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Exploring organisational agility in healthcare: a case study investigation

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**APPENDIX D: Research Protocol Sent
to the Trusts**



University of
HUDDERSFIELD

[Initial Research Protocol sent to both Trusts]

Contact Person/ Liaison Officer
Address at the Trust

14th June 2002

Dear *Title Surname*,

PhD Research

Thank you very much for your highly appreciated co-operation and facilitation of the process of undertaking our research in your esteemed institution.

I am writing to you in connection to our telephone conversation on Monday 17th June 2002.

I would like to confirm the following matters: -

1. **Background To and Importance of the Research**, including **the Overall (Macro) Research Objectives**.
2. **The Research's Specific (Micro) Objectives**.
3. **Research Design and Methodology**.
4. **The Data Collection Methods Used**.
5. **Sampling Procedures**.
6. Ensuring **Absolute Confidentiality and Anonymity** throughout the whole of the Research Process.

Macro Research Objectives

The major aim of this research project is to devise a plausible paradigm or model designed to create “*organisational agility and responsiveness*”, as well as to test the extent of the acceptance, plausibility and application of such a paradigm in health care organisations operating within the *National Health Service* (NHS) in England.

In outline terms, we define **agility** as “*being infinitely adaptable*” and **organisational responsiveness** as “*a set of capabilities used to respond to various demands and opportunities which are a part of the dynamic and uncertain competitive environment*”.

A major aim therefore is to explore a set of factors and capabilities required by health service organisations to enable them to better respond to changing conditions in their environments, particularly fluctuations in the demands and requirements of customers in the form of patients, General Practitioners as well as governmental plans and initiatives. Such an aim has close relevance to the National Health Service, which largely operates in conditions of high challenge, uncertainty and change. In particular, health care organisations within the NHS seem to continuously find themselves subject to continuous, and often, radical change.

Initiatives and government plans concerned with the way that the NHS is managed have largely emphasised the need for Trusts and other health care organisations to respond flexibly and responsively to change. These are largely concerned with a spectrum of problems ranging from patient waiting times to best practice in the use of capital and resources.

In order to achieve such an aim of underpinning *flexibility and responsiveness management* in health care organisations in England today, the nature of this research project is exploratory in that it seeks to examine a set of factors and capabilities required to facilitate the achievement of “organisational agility”, through creating a flexible and responsive organisation that is capable of renewing and regenerating its core competencies in order to be able to continuously develop and exploit new opportunities arising from the changes and uncertainties inherent in today’s ever-changing and hyper-competitive environment and, thus, maintain its competitive advantage.

A particular research emphasis therefore will concern *strategic leadership, organisational culture and structure*, and the *organisational processes* by which health care is delivered, and which in themselves are considered to be facilitative and supportive of building organisations that are better equipped to respond to changes in their particular operating environments and which need to be undertaken in a flexible and agile manner, in order to attain organisational agility.

Following From the Macro Research Objectives, The Micro Research Objectives

are: -

1. To examine and identify the set of capabilities that underpin the agility of health care organisations operating within the *National Health Service* (NHS), in the form of hospitals, in responding and adapting to changes in their environment.
2. To examine and identify the dimensions related to the design of an organisation (structure, culture and technology), which can facilitate and promote an agile (flexible) response and adaptability on the part of healthcare organisations operating within the NHS in the form of hospitals, to changes in their environment.
3. To examine and identify the nature of the role of organisational processes or routines in facilitating an agile and dynamic response and adaptation, on the part of health care organisations operating within the NHS in the form of hospitals, to changes in their environment.

❖ The approach to be taken in connection with **the research design** will be a **Case Study** covering the whole Trust, encompassing the whole of the newly merged Trust with its main sites.

❖ Two main approaches for **data collection** will be used: -

1. **Interviews:** - A qualitative data collection method in the form of *in-depth interviews* will be used in this research. The interviews will target the number of 20 respondents.

The interview includes both:

- Broad, open-ended questions as in the unstructured interview. These will serve the purpose of obtaining definite ideas about what is and is not important and relevant to particular problem situations.

- A list of predetermined questions as usually designed in structured interviews, which focus on factors that had surfaced during the literature review stage and had proved to affect and influence the problem being investigated. Such questions give more in-depth information about specific variables of interest.

1.1 The approach that has been followed in choosing the twenty (20) people to be included in the “in-depth interviews” stage of the research project has been primarily agreed in a joint meeting with (the Director of Modernisation and Development at Trust A; Chief Executive at Trust B). This approach is based on:

- Organising the different managerial and clinical responsibilities within the Trust into three main levels outlined in the Trust’s organisation chart (Top or *Hospitals Management Executive* level; *General Managers* level; *Clinical Services Units* level) and then;
- Choosing a number of people (*Directors, General Managers, Clinical/Medical Directors, consultants, Nurses*) from every level as appropriate, thus resulting in a representative sample of potential interviewees covering managerial as well as medical/clinical backgrounds that are spread among the Trust Headquarters Office as well as its three main associated hospitals (Pinderfields, Pontefract, Dewsbury).

1.2 The three main levels are represented by the following: -

1- **The Hospitals Management Executive**, which comprises the *Chief Executive* and the *Executive Directors* of the main executive departments at that level. These directors include:

- ◆ Director of Nursing
- ◆ Director of Finance
- ◆ Director of Strategic Planning
- ◆ Director of Corporate Development
- ◆ Director of Human Resources
- ◆ Medical Director

- ◆ Director of Postgraduate Education
- ◆ Chairman of Medical Staffs Committee.

2- **The General Managers**, who include:

- ◆ General Manager Estates
- ◆ General Manager Non-Clinical Support Services

3- **Clinical Directors of Clinical Departments**. These include the departments of:

- ◆ Medicine and Neurosciences
- ◆ Accident and Emergency (A&E), Orthopaedics and Trauma
- ◆ Radiology, Pathology and Professional Services
- ◆ Anaesthetics, Women's and Children's Services
- ◆ Surgery, Specialist Services
- ◆ Non-Clinical Support Services

1.3 Accordingly, it has been suggested and agreed with (Director of Modernisation and Development at Trust A; Chief Executive of Trust B) that the following managers and clinical directors be interviewed: -

- 3 Directors from the first level.
Human Resources; Project Director; Nursing.

- 4 General Managers
Non-Clinical
Clinical Medicine
Clinical Surgery (Pinderfields & Pontefract)
Diagnostics and Therapies (Julie Barlow)

- 3 Modern Matrons (1 per main site)
- 6 sisters

- 1 Senior Allied Health Professions
- 3 Doctor/Clinical Directors

Medical Director

Clinical Director from each site

1.4 Based on this, the criterion adopted in choosing those people to be interviewed as part of this research project focuses on gaining a representative sample of interviewees, who will cover various managerial as well as clinical expertise and backgrounds. Such a representative sample can give a true and reflective view of the situation in the Trust as a whole, while providing valuable, quality and relevant information through the responses, which each of the interviewees will be able to provide to the interview questions and, consequently, to the objectives of the research. Accordingly, the sample of people to be interviewed will consist of 20 interviewees outlined in 1.3.

1.5 With regard to confirming the dates for conducting the interviews, it is suggested that the in-depth interviews take place during the week commencing 1st July, 2002.

1.6 Since there are more than one interview scheduled for the day, recalling from memory who said what becomes more difficult, which can increase sources of error and bias. Therefore, it is highly appreciated that each interview is tape-recorded on the condition that the each interviewee permits that.

1.7 All information given will be dealt with in absolute confidentiality and it will not be disclosed to any one in the organisation, thus ensuring conditions of anonymity.

)] *The analysis of the information* provided through these interviews and the conclusions derived from it *will be presented collectively and in an aggregate manner, without any reference to specific individuals.*

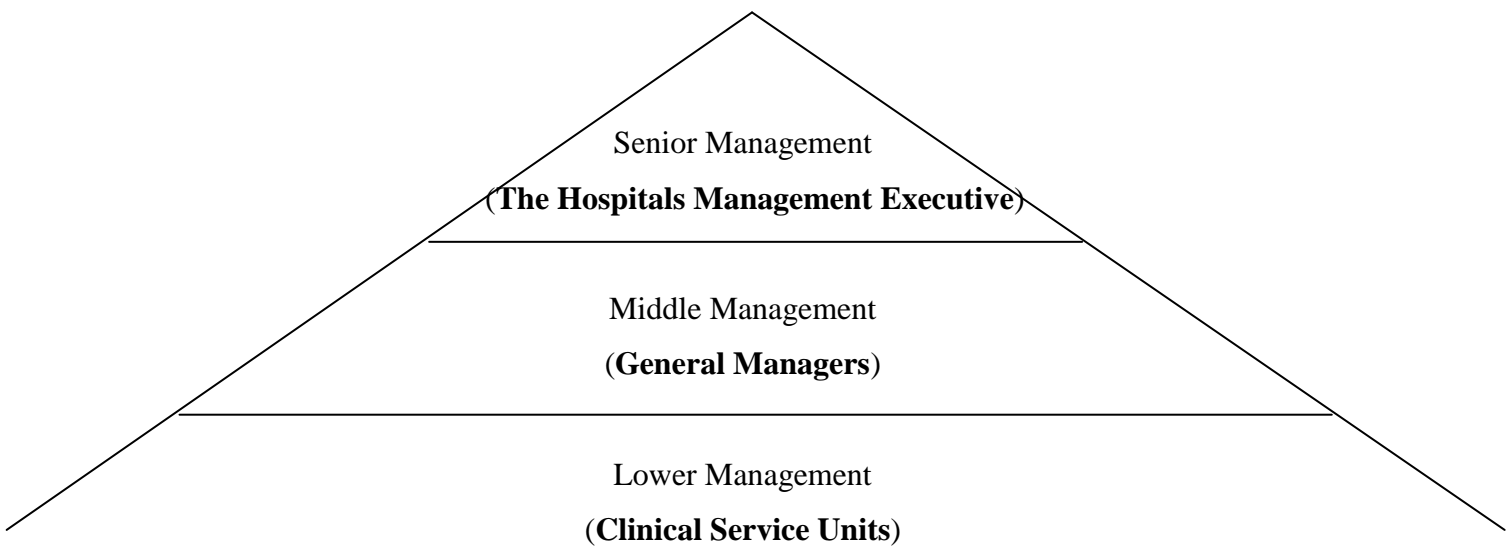
)] The researcher is perfectly ready to provide any one interested with *a copy of the report of findings, conclusions and recommendations.*

2. Questionnaires: - A quantitative data collection method in the form of *questionnaires* will be used in this research. The number of respondents to be targeted is **100** chosen from those who have not been targeted in the interviews. The process concerning data collection is to encompass the whole of the new merged Trust.

)] In order to determine who is going to be targeted with the research *questionnaires*, scientific sampling procedures will be undertaken concerning the remaining people who have not been targeted with the interviews.

❖ **Sampling:** - The sampling strategy will be based on a stratified, purposive (judgmental) sample.

1. **Stratified (multi-layer) Sampling,** by which those who have not been targeted with the interviews will be divided into layers, according to the three management levels which they are part of, and that are outlined in the Trust's organisation chart.



2. ***Judgmental Sampling***. The next step is to choose respondents *from each organisational level* who are believed to be able to answer the questions contained in the questionnaire, through providing meaningful and relevant responses. These respondents can involve any individual who plays a role in enabling the organisation/Trust to better adapt and respond to environmental changes that are related to the needs and requirements of the Trust's customers (such as patients, GPs, Government). An important factor in identifying those individuals is related to their job responsibilities and roles. Those who will be chosen from each organisational level will be drawn on a *proportionate basis*.

2.1 ***Drawing respondents on a Proportionate Basis*** means that from each level outlined in the organisation chart, a number of respondents will be drawn on the basis of the percentage of: total managers/clinicians belonging to that particular level compared to the overall number of people belonging to all levels. This percentage will be multiplied by the overall number of people that are going to be targeted with the questionnaires (which is determined to be 100), in order to figure out how many

respondents are going to be targeted with questionnaires from each organisational level.

-)] Based on this, there is a need to know the *number* as well as the *positions/titles* of the managers/clinicians who belong to the three levels of management outlined in the organisation chart. This is considered important to draw the sample for the questionnaires.
-)] All information given will be dealt with *in absolute confidentiality* and it will not be disclosed to any one in the organisation, thus *ensuring conditions of anonymity*.
-)] *The analysis of the information* provided through these interviews and the conclusions derived from it *will be presented collectively and in an aggregate manner, without any reference to specific individuals*.
-)] The researcher is perfectly ready to provide any one interested with *a copy of the report of findings, conclusions and recommendations*.

Once more, we would like to express our appreciation of your invaluable support for our PhD research project.

Waiting to hear your highly valued response, please accept my sincerest and kindest wishes,

Yours Sincerely,

Samir E. Dahiyat

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