

2020

## Healthcare Organizational Design Strategies to Improve Performance

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# Walden University

College of Management and Technology

This is to certify that the doctoral study by

Katherine Chubbs

has been found to be complete and satisfactory in all respects,  
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Walden University  
2020

Abstract

Healthcare Organizational Design Strategies to Improve Performance

by

Katherine Chubbs

MHS, Athabasca University, 2009

BN, Athabasca University, 2006

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Business Administration

Walden University

April 2020

## Abstract

Business leaders are exploring ways to improve organizational performance through organizational design, including reviewing the structures of their organization. Grounded in McKinsey's 7S framework, the purpose of this qualitative single case study was to explore organizational design strategies healthcare leaders used to improve organization performance. Participants were 6 leaders within a healthcare organization in Alberta, Canada, who successfully developed and implemented organizational design strategies to improve organizational performance. The data collection techniques included a review of internal and external documents, a reflective journal, and semistructured interviews. I used methodological triangulation and thematic analysis to complete the data analysis. The data analysis resulted in 6 key themes: leadership impact on organizational design, stakeholder engagement, staff considerations, corporate structure, organizational design strategy, and system processes. A key recommendation is that organizational leaders should complete organizational design. Implications for social change include leaders using or adapting the study's findings to implement organizational design strategies, improve organization performance, and ultimately affect higher quality services. In addition, improved performance and culture might create sustainability, which results in increased job security and enhanced quality of life for employees.

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## Dedication

I would like to dedicate my doctoral study to my family. Mom and dad, thank you for being the best parents anyone could ever dream of; you are my inspiration. Mom, your fearless attitude and unconditional love has made me the woman I am today. Dad, you are my anchor. Your gentleness and pride in your family motivates me continuously.

Brittany, you are my light, my angel, my gift from God. When I look at you, I see everything I could have ever dreamed of my little girl becoming...kind, caring, bright, and serving others. Thank you for being my rock, my best friend, and my trusted advisor.

Kassidy, my baby... I am so proud of the man you have turned into. Thank you for loving me as you do, caring for others, for your beautiful words of comfort and inspiration, and for allowing me to mother you even when you are all grown up.

Scott, what can I say? You are ...my everything... Thank you for keeping our home running for the last 2/3 of a decade. Thank you for encouraging me to keep going when continuing seemed too daunting. Thank you for understanding every sore back, elbow, and neck complaint, and for never complaining yourself that you had to do so much. Thank you for being a good man, an amazing father, and the best husband a woman could dream of. Thank you for being my partner, my friend, my soul mate. I truly love and appreciate who you are.

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## Section 1: Foundation of the Study

In this study, I used McKinsey's 7S framework to enhance healthcare leader's understanding of organizational design strategies that they could use to improve organizational performance. My single case study included healthcare leaders from one healthcare organization in Alberta who have successfully implemented organizational design strategies. Healthcare leaders who focus on improving performance may positively impact many aspects of healthcare including sustainability, safety, and quality.

### **Background of the Problem**

Organizational design refers to the resources, relationships, and activities within an organization that affect its effectiveness, efficiency, and agility (Fjeldstad & Snow, 2018). Organizational design is a challenge that many business leaders encounter. The Global Human Capital Trends report indicated that of 10,400 business leaders from small, medium and large businesses in 140 countries, 90% identified organizational design as the most significant challenge they face (Deloitte, 2017). The healthcare industry is no exception to this dilemma.

Business leaders are looking at ways to improve organizational performance through organizational design as it is a major influence on an organization's performance (Burton & Obel, 2018). A quantitative study by Sallehu (2017) showed that normal restructuring improves productivity. The Alberta government announced that it is their priority to create solutions that will eliminate waste, duplication, and nonessential spending while maintaining high-quality frontline services for Albertans (Alberta

Government, 2019). Sustainable healthcare services are a critical issue in Alberta.

Organizational design can be a significant contributor to the solution.

There is an abundance of literature related to organizational design strategies. Currently, however, the literature does not appear to cover a preferred systematic process to implement organizational design strategies in healthcare or define what an ideal organizational design should be in this industry. By exploring the strategies that some innovative healthcare leaders have used to implement an organizational design that improves performance, healthcare leaders reading the study may enhance many aspects of their services, including those related to sustainability and social issues. Healthcare leadership can have a profound impact on performance in healthcare (Sarto & Veronesi, 2016). Therefore, it appears that healthcare leaders may benefit from understanding how to use organizational design strategies.

### **Problem Statement**

Business leaders are exploring ways to improve organizational performance through organizational design, including the structures of an organization (Burton & Obel, 2018). A study of 1182 organizational design activities, in 398 firms, showed that normal restructuring improves productivity (Sallehu, 2017). The general business problem is that implementation of a suboptimal organizational design negatively affects healthcare agency performance. The specific business problem was that some healthcare leaders lack organizational design strategies to improve organization performance.

### **Purpose Statement**

The purpose of this qualitative single case study was to explore the organizational design strategies that healthcare leaders use to improve organization performance. The targeted population was leaders within a healthcare organization in Alberta who successfully developed and implemented organizational design strategies to improve organization performance. Implications for social change include healthcare leaders using or adapting the study's findings to implement organizational design strategies to improve organization performance, and ultimately lead to higher quality healthcare for Albertans.

### **Nature of the Study**

My study required a methodology to obtain detailed personal experiences and perspectives. In qualitative research, the methods generate words as data for analysis, which fosters an understanding of participants' experiences (McCusker & Gunaydin, 2015). Using a qualitative methodology promotes a deeper understanding of attitudes, behaviors, and motivations using open-ended questions (Barnham, 2015). Qualitative researchers explore behavior related to the development of organizations (Mohajan, 2018). Quantitative studies include numerical data that can be manipulated (Bansal, Smith, & Vaara, 2017). Quantitative researchers use hypotheses to examine variables' relationships (Antwi & Hamza, 2015). I did not require hypothesis testing in my study and did not manipulate numerical data. Consequently, I did not use the quantitative methodology. The mixed methods approach involves using elements of both quantitative and qualitative research, and similar to quantitative methodologies, is not appropriate

because addressing this study's purpose did not require testing of a statistical hypotheses about variables' relationships.

In developing my doctoral study, I considered four qualitative designs: ethnography, focus groups, phenomenology, and case study. Ethnographic researchers seek to understand cultures through submersion in a group's everyday lives (Gergen & Gergen, 2018). Though my study revealed culture is a relevant concept in organizational design, the scope was not limited to exploring the culture. Focus groups are group meetings that can be beneficial when discussing important organizational issues. However, individual differences may mean the participants with the strongest opinions influence other participants and findings (Staunton et al., 2019). This potential for some participants to unduly influence focus groups could have negatively affected my ability to explore personal perspectives; therefore, I did not use focus groups. Adams and van Manen (2017) noted that phenomenological researchers are concerned with the personal meanings of participants' lived experiences. My study enhanced understanding of a group's experience; hence, a phenomenological design was not appropriate. Using case study research enables researchers to develop a detailed description and analysis to gain insights into how and why things happen (Ridder, 2017). Case studies include multiple data collection techniques to develop the comprehensiveness of data (Morgan, Pullon, Macdonald, McKinlay, & Gray, 2016). Furthermore, single case studies may reveal deep insights into a specific case and ultimately expose new theories (Ridder, 2017). Combining detailed descriptions and analysis, multiple data collection techniques, and



deep insight related to a specific case, a single qualitative case study was an appropriate means for answering my research question regarding the organizational design strategies healthcare leaders' use.

### **Research Question**

What organizational design strategies do healthcare leaders use to improve organization performance?

### **Interview Questions**

1. What organizational design strategies have you implemented to improve organization performance?
2. Based upon your organization's experience, what performance improvements have your organization experienced as a result of your organizational design strategies?
3. How has implementing your organizational design strategies affected your team or clients?
4. What approach did your organization take to develop your organizational design strategies?
5. What actions would you recommend avoiding when completing or implementing organizational design strategies?
6. How do you measure effectiveness of your organizational design strategies on your organization's performance?

7. Which organizational design strategies were most effective at improving organization performance?
8. What structural and process changes have occurred in your organization due to organizational design strategies?
9. What additional information would you like to share related to organizational design strategies used to improve your organization's performance?

### **Conceptual Framework**

McKinsey's 7S framework is an organizational change model consisting of seven constructs that should be considered together to ensure strategy implementation success (Waterman, Peters, & Phillips, 1980). These constructs are strategy, systems, structure, style, staff, skills, and shared values (Njeru, Awino, & Adwet, 2017). McKinsey consultants Tom Peters, Robert Waterman and Julien Phillips, developed the McKinsey 7S framework in 1980 (Waterman et al., 1980). The model involves identifying the main issues within an organization that contribute to achieving its strategic goals as well as interconnections between the seven constructs to show how changing one requires changes in the others (Cox, Pinfield, & Rutter, 2019). Since my doctoral study was related to organizational processes, I used the 7S conceptual framework to facilitate understanding the findings from my study. In my study, I explored approaches to organizational design and impact of existing organizational design strategies on a large healthcare organization's performance. Studying organizational design through the

conceptual framework of the 7S model enabled subsequent derivative recommendations to enhance performance in healthcare.

### **Operational Definitions**

*Healthcare leader:* A healthcare leader is a senior employee whose role in healthcare is to successfully and ethically influence others in a manner that creates benefits for recipients of healthcare services (Hargett et al., 2017).

*Organizational design:* Organizational design refers to the resources, relationships, and activities within an organization that affect its effectiveness, efficiency, and agility (Fjeldstad & Snow, 2018).

*Organization performance:* Organizational performance is the effectiveness of an organization across a variety of business areas such as competitive advantage, market sharing, profit, costs, sales revenue, and customer satisfaction (Ogunyomi & Bruning, 2015).

*Organizational structure:* Organizational structure involves the distribution and alignment of employees which serves to govern and integrate work activities (Child, 1972).

### **Assumptions, Limitations, and Delimitations**

A qualitative research proposal often includes assumptions, limitations, and delimitations. Identification of these elements demonstrates transparency in research. My study had several assumptions, limitations, and delimitations.

**Assumptions**

Assumptions are realities that a qualitative researcher believes to be true despite lack of scientific proof (Schoenung & Dikova, 2016). The main assumption in my study was that good organizational design strategies can improve organizational performance. As a result, I assumed that positive organizational design strategies can improve the healthcare industry. Another assumption was that participants had partaken in organizational design strategies and experienced success. A further assumption was that participants were appropriate representatives of the study organization. Finally, I also assumed that the participants would provide honest responses.

**Limitations**

Limitations are weaknesses associated with research that are unique to a particular study, and often cannot be controlled by the researcher (Connelly, 2013). This study included participants from only one healthcare organization in Alberta. The small sample size was a limitation. My single case study design was a limitation as well. The appropriateness of transferring knowledge gained in this study to other contexts rests with the reader (Marshall & Rossman, 2016). As I only studied one organization, in one industry, readers and other researchers may determine the results are of limited utility. Only senior leaders were participants in my study which limited the breadth of insight that I could have gained if the sample included all healthcare employees.

### **Delimitations**

In qualitative research, delimitation refers to boundary setting of the scope of the study (Alpi & Evans, 2019). The first delimitation involved industry. My study included a healthcare organization. The second delimitation involved geography. Only a healthcare organization in Alberta was included in my study. The final delimitation involved participants. Participants were exclusively healthcare leaders from this single healthcare organization.

### **Significance of the Study**

Organizational design is a significant consideration for business leaders; therefore, it is vital that these leaders possess the requisite knowledge to enable them to implement organizational designs that improve performance. Currently, literature does not appear to cover a preferred systematic process to develop and implement organizational design strategies in healthcare or define what an ideal organizational design should be in this industry. This study included an evaluation of a healthcare organization's development and implementation of organizational design strategies, insights into possible effective strategies and practices, and information regarding what actions to avoid. Readers of the study will better understand what issues the case organization addressed to improve performance in healthcare. Furthermore, the results of this study might equip healthcare leaders with strategies for a sustainable healthcare system.

The healthcare system, an industry comprised of many diverse organizations, is deeply intertwined with and affects multiple social issues. Healthcare leaders and employees routinely collaborate with other community leaders and agencies to influence social change. By exploring the strategies that healthcare leaders can use or adapt to implement an organizational design that improves performance, these leaders can enhance multiple aspects of healthcare services, including those related to social issues. Improved healthcare might mitigate issues associated with the social determinants of health such as access to health services, healthy behaviors, social supports, coping skills, and physical environments (Government of Canada, 2018a).

### **A Review of Professional and Academic Literature**

The purpose of my qualitative case study was to explore the organizational design strategies that healthcare leaders use to improve organizational performance. I grounded my research in McKinsey's 7S framework; however, I offered insight into additional leadership theories. My literature review included a critical analysis and synthesis of literature related to McKinsey's 7S framework and the topic of organizational design.

#### **Search Strategy**

My search strategy included a review of journal articles, books, and other readings from Walden University library and my employer's library. I also used Google Scholar to find articles related to my search criteria. Search criteria were *organizational design, organizational structure, organizational change, leadership, McKinsey's 7S*

*framework, and management theories*. My literature review consisted of 123 sources, of which 93% are peer-reviewed.

### **Organization of the Literature Review**

My literature review begins with a detailed overview of McKinsey's 7S framework. I followed the 7S section with an introduction to several other related theories, including Kotter's change theory, Lewin's theory of cultural change, and contingency theory, as well as the contrasting human capital theory. Following a discussion related to these theories, I synthesized and analyzed literature related to the phenomenon of organizational design. Furthermore, I explored the concept of organizational design through the lens of McKinsey's 7S framework.

### **McKinsey's 7S Framework**

Business today is changing at a rapid pace requiring evolving strategy and proactive and responsive leadership. Strategy guides organizations. As a result, successful change implementation is essential to both private and public organizations (Murugi & Ongoto, 2018). An organization leader's ability to carry out strategic changes determines whether it will have success or failure (Heydari, Amiri, & Jamour, 2018). There are a variety of factors that limits organization leader's ability to respond to strategic change, such as a lack of resources, structural rigidness, and poorly designed systems (Mitchell, Fredendall, & Cantrell, 2015).

Business leaders have used the 7S framework for decades to approach change systematically and thoughtfully. McKinsey consultants Tom Peters, Robert Waterman,

and Julien Phillips developed the McKinsey 7S framework in 1980 (Waterman et al., 1980). Peters (1984) noted that Anthony Athos and Richard Pascale also contributed to the framework's development and that the 7S model was a response to a strategy–execution gap. Leaders use the 7S framework to prepare for effective strategy execution (Kaplan, 2005).

McKinsey's 7S framework is a model applied by leaders to understand and improve organizations and how effective they are (Singh, 2013). In her mixed methods study, Alam (2017) considered McKinsey's 7S framework as a model for creating organizational effectiveness. To make changes in business strategy and processes, a rigorous approach to managing change should occur. A thorough approach to managing change is valuable for healthcare, the industry I explored in my study, where effectiveness correlates with improved health outcomes. Davy et al. (2015) posited that outcomes measures for effectiveness in healthcare include changes that affect the health outcomes of patients.

McKinsey's 7S framework is a change model consisting of seven constructs (Waterman et al., 1980). The constructs are strategy, systems, structure, style, staff, skills, and shared values (Njeru et al., 2017). The constructs are interdependent (Alam, 2017). Together, these constructs determine the operations of an organization (Heydari et al., 2018). Leaders can assess these constructs concurrently to gain a comprehensive understanding of how an organization functions.



Business strategies are successful when they achieve integrated harmony in the 7S's of McKinsey's model (Kaplan, 2005). Furthermore, significant progress in terms of one construct is difficult without working on the other six constructs (Zincir & Tunc, 2017). In his qualitative case study, Baishya (2015) described four usages for McKinsey's 7S framework: (a) to improve company performance, (b) examine the potential effects of future changes, (c) align divisions and functions following a structural change, and (d) determine how to implement a strategy. Organizational leader preparation for strategic change is necessary (Heydari et al., 2018).

Peters (2011) suggested that the seven constructs in McKinsey's framework require simultaneous consideration. Likewise, Higgins (2005) posited that the seven constructs should align for optimal strategic performance. The 7S framework supports leaders in exploring the interconnections of the seven constructs to show how changing one requires changes in the others (Ravanfar, 2015). For example, Alam (2017) completed a study of three power sector utility companies using the seven constructs of McKinsey's 7S framework to assess human performance. The analysis showed which constructs were dominant in each organization (Alam, 2017). Such knowledge could stimulate action by leaders to improve other constructs that might positively impact performance.

Leaders employ McKinsey's 7S framework to identify main issues within an organization that contribute to achieving its strategic goals (Cox et al., 2019). The model is a support to leaders when completing an analysis of an organization, which helps

position them to achieve business objectives (Naipinit, Kojchavivong, Kowittayakorn, & Na Sakolnakorn, 2014). Zincir and Tunc (2017) offered that leaders use the 7S framework to analyze companies and assess and monitor response to changes. The 7S framework should align with organizational issues that require improvement (Singh, 2013). The 7S framework is not limited to a specific industry, geographical area, or size of business. For instance, Baishya (2015) completed a qualitative case study to understand the impact of the Basistha River. Baishya utilized primary and secondary data such as personal observations, satellite images, and information from the water resource department and central groundwater board. Baishya (2015) found that business leaders used the 7S framework to improve the performance of a company, align departments, enhance processes during mergers, and determine how to implement a new strategy.

Mitchell et al. (2015) described three benefits of using McKinsey's 7S framework: (a) the description of the seven constructs convey importance, (b) the model emphasizes the interdependence of the seven constructs, and (c) the simplicity of the model makes it applicable to diverse organizations. The following two examples illustrate how dissimilar industries can benefit from the 7S framework application. Cox et al. (2019) utilized the 7S framework to assess the data from a study they previously completed on the future of academic libraries. The analysis of the effectiveness of the 7S framework indicated that the model helps analyze vital elements of a strategy (Cox et al., 2019). In another study in the unrelated field of supermarkets, Njeru et al. (2017) utilized a quantitative methodology to determine the relationship between strategy

implementation of McKinsey's 7S framework and the performance of supermarkets. The findings of Njeru et al.'s study were (a) utilization of McKinsey's 7S framework could heavily influence strategy implementation leading to enhanced firm performance; (b) organizational structure of a business's influences performance; and (c) employee level of education, employee experience, employee competencies, multidisciplinary strategy development, and healthy team relationships would lead to success in strategy implementation. McKinsey's 7S model has broad utility.

Leaders should contemplate which constructs from the 7S framework they should consider in relation to business objectives. Determining which options are the most effective regarding desired goals can resolve problems making strategic choices (Waterman, 1982). Ideally, applying McKinsey's 7S framework involves a comprehensive approach. Waterman (1982) professed that it is inadequate to think about strategy implementation as relating only to strategy and structure. Nonetheless, some organizations' leaders opt to focus on specific elements of the 7S framework to achieve its end. Such a narrow focus was evident when Mitchell et al. (2015) conducted a study to test the proposition that leaders can use McKinsey's 7S framework to measure organizational performance. The quantitative study by Mitchell et al. focused on the strategy, skills, and staff constructs associated with the 7S framework. Mitchell et al. utilized a hierarchical regression model to test three hypotheses: (a) talent of an organization's employees has a positive and direct effect on performance, (b) strategy has a positive and direct effect on performance, and (c) skills have a positive and direct

impact on performance. Mitchell et al. showed that all study hypotheses were accurate (Mitchell et al., 2015). A focused application, using only a portion of the constructs, may still result in success.

The 7S's in McKinsey's framework are all important, but not equal. Some of the 7S's are hard S's, including strategy, systems, and structure (Jayakrishnan, Mohamad, & Yosof, 2018). The hard S's are easier to identify and manage compared to the soft S's (Ravanfar, 2015). Furthermore, Alan (2017) concluded that leaders can directly influence the hard S's. Kaplan (2005) explained that economists and strategy scholars tend to focus more on the hard S's. The soft S's include style, staff, skills, and shared values (Javied, Deutsch, & Franke, 2019). These soft constructs are the foundation of the business and contribute extensively to sustainability (Ravanfar, 2015). Alam (2017) suggested that organizational culture heavily influences the soft S's, and these S's are less tangible than hard S's. Kaplan (2005) reflected that scholars in organizational behavior, sociology, psychology, and anthropology tend to focus more on the soft S's. Diverse industries achieve value when focusing on specific constructs in the 7S framework. Ravanfar (2015) noted that despite the 7S framework having existed for several decades, it remains one of the most popular organizational planning tools today.

**Strategy.** Leaders use strategy as the building blocks of business (Bismark, Kofi, Frank, & Eric, 2018). Strategy involves an organization's plan to create sustainability and achieve a competitive advantage (Ravanfar, 2015). As such, leaders use strategy to transform a business from a current to future state (Singh, 2013). Strategic management

begins with the adoption of strategic planning (Swayne, Duncan, & Ginter, 2016).

Additionally, Bryson (2018) advised that strategic planning processes enhance communication, decision-making, organizational effectiveness, resilience, sustainability, organizational legitimacy with stakeholders, and integration with the greater community.

Baishya (2015) asserted that strategy development is the means for a company to achieve its purpose. Naipinit et al. (2014) demonstrated this premise related to strategy development through a qualitative study designed to investigate successful business strategies for supply chain management. The results of Naipinit et al.'s study revealed that business leaders should have the right strategy, or they will struggle to sustain the organization. Alshaher (2013) similarly noted the value of strategy following the completion of an investigation using questionnaires and interviews to understand the effectiveness of the 7S framework for e-learning system readiness. Company leaders should consider the intended positive impacts of decisions as well as possible adverse outcomes of strategy development (Wilburn & Wilburn, 2016). McKinsey's 7S framework is useful for leaders gleaning insight into all potential or realized outcomes.

Strategy creation is not simple. Waterman (1982) proposed that many strategies sound great, but practically, they are too challenging to execute. A good strategy may not be doable, and an achievable strategy may not benefit the company. Waterman (1982) indicated that leaders could use McKinsey's 7S framework as a resource to determine the feasibility of strategies. Likewise, O'Shannassy (2003) noted that strategic thinking and planning requires disruption of the alignment of the 7S's. Strategy creation is a

mechanism for company leaders to improve the organization's competitive position (Mitchell et al., 2015).

Waterman (1982) recommended analyzing a business through the use of a matrix consisting of a top row that lists the ways a company is congruent with the 7S's and a bottom row that highlights what changes would need to occur in the 7S's for a strategy to work. The degree of difference between both rows determines the degree of difficulty of the approach (Waterman, 1982). If the analysis predicts a high level of difficulty, leadership can either search for other options or plan to mitigate challenges. Leaders may use an analytical approach involving the 7S framework to realize successful strategy implementation. As a leader determines the breadth of strategies and the level of complexity they are willing to assume, the matrix creation technique may be useful.

**Systems.** Alam (2017) showed that each company has a dominant construct at play, but the common construct scoring high in all companies was systems. Systems refer to the business and technical infrastructure that employees use on a day-to-day basis to realize their job expectations (Singh, 2013). Wilson et al. (2019) advised that systems incorporate individual services that contribute to the whole system. Systems include the procedures followed and processes entrenched in a business (Ravanfar, 2015). In addition, Baishya (2015) noted that systems consist of formal and informal rules and regulations that complement structure. Finally, Mitchell et al. (2015) posited that systems incorporate corporate functions such as compensation and reward programs, capital budgeting, and training.

Following a mixed methods study of an engineering company, Tawekal and Welly (2016) determined that the system construct affects employee performance more than any other construct. An assessment of organizational systems allows leaders to determine how they can enhance systems factors to attain greater success. For example, Naipinit et al. (2014) highlighted the value of using technology, such as software, to help manage the business. Similarly, Alshaher (2013) noted that technology is one of the essential requirements for business success. Organization leaders are embracing technology as it becomes less expensive and easier to use (Lee, Daugherty, & Hamelin, 2019). Decision making is important under the 7S construct of systems, in addition to the use of technology. Singh (2013) offered that organization leaders in the past were more bureaucratic than they are today, and management made most decisions.

**Structure.** Swartz and Bentley (2016) described structure as a logical collection of activities established to create a competitive advantage. Structure involves relationships among positions and activities in an organization meant to reduce uncertainty (Baishya, 2015). Ravanfar (2015) described structure as the way various divisions within a business are organized and interact. In several of the articles that I reviewed, the researchers identified factors that leaders should contemplate for effective business structure such as hierarchies and communication. For example, Singh (2013) completed a qualitative study of five private service organizations and proposed that traditional business structures were tall with many layers, and communication was delivered mainly through a top-down approach. Singh noted the traditional business

structure resulted in the choking of essential information and promotion of alternate communication grapevines. Presently, structures are flatter to make the organization more flexible and to empower employees (Singh, 2013).

Tawekal and Welly (2016) noted that motivated employees and effective companies result from a simplified structure. Through the completion of case studies, Senichev (2014) noted effective organizations should have the number of hierarchy levels reduced. Ravanfar (2015) recommended aligning the structure construct with a leadership style. Likewise, Senichev (2014) suggested that organizational structure should align with leadership style. Rabbanikhah, Gholizadeh, and Alirezaei (2017) completed a cross-sectional study to investigate and identify the issues within staff education systems of Iran's medical universities. Rabbanikhah et al.'s study results showed that education in Iran's medical universities is undesirable in terms of structure, management practice, and strategy. An organization's structure is an essential construct to consider for sustainable operations. According to Rabbanikhah et al., malalignment in structure and leadership style can create organizational challenges. Consequently, simultaneous assessment of structure and style is prudent.

**Style.** The style construct includes how top leaders interact, what actions they take, and to what these leaders place value (Ravanfar, 2015). Alshaher (2013) suggested that style pertains to both leadership style and organizational culture. Gokdeniz, Kartal, and Komurc (2017) completed a study on a business in the transportation sector and described the construct of style as having two sub-factors: leadership and administration.



The style construct is a lever that supports organizational change (Baishya, 2015). Style can apply to both formal and informal leaders. For example, physicians are leaders in the healthcare space, and the leadership style they demonstrate significantly affects the remainder of the team, which can foster or hinder positive change. Singh (2013) described traditional businesses as being a military-style where lower-level employees strictly adhered to upper management and procedures. Moreover, Singh argued that leaders should portray openness, innovativeness, and friendliness. Peters (1984) reflected on the leader's role as a role model, dramatist, nurturer, cheerleader, culture shaper, listener, keeper of bureaucrats off the backs of productive individuals, and value shaper. Naipinit et al. (2014) noted that leadership styles are fundamental to business success. Likewise, Alshaher (2013) emphasized the influence of leadership as significant.

**Staff.** In addition to formal leaders, the staff construct includes all employees. The staff construct encompasses the human resources component of an organization (Dyer, Godfrey, Jensen, & Bryce, 2016). The staff construct of the 7S framework concerns what type and how many employees are in an organization (Ravanfar, 2015). Baishya (2015) also offered that the staff construct includes the selection, placement, training, and development of those who work within a business.

Tawekal and Welly (2016) identified that an organization needs to maintain employee motivation to remain productive. Senichev (2014) highlighted that personal factors such as motivation, teamwork, and job satisfaction are essential components of an effective human resources management program. A study by Alshaher (2013) had similar

findings, including that organizations should nurture and maintain a high level of employee motivation. Organization leaders should focus performance improvement efforts on how to achieve sustainability in business; therefore, the leader's attention to the staff construct of the 7S framework is critical.

**Skills.** A prosperous company depends on the skills of its employees.

Viswanathan and Chopra (2015) described employees as an organization's greatest asset and the key to competitive advantage. The skills construct refers to the ability of employees to enhance firm performance in a manner that achieves the desired goals (Putra, Syah, Pusaka, & Indradewa, 2019). Skills relate to the competence of those who work within a business (Baishya, 2015). Skill development is an important activity for organizations. For example, Naipinit et al. (2014) noted that many businesses do not send employees to training; however, sending employees to train outside the organization can create more significant knowledge gain. Singh (2013) also indicated that when the staff holds the right skills, it is evident in the performance of the organization. Tawekal and Welly (2016) had the same finding, explaining that companies should maintain their employees' skills as it has a significant correlation with performance. Singh (2013) emphasized that skills reflect on the performance of the organization.

Peters (1984) proposed that exceptional organizational performance is the result of distinctive skill packages and the leader's role in harnessing the potential these packages bring. Leaders should know to get the most out of their employees and pay special attention to those who have a high level of potential. Peters noted that top

performers are a package of distinctive skills including (a) a pervasive focus on customer satisfaction; (b) an all-hands focus on constant innovation; and (c) a deeply-rooted belief in the dignity, worth, and creativity of each individual. Further, Peters added that only these three elements would result in a sustainable, competitive advantage. Top performers can exist at all levels of an organization. Leaders should focus efforts on enhancing the skill levels within their organizations as it results in improved performance (Mitchell et al., 2015). Peters (1984) posited that sound skills are the foundation for strategy development, the driving construct in the 7S model is skills, and that strategy is the dependent variable.

**Shared values.** Shared values are the fundamental beliefs and values of an organization that guides staff toward a set of behaviors and shapes their destiny (Perveen & Habib, 2017). Shared values are the foundation of a business (Mitchell et al., 2015). As such, shared values are the core of McKinsey's 7S framework and include the norms and standards that employees follow (Ravanfar, 2015). Singh (2013) described shared values as a set of traits, actions, and characteristics that an organization's leaders believe is right. Leaders should ensure that the values identified as necessary to the business are well known to internal and external stakeholders.

Leaders should have awareness early in any change process of what the team's perceptions are related to the organization's shared values (Alshafer, 2013). Alignment of employee's values to the organization's values will support goal attainment. These shared values contribute to organizational culture. Naipinit et al. (2014) noted a healthy

corporate culture, in part developed by employees, can help people work well and foster business sustainability. Naipinit et al. stressed that though organizational culture change requires employee involvement, culture change necessitates intensive support from leadership. Lastly, culture should align with the needs and values of those within the organization (Fusch, Fusch, Booker, & Fusch, 2016).

Simple and abstract shared values should exist as they have a substantial meaning inside an organization (Febriansyah & Ramdlany, 2016). Shared values are sometimes evident in the mission of an organization. The mission includes the primary purpose of a business (Dyer et al., 2016). The development of a mission is imperative as it clearly outlines to internal and external stakeholders what the company leaders are trying to achieve. The mission affirms the priority of the business, and in clearly articulating the mission, the company leaders begin the process of setting the goals of those who work within it. Leadership decisions within an organization should align with the organizational mission (Wilburn & Wilburn, 2016).

### **Related and Contrasting Theories**

Organizational design is a systematic approach to achieving organizational goals through aligning structures, processes, leadership, culture, people, practices, and metrics (Burton & Obel, 2018). Organizational design involves many elements and aligns with a myriad of theories and conceptual frameworks. I have summarized three theories that align with the 7S framework and one theory that contrasts with the 7S model.

Like the 7S framework, contingency theory relates to the relationship between multiple factors affecting an organization. Kotter's change theory and Lewin's theory of change relate to the 7S framework in that these frameworks can also support organizational design. The approaches inherent in these models are overarching and comprehensive. The human capital theory differs from the 7S framework; hence, I identified it as a contrasting perspective. The alignment to organizational design is not as comprehensive with human capital theory as it only encompasses the skill construct, which is a limited component of an organization.

**Contingency theory.** Similar to the 7S framework, contingency theory involves multiple organizational constructs fitting together. Fred Fiedler, the founder of modern contingency theory, was a clinical psychologist and professor at the University of Washington (Tobias Leadership Centre, 2019). Fiedler (1967), in his seminal work on contingency theory, noted group effectiveness depends on interactions between leadership styles and the degree to which the environment fosters leader influence.

Contingency theory involves assessing how organizations design their structures and strategies to respond to issues (Lawrence & Lorsch, 1967). Drazin and Van de Ven (1985) posited that contingency theory includes the premise that structure and processes should fit the environment and circumstance. Nyokabi, Muchara, and Namada (2019) highlighted that fit is one of the most significant concepts in contingency theory. Van de Ven and Drazin (1984) defined the concept of fit as the interaction between one or more organizational factors.

Lee, Palmatier, and Kozlenkova (2014) posited that no best way exists to design an organization and that the optimal design depends on the company's internal and external contingencies. Lee et al. (2014) reflected that contingency theory involves an if-then relationship between such contingencies and effective organizational design. For example, a business may require a specific design if it has a certain level of complexity. Similarly, a company needing a high level of specialized expertise may require a particular organizational design to perform well. The capabilities and relationships within an organization impact the success of a particular organizational design. External factors can influence the effectiveness of organizational design, as well. Boehe (2016) referred to contingency theory as a support for leaders in understanding how external factors affect leader capability. Leaders may utilize contingency theory as a resource as they embark on changes to improve performance.

Burton, Obel, and Hakonsson (2015) expanded upon contingency theory and further developed the multi-contingency theory of organizational design. The multi-contingency view entails the proposition that a particular setting should determine an organization's design (Burton et al., 2015). In their qualitative cross-sectional study, Turner and Miterov (2019) reflected on the close alignment of organizational design with contingency theory as well, noting that organization designs should fit the particular circumstance.

Contingency theory is valuable to complex organizations. Roh, Turkulainen, Whipple, and Swink (2017) explored why multinational supply chain management

organizations change their designs and how organization leaders respond to these changes. Roh et al. highlighted the application of several organizational design change theories, including contingency theory. Additionally, Roh et al. found that leaders in supply chain companies believe resistance at the employee level is a significant threat to the success of organizational design efforts. The use of contingency theory deduced that if there is resistance of a change by employees, success is compromised.

There are challenges with contingency theory in the context of organizational design. The first challenge is that contingency theory is too static (Lee et al., 2014). Organizations are in constant change, and many industries are evolving at a rapid pace. Theories utilized by leaders to understand and improve organizations should also evolve. Another challenge with contingency theory is that it fails to address multiple organizational conditions or goals at the same time (Lee et al., 2014). Conversely, the 7S framework involves consideration of the 7S's simultaneously. My study will occur in the healthcare industry, which is a continually evolving field. Examining my phenomena using contingency theory is not as effective of a strategy as using the 7S framework.

**Kotter's change theory.** Organizational change refers to the process of a leader refocusing or renewing an organization (Moldovan & Macarie, 2014). Organizational design requires a systematic approach to managing change. Intrinsic motivators, or motivators that play on people's perception of fairness and feelings of accomplishment, should drive the change process (Schultz, 2014). Public organizations, similar to other businesses, are often faced with the need to change (van der Voet, 2014). In an

environment such as healthcare, which is incredibly service-oriented, many staff members are intrinsically motivated to change by the desire to improve care and help others.

The process of creating change is linear and can support simple and complex businesses. Still, in complex organizations, simultaneous change processes, overlapping stages, and varying speeds of movement may occur (Pollack & Pollack, 2014). Having an orderly process will alleviate confusion and reduce the perception of complexity that often accompanies large-scale change. On the other hand, some changes do not require specific steps (Appelbaum et al., 2012). A consistent approach to change will build competency in change management and facilitate organizational adaptability.

John Kotter (1995) was a professor at Harvard University who shared his seminal work on an eight-step change process. Kotter's change model has several stages including (a) generating a sense of urgency, (b) founding a coalition, (c) building a vision, (d) communicating that vision, (e) empowering others, (f) creating quick wins, (g) growing the change, and (h) institutionalizing the change. The change effort itself often results in disorder and chaos as people shift from one way of doing to another. The use of Kotter's change model may minimize confusion in environments that have to pursue multiple change processes concurrently. A solidified change, following the completion of all steps, is essential to creating a new norm (Small et al., 2016).

***Creating a sense of urgency.*** The first stage in Kotter's change model is to create a sense of urgency (Small et al., 2016). An outside event, perception, or change can



create a sense of urgency (Wheeler & Holmes, 2017). Events such as governance changes or budget modifications can stimulate organizational design work. Creating urgency involves helping stakeholders understand why the change needs to occur (Lv & Zhang, 2017). Without a sense of urgency, it may be difficult to take action toward the goal.

***Developing a coalition.*** Wheeler and Holmes (2017) highlighted the development of a guiding coalition as an essential stage in Kotter's model. Oversight of the progress of change initiatives, especially large-scale change, requires the establishment of an alliance. Position power, expertise, credibility, and leadership are vital requirements of an effective coalition (Lv & Zhang, 2017). Coalition members help develop the strategy and guide its progress throughout the change process. Organizations and those who work within them will not change unless their leaders believe it is worth the effort required to do so (Dyer et al., 2016).

***Creating a vision.*** A vision is required once a coalition is established (Wheeler & Holmes, 2017). Furthermore, a vision is a picture of what the future will include (Lv & Zhang, 2017). Leaders often set a goal or build the vision in an organization before the implementation of change occurs.

***Communicating the vision.*** The vision-setting stage leads to the next stage, which is communicating the vision (Wheeler & Holmes, 2017). Reinforcing the values and value statement, ensuring transparent communication, and using various formats to share information enhances the vision-setting stage (Schultz, 2014). As expected, Barrett

(2017) noted that high-quality communication is vital in any significant organizational change. From the vision, strategy details unfold, and planning begins.

***Empowering others.*** The succeeding stage in Kotter's change model is empowering others (Wheeler & Holmes, 2017). Lv and Zhang (2017) asserted that positive change creates staff empowerment. Similarly, Wheeler and Homes (2017) suggested that when staff members are empowered, and unexpected changes happen, they can still handle the situation. Engaging employees is critical to the success of any change initiative. Intrinsic motivators drive employee behavior (Schultz, 2014). Employees should understand their role in the change and the anticipated improvement. In this fifth stage, through empowering others, the vision begins to turn into action.

***Creating quick wins.*** Creating quick wins is a significant sixth stage in Kotter's change model (Wheeler & Holmes, 2017). Lv and Zhang (2017) posited that acknowledging quick wins increases staff confidence. Recognizing and celebrating quick wins can motivate those involved in the change to remain engaged. Celebrating success reinforces the change initiative.

***Building on the change.*** During change, reversion to old ways is frequent. Leaders should portray persistence and foster continuous momentum in realizing the vision. The creation and implementation of a mutually agreed-upon plan for improvement that no one has the desire to tackle is difficult (Nelson, Taylor, & Walsh, 2014). In addition, successful change management requires building on the change (Small et al., 2016). In this seventh stage, a new state or new standard is becoming solidified.

*Institutionalizing the change.* The final stage in Kotter's change model is institutionalizing the change (Wheeler & Holmes, 2017). It is at the institutionalizing the change stage that the change is grounded in the organization. Pollack and Pollack (2014) noted that sustainable change requires institutionalizing the change; however, it can take a long time to complete. Factors such as culture, employees, leadership, and complexity in an organization can affect Kotter's change management model. Nonetheless, the eight-step process is still valid. Expansion, elongation, or modification of some stages may need to occur to fit the unique circumstances. In the healthcare environment, in addition to internal complexity, there are often governmental or stakeholder interests that require consideration. As a result, the change process often extends beyond the boundaries of the organization itself. Despite the issues that accompany organizational change, management of the associated issues is possible (van der Voet, 2014).

Organizational design, while a change process, requires contemplation of specific elements of an organization. Kotter's change theory can be a resource to institute changes as a result of organizational design, but it does not have the specificity required to complete the comprehensive organizational assessment that organizational design necessitates. As such, examining my phenomena using Kotter's change theory is not as effective of a strategy as using the 7S framework.

**Lewin's theory of cultural change.** To maintain equilibrium and survive, organization leaders should react to a continually evolving environment (Wojciechowski, Pearsall, Murphy, & French, 2016). Kurt Lewin is considered the father of planned

change (Bakaria, Hunjrab, & Masood, 2017). Lewin's theory of change is a simplified model for change management that assists in understanding, and ultimately mitigating resistance. In developing his change model, Lewin (1947) noted that group life is never without modification and that any change requires considering the entire group impacted. Numerous factors can affect the success of an organizational change process.

Leader understanding and responsiveness to the environment, and organizational factors in which a change is occurring, can contribute to the effectiveness and benefits of a change process (Wang, Chen, & Chen, 2012). Lewin (1947) explained that introducing a change in a population equates to trying to break an established practice or social habit. As described by Cummings, Brigman, and Brown (2016), Lewin's model is based on three phases of successful change, which include unfreezing, transition, and refreezing.

***Unfreezing.*** Unfreezing is required for successful organizational change (Hussain et al., 2018). Unfreezing involves creating problem awareness and facilitating letting go of old ways of doing (Wojciechowski et al., 2016). The unfreezing phase is crucial because identifying opportunities for improvement, and being bold enough to begin change, is difficult work. Unfreezing is a significant phase of change because it takes strength in leadership to challenge existing norms.

As Schultz (2014) suggested, people do not resist change in itself; instead, they resist the pain, threats, and loss of control associated with it. The unfreezing phase will increase the group behaviors for change, and enhance the leader's pressure for change at a higher level (Hussain et al., 2018). The development of a shared sense of purpose for

leaders is essential for successful change sustainment (Chatman, 2014). All organizational change requires structured planning (Tetef, 2017). Hussain et al. (2018) described three components of the structured phase: (a) activity planning, (b) commitment planning, and (c) change management structure. Activity planning encompasses the creation of a road map, organizational change, events, and specific activities that should occur for success (Hussein et al., 2018). Commitment planning involves identifying whose commitment is required to formulate the change and gain support (Hussain et al., 2018). The final component Hussain et al. described is the change management structure, which identifies the direction and structure for managing the change.

***Transition.*** It is in the transition phase that change occurs. Wojciechowski et al. (2016) highlighted that the transition phase includes seeking alternative solutions, indicating benefits of change, and removing barriers that could affect change negatively. Leaders play a significant role in moving the team to a new normal. Role modeling, coaching, and training are necessary for the transition phase (Wojciechowski et al., 2016). Similarly, a study by Tetef (2017) demonstrated that education and leader communication are essential elements of the transition phase. Moreover, Bakaria et al. (2017) described readiness for change and commitment as key influencers in the transition phase as well.

***Refreezing.*** Lewin (1947) noted that change is often short-lived, and returning to the former state is frequent. Wojciechowski et al. (2016), described the refreezing phase

as integrating and stabilizing the changes, so they become a habit. Having a comprehensive process in place to monitor success and slippage is helpful. Tetef (2017) noted that facilitating question and answer sessions, job shadowing opportunities, resources to assist with the change, and repeated discussions about the change with staff as successful leader tactics in the refreezing phase.

Organizational design includes understanding organizational culture; however, it is much broader than just this element. Lewin's theory of cultural change can be a resource for leaders to understand the impact of organizational design, but it does not encompass the breadth of factors that leaders completing organizational design explore. As such, examining my phenomena using Lewin's theory of cultural change is not as effective of a strategy as using the 7S framework.

**Human capital theory.** Gary Becker, a Nobel Prize winning economist, is well known for his early development of the human capital theory (Becker Friedman Institute, n.d.). Becker (1962) studied activities that influence future income through the embedding of resources in people. Marginson (2017) noted that the foundational narrative of the human capital theory proposed that education drives the productivity of labor, and productivity drives earnings; hence, earnings of educated labor define the investment in education. The human capital theory is relevant when considering employee development and training; therefore, a valuable theory for business leaders interested in improving performance.

Theodore Schultz, an agricultural economist, and Nobel Prize winner, is credited for his early seminal work related to the human capital theory as well (The Nobel Prize, 2019). Schultz (1961) posited that individual actions that promote productivity are investments as these actions create capital, which ultimately enhances the economy. Sweetland (2016) noted that Schultz and Becker also linked human capital theory to the element of individuals. The human capital theory includes the principle that individual students should consider the opportunity costs of investing in education, which includes the loss of income while in school (Sweetland, 2016).

The human capital theory was selected as an alternative theory to the 7S framework as it is primarily limited to one component of the organization: the people. The human capital theory provides the context of career development processes within an organization and supports the planning for developing talent (LeCounte, Prieto, & Phipps, 2017). Nemeth (2017) validated the direct relationship between human capital theory and organizations; however, she added that there is also an indirect relationship. Nemeth shared that through discussing human capital, one would immediately focus on management issues. Despite the suggested focus on management theory, examining my phenomena using the human capital theory is not as effective of a strategy as using the 7S framework.

### **Organizational Design**

In the increasingly globalized world, the pressure on business leaders to achieve sustainability seems unprecedented. The mantra of doing more with less, and increasing

quality and safety while reducing cost, is pervasive in many industries. A foremost challenge for leaders today is the need for businesses to act as more than just a business and to continually transform to meet societal expectations (Santos, Pache, & Birkholz, 2015). This transformation challenge creates fragility for business leaders as they try to align activities that save money or increase profits with those that generate societal good (Santos et al., 2015).

**Description of organizational design.** Burns, Bradley, Weiner, and Shortell (2012) described organizational design as the authority, responsibility alignment, and information flow within an organization. Burton and Obel (2018) simplified organizational design to who does what, when, or how when it comes to allocating people and tasks. Organizational design drives strategy creation by leaders and helps them determine if the implementation of those strategies is feasible (Simard, Aubry, & Laberge, 2018).

There is no universally supreme design for an organization (Burns et al., 2012). Galbraith (1973) similarly ascertained that there is no one superior method of designing an organization and that different organizational designs are not equally valid or efficient. Following their multi-case study to explore how organizations can design themselves, Aubry and Lavoie-Tremblay (2017) also determined that there is no ideal organizational design to copy, as business contexts vary. Ultimately, company leaders need to be adaptable, and when they are, they will achieve improvement (Perez-Valls, Cespedes-



Lorente, & Moreno-Garcia, 2016). Organization leaders should be poised to continuously adapt the design of the organization to meet current needs.

Business leaders need to consider the temporary impact of organizational design efforts (Simard et al., 2018). Organizational design, however, is an ongoing process (Aubry & Lavoie-Tremblay, 2016). New organizational designs, including structures and processes, support continuous design work, and the development of organizational capabilities and efficiency (Perez-Valls et al., 2016). Organization leaders should transform their organization by aligning their internal and external resources so the combination increases value (Perez-Valls et al., 2016). Organizational design can help leaders achieve their goals by adopting a more effective structure. Burton and Obel (2018) suggested that organizational design requires the assignment of tasks to individuals or subunits, the apportionment of resources to these units, the designation of customers to units, and the breakdown of significant problems. Additionally, a quantitative study by Perez-Valls et al. (2016) showed that certain design practices are important to consider when completing organizational design efforts, as these practices build capabilities.

Organization leaders today need to be agile (Burton & Obel, 2018). Agility involves creating valid business models, analyzing the resources required to move forward, and investing in those changes (Perez-Valls et al., 2016). Junginger (2015) described four core activities an organization should engage in: organizational design, changing, organizing, and managing. Perez-Valls et al. (2016) noted that the need for

business flexibility involves creating new organizational designs. Similarly, Davis and Dolson (2018) described organizational design as one of the principal elements of an organization. Likewise, Junginger (2015) addressed the concept of organizational design, noting that design is part of an organization's DNA and that it shapes organizational reality. Organizational design is an essential process an organization should complete.

**Benefits of organizational design.** Burns et al. (2012) described the benefits of organizational design as (a) reducing silos, (b) allocating resources, (c) conducting planning, (d) holding people accountable, (e) pinpointing areas where conflict resolution is required, and (f) developing shared goals and perspectives. Galbraith (1977), in his seminal work, noted that organizational design increases understanding of the organization, increases the production of coherent organizational goals, and facilitates effective organizational coordination and communication. Through their quantitative study, Aubry and Brunet (2016) demonstrated that organizational design could benefit businesses such as those that are publicly administered.

Burton and Obel (2018) posited that organization design is a significant determining factor in an organization's performance. Similarly, a quantitative study by Al-Musadieq, Nurjannah, Raharjo, Solimun, and Rinaldo (2018) demonstrated that there is a significant correlation between organizational design and employee performance. Fjeldstad and Snow (2018) noted that organizational design affects the overall effectiveness, efficiency, and agility of a business. In their qualitative case study,

Swensen, Gorringer, Caviness, and Peters (2016) described the concept of organizational design, noting it has an impact on performance in the healthcare industry as well.

Tasselli and Caimo (2019) completed two empirical studies and argued that organizational design can help explain informal processes of advice sharing across different areas within an organization and that formal designs influence the structure of the informal and emergent structures by which organizational life is defined and evolves. Furthermore, Burton and Obel (2018) highlighted that organizational design strategies reduce the need for information by creating structure and coordination. In their qualitative case study, Andersson, Caker, Tengblad, and Wickelgrena (2019) noted that elements of organizational design such as structure and the associated control, could create resiliency related to unexpected events, foster action orientation, and support organization alignment.

Successful change management may not occur if the organization is not designed to perform at its best. Through an organization's design, planning, and resource allocation occur (Burns et al., 2012). For leaders to address priorities and, ultimately, the changes that need to occur, resources should be available. Perez-Valls et al. (2016) noted that for organizations to align resources with the need, a business should identify the opportunity in the current context.

In their seminal work, Miller and Friesen (1982) completed a study to determine if the most effective approach to organizational structure changes was piecemeal-incremental or a more rapid manner. Miller and Friesen showed that it is best to

undertake organization design work only when it is necessary. Furthermore, when it is required, organizational design should be completed rapidly and decisively (Miller & Friesen, 1982).

**Structure within organizational design.** Organizational structure is a dominant component of organizational design that formally indicates how activities and tasks occur between individuals and groups in an organization (Good, Knockaert, Soppe, & Wright, 2019). A case study by Ahamadzadeh and Ghahremani (2016) showed a significant relationship between organizational structure and quality. Another study by Sallehu (2017) explored the effect of restructuring on performance. Sallehu indicated that changing organizational structures creates improved efficiency if the initiatives are justified economically. Further, Sallehu's surmised that usual restructuring efforts create increased future productivity, but excess restructuring can negatively affect productivity. Organizational design activity should balance the need to continuously evolve for effectiveness and efficiency, with not creating more change than the organization can manage successfully.

**Leadership and organizational design.** Petro and Gardiner (2015) posited that the relationship between organizational design and effective leadership leads to success. Any significant change in an organization requires effective leadership. Leaders should concern themselves with goal setting and execution of actions (Burns et al., 2012). A critical role for leaders is to set goals (Burns et al., 2012). Successful organizational design should be an ongoing goal of any business. Burns et al. (2012) confirmed that

leaders use their skills to design organizations. Leaders should continually enhance their knowledge of organizational design to have the most significant impact on efficiency and effectiveness in their environment.

Following completion of his qualitative case study, Cusick (2018) indicated that successful organizational change, such as organizational design initiatives, requires a clear vision and strong business executive support. Change cannot occur without the vision leaders bring. Kates and Kesler (2015) speculated that an organization could not achieve success without effective leaders, regardless of formal processes and aligned objectives. Likewise, Swensen et al. (2016) described leadership as being intertwined with organizational design and performance. Supervision by leaders is the basis for coordination throughout an organizational design initiative (Burns et al., 2012). To see change processes through, and to achieve results, organization leaders should oversee the actions and be accountable for the outcomes. Leadership practice is instrumental in organizational design success.

The focus on leadership should not occur in the middle of organizational design efforts, but also as organizations contemplate the future. Davis and Dolson (2018) noted that succession planning could impact organizational design; therefore, planning for leadership in the future is essential. Succession planning can include decisions related to the types of leaders the organization needs to ensure an adequate future design. Garcia-Sierra and Fernandez-Castro (2018) described transformational leadership as essential in nursing to advance healthcare organizations to the required design of the future.

**Communication and organizational design.** Cusick (2018) posited that a consistent approach and effective communications are vital requirements of successful organizational change. Given organizational design is a broad change activity, these concepts apply. Perez-Valls et al. (2016) suggested that successful organizational design involves horizontal communication and creating liaison positions to assist with information transfer. Through a qualitative case study, Kral and Kralova (2016) showed that the nature of the change itself determines the communication approach and that no one type of approach is superior for all processes.

Organization leaders, from a variety of industries, are invested in organizational design activities. As previously noted, some authors refer to considerations to make when completing organizational design. No one source, however, provides a clear roadmap to follow when undertaking arduous organization design effort.

### **Organizational Design through the Lens of McKinsey's 7S Framework**

The phenomenon of organizational design in healthcare can be viewed through the lens of McKinsey's 7S framework. Each subsection relates to one of the 7S's. The content in each sub-section pertains to both organizational design and a specific construct of McKinsey's 7S framework. There were sparse examples of contemporary studies specific to healthcare and organizational design. As such, content in the following section reflect both literature rooted in the healthcare industry, and literature about other sectors.

**Organizational design and strategy.** Public expectations are climbing, as are the expectations of employees. The status quo is not good enough, and business leaders

should strive for improved performance. Kral and Kralova (2016) pointed out that company leaders should modify operations to respond to the changing environment, and their organizational design to be able to respond to their new operational model. The daunting task of organizational design applies to the healthcare industry.

Healthcare, like many other industries, is ever-changing. Vestal (2013) noted that healthcare leaders are shifting focus, and as a result, the implications for managing healthcare changes are enormous. Beans (2016) indicated that there is pressure on leaders to improve quality while reducing costs through activities such as standardizing processes and implementing best practices that will enhance patient health. Bohmer (2016) also provided a perspective on factors that influence the success and sustainment of healthcare transformation. Bohmer recommended several tactics to generate the sustainability outcome, including deploying redesign teams. Bohmer noted several additional tactics to sustain transformation: (a) creating a well-developed measurement system, (b) establishing a senior oversight group who sets priorities and monitors progress, and (c) setting unifying values and norms.

**Organizational design and systems.** Junginger (2015) noted that the problem for organizations is not that there is not organizational design; instead, the issue is that organizations are full of design. Junginger identified three elements of organizational design legacies: organizational purpose, organizational design approaches, and organizational design practices. Junginger proposed that design researchers can help to

reposition design in the organization by developing conversations that invite, engage, and enable stakeholders to reflect on these elements.

Wilson et al. (2019) advised that systems incorporate individual services that contribute to the whole system. Systems include the procedures followed and processes entrenched in a business (Ravanfar, 2015). Systems also consist of the formal and informal rules and regulations that complement structure (Baishya, 2015). Finally, systems incorporate corporate functions such as compensation and reward programs, capital budgeting, and training (Mitchell et al., 2015).

Gruber, De Leon, George, and Thompson (2015) noted that high performing organizations are creating superior consumer experiences through deliberate system design efforts. Gruber et al. outlined several principles for consideration as system design efforts: (a) identifying real and compelling needs; (b) focusing on value and values; (c) designing the employee experiences, not just workflows and tools; (d) collaborating, co-creating, and co-producing; creating sensory and emotional engagement; and creating a narrative. Gruber et al. noted that organizational design enables more effective integration of different disciplines and functions, and may help create compelling consumer and user experiences that translate into enhanced business performance. Organizational design involves creating a system that meets the needs of all stakeholders.

**Organizational design and structure.** Simard et al. (2018) described three problems associated with organizational design and governance: (a) the lack of understanding of the two concepts in business, (b) not considering the temporary impact



of organizational processes, and (c) confusion between the two concepts. Governance is a process of overseeing an organization. It is a component of the hierarchy of an organization. Organizational design, on the other hand, is a constant process of reshaping and changing an organization (Aubry & Lavoie-Tremblay, 2017).

Healthcare organizations come in many designs. In his seminal paper, Mintzberg (1980) proposed a typology of five organizational configurations: (a) simple structure, (b) machine bureaucracy, (c) professional bureaucracy, (d) divisionalized form, and (e) adhocracy. Mintzberg described the elements of organizational structure as the necessary parts of an organization such as the operating core, strategic apex, middle line, technostructure, and support staff; the mechanism of coordination including mutual adjustment, direct supervision, and standardized processes; the design parameters such as job specialization, behaviors, training, and action planning; and contingency factors such as age, size, environment, and power. Mintzberg also discussed the design of organizational decision making, noting it could include vertical and horizontal decentralization.

The results of the study by Tasselli and Caimo (2019) showed that classic and hierarchical organizational networks are still common to most modern organizations. Furthermore, Tasselli and Caimo suggested that when a hierarchy is absent or limited, the presence of an overarching organizational purpose requires members to coordinate their activities and interactions for a unique goal that transcends the individual and dyadic

utility of social interactions. Healthcare organizations are frequently large and complex. Hierarchies exist, and healthcare leaders should manage the resulting issues.

Many factors shape organizational designs. Santos et al. (2015) identified the growing prevalence of hybrid organizations or those whose leaders conduct business through aligning profit and societal impact. Santos et al. described four types of hybrids or organizations that combines a social mission with a business model: market, bridging, blending, and coupling. Santos et al. suggested the two critical dimensions in which social business hybrid differs are the amount of overlap between beneficiaries and customers, and contingent versus automatic value spillovers. Furthermore, Santos et al. noted that their typology of hybrid models supports leaders of hybrid organizations to evaluate their context, learn how to best design their social enterprises, and create sustainability. Healthcare organizations can either be a hybrid organization or be the recipient of the benefits of hybrid organizations.

Perez-Valls et al. (2016) completed a cross-sectional quantitative study to determine the connection between internal organizational design variables and environmental responsiveness and its influence on economic performance. Perez-Valls et al. showed that to transform environmental efforts into enhanced financial performance, company leaders need to be adaptable. When business leaders are flexible, improvement follows. The findings of the study by Perez-Valls et al. showed that certain design practices, such as horizontal structures, teams, and internal networks, can help build dynamic capabilities and that a team-based approach and team rewards likely fosters

change and continuous improvement. Likewise, Killingsworth and Eschenbacher (2018) outlined the benefits of the thoughtful and deliberate creation of an effective structure in a healthcare division such as pharmacy. Killingsworth and Eschenbacher proposed that leaders should be correctly aligned in an organizational structure to be advocates for their division and to utilize their resources effectively.

The impact of errors or poor practice in healthcare can be detrimental; therefore, quality improvement is critical in healthcare and should be at the forefront of any organizational design efforts. In 2016, Pereira-Moliner, Pertusa-Ortega, Tari, Lopez-Gamero, and Molina-Azorin completed a quantitative study to examine the relationship between quality management (QM) practices and organizational design, and between QM and competitive advantage. The findings showed that QM practices positively influenced specialization, formalization, and informal relations and that these practices also positively affected healthcare cost and competitive advantage (Pereira-Moliner et al., 2016). Finally, QM can encourage organizational design (Pereira-Moliner et al., 2016).

**Organizational design and style.** Alshaher (2013) suggested that style is linked to leadership behavior. This position was supported in the literature. Leaders have a role in bridging the hierarchy within healthcare for staff (Sims, Hewitt, & Harris, 2015). Vigorous leadership is critical for successful transitions in healthcare (Barilla, Shah, & Rawson, 2019). In support, Delmatoff and Lazarus (2014) advised that healthcare leaders should continuously evolve their style to achieve growth and improvement. These concepts are essential information for healthcare leaders as they strive to maintain or

exceed expectations in a constantly changing and challenging world. Self-awareness fosters leader effectiveness (Delmatoff & Lazarus, 2014). Gruber et al. (2015) highlighted the importance of purposeful leadership and the impact it can have on organizational success.

Change is about transforming and doing things differently. Change is usually implemented to improve performance, and such an effort requires transformational leadership (Sow, Murphy, & Osuoha, 2017). A goal of transformational leaders is to inspire others to be change-oriented and innovative (Saxena, 2014). Authenticity is a trait of transformational leaders. Authenticity fosters trust, which results in employees demonstrating more positive behaviors within their organization (Men, 2014). When leadership is not transformational or trustworthy, change is challenging to manage and can be unsuccessful. Selecting impactful leaders to manage change is critical.

Transformational leaders inspire followers to focus on the broader organizational benefit associated with change (McCleskey, 2014). Change should appeal intrinsically for transformational leaders. Transformational leaders support people in sacrificing their disadvantages for the greater good (Effelsberg, Solga, & Gurt, 2013). Transformational leaders are proactive and innovative (Saxena, 2014). The transformational leadership approach stimulates new ideas and encourages creativity, which can ultimately support a change process such as organizational design. Burton and Obel (2018) noted that science and design might appear to be opposing concepts and incompatible, but they believe that experimentation is at the heart of organizational design.

Leaders should develop a shared vision for all individuals within the organization, so everyone moves towards the same goal (Sims et al., 2015). Transformational leaders focus on the vision, which results in improved clinical outcomes, staff satisfaction, and improved relationships (Lee et al., 2019). Garcia-Sierra and Fernandez-Castro (2018) completed a cross-sectional quantitative study to better understand the relationships between structural empowerment, leadership style, and the engagement of nurses. The study findings revealed that transformational leadership results in a higher level of engagement for nurses, but transactional leadership, and the passive-avoidant style does not enhance engagement (Garcia-Sierra & Fernandez-Castro, 2018). Furthermore, Garcia-Sierra and Fernandez-Castro (2018) indicated that structural empowerment or an empowering workplace mediates the relationship between transformational leadership and nursing engagement. The majority of employees in healthcare are nurses; therefore, transformational leadership is vital. A transformational leadership style is pertinent to healthcare.

Davis and Dolson (2018) offered described the relationship between succession planning and organizational design. Davis and Dolson contributed that business leaders should contemplate succession planning as a component of regular business, and to factor the desired changes in organizational culture and design as a component of succession planning. Given the continuous nature of organizational design, succession planning should be an element of this process.

My literature review included a reflection on other leadership styles. Hardon and Fulop (2015) addressed the need for relational leadership in their article. Skillful relating is not present in many healthcare conversations, although it can positively affect decision-making (Hardon & Fulop, 2015). Authentic leadership results in enhanced quality of work-life and involves a supportive style that includes being open, friendly, and approachable (Buble, Juras, & Matic, 2014). Men (2014) proposed that with authentic leadership, what you say and what you do align. Men also identified the outcome of authentic leadership as greater trust and credibility, and the fostering of an environment where employees feel they can freely express themselves and participate more openly. Many leadership styles can be useful in healthcare which is the industry I studied.

**Organizational design and staff.** Organizational design affects all individuals that work in healthcare settings. The evolving healthcare industry creates uneasiness in clinicians, leaders, and other staff (Delmatoff & Lazarus, 2014). Leadership is not only present in formal leader roles, but at all levels. A study by Sarto and Veronesi (2016) showed the positive impact of clinical leaders in senior positions on different types of outcome measures. As a result, clinical leaders should increase their business acumen (Chubbs, 2013).

In their longitudinal case study, Currie and Spyridonidis (2019) explored how changing configurations of shared leadership affected the adoption of innovation. As dissemination of innovation continues, leaders and professionals share leadership (Currie

and Spyridonidis, 2019). Currie and Spyridonidis provided valuable insight into the roles of healthcare stakeholders in achieving innovation and validates the leader's role while emphasizing the critical involvement of clinical team members. Organizational design is an innovative approach to healthcare management and should include all staff.

**Organizational design and skills.** Kates and Kesler (2015) published a paper related to the activation of global operating models or how big global businesses should manage complexity and tension, and the need for leverage and agility. Kates and Kesler described conditions that give leaders a way to connect complex organizational designs with performance: right connections, right conversations, and the right know-how. Knowhow refers to the skill level of employees. Putra et al. (2019) speculated that skill is the required ability of employees, and includes their capabilities and competencies. Correspondingly, Ravanfar (2015) defined skills as the capabilities of employees.

Mitchell et al. (2015) claimed that skills have a positive and direct impact on organizational performance. Organization leaders should invest in their employees to ensure skills can be maintained. Employee recruitment, training, and development have a significant effect on organization performance (Mitchell et al., 2015). Additionally, leader support is required to maintain a successful employee training system (Rabbanikhah et al., 2017). Training in healthcare is especially relevant, given the continuous advances in technology and clinical practice.

A final concept in my review related to organizational design and staff is organizational stress. Organizational design requires a deliberate and thoughtful approach

to minimize stress. Organizational work stress has two main dimensions: physiological and psychological (Das & Baby, 2014). Das and Baby (2014) described physiological stress as a physiological reaction of the body, while psychosocial stress affects the psychosocial elements of a person's health. Organizational design and the accompanying stress can result in both positive and negative consequences. Organizational design requires open and honest communication through creating committees and cross-functional teams, monitoring the grapevine, and challenging inaccurate information with facts (Schultz, 2014). Leaders should monitor symptoms of organizational stress, such as disengagement or employee turnover, and have plans to mitigate any adverse effects.

**Organizational design and shared values.** Swartz and Bentley (2016) described shared values as what is right and desirable by most members of an organization. Without considerable overlap in shared values, organizational design may be tumultuous and, ultimately, unsuccessful (Swartz & Bentley, 2016). The values of an organization should be well-articulated and evident in organizational design processes.

Njeru et al. (2017) indicated that shared values incorporate employee beliefs in the vision and mission of the organization, the organization's culture and ability to change, and the employee's awareness of the strategy. It is the leader's role to clearly articulate the organization's vision, and the actions and values necessary to make a change process successful (Westcott, 2014). The path to a transformed organizational culture is not simple, and pushback often exists by staff who are slow to accept the need for change and to actively pursue it (Nelson et al., 2014). Al-Musadieq et al. (2018)



highlighted the benefit of healthcare leaders focusing on organizational elements such as motivating employees, organizational design, and organizational culture, and the benefits focusing on one will have on the other elements.

### **Transition**

In Section 1, I introduced the research problem as well as conceptual framework for my study. I outlined my research and interview questions and described the conceptual framework I used as the foundation for my study. Additionally, I completed a comprehensive review of the professional and academic literature related to several conceptual frameworks and my study phenomenon of organizational design.

In Section 2, I describe my role as a researcher and defend my research methodology and design. Section 2 includes details on my population and sampling strategy and how I factored ethical considerations into my research process. I conclude Section 2 with an overview of my data collection and analysis process, as well as information regarding how I have ensured quality in my research.

In Section 3, I present findings from my research. I describe how I can apply my findings to leadership practice, and outline recommendations for organizational design strategies that healthcare leaders could use to improve organization performance. Section 3 contains recommendations for further research.

## Section 2: The Project

Section 2 includes details regarding my targeted population of healthcare leaders from one healthcare organization in Alberta who have successfully implemented organizational design strategies. In this section, I provide an overview of my qualitative method and case study design and highlight my approach to ethical research. Section includes a detailed description of my data collection and analysis process. In this study, I used semistructured interviews, a documentation review, and a reflective journal as data collection instruments. Subsequently, in this section, I discuss my approach to ensure research quality.

### **Purpose Statement**

The purpose of this qualitative single case study was to explore the organizational design strategies that healthcare leaders use to improve organization performance. The targeted population was leaders within a healthcare organization in Alberta, who successfully developed and implemented organizational design strategies to improve organization performance. Implications for social change include healthcare leaders using or adapting the study's findings to implement organizational design strategies to improve organization performance and ultimately lead to higher quality healthcare for Albertans.

### **Role of the Researcher**

I was the only researcher conducting research in this qualitative case study. The researcher is the primary data collection instrument (Alpi & Evans, 2019). As such, I aimed to demonstrate attributes becoming of a skilled researcher. These attributes

include: asking good questions, being a good listener, staying adaptive, having a firm grasp on the issues being studied, and conducting research ethically (Yin, 2018). It is the researcher's responsibility to ensure they maintain good rapport with participants throughout the research process (Kenno, McCracken, & Salterio, 2017). I sought to establish and maintain a collaborative and respectful relationship with all people involved in this study.

My current and most recent role has been as a senior healthcare leader in Canada. Through this opportunity, I have had many occasions to undertake organizational design activities. Completing these activities in a way that relies on evidence or best practices has been limited. In these roles, I have also built relationships with other senior leaders and have had interactions with some participants. I work for one healthcare organization in my province of Alberta and will be studying another.

My researcher role requires ensuring compliance with any ethical obligations and standards. These include obligations and standards outlined by Walden University's research ethics process and Institutional Review Board (IRB), as well as any requirements set forth by the organization I am studying. As noted by Yin (2018), formal approval for research will come from an IRB. Before collecting data, I obtained IRB approval. I paid particular attention to the principles outlined in the Belmont Report. The Belmont Report includes principles related to respect for persons, beneficence, and justice (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979). I adhered to the *Tri Council Policy Statement: Ethical*

*Conduct for Research Involving Humans*. This statement guides ethical research in Canada (Government of Canada, 2018b). To ensure my conduct met required ethical principles, I provided each participant with a comprehensive overview of the study including processes for withdrawing participation. I required each participant to give consent, which indicated their participation was voluntary.

Avoiding bias is another value associated with research ethics (Yin, 2018). Subjectivity and researcher bias is present in the case study design (Fusch, Fusch, & Ness, 2017). Bias can exist in interviews for interviewers and interviewees and it is essential researchers are aware of their internal thoughts and judgments (Chamberlain, 2016). Qualitative researchers should have a comprehensive knowledge base related to their topic (Yin, 2018). My knowledge related to the study phenomenon makes it difficult not to draw some conclusions or form personal opinions. It is vital that measures are put in place to minimize research bias and the impact of my personal biases.

Potential biases I may have had relate to my knowledge of and experience in the topic of organizational design given my experience as a healthcare leader. I was at risk of developing assumptions and attitudes related to the organization I studied due to my deep knowledge of the healthcare system. I strived to take a nonjudgmental perspective and keep an open mind. There are many strategies I used to limit the impact of my own biases, such as studying an organization I am not directly affiliated with and interviewing leaders I have no or minimal interactions with regularly. Additionally, I ensured I did not have any preconceived negative perceptions about the organization I studied.

I needed to account for my biases that may have influenced the findings.

Researchers can engage with other researchers to reduce bias (Noble & Smith, 2015). I achieved this goal through the support of my research chair. In addition, I employed several other strategies to minimize the impact of researcher bias including member checking and methodological triangulation. Member checking interviews enhance the credibility of the researcher's findings by presenting findings to the participants for review (Debono et al., 2017). Member checking interviews involve seeking feedback from study participants to confirm their perceptions, thoughts, opinions, and intentions (Roth, Theriault, Clement, & Worthington, 2016). Methodological triangulation enhances the reliability and validity of a study (Yin, 2018). Two valuable data collection techniques are reviewing organizational documents and conducting semistructured interviews (Van den Berg & Struwig, 2017). In addition to conducting interviews, I reviewed public documents and organizational documents to gather information for my study.

Yin (2018) offered other tactics to mitigate bias including using an interview protocol, reaching data saturation, and cautious development of interview questions. I used an interview protocol (see Appendix A), ensured data saturation, and cautiously developed the research questions. Finally, throughout the research process, I clarified any discussions to ensure the accuracy of data, documented nonverbal language, and had an active awareness of my own opinions and attitudes. Altogether, the comprehensive approach guided my role as a researcher, fostering integrity in my doctoral study journey.

## **Participants**

Obtaining appropriate participants for an interview-based study is a key element of successful research (Kenno et al., 2017). Healthcare leadership was the population I selected participants from for my study, given my research relates to healthcare.

Specifically, all participants were healthcare leaders from one healthcare organization in Alberta who have successfully implemented organizational design strategies. Given the scope of positions required to complete this type of leadership initiative, I interviewed senior leaders at an executive director or senior executive stratum in the organization.

I did not anticipate challenges with accessing participants as I ensured a high level of engagement with the organization's leadership. Additionally, healthcare leader interest in organizational design in Alberta is high at present. Protection of privacy and elimination of perceptions of coercion is required when conducting research (Saunders, Lewis, & Thornhill, 2016). I ensured the protection of privacy and elimination of perceptions regarding coercion. This is especially critical given own my senior healthcare leader role in the same province.

I requested the CEO inform his team members to the invitation for a sample of leaders to be involved in my doctoral study prior to contacting participants. Subsequently, I requested the CEO share a letter to leaders who met the inclusion criteria. My letter to participants invited interested leaders to contact me directly to discuss their participation in my study. The final sample resulted from the voluntary participation of those individuals.

I extended an invitation for participation in my study to potential participants via email. I addressed privacy and confidentiality in this email and emphasized that participation was voluntary and that they can decide to opt-out of the study at any time after they become involved. There are multiple power relationship issues when undertaking business and management research that can relate to hierarchical roles, expectations, and organizational culture (Wallace & Sheldon, 2015). My efforts to highlight the voluntary nature of participation mitigated any power issues.

Informed consent is a process to communicate truthfully and transparently about research participation to participants, and to offer them the opportunity to decide if they want to participate (Simon, Schartz, Rosenthal, Eisenstein, & Klein, 2018). I requested that participants complete an informed consent form at the interview which I scanned and stored electronically for the remainder of the project. I offered to meet the participants face-to-face or via skype for the interview. The type of interview will depend on participant preference, location of the participants, and feasibility of face-to-face interviews. I consciously exerted effort to build respectful and collaborative relationships with all participants through the research process. To maintain relationships and credibility, I interviewed the entire list of participants who agreed to participate. Through this voluntary participation of senior leaders, I achieved data saturation.

### **Research Method and Design**

It is the researcher's responsibility to select the methodology that best answers the research question (Queiros, Faria, & Almeida, 2017). Qualitative, quantitative, and mixed

methods are the three methodologies in scholarly research (Queiros et al., 2017). I selected a qualitative single case study methodology and design for this doctoral study.

### **Research Method**

Qualitative research is becoming more commonly utilized; in fact, there has been a persistent increase in qualitative study completion over the last decade (Queiros et al., 2017). There is abundant literature available that students can utilize when completing qualitative studies for doctoral preparation. Increased understanding of the value of qualitative research solidified the perspective that this research requires a qualitative methodology to develop a deep understanding of the study phenomenon and to answer the research question.

Qualitative research includes qualitative data and inductive approaches (Bansal et al, 2017). Qualitative research is about why questions (Barnham, 2015). For example, qualitative researchers may want to understand why something is the way it is, or why one strategy is effective and another not. Researchers using a qualitative methodology explore prevailing theories and reveal new ones (Bansal et al., 2017). I explored the organizational design strategies that healthcare leaders use to improve organization performance in the context of conceptual frameworks such as McKinsey's 7S framework.

Qualitative researchers are concerned with gaining a thorough understanding of an issue versus representative numbers that indicate statistical significance (Queiros et al., 2017). Claydon (2015) offered that some questions are answered better with numbers, while others are answered more easily with words. Unlike quantitative researchers who



use closed-ended questions, qualitative researchers use open-ended questions to facilitate detailed discussions with participants (Kenno et al., 2017). This study helped my understanding of the study phenomenon and I relied on words, versus numbers, to achieve that end.

The analytical process and generalization of study results comprises of statistics and mathematical computations in quantitative research (Queiros et al., 2017).

Quantitative studies include numerical data that can be manipulated and calculated (Bansal et al., 2018). Barnham (2015) noted that the quantitative approach is associated with a series of what questions, such as: what is the correlation between one variable and another? In quantitative research, validated instruments and formal procedures are used for data collection (Queiros et al., 2017). Quantitative researchers are focused on the testing of hypotheses (Antwi & Hamza, 2015). This study did not include manipulating numerical data, hypothesis testing, using validated instruments, or identifying correlations. As such, this study did not involve using a quantitative methodology.

Mixed methods research involves both qualitative and quantitative methodologies. Mixed methods research may advance theory and increase the utility of research findings, but, the effectiveness of this methodology depends on utilization of both quantitative and qualitative components (McCrudden, Marchand, & Schutz, 2019). This study did not incorporate quantitative methodology; therefore, a mixed methods methodology was not suitable.

## **Research Design**

Qualitative research can add value through rigorous, structured research designs (Van den Berg & Struwig, 2017). All research studies require a research design which links the data to the research question (Yin, 2018). The research question should guide the design (Morse, 2015). I considered four qualitative designs in developing this doctoral study: case study, ethnography, focus groups, and phenomenology. I utilized a case study design.

The requirement for case studies arises when research need to explore a contemporary phenomenon in a real-life setting, and the boundaries between the phenomenon and setting aren't established or known (Yin, 1981). Case study designs are appropriate when: (a) the goal is to provide an in-depth understanding of the world of the participants by learning about their impressions of their circumstances and experiences; (b) there is a need to collect comprehensive, rich data; (c) the distinctiveness of each participant should be respected; (d) there is an openness to evolving theories; (e) detailed descriptions of the participants of the research are required, and these descriptions are rooted in the participant's interpretations; or (f) when the role of the researcher in the study is recognized (Ormston, Spencer, Barnard, & Snape, 2014). A case study involves exploring a case through detailed, in-depth data collection involving several information sources (Boblin, Ireland, Kirkpatrick, & Robertson, 2013). The topic of this study, organizational design, is of significant relevance currently as many organization leaders try to balance the growing demand for performance and quality with shrinking budgets.

The case of a case study refers to a specific subject such as a person, organization, or change process (Saunders et al., 2016). Case studies are set in real-world contexts (Yin, 2013). Case studies are frequently used in health research as it helps advance a field's knowledge base, provides an opportunity for innovation, and challenges theoretical assumptions (Queiros et al., 2017). Healthcare leaders should ensure incorporation of the best evidence into design and practice to achieve optimal and sustainable health outcomes; therefore, healthcare researchers should challenge existing theories and perspectives. In this study, I explored organizational design in the healthcare context which is generally not represented in the literature on organizational design.

Despite historical perceptions that case studies are time-intensive, this does not have to be the reality (Yin, 2018). This doctoral study design was efficient and that occurred through conducting a single case study. Case studies are also useful for studying knowledge utilization (Yin, 1981). Organizations need to pay particular attention to knowledge utilization as it can lead improved organizational performance (Zaim, Tarim, & Muhammed, 2019). In this study, I explored organizational design strategies that healthcare leaders use to improve organization performance. The results of this study reflected how healthcare leaders have used knowledge to enhance organizational design and improve performance. A case study design was ideally suited to answer the research question.

In ethnography, researchers aspire to understand the observed phenomenon solely from the participant's perspective (Queiros et al., 2017). Using ethnography, researchers

also aim to understand culture through submersion in the participant's environment (Gergen & Gergen, 2018). I did not aim to understand culture through submersion in the phenomenon or understand the phenomenon solely from the participant's perspective; therefore, ethnography did not meet the requirements of this research.

Focus groups can be a valuable source of knowledge. They can also be problematic to control and manage (Queiros et al., 2017). This challenge may be especially true for a novice researcher. In focus groups, participants with the strongest opinions may influence other participants and the findings (Staunton et al., 2019). It can be challenging to motivate individuals to be participants of focus groups rendering a group not representative (Queiros et al., 2017). Given these complexities of group dynamics, motivation, and my novice researcher status, focus groups were not a suitable design to achieve the goals of this research study.

Phenomenologists define phenomenology as the study of that which appears in consciousness or the pursuit of ordinary insights into human experiences (van Manen, 2017). Phenomenological researchers are concerned with the lived experiences of individual research participants versus abstract knowledge or reflection (Berglund, 2015). Phenomenological researchers seek the first-hand perspective (Conklin & Robinson, 2014). The outcomes of a phenomenological design are the researcher's detailed reflective texts that encourage the reader to recognize the meaningfulness of human experiences and events (van Manen, 2017). I did not aim to study that which appears in

consciousness or the pursuit of ordinary insights into human experiences; therefore, phenomenology did not meet the requirements of this research.

Data saturation is an important indicator of rigor in research quality (Morse, 2015). Data saturation is a means of eliminating personal bias (Yin, 2018). Data saturation assists in ensuring key themes can be extrapolated from data. Data saturation occurs when the results are replicable or when the data from numerous participants are similar (Morse, 2015). Other indications of data saturation include when production of additional new information stops and when additional coding isn't feasible (Fusch & Ness, 2015).

### **Population and Sampling**

Typically, qualitative researchers have concerns about the creation of a greater depth of understanding rather than a greater breadth; therefore, single case studies can generate abundant insight (Boddy, 2016). Single case studies can reveal directions for future research as well as provide a novel understanding of unexplored phenomena (Boddy, 2016). The targeted population for this single case study was leaders from one healthcare organization in Alberta. I selected participants based on the inclusion criteria of having a leadership role in an organization who has experienced success in leading organizational design strategies. Participants represented various stratum in senior leadership including directors, vice-presidents/senior operating officers, and the chief executive officer (CEO). This representation enhanced the diversity in perspectives

offering a more in-depth understanding of the topic being studied. The approximate number of people in the population meeting the participant criteria was 10.

Sampling until data saturation is reached guides qualitative research (Boddy, 2016). I completed a purposive sampling of the population to ensure I gained perspectives from those most involved in organizational design work. Purposive sampling is commonly utilized to identify and select information-rich cases in qualitative research (Palinkas et al., 2015). Purposive sampling is a non-random technique that involves the deliberate choice of participants due to the qualities they hold (Etikan, Musa, & Alkassin, 2016). This sampling technique doesn't require underlying theories; rather, its focus is on gathering knowledge from people with particular characteristics that can assist with specific research (Etikan et al., 2016). Purposive sampling is comprised of specific approaches that include homogeneous and expert sampling. Homogenous sampling involves utilizing participants who share similar characteristics such as jobs and expert sampling calls for experts in a particular field to be the participants (Etikan et al., 2016). The sampling in this study included homogeneous and expert sampling approaches.

Purposive sampling in qualitative research does not require a specific number of participants (Etikan et al., 2016). This case study included semistructured interviews with six participants who have experience in leading organizational design strategies in healthcare. The setting for the interviews depended upon participant preference, location of the participants, and feasibility of face-to-face interviews.

## Ethical Research

An ethical approach to a study is essential as the researcher: (a) endeavors to include truth and avoid error; (b) endorses the values inherent in collaborative work, such as mutual respect and fairness; (c) ensures that one is demonstrating accountability, and (d) creates support for future research (Resnik, 2015). Before contacting any participants or collecting data, I obtained the required ethics approvals. An ethical approach to this study began with the completion of the necessary IRB and research ethics review applications. This included both the Walden University IRB application and the approval process from the study organization. Formal approval for a research study comes from an IRB (Yin, 2018). I conducted this study using Walden University IRB approval number 01-03-20-0396844.

I adhered to the *Belmont Report* which guides ethical research in the United States (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979) and the *Tri Council Policy Statement: Ethical Conduct for Research Involving Humans*, which guides ethical research in Canada (Government of Canada, 2018). Through initial contact with the participants, and in subsequent interactions, I reinforced my ethical and professional obligation to protect their privacy and confidentiality. Trust is a key component of a researcher-participant relationship. Trust is the reliance of one person on another to act ethically (Hoover & Pepper, 2014). I attempted to build a trusting relationship with all participants. My interpersonal approach

contemplated the perspectives of the participants. According to Albert, Reynolds, and Turan (2014), contemplating participant perspectives is ethically justified.

Once participants voluntarily agreed to partake in the study, I asked them to review and sign the informed consent form. I reiterated that participation was voluntary and that they could withdraw at any point in the research process. Elimination of perceptions of coercion is a critical component of ethical research (Saunders et al., 2016). I informed them that all participant related data would be scanned and stored electronically for the remainder of the project. I reviewed the process to withdraw from the study with participants, which was to notify me as the researcher of choice to withdraw. In the event a participant wished to withdraw from the study, I would have given them the interview notes to destroy, as well as let the participant delete the interview audio files. I assured them there will be no repercussions should they decide to withdraw. All participants maintained their involvement in the study. This study did not include any incentives as a condition of participation.

I assigned a numeric code for each participant and have a separate electronic folder to store their study documents and files, such as consent forms. During the data organization process, I replaced the numeric codes with pseudonyms to enhance the readability when discussing the findings. Copies of interviews and other documents containing personal or confidential data should be held in a restricted, secure location (Saunders et al., 2016). A laptop which is password protected and has encryption software contain these individual folders. If this laptop is stolen, the information kept on



it cannot be deciphered. Electronic files containing identifiable data should require a password to access and may involve the utilization of encryption software (Saunders et al., 2016). The study report does not include identifiable data. Only the participants' assigned numeric code and pseudonym will reflect their contribution to the study. I will store a USB stick containing the case study data for 5 years in a locked cabinet in my home office. This cabinet is accessible only by me. I will erase the information on the USB stick and destroy it after 5 years.

### **Data Collection Instruments**

In qualitative research, the researcher is the primary instrument of data collection and analysis (Alpi & Evans, 2019; Clark & Veale, 2018; Damsa & Ugelvik, 2017). As such, I was the primary data collection instrument in this qualitative single case study. In addition, this study included a documentation review, a reflective journal, and semistructured interviews as data collection instruments.

In case studies, documentation review corroborates and augments evidence from other sources (Yin, 2018). Systematic searches for relevant documents are an important component of a data collection plan (Yin, 2018). This study included external documentation such as performance reports and relevant news articles. I completed Internet searches for relevant media and performance report publications. These performance report publications are often found on organizational websites for the public, government websites, or on the websites of other reporting agencies that support quality improvement. I also utilized organization reports, such as annual reports and

organizational charts, to understand the study phenomenon. I obtained internal reports through a request to the organization's leadership.

Ganapathy (2016) recommended researchers should record reflective notes about learnings from the data. A reflective journal enhances data quality (Vicary, Young, & Hicks, 2016). I utilized a reflective journal in this study to capture my insights and impressions related to the study phenomenon and to record and interpret data.

Interviews are one of the key data collection techniques in case studies (Yin, 2018). My research included semistructured interviews. Semistructured interviews consist of open-ended questions to address why or how questions, and are a forum for researchers to probe into unforeseen issues (Adams, 2015). Furthermore, qualitative researchers can paraphrase and probe during semistructured interviews to more deeply understand the unique thoughts of each participant (Adams, 2015). Semistructured interviews afford detailed information that may not be available through another data collection technique (Van den Berg & Struwig, 2017). Rigorously created semistructured interviews strengthen the objectivity and trustworthiness of the research findings (Kallio, Pietila, Johnson, & Docent, 2016). Yin (1981) proposed that the semistructured interview process includes an effective interview protocol (see Appendix A). Unlike in semistructured interviews, structured interviews include only pre-determined questions (Young et al., 2018). As a result, structured interviews may inhibit the ability of a participant to speak freely. This could result in the omission of valuable data being collected through the interview process.

To enhance the reliability and validity of the data collection instruments, I included member checking interviews and methodological triangulation in my study. Member checking interviews involve providing a summary of the researcher's interpretations of the participant's responses to the interviewees for review (Debono et al., 2017). Methodological triangulation involves the use of multiple data collection instruments to show that multiple instruments yielding the same results have more credibility than one instrument used in isolation (Heesen, Bright, & Zucker, 2016). Triangulation can result in the identification of new phenomena, generation of alternate viewpoints, and a more holistic understanding of the research topic (Joslin & Muller, 2016). Triangulation can result in more valid interpretations (Birt, Scott, Cavers, Campbell, & Walter, 2016).

### **Data Collection Technique**

Answering my case study's research question related to the organizational design strategies healthcare leaders use to improve organization performance requires multiple sources of evidence. Case studies should include more than one source of evidence (Yin, 2018). This study included a review of internal and external documents, a reflective journal, and semistructured interviews.

The scheduling of document retrieval can be flexible and document retrieval should only include documents central to the research topic (Yin, 2018). I completed a review of relevant data available on the Internet and assessed for gaps in documentation. I requested the CEO facilitate access to applicable internal organizational documents that

would assist me in my study. Review of organizational documents adds value to the data collection process in research (Van den Berg & Struwig, 2017). These internal documents consist of those related to organizational design not available in the public domain, such as announcements, organization journals, annual reports, and organizational charts.

I used a reflective journal throughout the data collection phase of my research. I initiate the reflective journal upon beginning data collection. I completed my final entry in the reflective journal when all data was collected using other data collection instruments.

Interviews are especially helpful in explaining significant events, gaining participant's perspectives, and are a necessary source of evidence in case studies (Yin 2018). My study included semistructured face-to-face and Skype interviews. My semistructured interview process involved utilization of an interview protocol (see Appendix A). Improving the reliability of interview protocols results in enhancement of the quality of data obtained (Castillo-Montoya, 2016). Yin (2018) argued that the interview protocol should have explicit and well-planned procedures. The interview protocol should also include a script that helps keep the interview focused (Jacob & Furgerson, 2012). The interview protocol assists the researcher to prompt participants to answer questions that help the researcher to understand what, how, when, and, why they do what they do as part of their normal work (Kenno et al., 2017).

Semistructured interviews can be tiring; therefore, should not last longer than one hour (Adams, 2015). Interviewers should use open-ended questions to allow the

participants to tell a story (Kenno et al., 2017). The interviews in this study consisted of open-ended questions and lasted between 30 and 60 minutes. I completed note-taking using pen and paper so as not to have the distraction of typing for those involved in the interview. I scanned the notes and stored them in the individual participant interview file. Audio recordings are a more accurate account of an interview than note-taking (Yin, 2018). Following participant permission, I used iPhone technology to record the interviews, and subsequently transfer them into Trint transcription software to create a transcription. I manually reconciled the Trint transcript with the audio recording to check for accuracy. I saved both the audio recording and the transcript in the individual participant interview file. My iPhone was password protected and had encryption software. I deleted the iPhone recording and original Trint transcript immediately after saving to the research study file.

Consideration of ethical issues, such as privacy and confidentiality, should occur when planning research interviews (Bolderston, 2012). I began my interviews by providing participants an overview of how I have addressed privacy and confidentiality. Conversational questions are delivered in an unbiased manner (Yin, 2018). The interview started with setting a respectful tone, confirming my commitment to respecting privacy, and reiterating the voluntary nature of participation and the option to withdraw participation at any time. I asked all participants the questions outlined in the interview protocol; however, at times, the participants provided information that deviates from the original questions.

The setting for the interviews depended on participant preference, location of the participants, and feasibility of face-to-face interviews. Interviewers should (a) meet participants face to face to build trust and rapport, (b) ensure the interview time is flexible and centers on the participant's preference, (c) use effective listening, (d) have support structures available to deal with distress, (e) create a comfortable environment, and (f) ensure positive closure to researcher and participant relationships (Dempsey, Dowling, Larkin, & Murphy, 2016). In semistructured interviews, researchers encourage in-depth participant responses (McIntosh & Morse, 2015). Researchers using semistructured interviews can utilize a pleasant and professional conversational approach to probe in a way that allows them to sound and appear interested but not shocked by the conversation (Adams, 2015). Researchers may experience increased dialogue with participants in face-to-face interactions. Face-to-face interviews may allow for improved ability to read non-verbal body language.

Although face-to-face interviews are reputable data collection instruments in case studies, Skype interviews have several benefits traditionally associated with face to face interviews such as synchronous conversations, the ability to have a visual of the participant, and the capability to record the interaction (Hanna, 2012). Skype permits flexibility in scheduling the interview, and eliminates or minimizes the travel requirement (Hanna, 2012). Skype can save both time and money for the researcher and participants. Unlike with face-to-face interviews; however, Skype can limit interpretation of non-verbal language, the ability of the researcher to understand cues, and the ability to build

rapport between the researcher and participant. I offered participants the option of completing face-to-face or Skype interviews. Most healthcare environments in Alberta use Skype routinely. Therefore, many healthcare leaders in my study should be comfortable using this technology. All but one interview was completed face-to-face. One interview was completed by telephone due to the preference of the participant. In all interviews, the environmental conditions resulted in uninterrupted dialogue.

The final part of data collection using interviews is having key informants review a summary of the information compiled (Yin, 1981). Following the open-ended questions, I sought support to do a member checking interview and discuss associated logistics. I closed the interviews with an expression of gratitude and an offer to share the research findings with the participant following completion. Through my interviews, I achieved data saturation. Indications of data saturation include when the results are replicable, new information is not being garnered, or it is not feasible to continue coding (Fusch & Ness, 2015).

### **Data Organization Technique**

Researchers should have processes to organize the deluge of data stemming from data collection efforts (Hua, Jiang, Zhu, Feng, & Xu, 2014). Creation of a case study database enhances the researcher's orderly assembling of all the data and increases the reliability of the case study (Yin, 2018). Ganapathy (2016) suggested the first process of analysis in research is the identification of raw data. Document analysis is a systematic procedure for reviewing or evaluating documents (Bowen, 2009). Yin (2018) posited that

analysis in qualitative research begins with playing with the data whereby you search the words for patterns, insights, or concepts of interest.

Before beginning the search for and review of relevant information, I completed a Word table. A Word table is a spreadsheet that outlines the specific data to be collected (Yin, 2018). Document analysis involves skimming, reading, and interpreting information in documents related to a phenomenon (Bowen, 2009). I reviewed each document multiple times and highlight key ideas and concepts. Coding consists of reviewing the transcribed interview material and notes, categorizing the information, and organizing the data (Yin, 2018). Researchers use coding to identify categories from transcripts (Vaughn & Turner, 2016). I categorized the concepts and ideas in each document and coded from which document it originated.

I coded the interview and member checking transcripts and recorded this information on a Word table. From the transcriptions, I created a list of codes from significant words or groups of words. I used in vivo codes. In vivo codes are based on actual words used by the participants (Smith & Firth, 2011). I coded words or groups of words with similar meaning the same color.

Similarly, I reviewed the reflective journal for key concepts and created codes. I combine these Word tables highlighting codes from the data collected into an electronic folder called doctoral study codes. Following the completion of the proposal and data collection, I complete a final review of relevant documentation to ensure inclusion of any significant updates of new information before synthesis of the data collected.



I assigned each interview participant a numeric code and pseudonym. I created a separate electronic folder for each participant to store their individual study documents such as consent forms and audio files of interviews. I stored all individual folders in an electronic folder titled doctoral study participants. An overarching electronic folder contains all doctoral study documents and files such as the codes, reviewed documents, individual participant folders, and my reflective journal.

I stored my doctoral study research data on a laptop which is password protected and has encryption software installed. The information on the laptop cannot be deciphered if the laptop is stolen. I will save the doctoral study research data on a USB stick and store for 5 years in a locked cabinet in my home office. I hold the only key for this cabinet. I will destroy the USB stick 5 years after completion of this research study.

### **Data Analysis**

Ganapathy (2016) posited that researchers use a qualitative data analysis process to understand the phenomenon better while potentially discovering new ideas. The best preparation for a case study analysis is the completion of a data analysis plan (Yin, 2018). My data analysis plan included methodological triangulation and thematic analysis.

Qualitative research demonstrates validity and reliability through triangulation (Barnham, 2015). Stemler (2015) posited that the methodological triangulation approach can be the most powerful instrument a researcher has. Lawlor, Tilling, and Smith (2016), described several criteria that should be met for triangulation to be valid: (a) it should result from at least two different approaches, (b) the different approaches should address

the same question, (c) the assessment includes the duration and timing of exposure, and (d) key sources of bias are explicitly acknowledged. Triangulation can result in new insight and a deeper comprehension of the phenomenon being studied (Joslin & Muller, 2016). I triangulated data from document reviews, my reflective journal, and interviews.

I utilized thematic analysis to identify themes from the research data. Thematic analysis is not exclusive to a particular theoretical approach (Joffe, 2012). Furthermore, thematic analysis is the simplest and most common analysis process in qualitative research (Javidi & Zarea, 2016). As such, it is likely the most appropriate data analysis process to use when completing this doctoral study. The result of a thematic analysis should highlight the most important concepts and ideas in the dataset (Joffe, 2012). Despite the evolving and iterative identification of important concepts and ideas, theory should drive high-quality data analysis (Stemler, 2015).

Fusch et al. (2017) described accounting for the use of the personal lens as one of the most arduous aspects of qualitative research. Further, Fusch et al. noted hearing and understanding other's perspectives as a big dilemma that researchers today should address. During the analysis phase, I consciously checked myself for personal bias and openness to new ideas.

I utilized a classical data analysis method to analyze the data. I triangulated the data by synthesizing codes from the documentation review, reflective journal, and interviews to develop overall themes. My data organization technique resulted in numerous codes. Concept maps can help with identifying themes, summarizing interview

transcripts, and identify interconnectedness among concepts (Conceicao, Samuel, & Yelich Binniecki, 2017). I used physical concept mapping by sorting stacks of related codes. As I triangulated the data, I sought connections in the coded categories of data. I questioned what the key categories were telling me. I interpreted the themes coming from the coded data categories. Subsequently, I correlated the key themes from my research with recent studies and the information in my literature review related to my topic and conceptual framework. Relating themes to established knowledge is an essential step in the research process (Vaismoradi, Jones, Turunen, & Snelgrove, 2016).

### **Reliability and Validity**

A single evaluative method cannot address issues of quality in a qualitative research study (Chowdhury, 2015). Noble and Smith (2015) noted reliability and validity as components for evaluating the quality of research studies. Lincoln and Guba (1982) argued that the concept of dependability should replace reliability in qualitative research and that credibility, transferability, and confirmability should replace validity.

Complementary to these concepts is data saturation. Data saturation is accepted as a principle in qualitative research (Saunders et al., 2018). Failure to reach data saturation impacts research quality (Fusch & Ness, 2015).

### **Reliability**

Dependability in qualitative research refers to the consistency of findings across time and researchers (Hays, Wood, Dahl, & Kirk-Jenkins, 2016). Reflexivity, triangulation, and detailed descriptions of the research process are all strategies to ensure

dependability (Hays et al., 2016). This study included these three dependability strategies, in addition to member checking interviews.

Reflexivity is the monitoring of the assumptions and relationships of the researcher throughout the research process (Hays et al., 2016). I remained conscious of my role as a data collection instrument as the study proceeded and I remained aware of my assumptions and bias. I built trusting, open, and collaborative relationships with all involved. Methodological triangulation involves the use of multiple data collection instruments (Heesen et al., 2016). I incorporated several data collection instruments, including interviews; external organization documents, such as media publications; internal organization reports, such as annual reports; and a reflective journal for methodological triangulation. I provided detailed descriptions of my research process in my doctoral study which further enhanced the dependability of the findings.

I utilized member checking interviews to demonstrate reliability in this study. Member checking interviews can result in distress or be a therapeutic process for participants, so agreement to be a part of this process is paramount (Birt et al., 2016). The member checking interview is a more interactive method of member checking, whereby the researcher focuses on the confirmation, modification, and verification of the first interview (Birt et al., 2016). This second interview with the participants enhances the credibility of the findings (Debono et al., 2017). The member checking interview can serve as a process to obtain consent to use specific components in the final study report (Thomas, 2017).

## **Validity**

Credibility, transferability, and confirmability of the research findings demonstrate validity in qualitative research (Chowdhury, 2015). Qualitative researchers should aim to demonstrate validity and can do so in several ways such as through triangulation (Barnham, 2015). My study included methodological triangulation.

Credibility is an indicator of validity (Lincoln & Guba, 1982). Credibility is the degree to which research findings appear accurate (Hays et al., 2016). Hays et al. described several ways to increase credibility including: triangulation, reflexivity, thick descriptions, and member checking interviews. I include methodological triangulation, reflexivity, thick descriptions, and member checking interviews in my study.

Another indicator of validity is transferability (Morse, 2015). Transferability concerns the applicability of the findings to other contexts (Noble & Smith, 2015). Thick descriptions and triangulation lead to transferability (Hays et al., 2016). As the researcher, I cannot create transferability. Determination of the research findings applicability to another context is the responsibility of the reader versus the original researcher (Marshall & Rossman, 2016).

A final indicator of validity is confirmability (Lincoln & Guba, 1982). Confirmability refers to the accuracy of the participants' perspectives in the findings versus the researcher's viewpoint (Hays et al. 2016). Close sequencing between data collection and analysis, triangulation, reflexivity, thick descriptions, and member checking are all tactics to create confirmability (Hays et al., 2016). In this study, I

completed data collection immediately followed by data organization and data analysis. I incorporated triangulation, reflexivity, thick descriptions, and member checking interviews in my study to create confirmability.

Qualitative researchers reduce bias and errors and enhance consistency in research through data saturation (Yin, 2018). Data saturation is a criterion that can trigger discontinuing data collection or analysis (Saunders et al., 2018). I reached data saturation while coding and completing the thematic analysis, and while analyzing the remaining information. A researcher achieves data saturation when no additional new information is produced (Fusch & Ness, 2015).

### **Transition and Summary**

In Section 2, I included the purpose of the study and described my role as the researcher. I offered details on the participants in this study, and outlined the research method and design. I delineated my study population, and explained my sampling and data collection methods. Section 2 included a description of my data analysis plan and addressed my approach to reliability and validity.

Section 3 contains findings from my research. In Section 3, I highlight how my findings could be applied to leadership practice. I discuss the implications for social change and offer recommendations for action. Section 3 also includes recommendations for further research.

### Section 3: Application to Professional Practice and Implications for Change

#### **Introduction**

The purpose of this qualitative single case study was to explore the organizational design strategies that healthcare leaders use to improve organization performance. My study included data collected from semistructured interviews, an internal and external document review, and my reflective journal. Through analyzing the data I collected, I identified six themes associated with organizational design strategies: (a) leadership impact on organizational design, (b) stakeholder engagement, (c) staff considerations in organizational design, (d) corporate structure, (e) organizational design strategy, and (f) system processes. In Section 3, I will discuss these themes as well as offer my perspectives regarding applications to professional practice, implications for social change, and recommendations for action and further research. I will conclude my doctoral study with a reflection on the doctoral study process.

#### **Presentation of the Findings**

My overarching research question was: What organizational design strategies do healthcare leaders use to improve organization performance? The study organization is a healthcare organization in Alberta that has undergone recent organizational design work. Though the organization has existed for some time, the last 2 years have been transformational. In some situations, the organization is advancing quickly with organizational design, and in other areas, the work is in its infancy. The themes noted reflect a combination of the work completed and the work still to do. Nearly all

interviews included the six themes (see Table 1). I reviewed internal and external organizational documents and my reflective journal for methodological triangulation. This review revealed consistency with the themes identified in interviews. I did not identify any additional themes; hence, I achieved data saturation. My description of the results of my data analysis includes a discussion regarding how the themes relate to the information presented in my literature review. I reflected on literature and evidence related to organizational design strategies as well as literature related to McKinsey's 7S framework and other conceptual frameworks.

Table 1

*Theme Frequency in Interviews and Organizational Documents and Presence in Reflective Journal*

Theme Title	Frequency Interviews	Frequency Documents	Present in Reflective Journal
Leadership impact	100%	75%	Yes
Stakeholder engagement	100%	83%	Yes
Staff considerations	100%	75%	Yes
Corporate structure	100%	25%	Yes
Organizational design strategy	83%	42%	Yes
System processes	100%	75%	Yes

### **Theme 1: Leadership Impact on Organizational Design**

The first theme that emerged in my research was the impact of leadership on organizational design. This finding aligns with McKinsey's 7S framework. This framework includes style, or how top leaders interact, as one of the central constructs



(Ravanfar, 2015). Kotter's change theory involves leaders refocusing or renewing an organization (Moldovan & Macarie, 2014). Hence, the leadership theme aligns with Kotter's change theory as well. This leadership impact on organizational design theme also aligned with a qualitative study by Alshaher. Alshaher (2013) underscored the influence of leadership as significant.

All participants spoke about leadership frequently in interviews. I had several notations in my reflective journal related to leadership impact on organizational design, and the document review highlighted the importance of leaders in the organization. Some organizational documents included statements that a goal of the organization is to be a leader in healthcare, and this was evident in terms of the expressed desires of all participants to partake in interviews and continue to learn effective leadership strategies through the results of my study.

Participants required more information regarding what organizational design entails. Some participants expressed uncertainty about the elements of organizational design, and how one would put those elements together to form an organizational design strategy. Chris (pseudonym) noted that there are constant adjustments to leadership in response to what is occurring in the organization, and an organizational design strategy would be beneficial. Similarly, Cameron (pseudonym) suggested that organizational design work is occurring, but more focused effort is required. This perspective is consistent with that of Burns et al. (2012), who offered that leaders are responsible for designing effective organizations. The organizational document review did not reveal

specific language related to intentional organizational design efforts; however, two of the memos to staff did outline changes being made to the structure of the organization and the strategy behind those changes.

All participants in my case study addressed the historical challenges of the organization, including those associated with leadership style. Additionally, all leaders highlighted the intensive efforts of the senior leadership team to create a better organizational culture, engage all stakeholders, and move the organization to enhanced performance. As examples, Chris noted the CEO is trying to better align and fine-tune the design based on his perception, and Tony (pseudonym) emphasized that the CEO took time to evaluate where the organization was and identified his vision for the organization. Gruber et al. (2015) remarked that purposeful leadership is imperative for organizational success. Senior leadership has demonstrated a purposeful approach to revitalizing the organization as a whole. Several of the documents included in my study include descriptions of how the organization's employees intend to move to improved performance, and how they have achieved success in this area. The accreditation report, which reflected exemplary performance, is evidence of this improvement.

The findings of my study revealed mixed perceptions regarding the effectiveness of leadership engagement throughout recent organizational design work. The strategic priorities document, as an example, portrayed findings from stakeholder surveys that showed that there is still work required for transparency and engagement. Although all participants reflected on intentional efforts to communicate more effectively, there were

comments suggesting that discussions related to organizational design could have been even more inclusive and strategic. Chris and Tony felt that there might have been enhanced conversations about organizational design that could have served to both make the team stronger and reduce confusion. Jo (pseudonym) offered that there has been a focused effort to not work in silos. Similarly, Tony noted that when senior leadership comes together and is on the same page, the rest of the work flows much better.

Jo remarked that the leadership team has to be aligned, engaged, and supportive of consistent goals, and they cannot send mixed messages. In their study on interprofessional teamwork in healthcare, Sims et al. (2015)'s perspective aligns. Sims et al. noted that leaders should develop a shared vision for all individuals within the organization, so everyone moves towards the same goal.

An enhanced approach to change management would be valuable in my study organization. Many participants spoke about the opportunity to continue to enhance how leaders manage change in the organization. Robin (pseudonym) suggested that change management continues to be a great need, and change should not occur until there is a clear understanding of what the organization requires. Furthermore, Robin noted change that is not understood creates fear. Tony validated this perspective, noting that so much change has resulted in some teams feeling unstable, and managing change is necessary.

According to Chris, change management tools exist in the organization and were effectively used in the past. This utilization can improve, according to Chris, although they had a recent change process that was managed very effectively. Chris also reflected

that they might have implemented some changes too quickly in the past. Cameron shared this viewpoint, noting that there was a great deal of change in the past, maybe too much, and in too little time. Cameron also proposed that employees need their leaders to provide reassurance and help guide them through changes required for the success of the organization. The participant's reflections related to change management concurs with that of Murugi and Ongoto (2018), whose mixed methods study to examine the effect of strategic management on change implementation in publicly funded universities in Kenya, showed that successful change implementation is essential in an organization like my study organization.

In their paper related to global operating models for big global businesses, Kates and Kesler (2015) shared that an organization cannot be successful without effective leaders. Sarto and Veronesi (2016) shared this perception in their study on the impact of clinicians in healthcare leadership roles, noting the positive impact of such leaders in senior positions on health outcomes. Likewise, Waterman (1982) also noted that the skills of leaders have a positive impact on performance. All participants mentioned how important it is to the organization to have an effective leadership team and described actions within the organization to create effective leadership. The importance of such a centralized leadership approach was validated in a recent study which showed that a centralized structure controls risk and increases safety (Monteiro, Hopkins, & Melo, 2020).

My findings showed that there is an awareness by senior leadership of where they should focus on in terms of creating more effective leadership practices. Rayne (pseudonym) expressed dismay at not having a thorough understanding of the business when starting in the role, but that has evolved and there is a deliberate tactic by this leader to enhance knowledge. Cameron noted that there are still some overlaps in roles, and that role clarity must continue to evolve. Jo confirmed an increased focus on ensuring that all work processes center around the core business of client care. These examples demonstrate how senior leaders are actively assessing and giving attention to opportunities to improve their leadership approach. Delmatoff and Lazarus (2014) suggested that healthcare leaders should continuously evolve their style to achieve organizational improvement.

## **Theme 2: Stakeholder Engagement**

The second theme that emerged in my study was the focus on stakeholder engagement. In all interviews completed, the leaders described the increased leadership focus on engagement, and each participant gave examples of how they are engaging stakeholders in their work. This stakeholder engagement theme was evident in my reflective journal after interviews. In addition, 83% of organizational documents highlighted that a core value of the organization is relationships and how meaningful relationships are in how services are delivered.

The concept of effective communication was prevalent in the literature related to organizational design. While engagement or communication is not a fundamental

construct of McKinsey's 7S framework, related activities are embedded within various constructs, such as under the constructs of style and shared values. Kotter's change theory includes communication as an essential step in change processes. The engagement theme aligns with Kotter's change theory.

A senior leader has much influence on the overall engagement approach. My findings showed that the CEO is setting the bar for others to follow when it comes to engagement. All participants described the broad engagement activities of the CEO. Chris offered that the CEO has actively engaged clients, staff, and managers. Likewise, Rayne noted the CEO has spoken to management, staff, volunteers, and clients to hear the perspectives of those involved. Another participant, Tony, described the significant amount of time the senior teams invest in visiting the sites, speaking with staff, and ensuring staff understands the work of leadership and the reverse.

My study showed the leader engagement tactics are paying off. Jo noted the senior team has a greater appreciation for what is happening at the sites. These efforts align with the viewpoint of Cusick (2018), who completed a qualitative case study to understand the impact of organizational design efforts on a global company with a high reliance on information technology (IT) capabilities. Cusick suggested that a consistent approach and effective communications are vital requirements of organizational success.

My analysis revealed historical issues with trust that are evolving. Rayne expressed concern about the lack of trust that previously existed. Robin validated that trust was low in the past; however, the level of trust is improving. Robin also noted that

staff are feeling heard, structures exist to hear the perspectives of clients and families, and leaders strive to engage employees at all levels and to involve them in decision making. This finding related to engagement was validated by Schultz (2014), who inferred that organizational design requires open and honest communication through strategies such as creating committees and cross-functional teams. Tony noted that leaders aim to take a bottom-up approach, not telling people what to do but asking what we should do. A further goal of trying to get everyone, from clients to staff, on the same page was summarized by Jo. This approach aligns with the findings of Njeru et al. (2017)'s quantitative study to determine the relationship between strategy implementation of McKinsey's 7S framework and the performance of supermarkets. Njeru et al. revealed that healthy team relationships should lead to success in an organization achieving its goals.

Through review of documents, such as the document that outlines services offered by my study organization, the commitment to engagement was clear. This commitment was also emphasized in the interviews, as the importance of stakeholder engagement was emphasized. Several participants described the purpose of their actions towards enhanced engagement with stakeholders was to understand better how to serve clients and support staff more effectively. Senior leadership committed to hearing the voices of stakeholders and delivers on that commitment. In her study of 400 employees from a variety of large and medium corporations in the United States, Men (2014) noted the alignment between doing what you say you will is a reflection of authentic leadership. Furthermore,

authentic leadership creates greater trust and credibility and encourages open communication (Men, 2014). My study organization's leaders are demonstrating authentic leadership.

Singh (2013) completed a study of five private service organizations, comprising of hospitality, academia, telecommunication, retail, and insurance, to understand the role of McKinsey's 7S framework in achieving organizational excellence. Singh contended that to achieve success, leaders should portray openness. Jo expressed the desire for leaders to portray openness.

There is opportunity within my study organization to strengthen information sharing. Two participants remarked on the need to vary engagement approaches. Robin noted that communication is vital, but formats have to vary; it cannot just be email or memos. Jo mentioned that mediums and venues for communication should vary. In their qualitative study of two information technology companies and two manufacturing companies, Kral and Kralova (2016) suggested that the nature of the organizational effort itself should determine the communication approach. Furthermore, Kral and Kralova posited that there is no one communication approach that is effective for every situation.

### **Theme 3: Staff Considerations**

All participants in my study spoke in-depth on staff considerations related to organizational design. Additionally, 75% of the documents included in my review highlighted staff considerations. Therefore, I determined that staff considerations were a theme in the findings. Rayne offered that their employees are assets and that they cannot



do what they do without them. Viswanathan and Chopra (2015) in their study on factors that affect job satisfaction, loyalty, and commitment among managerial staff in information technology enabled service and process management companies.

Viswanathan and Chopra described employees as an organization's greatest asset.

Staff is one of the seven constructs in McKinsey's conceptual framework (Njeru et al., 2017). The concept of staff is prevalent in the literature related to organizational design. For example, Waterman (1982) suggested that strategy implementation cannot only relate to strategy and structure but it also has to include a focus on the talent of an organization's employees, given their effect on performance. There is also alignment with the staff considerations theme and the human capital theory. Nemeth (2017) noted that focusing on management issues necessitates discussing human capital. Furthermore, Schultz (1961) highlighted that individual actions create capital, which ultimately affects performance.

Although the data indicated there are many actions in my study organization aimed at improving culture, building a positive organizational culture should still be a priority for the senior leaders. Two participants spoke to historical challenges with organizational culture and the need to continue to strengthen this area. Rayne noted that people were forced to do things in the past, and this caused a culture of resistance. According to Rayne, a culture of resistance negates the ability to drive improvements in quality and efficiency. Like Rayne, Cameron noted that the culture still requires improvement for the organization to be successful. Naipinit et al. (2014)'s study on the

successful business strategies for supply chain management in construction shops in Thailand support this premise. Naipinit et al. showed that a healthy corporate culture, partially created by staff, can improve performance and foster sustainability.

Surprisingly, the concept of empowerment threaded throughout three interviews. Lack of empowerment was highlighted as a problem by three study participants. Jo commented that historically staff was not empowered to stretch themselves, while Robin indicated that there is a higher sense of empowerment than in the past. Robin noted that engagement serves to empower staff to be a part of the decision making, and people are now empowered to learn and grow, recognizing they may make some mistakes along the way. Similarly, Chris spoke to the need to empower leaders at the frontline and identified some actions undertaken recently to do that. Chris also flagged the importance of empowering leaders in succession planning.

Succession planning is a growing focus for the organization, according to Chris. This premise aligns well with the literature on organizational design. In their quantitative study to test the hypothesis that organizational performance can be measured using McKinsey's 7S framework, Davis and Dolson (2018) posited that succession planning could impact organizational design, and that succession planning is essential. Furthermore, Davis and Dolson noted that leader succession planning should include a focus on growing leaders who can create the desired organizational culture.

A personal fear expressed by Rayne is that the staff does not think they are valued. Tony noted that engagement efforts include helping staff understand how vital

their contribution is to the organization. The importance of the role of staff was validated in Mitchell et al. (2015)'s quantitative study which tested the hypothesis that organizational performance of NBA teams can be measured using McKinsey's 7S framework. Mitchell et al. showed that staff skills have a positive and direct impact on organizational performance.

Several documents in my organizational document review, as well as my reflective journal, indicate that leaders demonstrate value for employees and the work they complete. Two examples are memos sent to staff which expressed appreciation for the work they do, and another document that included detail on employee awards. Rayne described a situation whereby a leader went through great lengths to motivate an employee by helping them understand the value of their role and the impact they have on clients. The literature related to organizational performance includes reference to the importance of employee motivation. In their mixed methods study of 40 employees from the engineering division of Pt Bina Reka Cipta Utama, Tawekal and Welly (2016) offered that employees must be motivated to be productive. Rayne's description of leader motivation was validated by Alshaher (2013)'s study of e-learning system readiness at three colleges in Mosul University in Iraq. Alshaher proposed that leaders should nurture and maintain a high level of employee motivation.

#### **Theme 4: Corporate Structure**

Corporate structure was a dominant theme in my data; all participants provided detailed commentary related to structure which I noted in my reflective journal after the

interviews. Corporate structure, however, was the least prominent theme evident in the organizational documents. Only 25% of the documents reviewed included language related to corporate culture; although, it was present in some documents such as memos to staff and organizational charts. Corporate structure as a finding was expected given the nature of the interview questions and given that some people confuse the concept of organizational design with organizational structure.

Structure is noted as a construct in McKinsey's 7S framework (Njeru et al., 2017). In addition, contingency theory aligns with the structure theme as this theory includes the premise that structure should fit the environment and circumstances. In their qualitative case study to explore how balancing organizational structures can strengthen organizational resilience in the banking industry, Andersson et al. (2019) summarized that elements of organizational design, such as structure, could create resiliency, foster action, and support organization alignment.

Rabbanikhah et al. (2017) completed a cross-sectional study to investigate and identify the issues within staff education systems of Iran's medical universities and identified malalignment in structure as an antecedent to organizational challenges. Several participants identified that the structure was misaligned, and is improving; however, the focus on structure needs to continue despite efforts to date. Cameron noted that some past leadership decisions related to structure were based on people rather than the actual requirement of the role, that there needs to be improved alignment across the organization, and that increased expertise is required related to organizational design.

Cameron also summarized that gaps exist due to lack of organizational design methodology. Likewise, Chris suggested that there is an increased focus on what structure is needed to serve the frontline staff and clients, and also noted executive aims to get the right people in the right seats. Robin agreed, commenting that they are focused on hiring the right people for positions. This view was also shared by Cameron, who suggested they must ensure they are aligning their structure to the organizational priorities and ensuring that the right people with the right skill levels are at the table.

Jo believed that structure is the basis for communication and that fewer layers can reduce the length of time it takes to get things done and improves communication. Furthermore, Jo noted that leaders could be more responsive if there are less structural layers. In Singh (2013)'s study of private service organizations, she shared a comparable view, noting that traditional business structure resulted in poor information sharing and communication grapevines. Jo noted that corporate structure changes have resulted in a flattening of the hierarchy. Singh's assessment also supports this approach as she proposes that flatter structures make an organization more flexible, and it helps to empower employees. Correspondingly, Tawekal and Welly (2016) offered that a simplified structure motivates employees and creates organizational effectiveness. Senichev (2014) posited that effective organizations should aim to reduce the number of hierarchy levels.

Four interview participants reflected specifically on the existing structure. My findings showed that participants feel they are moving in the right direction, but there is

still hesitancy in attaching themselves to the current structure as changes have been frequent. Robin commented that there had been many changes, so leaders desire stability. In referencing the senior leadership team, Rayne noted that the team functions pretty well together. Cameron was in agreement, noting that the structure has evolved and is generally good, but requires some tweaking, and that there are likely still some opportunities to improve efficiency in structure. Killingsworth and Eschenbacher (2018) supported this exploration as they proposed that an appropriate organizational structure results in effective utilization of resources. Lastly, Tony expressed that the senior team believes they are going in the right direction, but it would be valuable to seek the perspectives of clients, staff, and other leaders to validate changes made.

#### **Theme 5: Organizational Design Strategy**

Another theme that emerged in my research was organizational design strategy. Cameron noted that senior leaders spend a significant amount of time creating strategy and identifying strategic priorities, but they sometimes miss tying it back to structure and design. Cameron was adamant that organizational design has to tie back to strategy and that organizational design principles must be followed. The strategy theme aligns with contingency theory given this theory involves assessing how organizations design their structures and strategies to respond to issues (Lawrence & Lorsch, 1967). Njeru et al. (2017) described in their study of supermarkets, strategy is also a construct in McKinsey's 7S framework.

All but one participant reflected on strategy in the interviews and several documents included information related to strategy, such as the report to the community document. When discussing strategy, participants often reflected on strategy development, the strategic approach to organizational design, the impact of strategy on performance, and shared values in relation to strategy. My reflective journal included notations related to the need for a more strategic approach to organizational design.

Baishya (2015) proposed that a business achieves its purpose through strategy development. Similarly, Naipinit et al. (2014) posited that business leaders should have the right strategy to sustain an organization. Strategy development and implementation was not foremost on my study's organization's agenda in the past, but this is changing. Robin noted that historically, organizational leaders were very reactionary, which made strategizing very difficult. According to Rayne, the strategic plan was recently updated, and there is a renewed focus on values. My document review validated the organization's commitment to the implementation of a new strategic plan aimed at being responsive to a changing environment and meeting the needs of their clients.

Organizational design as a strategy in itself has not been entertained by the senior leadership team. Elements of organizational design such as leadership, style, and systems have occurred in a piecemeal fashion. Robin commented that the organization has not taken a strategic approach to organizational design to date and that a strategic approach is necessary. Furthermore, Robin noted that many areas of the organization were formerly overlooked and this is changing as organization design ensues. In addition, Robin also

offered that the approach to organizational design has been more piecemeal, but that they should look at this process more holistically and proactively. Cameron agreed, noting that the organization is well-positioned to move away from the piecemeal approach of the past, and to see the whole picture. Additionally, Tony commented that decisions have sometimes been made without looking at the big picture, and with organizational design, one has to look at the whole organization. Organizational design work should only occur when necessary, and it should be completed rapidly and decisively (Miller & Friesen, 1982). The findings of Sallehu (2017)'s quantitative analysis of the effect of restructuring on productivity in 398 companies, indicated that excess restructuring could negatively affect performance.

Waterman (1982) professed that it is inadequate to think about strategy implementation as relating only to strategy and structure given it has a positive and direct impact on performance. In the interview discussion related to strategy, Jo noted that resources are scarce, and the organizational goals should include having an organizational design that works efficiently and effectively. In my document review, I noted a reference in a corporate governance document that referred to the goal of increased responsiveness to a changing environment and meeting the needs of their clients. In my document review, I also noted performance language such as commitment to excellence as well.

As expected, organizational documents included a statement of the organizational values. Though usually present in most organization's corporate documents, values may not always be at the forefront of conversations within organizations. In my interviews, I



heard enlightening dialog related to values. Four participants referenced the renewed focus on living the organizational values. Mitchell et al. (2015) posited that shared values are the foundation of an organization. The organizational leaders are emphasizing this principle as they interact with stakeholders. Rayne highlighted the increased modeling of the organizational values, which this participant believes are strong, while Robin noted that people are living out their values more. Furthermore, Robin described how leaders are creating awareness of, and emphasis on, values. The emphasis on shared values aligns with the literature on organizational design. Swartz and Bentley (2016) concluded in their evaluation of partnerships with the University of Kentucky HealthCare, that there must be an overlap in shared values for organizational design efforts to be successful. Njeru et al. (2017) also reflected on the importance of incorporation of shared values into many elements of an organization, including its strategy.

#### **Theme 6: System Processes**

There were several other common topics in the interviews with participants that assisted in my understanding of their approach to organizational design. I combined these diverse topics under the theme of system processes given they relate to individual elements that contribute to the entire organization. Wilson et al. (2018) completed a mixed methods study to explore system characteristics associated with variations in unplanned admission rates in elderly people over the age of 85 England. Based on Wilson et al.'s description of the systems construct in the context of McKinsey's 7S framework, systems refers to individual services that contribute to the whole system. In addition to

aligning with the 7S framework, the system processes theme aligns with general systems theory. A key concept of the general systems theory is that a system is composed of subsystems which are interrelated parts or elements that are interconnected (Kast & Rosenzweig, 1972).

Several interview participants reflected on system processes, such as the ability to respond to the needs of those they serve, standardization, performance measurement, and technology. System processes were reflected in the majority of organizational documents as well, including the accreditation report. My reflective journal includes a notation after day one of interviews that all the participants spoke to some elements of system processes, such as technology and change management.

Through document review and interviews, I determined that there is a commitment by organizational leaders to enhance systems. Rayne posited that when systems fail, you have got to deal with it. Similarly, Jo surmised that flexibility is required in the system to respond to a changing environment, and that their leaders need to be intuitive enough to respond to those changes. The literature on organizational design also reflects this premise. In their cross-sectional study to determine how critical internal organizational design variables are connected to environmental responsiveness and its influence on economic performance in the passenger air transport industry, Perez-Valls et al. (2016) suggested that organizational leaders need to be adaptable, and when they are, they will increase performance.

Poorly designed systems can impact a leader's ability to respond to the needs of those they serve (Mitchell et al., 2015). My study exposed that there are many opportunities to enhance systems in this organization. As an example, Rayne, Robin, Cameron, and Jo all spoke to the need to enhance standardization. There is pressure on leaders to improve quality while reducing costs through activities such as standardizing processes (Beans, 2016).

Several participants reflected on the challenges associated with performance measurement. The organization monitors metrics on a variety of indicators, but a systematic approach to monitoring key indicators does not exist. Nonetheless, the participants recognize the need for, and value in, improving in this area. Tony noted that if you do not measure it, you cannot move it. There are no measures developed that are specific to the success of organizational design strategies; however, many metrics are monitored at my study organization that reflect performance. Chris noted achievement of the strategic plan is a measurement of success, while Rayne spoke in more detail to some of the various auditing that occurs. According to Robin, the organization was historically lacking in the evaluation component of their work, but this is improving. Tony offered that there is more intention around measurement, but they need to focus on developing key performance indicators and not having too many. Another participant, Jo, also spoke to the value of developing key performance indicators.

The final topic addressed by several participants under the system processes theme was technology. Leaders recognized that technological advances and investments

are required to increase efficiency and effectiveness. Rayne noted that in order for the organization to become more efficient, they must invest in technology. Likewise, Chris reflected that organizational leaders are considering a variety of technology solutions, and that technology is changing at a rapid pace. These considerations align with evidence related to organizational design and performance. Technology can help with managing a business (Naipinit et al., 2014). Correspondingly, Alshaher (2013) described technology as essential for business success. Jo provided an example of recent use of technology that improved the system processes at my study organization.

The findings from my study showed close alignment with the existing literature related to organizational design strategies. All constructs of McKinsey's 7S framework were prevalent in the data affirming that this framework is a valuable tool when considering organizational design strategies healthcare leaders use to improve performance. Other conceptual frameworks such as Lewin's theory of cultural change and contingency theory, were also aligned with some of the data. I achieved data saturation as no new themes were developing following review of organizational documents and my reflective journal, and by the sixth interview.

### **Applications to Professional Practice**

High performing organizations undergo deliberate system design (Gruber et al., 2015). The findings of my study appeared to show that organizational design is most effective when a strategic, comprehensive approach is utilized. A piecemeal approach to organizational design can result in overlooking key components of the organization and

an ineffective design for the organization. Business leaders, including those in healthcare, could utilize my study results when considering implementation of a comprehensive organizational design strategy to achieve maximum efficiency and effectiveness.

There are numerous elements that require consideration when contemplating how to effectively design an organization. Peters (2011) offered that the seven constructs in McKinsey's 7S framework require simultaneous consideration. Positively impacting one construct is difficult without addressing needs related to all constructs (Zincir & Tunc, 2017). Similarly, the findings of my study indicated that many key elements of an organization require contemplation in tandem to optimize the impact of organizational design. My study could support business leaders in gaining an increased and comprehensive understanding of the constructs associated with organizational design. Furthermore, using my study results as a guide, business leaders could complete an assessment of their organization and glean deep insight into major elements of their business such as leadership, staff, and system processes.

Designing an organization requires a customized approach. No one universally supreme design for an organization exists (Burns et al., 2012). Business contexts vary; therefore, an ideal organizational design is not replicable (Aubry & Lavoie-Tremblay, 2017). Nonetheless, there are principles identified and tools available that can support a strategic and systematic approach to organizational design. Some such principles include: (a) identifying real and compelling needs, (b) focusing on value and values, (c) designing employee experiences, and (d) creating engagement (Gruber et al., 2015). Based on the

literature and my study findings, McKinsey's 7S framework is an example of an effective tool to contemplate and advance organizational design. Through my study findings, business leaders could enhance their knowledge of organizational design principles and tools to further their capability in creating a successful organizational design, and ultimately optimize the performance of their organization.

### **Implications for Social Change**

By exploring the strategies that healthcare leaders can use to implement an organizational design that improves performance, healthcare leaders can enhance multiple aspects of healthcare services, including those related to social issues. Improved healthcare might mitigate social issues stemming from factors such as lack of employment, organizational work stress, and poor health. Organizational design strategies can impact social context for both employees and members of the public.

The findings of my study showed that organization design can impact staff positively. Al-Musadieq et al. (2018) demonstrated that there is a significant correlation between organizational design and employee performance. The literature and my case study findings also showed that organizational design can have a positive influence on culture. A healthy corporate culture promotes business sustainability (Naipinit et al., 2014). Improved performance and culture likely leads to sustainability in business which results in increased job security and increased quality of life overall for employees.

Healthcare organizations maintain a unique and influential position in the community since they intersect with other industries daily, and as healthcare services

have the potential to impact all people. Swensen et al. (2016) argued that organizational design has a significant impact on performance in healthcare. There are several unique rewards the healthcare industry can avail of through completing organizational design that creates positive social change. Andersson et al. (2019) highlighted that organizational design could create resiliency related to unexpected events and foster action orientation. Additionally, Burton and Obel (2018) highlighted that organizational design strategies reduce the need for information by creating structure and coordination. Given the uncertainty and magnitude of the responses required in healthcare, such as emergency response to crisis, organizational design in healthcare could have unprecedented value on the social conditions that exist within society.

Healthcare leaders and employees interact with others outside the organization, including clients, on a routine basis. Perez-Valls et al. (2016) offered that successful organizational design involves horizontal communication to assist with information transfer. My case study indicated that ensuring effective communication and building trust is important in healthcare, and that through the work of leaders and employees, organizational design can increase trust. Trust in healthcare is imperative to social change given a lack of trust can result in clients not seeking the healthcare they need, and ultimately, worst health outcomes. Increased trust may mean more appropriate utilization of healthcare services, better quality of healthcare, and ultimately, better health for all people.

### **Recommendations for Action**

Business leaders are responsible for designing effective organizations (Burns et al., 2012). Current and developing business leaders, especially those in the healthcare industry, should consider the recommendations from this study. Four recommendations emerged from my research findings: (a) business leaders should increase their knowledge on organizational design, (b) business leaders should complete organizational design for optimal efficiency and effectiveness, (c) business leaders should approach organizational design strategically versus piecemeal, and (d) organizational design should involve the use of evidence-based resources, such as McKinsey's 7S framework.

#### **Recommendation 1: Increase Knowledge of Organizational Design**

The findings of my case study showed the concept of organizational design as a general overarching approach to improving performance is poorly understood by healthcare leaders. Through my study, business leaders could recognize the value of organizational design strategies and seek to further enhance their knowledge base. Given the pivotal role that leaders play in organizational design efforts, and leading an organization in general, it is vital that their knowledge base related to organizational design is substantive.

#### **Recommendation 2: Complete Organizational Design**

The literature reviewed in this study combined with my research findings offers convincing support for why business leaders should undertake organizational design. The decision to complete organizational design rests with leadership, as does the



responsibility to ensure organizational design processes are successful. The starting point is commitment to begin organizational design; the next step is to determine the approach.

### **Recommendation 3: Approach Organizational Design Strategically**

Elements of organizations design occur daily in business, but without a strategic approach, efforts will fall short. Evidence related to organizational design supports a comprehensive approach; do not consider one element of an organization without considering the others. An organizational change process requires simultaneous consideration of the constructs that impact an organization, including leadership style, strategy, systems, structure, staff, skills, and shared values (Waterman et al, 1980). Organizational design should include an assessment and plan for these elements of the organization.

### **Recommendation 4: Utilize Evidence-Based Resources**

Organizational design is complex. Miller and Friesen (1982) recommended that organizational design should occur rapidly and decisively. To manage the complexity, yet remain efficient in organizational design, a systematic and organized approach is required. Organizations should utilize proven effective frameworks, tools, and experts to support organizational design until a time that the resources are sufficient internally. Leaders from large organizations who anticipate frequent organizational design efforts should contemplate creating a center of expertise within the organization both to maintain competency and to reduce associated costs.



*Figure 1.* Organizational design recommendations for business leaders.

I will disseminate my research study findings through various mechanisms. Upon doctoral study approval, I will publish my study on ProQuest database, providing access to a broad audience of scholars and leaders. I will provide a copy of my final doctoral study to my study organization. I hold affiliations with two universities and will share my research findings with their leadership for dissemination as they determine appropriate. I am a member of a large network of Canadian healthcare leaders and will disseminate my study results to them upon completion. I will seek to publish articles related to my study in a peer-reviewed business or healthcare leader journal as soon as I receive final approval of my study. Simultaneously, I will submit abstracts to leadership conferences so I can share my findings through a venue that fosters personal communication. Finally, I will share my findings with all leaders in my organization of employment. I will have

the opportunity to share my findings broadly internally as my employer is presently considering a strategic approach to organizational design that I will help lead.

### **Recommendations for Further Research**

The focus of my qualitative single case study was to understand organizational design strategies that healthcare leaders could use to improve performance. My population was senior leaders in one healthcare organization in Alberta. My sample size was small, and my case study only involved the healthcare industry. The literature related to organizational design in healthcare is limited. Additionally, I did not find any proven effective organizational design tools in the literature. As a result, there are many opportunities to advance research on this topic.

Further research related to organizational design could involve seeking to understand organizational design strategies that other healthcare organizations use to improve performance, or those that other industries utilize. Further research could also include studying the perspectives of organizational leaders outside of Alberta, or the perspective of all employees, versus just leaders. Another opportunity for further research is to explore tools that could support effective organizational design. Further research related to organizational design could involve utilization of alternative conceptual frameworks to ground the study.

A future research project could involve the design, implementation, and evaluation of tools that organizational leaders could use to complete organizational design successfully. Such a project, or any organizational design study, could involve

different methodologies. Although a qualitative case study was appropriate to answer my research question, a mixed methods approach can provide advantages for answering complex questions as it combines both qualitative and quantitative methods.

### **Reflections**

I sought to complete this Doctor of Business Administration (DBA) program to help fill what I saw as a gap in healthcare leadership. Many clinical healthcare leaders struggled to understand the business of healthcare, and this was resulting in a reduction of clinical leadership at the executive tables and a reduction in business performance related to lack of business knowledge in clinical leaders. I decided that I need to gain expertise in business to complement my expertise in clinical services if I were to maximize the contribution I was going to make to healthcare throughout my career.

This doctoral study process was both challenging and enlightening. The doctoral journey for me has been long: over 7 years. The commitment to my study wavered a few times due to the intensity of the program, other life factors, and the sacrifice my family needed to make for me to complete this program. The DBA was difficult, especially some of the course work. The program was much more difficult academically than I expected. The curriculum has changed and lightened since I began, which I am confident will make the journey for those coming behind me easier.

The varying competency and perspectives of professors sometimes made course work less or more enjoyable, but I learned extensively from all courses. I appreciate that I had a lot to learn, still do, and I am committed to make the most of the ability to learn that

I was given. I feel I have grown immensely as an executive healthcare leader because of my DBA program. What has been consistent and extremely positive in my doctoral study, is the steadfast and expert support by my doctoral study chair, Dr. Fusch. His guidance has allowed me to catapult through the final phases of my program.

I have been involved in research for many years despite not having yet completed my doctoral program. The knowledge I gained in this program related to best practices in research is profound. I am well-positioned in my career, having an executive management role and three university appointments, to apply my learnings. I had a preconceived idea that the completion of research would not provide great interest to me, but I was mistaken. I look forward to having the time to focus on my areas of research interest, such as organizational design and Indigenous health, as much of my time in recent years not working has been completing doctoral study requirements.

My role as healthcare leader in Alberta means that I am known by many other healthcare organization leaders. I did not have any preconceived ideas or personal bias about my study organization; however, I have completed extensive organizational design so this may have influenced some of my thinking as I completed my data analysis. I do not believe it influenced my interactions with participants, and I was extremely pleased at the eagerness the participants portrayed at participating in, and learning from, my study.

Perhaps the most important achievements I have gained through the doctoral study process are those that have built my character: determination, patience, self-care, flexibility, and self-confidence. I believe that I can achieve anything I put my mind to;

however, my success depends on others. Despite many obstacles and life circumstances, the support of my family, my employers, my study organization, and the Walden University team have helped me reach this pinnacle – a dream I have had my entire career.

### **Conclusion**

The purpose of this qualitative single case study is to explore the organizational design strategies that healthcare leaders use to improve organizational performance. I utilized McKinsey's 7S conceptual framework as the foundation for my doctoral study. The participants were senior healthcare leaders from one healthcare organization in Alberta. My data collection tools included semistructured interviews, internal and external documents, and a reflective journal. An analysis of the data resulted in six themes: (a) leadership impact on organizational design, (b) stakeholder engagement, (c) staff considerations in organizational design, (d) corporate structure, (e) organizational design strategy, and (f) system processes.

This study could fundamentally and positively change business leadership practice in the future. Organizational design may create the foundation that precedes peak business performance. Given the magnitude of the potential impact of effective organizational design, business leaders should consider the following recommendations: (a) business leaders should increase their knowledge of organizational design, (b) business leaders should complete organizational design for optimal efficiency and effectiveness, (c) business leaders should approach organizational design strategically

versus piecemeal, and (d) organizational design should involve the use of evidence-based resources, such as McKinsey's 7S framework. The success and sustainability of a business depends on optimal organizational design.

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## Appendix A: Interview Protocol

- I will extend an invitation for participation in my study to potential participants via email.
- I will address privacy and confidentiality in the email as well as emphasize that participation is voluntary and that they can decide to opt-out of the study at any time after they become involved.
- I will request that participants complete an informed consent form which I will walk through with them in the interview.
- I will offer to meet the participants face-to-face or via skype for the interview.
- I will also offer to meet with the participants before the interview, should they desire, to provide detailed information on the study.
- I will consciously exert effort to build respectful and collaborative relationships with all participants through the research process.
- I will interview the entire list of participants who agreed to participate.
- I will seek more participants from the population that meet the inclusion criteria if required to achieve data saturation.
- I will observe and record non-verbal cues.
- I will record the interview if participant agrees.
- I will take written notes during the interview.

	Time (minutes)	Action	Script
1	2-3	Introduction	<ul style="list-style-type: none"> <li>• Hello and thank you for your time and agreeing to be a participant in my research study.</li> <li>• As you know, my name is Katherine Chubbs.</li> <li>• I would like to review the consent for participation form with you at this time. (secure participant signature prior to advancing the interview)</li> <li>• My doctoral study documents will refer to you as participant ___.</li> <li>• I will take notes during the interview and would like to audio record the interview so I can accurately capture your comments.</li> <li>• Are you agreeable to have the interview audio recorded?</li> <li>• Do you have any questions or concerns?</li> <li>• Are you ready for us to begin the interview?</li> </ul>
2	40-50	<p>Questions</p> <p>*ask probing questions throughout</p>	<p>I will begin with an icebreaking question:</p> <p>Please tell me about your role at XXXXX and highlight your leadership experience.</p> <p>I will begin interview questions.</p> <ol style="list-style-type: none"> <li>1. What organizational design strategies have you implemented to improve organization performance?</li> <li>2. Based upon your organization's experience, what performance improvements have your organization experienced as a result of your organizational design strategies?</li> <li>3. How has implementing your organizational design strategies affected your team or clients?</li> <li>4. What approach did your organization take to develop your organizational design strategies?</li> <li>5. What actions would you recommend avoiding when completing or implementing organizational design strategies?</li> <li>6. How do you measure effectiveness of your organizational design strategies on your</li> </ol>



			<p>organization's performance?</p> <p>7. Which organizational design strategies were most effective at improving organization performance?</p> <p>8. What structural and process changes have occurred in your organization due to organizational design strategies?</p> <p>9. What additional information would you like to share related to organizational design strategies used to improve your organization's performance?</p>
3	5	Closing	<ul style="list-style-type: none"> <li>• We have reviewed all of my questions. Do you have any questions for me?</li> <li>• I would like to meet with you again in the next couple weeks to quickly review my summary of our interview to ensure that I correctly understood your responses. Would approximately two weeks from now work for you?</li> <li>• I may be reached by telephone at 1-403-715-2239 or by email at <a href="mailto:katherine.chubbs@waldenu.edu">katherine.chubbs@waldenu.edu</a> if you have any questions or concerns in the future.</li> <li>• Thank you very much for your participation.</li> </ul>