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Exploring organisational agility in healthcare: a case study investigation

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APPENDIX B: The Self-Completion Questionnaire



Enabling Organisational Agility and Flexibility in Healthcare

This research project is currently being undertaken as part of a *Doctor of Philosophy* (PhD) investigation concerning *Organisational Flexibility and Agility Management* in the *National Health Service* (NHS).

The major aim of this research project and consequently this Self-Completion Questionnaire is to underpin flexibility and agility in management in healthcare organisations operating within the NHS, represented by NHS Hospitals/Trusts. This will be achieved by exploring a set of factors and capabilities required to facilitate a flexible and responsive organisation, which is capable of achieving congruence with an environment that is continuously altering its demands and requirements and, thus, challenging organisations operating within it to continuously keep up with its requirements and pressures.

- Since this Self-Completion Questionnaire is being administered as part of a **case study** of your Trust/organisation, a considerably **high response** to this questionnaire is believed to provide a more representative view of the situation in your Trust/organisation and, thus, enrich and add value to the “*Research Analysis and Main Findings*” report submitted to your Trust.
 - Based on this, your response to this questionnaire is extremely important to the success of this PhD study and it will be treated as **strictly confidential**. **No reference** will be made to any individual or to any hospital by name, and no personal information will be disclosed to any third party.
 - The researcher, thus, guarantees **ABSOLUTE ANONYMITY AND CONFIDENTIALITY** and that all information will be dealt with for the sole purposes of this PhD Research Project only.
 - As an appreciation for agreeing to take part in this questionnaire survey, we shall be pleased to provide you with a full copy of the “*Research Analysis and Main Findings*” report. Copies will be made available with NAME OMITTED TO PROTECT ANONYMITY AND CONFIDENTIALITY located at Trust Headquarters, when the report is ready. Would you please indicate your wish to obtain a copy to --- when returning the completed questionnaire.
- Upon the completion of this questionnaire, would you please return the completed questionnaire, enclosed in the provided labelled envelope, to NAME OMITTED TO PROTECT ANONYMITY AND CONFIDENTIALITY located at Trust Headquarters by **Thursday 10th April 2003** at the latest. I (*the doctoral candidate*) will collect the envelopes containing the completed questionnaires from the Trust in due course.

Thank you very much for your kind and much-appreciated co-operation.

Sincerely yours,

Professor Mike Waddington
(Director of Studies)
Professor of Management
Associate Dean For Quality
Assurance and Assessment
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Please indicate in which hospital you are working: _____

Options deleted to protect anonymity and confidentiality

Please indicate your Job Title/Position: _____

First Part

The First Part of The Questionnaire aims to establish How the Concept of Organisational Agility is Understood and Perceived in Hospitals Operating Within The National Health Service (NHS).

- ♦ The following are a number of definitions related to the concept of organisational agility”. (Definitions a-f)

Question 1: - After reading these definitions, and based on your experience: -

- Please choose the definition, which you feel is **the most suitable/relevant** to the context of *enabling your hospital, as an organisation concerned with the management and delivery of healthcare services, to respond to change.*
- Also, please choose the definition, which you feel is **the least suitable/relevant** to the context of *enabling your hospital, as an organisation, concerned with the management and delivery of healthcare services, to respond to change.*

Definitions

- a. “An organisation-wide capability to respond rapidly to market changes and to cope flexibly with unexpected change in order to survive unprecedented threats from the business environment.”
- b. “The ability to thrive in an environment of continuous and unpredictable change.”
- c. “The successful exploitation of competitive bases (speed, flexibility, innovation proactivity, quality and profitability) through the integration of reconfigurable resources and best practices in a knowledge-rich environment to provide customer-driven products and services in a fast changing market environment.”
- d. “The ability to move or act quickly and easily”
- e. “The ability to co-ordinate and integrate selectively physical resources, people and processes, knowledge and skills- regardless of their location; whether within an organisation or in other organisations: suppliers, partners, or even customers themselves- required to create, produce, deliver, and support a constantly changing mix of goods and services for changeable markets.”
- f. “A set of capabilities organisations use to respond and adapt to various demands and opportunities that are a part of dynamic and uncertain competitive environments.”

Please write the letter (a to f), which corresponds to the chosen definition.

Question 1.1: - Most Suitable/Relevant Definition: _____

Question 1.2: - Least Suitable/Relevant Definition: _____

Question 1.3: - Please briefly indicate why you have chosen the definition, which you feel is the most suitable/relevant:

Question 1.4: - Please briefly indicate why you have chosen the definition, which you feel is the least suitable/relevant:

Question 2: - To what extent do you think the following definition is suitable for use within your organisation/hospital, for explaining what Organisational Agility means?

Organisational Agility refers to: - “The ability of the organisation to thrive in an uncertain environment that is characterised by dynamic and unpredictable change, through a set of capabilities which enable it to respond and adapt to various sources of change in the environment.”

1 2 3 4

Not Somewhat Suitable Very

Suitable At All Suitable Suitable

Second Part

The Second Part of The Questionnaire aims to identify The Perceived Need for Agility in Hospitals Operating Within The National Health Service (NHS). [Drivers of Agility]

Question 2 CONCERNS CHANGE: -

The following are a number of environmental factors, which this research project suggests affect your hospital, and which are constantly changing.

Question 2.1 From your experience, and using the scale provided, please rate **THE IMPORTANCE** of each of the following environmental factors, in terms of **the effect** which each has on the management and delivery of your health services and, thus, the well being of your hospital in responding to environmental change.

Question 2.2 Also, using the scale provided, please rate **THE AMOUNT OF CHANGE** that you perceive is taking place in each of these environmental factors.

Question 2.3 Finally, please rate **THE EXTENT TO WHICH** you think **THE RATE OF CHANGE** in each of these environmental factors **IS PREDICTABLE** (can be predicted)?

Potential Customers			
Environmental Factor:	Question 2.1 <u>Importance of The Effect</u>	Question 2.2 Amount of Change Taking Place	Question 2.3 Degree of predictability of Change
• The Requirements and Expectations of Patients	1 2 3 4 _____ Very Low Very High	1 2 3 4 _____ Very Low Very High	1 2 3 4 _____ Highly Predictable Highly Unpredictable Rate of Change Rate of Change
• The Demand made by Patients on your service(s)	1 2 3 4 _____	1 2 3 4 _____	1 2 3 4 _____
• The Requirements and Expectations of General Practitioners	1 2 3 4 _____	1 2 3 4 _____	1 2 3 4 _____
• The Demand made by General Practitioners on your service(s) (in terms of patient referrals)	1 2 3 4 _____	1 2 3 4 _____	1 2 3 4 _____
• The Requirements and Expectations of Primary Care Trusts	1 2 3 4 _____	1 2 3 4 _____	1 2 3 4 _____
• The Requirements and Expectations of Health Authorities	1 2 3 4 _____	1 2 3 4 _____	1 2 3 4 _____
Potential Competitors			
• The emergence of new Competitors in the form of Private Sector Hospital	1 2 3 4 _____	1 2 3 4 _____	1 2 3 4 _____

Potential Competitors (<i>continued</i>)			
<i>Environmental Factor:</i>	<i>Question 2.1 Importance of The Effect</i>	<i>Question 2.2 Amount of Change Taking Place</i>	<i>Question 2.3 Degree of predictability of Change</i>
<ul style="list-style-type: none"> <i>The emergence of new Competitors in the form of Overseas Healthcare Providers</i> 	1 2 3 4 _____ Very Low Very High	1 2 3 4 _____ Very Low Very High	1 2 3 4 _____ Highly Predictable Highly Unpredictable Rate of Change Rate of change
<ul style="list-style-type: none"> <i>Emergence of new Competitors in the form of Other NHS Trusts/ Hospitals</i> 	1 2 3 4 _____	1 2 3 4 _____	1 2 3 4 _____
Governmental/Political and Legislative Factors			
<ul style="list-style-type: none"> <i>Governmental Policies, Plans and Initiatives (Introduction of new initiatives and plans that affect the management and delivery of healthcare services)</i> 	1 2 3 4 _____	1 2 3 4 _____	1 2 3 4 _____
<ul style="list-style-type: none"> <i>The Use and Application of Hospital League Tables</i> 	1 2 3 4 _____	1 2 3 4 _____	1 2 3 4 _____
<ul style="list-style-type: none"> <i>Legislation/ Directives Pressures (e.g. European Working Time Directive)</i> 	1 2 3 4 _____	1 2 3 4 _____	1 2 3 4 _____
Technology			
<ul style="list-style-type: none"> <i>Innovations in Medical Technology (e.g. New Drugs; New Methods of Diagnosis and Treatment; etc...)</i> 	1 2 3 4 _____	1 2 3 4 _____	1 2 3 4 _____
Supply			
<ul style="list-style-type: none"> <i>Supplies of Workforce (e.g. professional staff including consultants, doctors, nurses)</i> 	1 2 3 4 _____	1 2 3 4 _____	1 2 3 4 _____
<ul style="list-style-type: none"> <i>Supply/ Availability of Medical Equipment</i> 	1 2 3 4 _____	1 2 3 4 _____	1 2 3 4 _____
<ul style="list-style-type: none"> <i>Supply of Financial Resources/ Public Funding</i> 	1 2 3 4 _____	1 2 3 4 _____	1 2 3 4 _____
Social Services			
<ul style="list-style-type: none"> <i>The Impact of Social Services on The Hospital</i> 	1 2 3 4 _____	1 2 3 4 _____	1 2 3 4 _____
Demographic Factors			
<ul style="list-style-type: none"> <i>Disease/ Illness Profile (Emergence/ re-emergence of diseases/illnesses)</i> 	1 2 3 4 _____	1 2 3 4 _____	1 2 3 4 _____

• <i>Population/ Demographic Profile (Age, Immigration, Distribution of Population)</i>	1 2 3 4 	1 2 3 4 	1 2 3 4
• <i>The Media (Reporting and coverage of the NHS)</i>	1 2 3 4 	1 2 3 4 	1 2 3 4

<i>Any other factors (Please indicate below)</i>	<i>Question 2.1</i>	Question 2.2	<i>Question 2.3</i>
a- _____	1 2 3 4 	1 2 3 4 	1 2 3 4
b- _____	1 2 3 4 	1 2 3 4 	1 2 3 4

Question 3 CONCERNS LEVEL OF AGILITY: -

The following are a number of environmental factors, which this research suggests affect your hospital, and which are constantly changing.

Question 3.1 From your experience, and using the scale provided below, please evaluate **THE CURRENT LEVEL OF AGILITY, at which your hospital is dealing** with the changes brought about by each of the following environmental factors in **a flexible, adaptable and responsive (agile) manner.**

Question 3.2 Also, using the scale provided, please evaluate **THE OVERALL LEVEL OF AGILITY REQUIRED / NEEDED by your hospital to be flexible, adaptable and responsive (agile) in dealing** with the changes brought about by each of the following factors.

<u>Potential Customers</u>		
<i>Environmental</i>	<u>Question 3.1</u>	<u>Question 3.2</u>
Factor:	<i>Current Level of Agility</i>	Overall Needed Level of Agility
• Changes in the Requirements and Expectations of Patients	1 2 3 4 Very Low Very High	1 2 3 4 Very Low Very High
• Changes in the Demand made by Patients on your service(s)	1 2 3 4 	1 2 3 4
• Changes in the Requirements and Expectations of General Practitioners	1 2 3 4 	1 2 3 4
• Changes in the Demand made by General Practitioners on your service(s) (in terms of patient referrals)	1 2 3 4 	1 2 3 4
• Changes in the Requirements and Expectations of Primary Care Trusts	1 2 3 4 	1 2 3 4
• Changes in the Requirements and Expectations of Health Authorities	1 2 3 4 	1 2 3 4
<u>Potential Competitors</u>		
• Changes Brought About by Competition from Private Sector Hospitals	1 2 3 4 	1 2 3 4
• Changes Brought About by Competition from Overseas Healthcare Providers	1 2 3 4 	1 2 3 4

<ul style="list-style-type: none"> Changes Brought About by Competition from Other NHS Trusts/ Hospitals 	1 2 3 4 	1 2 3 4
Governmental/Political and Legislative Factors		
<ul style="list-style-type: none"> Changes in Governmental Policies, Plans and Initiatives 	1 2 3 4 	1 2 3 4
<ul style="list-style-type: none"> Changes Brought About by The Introduction and Application of Hospital League Tables 	1 2 3 4 	1 2 3 4
<ul style="list-style-type: none"> Legislation/Directives Pressures (e.g. European Working Time Directive) 	1 2 3 4 	1 2 3 4
<u>Technology</u>		
<i>Environmental</i>	<u>Question 3.1</u>	<u>Question 3.2</u>
Factor:	<i>Current Level of Agility</i>	Overall Needed Level of Agility
<ul style="list-style-type: none"> <i>Changes in Innovations in Medical Technology (e.g. New Drugs; New Methods of Diagnosis and Treatment; etc...)</i> 	1 2 3 4 	1 2 3 4
<u>Supply</u>		
<ul style="list-style-type: none"> <i>Changes in Supplies of Workforce (e.g. Professional staff including consultants, doctors, nurses)</i> 	1 2 3 4 	1 2 3 4
<ul style="list-style-type: none"> <i>Changes in Supply/Availability of Medical Equipment</i> 	1 2 3 4 	1 2 3 4
<ul style="list-style-type: none"> <i>Changes in Supply of Financial Resources/ Public Funding</i> 	1 2 3 4 	1 2 3 4
<u>Social Services</u>		
<ul style="list-style-type: none"> <i>The Impact of Social Services on The Hospital</i> 	1 2 3 4 	1 2 3 4
Demographic Factors		
<ul style="list-style-type: none"> <i>Disease/Illness Profile (Emergence/ Re-emergence of Diseases/Illnesses)</i> 	1 2 3 4 	1 2 3 4
<ul style="list-style-type: none"> <i>Population/Demographic Profile (Age, Immigration, Distribution of Population)</i> 	1 2 3 4 	1 2 3 4
<ul style="list-style-type: none"> <i>The Media (Reporting and coverage of the NHS)</i> 	1 2 3 4 	1 2 3 4
<i>Environmental</i>	<u>Question 3.1</u>	<u>Question 3.2</u>
Factor: (Any other factors please indicate)	<i>Current Level of Agility</i>	Overall Needed Level of Agility
a- _____ _____	1 2 3 4 	1 2 3 4
b- _____ _____	1 2 3 4 	1 2 3 4

Third Part

The Third Part of The Questionnaire aims to identify The Capabilities, which Underpin The Agility of Hospitals Operating Within The National Health Service (NHS).

Question 4.1 (Pages 7 to 12): - Using the scale provided below, please indicate the extent to which you agree/disagree with each of the following statements.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

Question 4.2 (Pages 7 to 12): - Also using the scale provided below, please indicate the extent to which you think each of the following practices /capabilities (reflected in the following statements) is important in enabling your hospital to respond and adapt to changes in its external environment in a flexible, responsive and agile manner.

1	2	3	4					
Not Important At All	Somewhat Important	Important	Very Important					
a- Dynamic Capabilities/Organisational Processes								
Statement	Question 4.1 Extent of Agreement/Disagreement with Statement				Question 4.2 <i>Degree of Importance of the practice/capability reflected in the statement in enabling agility (regardless of whether it exists or not)</i>			
	Strongly Disagree			Strongly Agree	Not Important At All		Very Important	
1. The hospital continuously develops, adapts and renews the various skills and competencies existent within it, in order to respond to changes in the requirements of its stakeholders (e.g. <i>Patients, PCTs, Health Authorities, DoH, NHS Executive, other Hospitals, etc.</i>)	1	2	3	4	1	2	3	4
2. High-level access to and integration of a diverse collection of individual specialised knowledge, is one of the fundamental efforts undertaken by the hospital/Trust to form core organisational capabilities.	1	2	3	4	1	2	3	4
3. The hospital accesses, harnesses and utilises the specialised knowledge held by its professional individual members, in a manner that results in many benefits for the hospital.	1	2	3	4	1	2	3	4
4. Capabilities within the hospital draw upon the integration of a broad scope of diverse types of individual specialised knowledge and expertise.	1	2	3	4	1	2	3	4
5. The hospital continually extends its existing capabilities, through accessing additional new types of knowledge.	1	2	3	4	1	2	3	4

6. The hospital continually makes new uses and arrangements of existing knowledge to form new types of capabilities.	1	2	3	4	1	2	3	4
7. Broad networks, which allow for the transfer and/or sharing of specialised knowledge, link our hospital and/or professional staff with their counterparts.	1	2	3	4	1	2	3	4
8. The hospital is capable of co-ordinating and integrating, quickly and efficiently: human, physical, information and organisational resources, within the Trust and/or with other Trusts/hospitals.	1	2	3	4	1	2	3	4
9. The hospital forges collaborative relationships and networks with other organisations (e.g. Patient groups, PCTs, Health Authorities, Social Services, NHS Executive, other NHS Hospitals, Private Hospitals), with the aim of delivering and supporting its range of services.	1	2	3	4	1	2	3	4
10. The Trust is effective in building linkages and sharing resources across the different locations and departments within the Trust.	1	2	3	4	1	2	3	4
11. Symptoms of problems are identified quickly.	1	2	3	4	1	2	3	4
12. Whenever problems arise and are identified, sufficient resources are allocated to find an effective solution, which can be quickly implemented.	1	2	3	4	1	2	3	4

b- Leadership and Change Management								
Statement	Question 4.1 Extent of Agreement/Disagreement with Statement				Question 4.2 <i>Degree of Importance of the practice/capability reflected in the statement <i>in enabling agility</i> (regardless of whether it exists or not)</i>			
	Strongly Disagree			Strongly Agree	Not Important At All			Very Important
1. The Top Management Team are known for their effectiveness in developing a long-term vision for the Trust/hospitals and communicating that vision to all levels.	1	2	3	4	1	2	3	4
2. The Top Management Team are successful in maintaining a balance between: designing and implementing long-term dramatic transformations (e.g. mergers with other hospitals and/or Trusts), while simultaneously implementing short-term projects.	1	2	3	4	1	2	3	4
3. The Top Management Team are known for their effectiveness in encouraging and gaining the commitment of Trust/hospital members to continuous change and achieving the Trust's/hospital's vision.	1	2	3	4	1	2	3	4
4. The Top Management Team consist of members with varied sets of skills, expertise and knowledge, which make it heterogeneous or diverse.	1	2	3	4	1	2	3	4
5. The Top Management Team possess high-level knowledge of the healthcare service sector (The NHS)	1	2	3	4	1	2	3	4

6. The Top Management Team possess high-level ability to build effective relationships with key stakeholders (e.g. patient groups, PCTs, Health Authorities, DoH, NHS Executive, other hospitals)	1	2	3	4	1	2	3	4
7. The Top Management Team possess high-level capability to build a learning environment.	1	2	3	4	1	2	3	4
8. The Top Management Team possess high-level understanding as well as appreciation of technology and its use in the organisation.	1	2	3	4	1	2	3	4
9. The Top Management Team invest appropriately to recruit and select top quality members of the hospital (e.g. doctors, managers, nurses, etc...)	1	2	3	4	1	2	3	4
10. The Top Management Team invest in training and development to continuously renew and regenerate individual as well as collective skills, capabilities and competencies.	1	2	3	4	1	2	3	4
11. The Top Management Team are intent on developing an organisational culture that promotes loyalty, commitment and cohesion among hospital members.	1	2	3	4	1	2	3	4
c- Leeway in Organisational Structure								
1. Teams are developed and selected from individuals with different perspectives, and from different functional areas.	1	2	3	4	1	2	3	4
2. The hospital is increasingly being structured around key/core healthcare delivery processes.	1	2	3	4	1	2	3	4
3. People working in the hospital are primarily rewarded and recognised according to their performance.	1	2	3	4	1	2	3	4
4. Managerial attention and support (e.g. incentives, financial resources, training, moral support) is provided to the teams (and individual members thereof).	1	2	3	4	1	2	3	4
5. Co-ordination and co-operation among the different departments are facilitated through such integrating mechanisms as: boundary spanners, task forces, teams, integrating committees/departments, and sophisticated information networks.	1	2	3	4	1	2	3	4
6. Different resources (e.g. ideas, money, information, people, knowledge) flow easily across boundaries that traditionally separate organisational layers and functions.	1	2	3	4	1	2	3	4
7. People working in the hospital (e.g. clinicians, managers, nurses, therapists) increasingly think of themselves as owners of fluid assignments with responsibility for doing whatever it takes to achieve desired organisational results.	1	2	3	4	1	2	3	4
8. People (e.g. clinicians, managers, nurses, therapists) working within middle and lower levels are quite often given the authority to deal with their own problems.	1	2	3	4	1	2	3	4
9. The authority to take decisions is distributed and devolved throughout the various levels of the hospital's organisational structure, with real autonomy given.	1	2	3	4	1	2	3	4
10. Everyone working in the hospital is increasingly empowered to make decisions in ever-broadening spheres or areas of responsibility and influence.	1	2	3	4	1	2	3	4
11. Key managers/clinical directors are increasingly becoming responsible for managing core healthcare delivery processes rather than purely functional departments.	1	2	3	4	1	2	3	4

12. Decisions are communicated on a continuous basis and without delay to all people working in the hospital.	1	2	3	4	1	2	3	4
13. Line staff and people working in lower levels are quite able to bring issues to the attention of those responsible.	1	2	3	4	1	2	3	4
14. The management philosophy in the hospital is such that it favours open channels of communication, with important financial and operating information flowing quite freely throughout the organisation.	1	2	3	4	1	2	3	4
15. Managers' operating styles within the hospital do not follow a uniform style, but range freely from the very formal to the very informal.	1	2	3	4	1	2	3	4
16. There is a strong tendency in the hospital to let the expert in a given situation have the most say in decision-making, even if this means temporary bypassing of formal line authority.	1	2	3	4	1	2	3	4
17. There is a strong emphasis in the hospital on holding to changing circumstances without too much of concern for the past practice.	1	2	3	4	1	2	3	4
Leeway in Organisational Structure (continued)								
Statement	Question 4.1 Extent of Agreement/Disagreement with Statement				Question 4.2 <i>Degree of Importance of the practice/capability reflected in the statement in enabling agility (regardless of whether it exists or not)</i>			
	Strongly Disagree			Strongly Agree	Not Important At All			Very Important
18. There is a strong emphasis in the hospital on getting things done, even if this means disregarding formal procedures.	1	2	3	4	1	2	3	4
19. The management philosophy in the hospital is such that it favours loose, informal control; heavy dependence on informal relationships and co-operation for getting work done.	1	2	3	4	1	2	3	4
20. There is a strong tendency in the hospital to let requirements of the situation and the individual's personality define proper on-job behaviour, rather than adhering closely to formal job descriptions.	1	2	3	4	1	2	3	4
d- Leeway in Organisational Culture								
1. The hospital continuously reviews major decisions and actions, by a group of knowledgeable clinicians and/or managers.	1	2	3	4	1	2	3	4
2. There are strong values for learning and converting new knowledge into skills and competencies in this hospital.	1	2	3	4	1	2	3	4
3. There is a structure in place, which diffuses knowledge throughout the organisation (e.g. jobs with the responsibility to spread best practices from one unit to others).	1	2	3	4	1	2	3	4
4. The hospital encourages learning that challenges current operating assumptions, norms and values as well as organisational arrangements.	1	2	3	4	1	2	3	4
5. The hospital always seeks to extend its learning capacity, as an organisation, by finding partners with complementary knowledge bases and skills.	1	2	3	4	1	2	3	4

6. The hospital's investments in skills development are mainly limited to those skills and competencies that are closely related to the nature of healthcare services it provides.	1	2	3	4	1	2	3	4
7. Change is seen as not only invigorating but also as essential to organisational success.	1	2	3	4	1	2	3	4
8. The idea that "everything is, and has to be, open for change", is widely shared and embraced among people working in the hospital.	1	2	3	4	1	2	3	4
9. Maintaining the status quo and doing things as usual is the norm in the hospital.	1	2	3	4	1	2	3	4
10. There is a high level of tolerance to change in the hospital.	1	2	3	4	1	2	3	4
11. The hospital focuses on and invests in building and developing general skills, including communication, problem solving and decision-making.	1	2	3	4	1	2	3	4
12. People working in the hospital are committed to a shared vision and shared values, which motivate them.	1	2	3	4	1	2	3	4
13. Most of the people working in the hospital are convinced of what is required from them to deliver.	1	2	3	4	1	2	3	4
14. Every effort is made to agree on and communicate a clear vision for the hospital to all levels.	1	2	3	4	1	2	3	4
15. The hospital's core values are clear, widely shared, and consistently adhered to.	1	2	3	4	1	2	3	4
16. Every effort is made to assure that everybody has access to all the information they need concerning the hospital's vision, core values, as well as its current and desired performance targets.	1	2	3	4	1	2	3	4
e- Leeway in Technology								
1. The newest and most effective technology (e.g. medical equipment, methods of diagnosis and treatment) that is relevant to the services delivered by the hospital is regularly identified.	1	2	3	4	1	2	3	4
2. The hospital employs and operates effective Information Technology (IT) support for its information systems (IS).	1	2	3	4	1	2	3	4
3. Information and knowledge are considered and viewed as resources to be openly shared rather than selectively deployed.	1	2	3	4	1	2	3	4
4. The hospital is committed to acquiring the newest and best technology (medical equipment, methods of diagnosis and treatment), and updating the skills to use and/or apply them.	1	2	3	4	1	2	3	4
5. Quality, timely, accurate and valid information is provided on a continuous basis.	1	2	3	4	1	2	3	4
6. Information needed by any member of the hospital is easily accessible.	1	2	3	4	1	2	3	4
7. Members of the hospital have license to determine their own information needs rather than being overwhelmed with often irrelevant material.	1	2	3	4	1	2	3	4
8. Information and knowledge are viewed as potential sources of organisational rather than personal power.	1	2	3	4	1	2	3	4
9. The hospital allocates necessary resources (funding, skills) to acquire and implement up-to-date and best technology available (medical equipment, methods of diagnosis and treatment, IT).	1	2	3	4	1	2	3	4
f- Environmental Scanning								
1. The hospital actively collects information about its external environment.	1	2	3	4	1	2	3	4

2. People working in the hospital collect information from sources outside the hospital.	1	2	3	4	1	2	3	4
3. Environmental scanning is conducted by a specialised unit/department.	1	2	3	4	1	2	3	4
4. Environmental information is collected only in response to specific problems, crises, or event(s).	1	2	3	4	1	2	3	4
5. The hospital continuously collects information about its external environment.	1	2	3	4	1	2	3	4
6. The hospital extensively monitors the external environment.	1	2	3	4	1	2	3	4
* When confronted with an important, non-routine problem or opportunity:	Question 4.1				Question 4.2			
7. The hospital develops many alternative responses.	1	2	3	4	1	2	3	4
8. The hospital considers many diverse criteria for eliminating possible courses of action.	1	2	3	4	1	2	3	4
9. The hospital thoroughly examines multiple explanations for the problem or opportunity.	1	2	3	4	1	2	3	4
10. The hospital conducts multiple examinations of any suggested course of action.	1	2	3	4	1	2	3	4
11. The hospital searches extensively for possible responses.	1	2	3	4	1	2	3	4
g- Operational Flexibility								
<i>Operational Flexibility</i> here refers to the ability of the service delivery system in the hospital to adjust, adapt and, thus, respond flexibly to changes in the pressures and requirements posed by key stakeholders in the external environment (e.g. demand and requirements of patients, Health Authorities, Government/DoH, etc.).								
* <u>When confronted with changes/fluctuations in the demands and requirements posed on your healthcare delivery system:</u>	Question 4.1				Question 4.2			
1. The hospital quickly and easily adjusts, adapts and responds to changes/fluctuations in the volume of demand posed on its healthcare services.	1	2	3	4	1	2	3	4
2. The hospital quickly and easily adjusts and varies the level or number of services it delivers according to changes in demand.	1	2	3	4	1	2	3	4
3. The hospital quickly and easily varies or adjusts the types and mix of services it delivers or provides.	1	2	3	4	1	2	3	4
4. The hospital quickly and easily introduces new healthcare services.	1	2	3	4	1	2	3	4
5. The hospital quickly and easily adds to and expands its capacity (in terms of additional professional staff, equipment, beds, etc.).	1	2	3	4	1	2	3	4

Thank you very much for completing this detailed questionnaire.

Please will you return the completed questionnaire, via the enclosed labelled envelope, to:

CONTACT PERSON ACTING AS LIAISON OFFICER BETWEEN THE TRUST AND THE RESEARCHER.

I (the doctoral candidate) will collect the envelopes containing the completed questionnaires from the Trust in due course.