming. The COVID-19 pandemic might therefore represent a more fundamental watershed in the funding, organisation and delivery of health and care services, in which policy-makers, professionals and citizens re-appraise their norms and expectations for care. Longer term, and when this present crisis abates, the relationship between the state, health professions and the public is likely to be the subject of significant re-appraisal. The post-crisis period may see in some context more authoritarian State policies continuing to regulate and govern economic recovery, whereas in other contexts political solutions may favour a minimalist State with a return to more market orientations to rebalance public finances.

The Covid-19 pandemic presents a rare opportunity to examine empirically and to develop new theoretical frames on how and why health systems adapt to such unusual and intense

pressures. There is a pressing need to reflect upon and consider how responses to COVID-19 are transforming the organisation and governance of health and care services. The responses appear to unsettle long-established institutions or at least reveal instances of institutional plasticity as established ways of working become stretched and re-fashioned. These changes also bring to the fore new questions about strategic leadership at local, regional, national and transnational level, especially the precarious relationships between political leadership, services leadership and the scientific community. There is also an urgent need to consider how changes in the organisation of care might be transforming the day-to-day realities of care work, such as new leadership and authority structures, the remaking of professional boundaries, or the emotional and psychological work of COVID-19 care.

As such, there is an urgent need for research that engages with existing research and theory on pandemic and crisis management, but also draws upon complementary and critical social science theories as applied to questions of health and care organisation, governance, leadership, management, professionalism, expertise and care. We also recognise that such theories might be rooted in modes of organising that are now being recast and, as such, our established ways of thinking about and analysing care services might also be the subject of critical re-appraisal? There is also a need to look within and between care systems to understand how and why specific approaches are being implemented in some contexts, but not in others. Equally, it is important to understand why some modes of organising COVID-19 care appear almost isomorphic at the international level, with the spread of ideas between countries and rapid re-institutionalisation rarely seen in the health and care sectors. By drawing together the experiences of health care systems around the world, this collection can make a unique comparative analysis of the policy and organisational responses to COVID-19. The collection will also provide a timely platform for critical and provocative enquiry, with the expectation to publish before the end of 2020. Specific areas of enquiry and debate might include:

- The formulation, translation and Implementation of transnational, national and regional policies for service organisation and delivery

- The role and spread of evidence and expertise in policy-making and service innovation

- Changes in workforce re-configuration

- Organisational and inter-organisational innovation

- The role and limits of prevailing leadership and management approaches

- The interface of political, policy, managerial and clinical leadership

- Technology adoption and spread

- Changes in the social organisation of (team) work at the point of care

- The contribution of improvement methodologies and systems to how change is realised

- The impact on care services not directly involved in the direct provision of COVID-19 care, such as primary care, cancer, mental health and public health services

- The longer-term organisation and governance of care in a 'post-COVID' era

We **invite proposals** (abstracts of between 300 and 500 words) for contributions that offer theoretically-informed commentary and analysis of policy, organisational and management response to COVID-19 in different regional or national contexts.

The deadline for submission of abstract proposals is **23rd May 2020.** Please email abstracts to **j.waring@bham.ac.uk**

We anticipate selecting between 10-12 contributions for inclusion reflecting differences in focus, theory and national/regional context.

Papers selected for inclusion will be invited to participate in a virtual workshop to discuss common themes, and each author(team) will be supported through virtual meetings with the editors.

As there is likely to be limited scope for empirical data collection given the challenges of carrying out field research at this time, we are open to contributions that offer critical analysis of policies, media and social media, secondary data and routine service data, where available, but importantly we encourage contributions that drawn and advance relevant social science and organisational theory. The anticipated length of accepted contributions will be between 5000-6000 words with an anticipated submission date of September 2020.

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The Society for Studies in Organizing Healthcare (SHOC; shoc.org.uk) is pleased to support this initiative. At such a time of global crisis, change in the organisation and delivery of health care is widespread and dramatic. The SHOC community of international scholars can play a key role in responding to this unprecedented crisis by synthesising research, disseminating evidence, and advocating for effective, equitable and sustainable improvements. http://shoc.org.uk/publications/