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**EXPLORING ORGANISATIONAL AGILITY IN HEALTHCARE:
A CASE STUDY INVESTIGATION**

SAMIR EID DAHIYAT

**A thesis submitted to the University of Huddersfield in partial
fulfilment of the requirements for the Degree of
Doctor of Philosophy**

Ph.D.

**Huddersfield University Business School
The University of Huddersfield**

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Abstract

It is becoming increasingly evident that the major challenges affecting organisations today and in the years ahead will emanate from the rapid and unrelenting pace of changes in the external environment and, the often, unpredictable ways in which such changes can affect organisations. The need to respond flexibly and in an agile manner to a vast array of requirements, pressures and demands, has never been more pressing. As a result, Wright et al. (1999) among many others, have argued that the traditional bureaucratic organisation paradigm clearly suffers as a guiding paradigm for organisations operating in turbulent and fluid environments characterised by constant change. Calls have been voiced time and again for replacing such an outmoded organisational paradigm, towards realising the desired agile organisation state, reflected in the organisational agility paradigm. In response to these calls, this study explores the concept of Organisational Agility in the National Health Service (NHS), through adopting a case study approach to investigating and exploring three major themes identified by the researcher as characterising the literature on organisational agility. These are concerned with: a) the perception and understanding of the concept of organisational agility, b) the need for organisational agility as essentially being driven by the nature of changes in the environment affecting the organisation, and c) the main factors / capabilities that underpin an organisation's ability to attain agility. As a result, a major contribution emanating from this study is the consideration that it is the first known study investigating organisational agility in the NHS.

Two NHS Hospital Trusts were designated as case study organisations for the purposes of this research: **Trust A**, which is a *one star, lower performing Trust*, and **Trust B**, which is a *three star, higher performing Trust*, according to the NHS Performance Ratings published by the Commission for Health Improvement (CHI) (2003). This can well provide useful and interesting insights that seek to explain such a difference in performance between the Trusts, from an organisational agility perspective/point of view, which is considered in its own right a major contribution of the study. Both: face-to-face in-depth interviews, as well as self-completion questionnaires, were employed for gathering primary data in each of the case Trusts. This provided rich triangulation between qualitative and quantitative data, which contributed to better understanding the current situation regarding the phenomenon of organisational agility in a healthcare setting. Findings emerging from exploring the nature of the environment affecting the Trusts, as well as their perceived need for organisational agility, strongly indicate that they both perceive that there is a clear need for a higher level of agile response on their parts, in dealing with the requirements placed on them by an *environment* that is characterised by: a *highly important* overall effect on the well-being of these Trusts in managing and delivering their healthcare services, as well as by reasonably *dynamic* and *uncertain* changes in its requirements and expectations. However, interestingly, the one star, lower performing Trust perceived that it requires a significantly higher level of agility to respond to changes.

Also, fourteen “agility-enabling” capabilities were conceptually developed and empirically validated in this study. The role of such capabilities in facilitating the shift towards the agile organisation paradigm was found by both Trusts to be highly important. However, Operational Flexibility emerged as the only critical factor in explaining the agility of the Trusts. Ironically, Operational Flexibility was also found to be one of the least practised “agility-enabling” capabilities on the part of the NHS Trusts. Another interesting finding is that the three star, higher performing Trust, has emerged as being significantly more advanced in terms of its practise of a number of agility-enabling dimensions. Based on these results emerging from comparing the two differently performing case Trusts, it can be concluded that the ranking of Hospital Trusts according to the NHS Performance Ratings published by the Commission for Health Improvement (CHI), may well provide an insight into the overall ability of a Hospital Trust in effectively responding to and dealing with the various pressures, demands, and requirements placed on it by different environmental parties. This conclusion emerging from such a finding is considered a contribution on the part of this study, towards providing new knowledge concerning the usefulness of the Hospital League Tables.

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