Hospital management in post-Covid France: project-based management as a strategic response[1]

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Abstract

The Covid-19 pandemic generated a major health crisis, exposing French hospitals to unprecedented organizational and managerial challenges. Against this backdrop of extreme uncertainty, hospitals massively adopted project-based management as their management method. This model, based on flexibility, adaptability and a temporary organization focused on achieving specific objectives, has enabled hospitals to respond rapidly to health emergencies. The aim of this article is to analyze this in-depth transformation, identifying its operational advantages, practical limitations and long-term strategic implications.

Key words: Project-based management, hospital management, Covid-19, organizational adaptation.

Introduction and issues

The Covid-19 pandemic, declared by the World Health Organization in March 2020, represented an unprecedented health shock for healthcare systems worldwide. In France, hospitals, long structured around a traditional bureaucratic and hierarchical organization, were faced with a massive and rapid rise in patient load, a shortage of resources (medical, logistical and human) and the imperative to rethink their operating modes to respond to the emergency (Moisdon, 2020). This exceptional situation has highlighted the limits of the traditional managerial model: lengthy procedures, cumbersome decision-making circuits and disciplinary silos have sometimes slowed down the necessary responsiveness to rapidly evolving crises.

It is in this context of extreme tension that project-based management has emerged as a promising alternative. Heir to methodologies initially developed in industry and the technology sector (Midler, 2019), this managerial paradigm is based on the creation of cross-functional teams, the establishment of clear, measurable objectives, and the setting of a timeframe and resources dedicated to a precise objective (Kerzner, 2017). Its "temporary" dimension and flexibility enable

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us to free ourselves from bureaucratic rigidities, promoting decentralized decision-making and rapid adaptation to changes in the environment.

And yet, while the use of projected logics increased during the crisis - with the implementation of crisis cells, dedicated Covid units or ad hoc coordination mechanisms - few studies to date have systematically and thoroughly analyzed the appropriation of these practices by French hospitals, and their potential to become sustainable management tools. Understanding how these new governance methods have become established, what effects they have had on operational performance, and what conditions are necessary for them to endure, is a major challenge for public decision-makers and hospital managers.

Study objectives:

- Documenting the genesis and implementation of project-based management in French hospitals during and after the Covid-19 crisis.
- Assess the concrete operational impact of this model on responsiveness, team coordination and quality of care.
- Identify the obstacles and levers for sustaining these practices, particularly in terms of training, institutional support and the risk of reverting to previous management methods.

Following on from this introduction, the article is structured around four main sections: the theoretical framework (revisiting the foundations of project-based management and its applications in healthcare), the methodology (describing the qualitative approach and documentary analysis), the results (presenting the main lessons drawn from the interviews and internal reports), and finally the discussion and recommendations (focusing on the strategies to be put in place to consolidate these managerial innovations). This structure is designed to guide the reader from contextualization to the development of concrete courses of action, while ensuring academic rigor and operational relevance for hospital players.

I. Theoretical framework

The theoretical framework of this study draws on several currents in the literature on project management and hospital organization, in order to shed light on the relevance and integration mechanisms of project-based management in French hospitals.

1. Origins and principles of project-based management

The origins of project-based management date back to the major infrastructure programs of the early XXe century, but it was really in the 1950s that the discipline took shape with the development of the PERT (Program Evaluation and Review Technique) and CPM (Critical Path Method) methods for managing American space and military programs. These pioneering techniques introduced the idea of graphically representing interdependencies between tasks and closely monitoring deadlines, paving the way for a systematic formalization of project planning

(Hobday, 2000). Over the decades, the field of project management became increasingly professionalized: the creation in 1969 of the Project Management Institute (PMI) and the publication in 1987 of the PMBOK Guide, structured a body of best practices organized into knowledge domains such as scope, cost and quality management (Project Management Institute, 2017).

At the heart of project-based management is the notion of a clearly defined timeframe. Each project is conceived as an ephemeral entity with a beginning, intermediate milestones and a close, which directs the efforts of stakeholders towards achieving precise deliverables rather than maintaining routine operations. This temporary organization is complemented by the definition of SMART objectives (Specific, Measurable, Acceptable, Realistic and Time-bound), enabling objective evaluation of success and mobilization of teams around shared criteria (Doran, 1981).

Project-based management also relies on a matrix structure, where contributors retain their hierarchical reporting lines while being brought together in dedicated cross-functional teams. This duality optimizes the allocation of skills and resources, while ensuring effective horizontal coordination. The project lifecycle takes place in five successive phases - initiation, planning, execution, control and closure - each of which is subject to specific methods and tools to guarantee rigor and traceability (Kerzner, 2017). Proactive risk management, via the creation of a hazard register and the implementation of contingency plans, is also a fundamental pillar: far from being a mere formality, it anticipates potential threats and organizes rapid responses in the event of deviations from the initial plan (Hillson, 2003).

While the discipline was initially driven by the industrial and high-tech sectors, its principles have gradually spread to the public sector, where projects such as equipment construction or the implementation of hospital information systems have demonstrated the benefits of flexible, structured management. In the healthcare sector, the Covid-19 crisis was a real-life test of this approach: faced with an emergency, hospitals made extensive use of project-based logics - creating crisis cells, rapidly deploying new units - illustrating the relevance of this paradigm in complex contexts with high vitality stakes (Müller & Turner, 2010).

2. Project management and complex sectors

In environments marked by a high degree of uncertainty and complexity - such as the aerospace industry, information technology or the healthcare sector - traditional management based on rigid hierarchical structures rapidly reaches its limits in the face of unforeseen and rapidly changing needs. It is in these contexts that project-based management has come into its own, offering a framework that is both structured and sufficiently flexible to simultaneously meet the demands of continuous innovation and multi-criteria coordination. Indeed, the very nature of projects, designed to address a precise objective within a given timeframe, lends itself particularly well to the management of complex programs where the rapid mobilization of diverse skills is essential (Müller & Turner, 2010).

Henry Mintzberg (2012) highlights the need for organizations operating in such spheres to alternate between a "professional" logic - which values expertise, specialization and the autonomy of players - and an "ad hoc" logic - focused on the immediate resolution of

critical problems. Project-based management embodies precisely this second dimension: it creates temporary teams backed by a clearly defined goal, endowed with the necessary latitude to make decisions without going through the usual administrative red tape. In the healthcare sector, for example, the setting up of crisis units or temporary Covid units has illustrated how this approach can speed up the planning and execution of vital actions, while allowing lessons learned to be fed back into day-to-day practices.

Furthermore, the interdisciplinary coordination facilitated by project-based management is an effective response to the need for convergence between different areas of expertise. In an aerospace project, engineers, logisticians, financiers and quality managers have to work together; similarly, in a hospital, doctors, nurses, pharmacists and administrators share a common objective - optimal patient care - while each retaining their own specific know-how. The matrix structure specific to projects enables these players to collaborate closely, circulate information and continuously adjust resources and priorities, thus improving organizational resilience in the face of hazards (Müller & Turner, 2010).

3. New public management paradigms and hospital governance

Since the 1990s, the rise of New Public Management (NPM) has profoundly transformed the way public organizations, and hospitals in particular, are managed. Inspired by private-sector management methods, NPM aims to increase the efficiency and accountability of public services by introducing mechanisms such as evaluation by objectives, decentralization and incentives for innovation. In the French hospital context, this has led to the widespread use of dashboards measuring performance indicators (bed occupancy rates, average treatment times, costs per day of hospitalization), enabling hospital management to steer their activities on a quantified and comparable basis (Hood, 1991). This data-driven approach has helped to increase transparency with regard to supervisory authorities and users, while at the same time making local managers accountable for quantified results.

Traditional bureaucratic verticality, characterized by long, centralized decision-making processes, has given way to a gradual decentralization of decision-making power. Department heads and department managers have thus gained autonomy to adjust their human and material resources in line with the objectives set by their establishment or by the Agence Régionale de Santé (ARS) (Auby, 2004). This transfer of responsibilities provided the organizational flexibility that was essential during the Covid-19 crisis, enabling managers in the field to react rapidly to fluctuations in demand and logistical constraints.

Finally, the NPM has encouraged a culture of continuous improvement, where innovation is no longer confined to research laboratories, but becomes an operational imperative. Hospitals have set up formalized quality and feedback processes, treating every project (departmental reorganization, equipment deployment, adaptation to Covid patient flows) as an opportunity for learning and progress. This approach has laid the foundations for prior acceptance of project-based management, whose tools and methods (project reviews, steering meetings, regular reporting) are now seen as classic levers of hospital governance.

4. Specific features of the hospital sector

The hospital sector is characterized by the cohabitation of numerous stakeholders - patients, doctors, nurses, administrative managers, pharmacists, biomedical engineers, health authorities - each of whom operates according to their own professional logics and decision-making frames of reference. This multiplicity of players increases the complexity of any project, making it essential to coordinate and define clear processes to avoid conflicting priorities and guarantee therapeutic coherence (Mintzberg, 2012). In this context, project-based management, with its matrix structure and defined roles (project manager, sponsor, project team), makes it possible to unite these players around shared objectives and dedicated communication channels.

Risk management is crucial: any lack of coordination or monitoring can compromise patient safety and lead to critical incidents. Hospitals, already subject to strict standards (hygiene, waste management, fire safety), must integrate compliance with these regulatory imperatives into every phase of the project, from design to completion. In this way, risk registers and quality control procedures become not only compliance tools, but also fundamental guarantees of personal protection.

In addition, the regulatory and financial environment is particularly restrictive. Subject to ARS directives and budgetary envelopes negotiated with the health insurance scheme, hospitals must justify every investment and expenditure through performance indicators and regular audits. This budgetary pressure reinforces the need for rigorous planning and ongoing project evaluation, qualities inherent to project-based management and which contribute to optimizing the use of resources in a context of financial restrictions.

5. Integrative framework: contingency and governance by numbers

To understand the rise of project-based management in the post-Covid context, it is essential to remember contingency theory, which states that the effectiveness of an organizational structure depends on its suitability to the external environment (Donaldson, 2001). Faced with a sudden shock such as the pandemic, hospitals had to adopt a more flexible and modular mode of governance, capable of responding to rapid variations in demand for care. Project-based management, with its temporary, results-

oriented dimension, offers this flexibility, by constantly adjusting resources and processes to current constraints.

This model also fits in with the logic of governance by numbers, whereby decisions are made and evaluated on the basis of reliable quantitative indicators (Porter, 1997; Pickard, 2008). Project deliverables - monitoring reports, indicator dashboards, cost-benefit analyses - fit naturally into this culture of quantification, providing tangible proof of the effectiveness and efficiency of the actions undertaken. By combining these two perspectives, the theoretical framework developed shows that project-based management goes beyond the role of a simple operational tool: it becomes a fully-fledged mode of governance, combining agility, rigor and performance-based steering - qualities that are now essential for a hospital system in perpetual adaptation.

6. Articulating theoretical frameworks

The integration of project-based management in post-Covid French hospitals can be understood as the convergence of four major theoretical currents: New Public Management, contingency theory, governance by numbers and the organizational specificity of the hospital sector.

First of all, New Public Management (NPM) paved the way by legitimizing the transposition of methods from the private sector - including project-based management - into public organizations. By introducing evaluation by objectives, decentralization and continuous improvement, the NPM provided hospitals with a vocabulary and tools (dashboards, performance reviews, reporting) that have become the foundation on which the project discipline is built today (Hood, 1991; Auby, 2004).

Secondly, contingency theory provides the key to explaining why this migration is not just another managerial modality, but a structural necessity. According to Donaldson (2001), it is the match between the complexity of the environment and the flexibility of the organizational structure that guarantees performance. Faced with the volatility of patient flows and the constant unpredictability of health crises, hospitals have had to adopt modes of governance capable of rapidly adjusting their resources and processes - an essential feature of project-based organizations.

At the same time, governance by numbers has reinforced the appeal of project management, since it places particular emphasis on quantitative indicators and quantified proof of effectiveness. Project deliverables - progress reports, cost-benefit analyses, risk indicators - naturally find their place in this logic of data-driven management, which reassures both supervisory bodies (ARS, health insurance) and internal teams by offering transparency and traceability of decisions (Porter, 1997; Pickard, 2008).

Finally, the specific nature of hospitals, with their multiplicity of players and high levels of responsibility, demands fine-tuned coordination and rigorous risk management. The

matrix and ephemeral structures of project-based management make it possible to respond to these constraints by clearly defining roles, channeling information flows and ensuring compliance with regulatory standards.

By combining these perspectives, we understand that project-based management is not an isolated addition, but a hybrid mode of governance: it is based on the NPM principles of efficiency and accountability, it derives its legitimacy from contingent adaptation to an unpredictable environment, it is part of a culture of costing promoted by governance by numbers, and it meets the coordination and safety requirements specific to the healthcare sector. This theoretical articulation sheds light on the ability of French hospitals to transform a crisis dynamic into an opportunity for sustainable organizational innovation.

Feature	Traditional Hospital Management	Project-Based Management
Decision-Making	Centralized, hierarchical	Decentralized, team-based
Timeframe	Continuous, routine	Temporary, milestone-driven
Structure	Functional, siloed	Matrix, cross-functional
Focus	Standard operations	Specific objectives and outcomes
Evaluation	Long-term KPIs	Real-time deliverables and progress monitoring

II. Methodological framework

This research adopts a qualitative approach aimed at gaining an in-depth understanding of how project-based management was adopted and adapted in French hospitals in the wake of the Covid-19 crisis. To grasp the complex dynamics of this organizational transformation, three complementary methodological strands were implemented: a systematic literature review, semi-structured interviews and a documentary analysis.

1. Systematic literature review

In order to establish a solid theoretical foundation and identify existing work on hospital crisis management and project-based management, we conducted an exhaustive search of the PubMed, ScienceDirect, HAL and Cairn.info databases. Keywords included "project-based management", "hospital", "health crisis", "Covid-19" and "New Public Management". Inclusion criteria focused on publications from 2000 to 2024, in French or English, dealing explicitly with organizational

transformation projects in healthcare. After screening and eliminating duplicates, 48 articles and reports were selected for analysis, providing a detailed conceptual framework to guide the empirical phase.

2. Semi-structured interviews

To capture perceptions and feedback from the field, 15 professionals from ten public and private hospitals in four French regions were recruited: five department heads, four hospital directors, three administrative managers and three nursing managers. The interviews, lasting an average of 60 minutes, were conducted between January and March 2025, either face-to-face or by videoconference, using an interview guide structured around three axes: motivations for implementing project approaches, observed changes in practice and obstacles encountered. Each interview was recorded and transcribed in full.

3. Documentary analysis

To complement individual viewpoints, we collected and examined 22 institutional documents issued after March 2020: hospital annual reports, crisis cell minutes, internal project management protocols, and directives from the

Agence Régionale de Santé (ARS). These documents provide an overview of formalized strategic orientations, monitoring indicators deployed, and institutional feedback aimed at capitalizing on the lessons learned from the crisis.

4. Data processing and analysis

Interview transcripts and document extracts were imported into NVivo coding software, where they were subjected to thematic analysis. We first carried out open coding, aimed at identifying emerging categories (e.g. "organizational flexibility", "team overload", "role of the project manager"), followed by axial coding to link these categories together. Finally, selective coding was carried out to bring out the major structuring themes of the study: adoption of project practices, operational impacts and conditions for sustainability. The triangulation of the three data sources (literature, interviews, documents) strengthened the internal validity of the results and ensured a rich and nuanced understanding of the dynamics at work.

Figure 4: *Matrix of Stakeholder Roles in Project-Based Initiatives*

III. Results

1. Accelerated emergence of project-based management during the Covid-19 crisis

At the very start of the pandemic, French hospitals found themselves faced with an unprecedented situation: soaring patient numbers, medical protocols evolving on an almost daily basis, and an imminent shortage of equipment and staff. To respond to this emergency, many establishments set up crisis cells as early as March 2020, operating on the model of a fully-fledged project. One nurse remembers:

"In March 2020, we set up an operational unit dedicated to Covid overnight. Until then, no one had envisaged such a decision-making perimeter outside the director. This team acted like a mini-project: planning, resources, responsibilities - it was all there."

In these crisis cells, the project logic took concrete form in the establishment of very clear milestones: defining each morning the number of beds to be freed up, planning the reassignment of care staff and anticipating critical stock requirements. Daily flash meetings, limited to twenty minutes, were held to review three key indicators (occupancy rate, consumable stocks, available workforce), prioritize actions and implement decisions immediately.

This methodology was soon extended beyond crisis units. Several hospital directors report that project management served as a sandbox for other urgent transformations: the restructuring of intensive care units, the introduction of a Covid-secure circuit in emergency departments, or the in-house creation of production lines for gowns and masks. Each initiative was framed as a project, with a designated project manager, a tight schedule and formalized milestones.

The reallocation of resources, another pillar of this approach, took place at unprecedented speed. Where, under normal circumstances, the reallocation of a department would require several weeks of procedures, the project method enabled

beds, respirators and staff to be redeployed in a matter of days. A doctor in charge of the department explains:

"We deployed a new type II intensive care unit in 48 hours, diverting ventilators, beds and staff from other units. All thanks to a simplified project plan, validated by the crisis unit, which freed us from the usual procedures."

In just a few weeks, the culture of controlled risk-taking and decentralized decision-making spread throughout the company. Division managers, usually confined to budget monitoring tasks, became true pilots of operational projects, empowered to immediately adapt the scope of their teams. This managerial revolution, born of urgency, has highlighted the ability of hospitals to transform themselves into agile organizations, capable not only of reacting to crises, but also of anticipating their evolution.

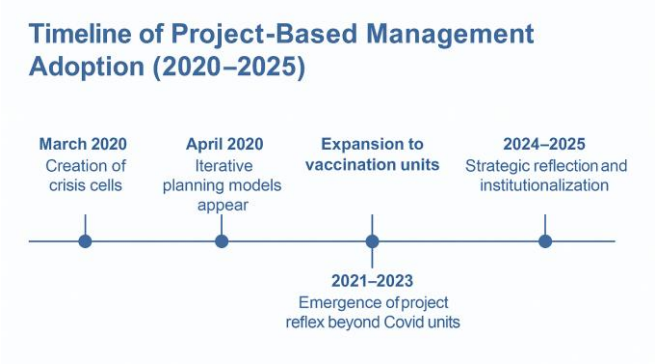

Figure 1: *Timeline of Project-Based Management Adoption (2020- 2025)*

2. Identified benefits of project-based management (In-depth)

2.1 Improving operational responsiveness

One of the major benefits of project-based management identified in our interviews is the ability to anticipate and plan proactively for changes in the crisis. Where traditional management often proceeded by successive reactions, project logic has introduced iterative cycles enabling working hypotheses to be continually updated and resources adjusted. A biomedical engineer testifies:

"Thanks to iterative planning, we were able to anticipate a second wave as early as April 2020, by modeling different patient flow scenarios. This enabled us to increase our orders for ventilators and essential drugs before the shortage."

This example illustrates how the adaptive planning phase works: each sprint - typically lasting one to two weeks - concludes with a review session where the team compares the results obtained with forecasts, updates priorities and reallocates staff and equipment accordingly. In this way, hospitals have been able to move from reactive management, dependent on daily statistics, to management oriented towards forecasting and the preparation of several scenarios, significantly reducing response times to new epidemic waves.

2.2 Strengthening interdisciplinary cohesion

Project-based management has also encouraged the emergence of informal networks and cross-functional steering committees involving all the hospital's professional categories. Where previously meetings were limited to monodisciplinary committees, Covid projects have imposed governance bodies bringing together doctors, logisticians, pharmacists, engineers and administrative staff. As one medical executive reports: “I now know the logisticians, purchasing managers and financiers by their first names. Before, I only met them at the monthly committee meetings. These links have lasted after the crisis and now make it easier to set up new projects”.

This increased porosity between disciplines has had two concrete effects. Firstly, it has led to a better understanding of each other's needs and constraints, thus reducing conflicts of priorities: a logistics manager now knows why an intensive care unit may urgently require specific equipment, without having to justify himself indefinitely. In addition, collegial decision-making in these committees has strengthened cohesion, with each participant feeling invested with a shared responsibility. This has strengthened the sense of collective belonging, making it easier to mobilize teams for new projects, even outside a crisis context.

2.3 Smooth internal communication

Finally, the regular introduction of stand-up meetings and morning flash points has transformed internal communication practices. Inspired by agile methods, these short meetings (usually 10 to 15 minutes) focus exclusively on deviations from the plan, freeing teams from interminable meetings often deemed unproductive. An administrative executive describes :

"The 15-minute meetings each morning replaced two-hour meetings. We only discussed deviations from the plan and immediately defined corrective actions."

This condensed format has several advantages: it forces upstream preparation from each participant - everyone knows exactly what they have to report - and it establishes a rhythm of continuous follow-up, which maintains alignment between management and operational staff. Feedback shows that this type of meeting not only speeds up decision-making but also creates a space of transparency where everyone can bring up a problem before it escalates. In times of crisis, this fluidity of communication has proved crucial in avoiding breakdowns in coordination and guaranteeing a concerted response to health emergencies.

Dimension	Identified Benefits	Reported Challenges
Responsiveness	Rapid resource reallocation, anticipatory planning	Fatigue due to project cycles without recovery periods
Interdisciplinary Work	Enhanced collaboration and communication across roles	Need for clearer role definitions and accountability
Communication	Agile formats (daily stand-ups, flash meetings)	Informal overload, lack of closure or celebration rituals
Adaptability	Iterative planning and scenario modeling	Uneven adoption across departments
Innovation	Emergence of local solutions, flexibility in execution	Lack of formal project culture and training

3. Observed limits and challenges

3.1 Risk of saturation and burnout

While project-based management offered a clear structure and rapid processes, its intensive deployment also weakened the hospitals' human capital. Professionals have experienced a succession of project cycles with no let-up phase: initiation of a Covid cell, launch of the vaccination campaign, redeployment of beds for other pathologies, etc. This lack of organizational breathing space has resulted in physical fatigue (overtime, on-call duty, etc.) and mental fatigue (stress, anxiety, etc.). This lack of organizational breathing space is reflected in increasing physical fatigue (overtime, on-

call duty) and psychological fatigue (stress, anxiety). As one department head nurse reports:

"By the third month, some caregivers started saying they could no longer manage a follow-up meeting. We could feel a complete rejection of the very concept of a 'project meeting' - even though it was supposed to help us."

The lack of closing rituals to debrief, acknowledge successes and capitalize on mistakes accentuated this wear and tear. Without these moments of celebration and reflective reflection, staff were unable to digest accumulated tensions, which slowed their commitment to subsequent projects and exacerbated turnover in some departments.

3.2 Insufficient preparation and training

The lack of initial training in project management was seen as a major handicap. Professionals had to invent practices and adapt crude tools (Excel spreadsheets, manual schedules) to structure their approach. One quality manager lamented:

"We cobbled together Gantt charts on Excel without knowing whether they really met the needs of a hospital project. I spent a weekend reading the ISO standard... without understanding how to apply it to our concrete issues."

This self-taught learning curve may have sufficed in acute crisis situations, but in the longer term reveals a lack of organizational maturity. Several interviewees suggested the creation of transversal project management units within ARS or CHU, tasked with developing certifying training courses, leading communities of practice and disseminating validated best practices (risk tools, budget estimation methods, project communication).

3.3 Sustaining project practices: between opportunism and institutionalization

One of the most glaring challenges is the threat of regression to traditional bureaucratic logics. In several establishments, crisis units have been disbanded without leaving any formal trace in standard procedures. A division manager analyses:

"Anything that isn't enshrined in a repository or operational manual disappears when the pressure is off. Our project processes, though effective, have slipped off the radar."

To anchor project-based management in the permanent structure of hospitals, it is necessary to :

- Develop a standardized hospital project repository, incorporating feedback from the crisis and defining minimum roles, tools and deliverables.
- Include project indicators in hospital and ARS performance contracts, so that the success of initiatives is valued in the same way as clinical indicators.
- Set up communities of practice and mandatory post-project reviews, to preserve organizational memory and nurture continuous improvement.
- Dedicate permanent resources - project managers, data analysts, in-house trainers - to ensure that the project dimension no longer depends solely on the goodwill of crisis managers.

Without these mechanisms, project-based management risks remaining an opportunistic tool, activated in emergency situations but all too quickly abandoned once the crisis is over. Yet the next pandemic or other health crisis could strike at any time: the resilience of the French hospital system will largely depend on its ability to institutionalize these practices and maintain a balance between operational agility and staff well-being.

Discussion

This study highlights the indispensability of project-based management as a lever for agility in post-Covid French hospitals, while emphasizing that its institutionalization depends on three interconnected conditions. Firstly, ongoing team training is an essential prerequisite. Our interviews showed that "on-the-job" learning led to rapid gains in the crisis phase, but also to costly trial and error. Graduated training programs, starting with an awareness of project principles and culminating in certification, would guarantee not only the acquisition of theoretical skills, but also their practical appropriation through hospital case studies.

Secondly, the cultural integration of project-based management must go beyond the prism of crisis units. Project-based practices must become a "day-to-day" reflex, supported by communities of practice that regularly bring together project managers, caregivers and administrative staff to share feedback and improve processes. This organizational socialization would help to anchor the methodology in hospital routine and develop a sense of belonging to a collective approach to innovation.

The third critical factor is institutional support. ARS and ministerial supervisory bodies play a central role in formalizing project approaches in performance contracts, and in allocating long-term resources (dedicated project managers, appropriate digital tools, training budgets). Without this impetus, there is a real risk that these "exceptional" practices will become marginal once the pressure is off. On the other hand, an incentive framework - for example, through project indicators included in the evaluation of establishments - would ensure a continuous improvement dynamic.

***Figure 2**: The 3 Drivers of Institutionalization*

Finally, the Covid-19 crisis both accelerated and revealed the potential and limitations of project-based approaches in the healthcare sector. While it demonstrated the capacity of hospitals to

reorganize rapidly, it also highlighted the challenges of governance: balancing centralized decision-making and local autonomy, articulating regulatory requirements and operational flexibility, and managing staff well-being in the

face of a lasting intensification of work. Sustaining project-based management therefore requires comprehensive support, combining training, a culture of innovation and strategic steering.

Pillar	Strategic Action	Expected Impact
Training	Develop multi-level training programs on project management	Improve project maturity and reduce trial/error
Organizational Culture	Promote everyday use beyond crisis units	Normalize agile methods across departments
Institutional Support	Include project KPIs in performance contracts	Sustain long-term engagement
Dedicated Resources	Create roles: project leads, data analysts, internal trainers	Build internal capacity
Communities of Practice	Set up regular feedback and peer learning sessions	Foster innovation and memory retention

Conclusion

Hospital management in post-Covid France has been profoundly transformed by the widespread adoption of project-based management. This model made it possible to respond rapidly and adaptably to the unprecedented challenges posed by the pandemic, by facilitating the creation of temporary structures, the agile reallocation of resources and improved interdisciplinary coordination. These operational achievements helped to strengthen the hospital system's resilience in the face of the crisis.

However, to ensure that these innovations do not remain temporary parentheses, it is imperative that they become part of a sustainable dynamic. Institutional players - ARS, ministries, hospital management - must engage in a strategic reflection on the consolidation of project methods: formalizing guidelines, integrating them into evaluation policies and developing dedicated training courses. These measures will help transform hospital management culture, gradually moving towards greater agility, transparency and accountability.

In the medium and long term, the question of the social sustainability of project practices will be just as crucial. The ability to regulate the pace of projects, recognize efforts and provide staff with

breaks will determine the quality of working life and, ultimately, the efficiency of facilities. By combining formal support, a collaborative culture and strategic steering, French hospitals will not only be able to consolidate their post-Covid achievements, but also proactively prepare for future health shocks and the challenges of a changing healthcare system.

Figure 3: *From Crisis Management to Agile Governance*

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