Enacting Ambidextrous IT Governance in Healthcare

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Abstract

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With digitalization, Information Technology (IT) is increasingly an integral part of strategies and solutions. This calls for organizations to prioritize the governance of IT if they are to succeed and remain relevant. Previous research in IT governance has been criticized for an over-emphasis on design rather than enactment, as well as on efficiency rather than innovation. This thesis responds to previous calls for research on how IT governance is enacted in healthcare organizations. The study is guided by the theory of organizational ambidexterity and research orchestration. Although IT usage in the health sector has seen slow adoption in comparison to other sectors, digitalization is currently accelerating the use of IT. The adoption of IT is attributed to the intense pressure placed on hospitals to provide better quality of care at lower costs with more and easier access to medical information for patients. This empirical research adds to theoretical insights in the field of IT governance through the resource orchestration and ambidexterity perspective. After applying this open-ended and exploratory research question in two different geographic settings—Sweden and Uganda—the research employed qualitative data collection and -analysis strategies. The first contribution of this thesis is in identifying where the ambidextrous balancing point between exploitation and exploration is expected to differ by comparing the two settings. This was done by offering a unique account of how ambidextrous IT governance is enacted, operationalized through the resource orchestration lens. The second contribution is to the role of policy in both the dynamic process of ambidextrous balancing and the digitalization of healthcare. As such, this thesis suggests that digital policy design should utilize the findings and method of the cross-country ambidextrous policy study examined in this thesis to inform future design decisions.