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A CONCEPTUAL FRAMEWORK OF THE INFLUENCE OF STRATEGIC ALIGNMENT CAPABILITY (SAC) AND VUCA MODEL AS A MODERATOR IN NAVIGATION LEADERSHIP IN PRIVATE HOSPITALS IN THE HEALTHCARE INDUSTRY, PAKISTAN

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ABSTRACT

This study explores how strategic alignment capability (SAC) and the moderating role of volatile, uncertain, complex, and ambiguous (VUCA) conditions impact navigation leadership in Pakistani healthcare. Using Venkatraman's SAC model and Warren Bennis and Burt Nanus' volatility-ambiguity theory, the research investigates these variables' influence on navigation leadership. The methodology includes 400 healthcare executives participating in an online questionnaire, and analyses reveal relationships between SAC, navigation leadership, and VUCA as a moderator. Findings highlight the potential for healthcare leaders to enhance productivity and contribute meaningfully to the profession by addressing sensitive healthcare sector elements. The study provides practical insights for healthcare leadership in developing countries, emphasizing the importance of SAC and VUCA in fostering increased productivity and positive impacts on the sector's success. The originality lies in applying Venkatraman's SAC model and the volatility-ambiguity theory to Pakistan's healthcare industry. The study identifies unique factors influencing strategic alignment capability in navigation leadership under VUCA conditions, contributing to a deeper understanding of their relationship in healthcare.

ARTICLE INFO

1.0 INTRODUCTION

This research explores the intricate relationship between strategic alignment capabilities in navigation leadership moderating factor of VUCA context in the healthcare sector of Pakistan. This focused approach ensures an influence of the strategic alignment capability model in navigation leadership moderating volatile, uncertain, complex, and ambiguous environments within this specific context.

Pakistan is a developing country and striving to navigate its resources to make itself a formidable economy in the future. The economic growth of Pakistan mainly depends on agriculture, textile, and sports industries. However, in the last two decades, telecommunication and the stock exchange have supported economic affairs a great deal. The automobile, fast-moving consumer goods industry, education, Information technology, and healthcare sectors have contributed significantly in the recent past (Mahmood, et.al 2019). The industries that create foreign exchange for the country have been, textiles, sports material, agriculture, and telecommunication. On the contrary, the service industry has played a significant part in manpower and human capital worldwide (Abid, et. al 2021). In this regard healthcare sector has gained serious acceptance so far as the economics of Pakistan for gross domestic product was concerned. In the past twenty years more than one million medical doctors and allied health workers have served in various economies to benefit remittance in Pakistan's economy (Burton et.al 2020).

The healthcare industry has always been an important agent to contribute to the economy of Pakistan. However, in the past two years 2020-2022, the services proved to be unmatched whether serving overseas or helping to support the ailing humanity of Pakistan. The investment in medical equipment for medical and healthcare service delivery has increased up to 37% in the last three years (Ehsan, & Raza, 2022)

1.1. Problem Statement

Industries such as the stock exchange, FMCGs, Petroleum, automobiles, and healthcare contribute to the gross domestic product of Pakistan. However, these sectors seem to struggle presently in highly dynamic and complex environments that have produced unacceptable results as far as leadership in dynamic and complex situations is concerned. The uniform health policy in the country does not exist instead that makes it difficult to constitute realistic healthcare targets. The scope of the study is limited to the healthcare industry only. Nearly 70% of Pakistan's overall health spending (3% of GDP) is in the private sector (Government Finance Department Pakistan 2022). To address the above situation, we need to optimize resources within a dynamic complex context and minimize cost whilst maximizing organization performance through navigation leadership using a strategic alignment capability model for healthcare sector sustainability (Amjad et,al 2021). The skills of strategic alignment capability have had its roots since the start of human civilization (Yin, 2018) and is defined as the ability to lead and manage a group of people to achieve primarily defined goals (Nejad and Rowe, 2009).

1.2. Rationale of the Study

The study is based on a very basic and sensitive issue related to the health of human beings, as we are going to examine the influence of the strategic alignment capability model with the moderation of volatility, uncertainty, complexity, and ambiguity (VUCA) of the environment on navigation leadership in private hospitals in Pakistan. Herman & Venkatraman's (1989) model has suggested finding the skills for the healthcare managers to achieve the desired outcomes, this model is being used to find the relationship between unfavorable situations and navigation leadership in highly volatile, uncertain, complex, and ambiguous environments as a moderating factor in private hospitals and healthcare in Pakistan.

2.0 LITERATURE REVIEW

2.1 Strategic alignment capability (SAC)

There have been several theories for the strategic alignment capability model that present the recommendation to strengthen the business processes (Scott Morton, 1991) Strategic alignment capability theory with the two main ones that have garnered the most interest from academics (Henderson and Venkatraman, 1989). The latter is used in this context as: the Strategic Alignment Model distinguishes between the internal focus of Information Technology and the external view of Information Technology (IT strategy) in comparison to the components of the framework. (IT infrastructure and process). This acknowledges the way information technology has the power for both to support and influence business strategy, and processes. Additionally, it changes the conventional view of information technology as merely a private support system. (Henderson and Venkatraman, 1989).

2.2 Strategy Execution Alignment Capability

Collins (2001) in his book Good to Great states that what separates the good from the great medical organizations is not strategy, but rather execution. Bossidy and Charan (2002) state that "execution is the great unaddressed issue in the medical and healthcare world today."

2.3 Technology Alignment Capability

Technology Alignment capability is seen to assist a firm in three ways: by maximizing return on IT investment, by helping to achieve competitive advantage through Information, and by providing direction and flexibility to react to new opportunities. However, an apparent gap between the decision to invest in IT and the realization of benefits (Weill and Broadbent, 1998).

2.4 Competitive Alignment Capability

Competitive alignment capability is defined as emphasizing the advantages of the relationship and information of the market systems to design and develop the processes and an initial bench mark to proceed with the work (Ward et al., 1994). Competition has often helped organizations become great healthcare organizations (Rahman & Rahman, 2019).

2.5 Service Alignment Capability

Services offerings and quality are relatively easily imitated by competitors so a continuous improvement policy can convert a system into a successful service unit (Slater 1996), therefore, innovation capability is seen as a key challenge for the acknowledgement of the service alignment capacity to influence the healthcare organizational future (Langley et al. 2006).

2.6 Volatility, Uncertainty, Complexity, and Ambiguity (VUCA)

Organizational leaders of the 21st century is in the middle of facing the most dynamic and change-oriented environment with the pace to innovate, the urgency of the situation, and the frequency of change overpowering quickly to provide volatile, uncertain, complex, and ambiguous (VUCA) operating environments (Bereznoy, 2017; Johansen & Euchner, 2013; Matthysen & Harris, 2018). VUCA refers to a work environment that is changing consistently in conflicting, dramatic, and relentless ways to produce healthcare leadership and private healthcare unit challenges (Deaton, 2018). The letters representing VUCA mean that kind of demand to be fulfilled by the leaders which they must work out to achieve in the higher interest of the environmental flux without consuming resources due to incorrect issue identification. Volatile changes are frequent and cause instability; uncertain changes are those of which leaders lack full knowledge; complex changes are confounding due to the interconnectedness of processes and information; and ambiguous changes are those that lack precedence (Bennett & Lemoine, 2014). Globalization and technology fuel VUCA dynamics through increased innovation, interconnectivity, and online international access in the healthcare industry, which, on the other side, produce unique and novel competitors, who love to work at the global healthcare level to satisfy ailing humanity's expectations radically and thus, provide healthcare units turmoil (Horney & O'Shea, 2015). Deaton (2018) observed that the present healthcare sector turmoil reduced healthcare leaders' thinking because of its dynamic nature and tested methodologies approaches were inadequate in the VUCA world.

Increasingly, the acronym VUCA (volatility, uncertainty, complexity, ambiguity) is defined as dynamic changes in the external environment that have a direct or indirect impact on the functioning of private hospitals and healthcare enterprises (Simkova 2021). The world of VUCA is described by volatility, uncertainty, complexity, and ambiguity. The most precise explanations are quick and chaotic changes, lack of standards, or the constant outdating of plans and projects. In the modern era healthcare managers face high voltage pressure to optimize resources to produce desired output and find ways to deliver in a highly competitive environment (Dobni, C.B. & Klassen, M. 2015). Healthcare management Leaders of the 21st century is facing the most dynamic and change-oriented environment with the pace to innovate, the urgency of the situation, and the frequently changing environment overpowering quickly for the new challenges of volatile, uncertain, complex, and ambiguous (VUCA) operating set up (Bereznoy, 2017; Matthysen & Harris, 2018). VUCA refers to a frequently changing environment that brings conflicting, dramatic, and unorganized procedures to bring an upskilling required healthcare leadership in private hospitals (Deaton, 2018).
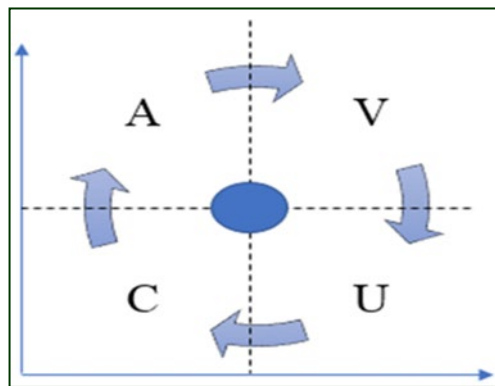

Figure 1 Source: Anna Nowacak 2021

2.7 Navigation Leadership

The healthcare leader is not one to control the healthcare workers group, instead expected to take the responsibility to create an environment for guidance and coordination the process by which the group decides upon and carries out actions to accomplish its goals (Herman, 1994). Healthcare workers generally feel comfortable in an environment of collaboration healthcare leadership approach is especially handy in certain scenarios where issues are of an extremely complex nature and that no one person or entity has either the information or the power to change those (Müller & Van, 2020). While many healthcare leaders successfully managed the crisis, others were not so successful in managing the health crisis, and have faltered under pressure, resulting in temporary or permanent business closures.

2.8 Health crises Purpose

Since the advent of the lethal virus contagious COVID-19 in Pakistan, healthcare professionals have gone through hard times due to various reasons such as physical and psychological pressure including high risk of infection, inadequate equipment for safety from contagion, isolation, exhaustion, and lack of contact with family. These crises created enormous pressure for them to perform up to the desired level of professional practice which was a serious challenge to the question of leadership (Zheng, 2020). The major problem faced by healthcare leadership was the lack of information available to address challenges related to them. Tasks are set keeping leadership to combat dynamic complexes such as the health crisis of covid 19, floods, and earthquake victims (Spigel, 2020). The health care experts believe that health leadership is advisable to build to measure the current indicators developed for their performance assessment. The

indicators may pertain to sufficient numbers, equitable distribution, good competencies, appropriate socio-cultural and linguistic background, responsiveness to clients and productivity (Zheng, 2020).

3.0 METHODOLOGY

3.1. Research Design

The research strategy guides identifying the study's goals. (Davis, 2005). The research method is aimed at processing the quantitative mode of study as the scholar focuses on evaluating the model for the understanding of the influence of the different four variables on the dependent variable (e.g., Sandelowski, 2000; Morse, 1991). Other researchers argue that, to effectively communicate the study's purpose, weighing the importance of the quantitative is preferable (Tashakkori & Teddlie, 1998). Insofar as the study's structural insight is concerned, it is motivated by its goal and what will guarantee a better understanding of the nature of setup supports the quantitative method of research design to examine the influence of strategic alignment capability on navigation leadership in private hospitals in Pakistan.

According to Sandewlowki (2000), the study used a quantitative methods research design, which structurally derives its name from the steps taken to describe it. In this case, the design uses an exploratory sequential design (Creswell and Plano Clark, 2018), in which the steps are primarily determined by the goals of each step and the circumstances under which each component will be used in the study. The use is also supported by the knowledge creation philosophy, which takes a pragmatist stance and makes use of the benefits the quantitative research methods. Only when it is important to investigate the impact of strategic alignment capability on navigation in private hospitals in Pakistan can the justified knowledge be driven with this method of design? Based on the literature review it has been found that the study researcher is aimed to match with the criteria defined earlier, so quantitative method research design will support the argument once the outcomes of the study appear.

3.2. Sampling Design

This study will draw the attention of healthcare stakeholders to combat crisis and navigation leadership in the high-performing industry of healthcare in Pakistan, by sampling out appropriate common recommendations for healthcare leaders. Every good healthcare system has been built based on the preferred National Navigation Leadership Agenda (Branzei and Cornhill, 2006). Sample units – hospitals pharmacy clinics etc., and non-random quota stratified sampling have been considered to undertake the study.

3.3. Data Collection Method

Pakistan consists of five provinces Punjab, KPP, Sindh, Baluchistan, and Gilgit Baltistan. Pakistan Medical and Dental Council and healthcare commission regulate the private and public sector healthcare and medical hospitals. Pakistan's healthcare setup carries around 1200 plus public sector and 700 plus private medium and large-scale hospitals. There are a large number of small hospitals and medical units in the private sector serving the ailing community that also come under the scope of our study. Around 2500 medical clinics cum small size hospitals make up a population of 3000 plus healthcare industrial units (PM&DC 2022, Health care Commission 2022).

Punjab being the largest part of the country carries around 60% of the population and also enjoys the same amount of annual budget. The best health facilities are also found in the province of Punjab. Around 1800 medical and healthcare units as hospitals constitute of the data for our overall population whereas it comes province Sindh next makes 18% of the total healthcare units around 550 in our scope of study. KPK province being a large area and population, is unfortunately deprived of healthcare facilities in the localities. Baluchistan province is the most overlooked area as far as health facilities are concerned. Only 5% of the total under-radar population for the study form the respondent's zone. The newly established province of Gilgit Baltistan though does not enjoy good health facilities either making up only 4% of the overall population.

To date, there is an estimation official record of the total number of government hospitals 1300 and private hospitals are 700 in Pakistan that meet the criteria of a minimum of 50 bedded to 500 plus bedded. However, a safe assumption can be made that the total population would be more than 2,000 hospitals, as per the advice given by the Pakistan Health Ministry's official website.

In this case, a calculation on the Raosoft website (www.raosoft.com) indicates a minimum sample size of 370 or more (with a margin of error of 5%). Industry classification will not be regarded as a criterion for selecting the potential responding firms. However, to validate the scale 50 data set has been sampled from the representative of the population from all over the country.

3.4. Data Analysis Tool

Data coding involves categorizing observations into coherent categories for systematic analysis. The Likert scale is applied to Part B, ranging from strongly disagree (-1) to agree (-5) strongly. The normality test assesses the distribution of continuous data, guiding statistical analysis. Parametric or nonparametric tests are employed based on data distribution. The normality assumption's deviation is investigated using methods like the standard QQ diagram. The reliability test evaluates research quality, ensuring consistent and accurate data. It emphasizes credibility and accuracy, which are fundamental for research planning and results.

Descriptive analysis transforms raw data into an understandable format. It rearranges, sorts, and modifies data to present relevant insights. This approach effectively explains, illustrates, and summarizes data points, especially demographic characteristics. The Pearson correlation coefficient quantifies the linear relationship strength between variables. It evaluates the connection between independent and dependent variables. The coefficient's value indicates correlation direction and strength, with values close to 0 representing no correlation.

First, data on strategic alignment capabilities in Pakistan will be obtained from hospitals and medical colleges. Being a healthcare sector government hospital and medical center, the researcher has the adequate association that would enable the securing of related databases by Pakistan healthcare ministry (PHM). Second, a list of private medical hospitals is also available with the Pakistan Medical Commission, a major regulatory body to governs and monitor the private sector medical and healthcare sector (PMC).
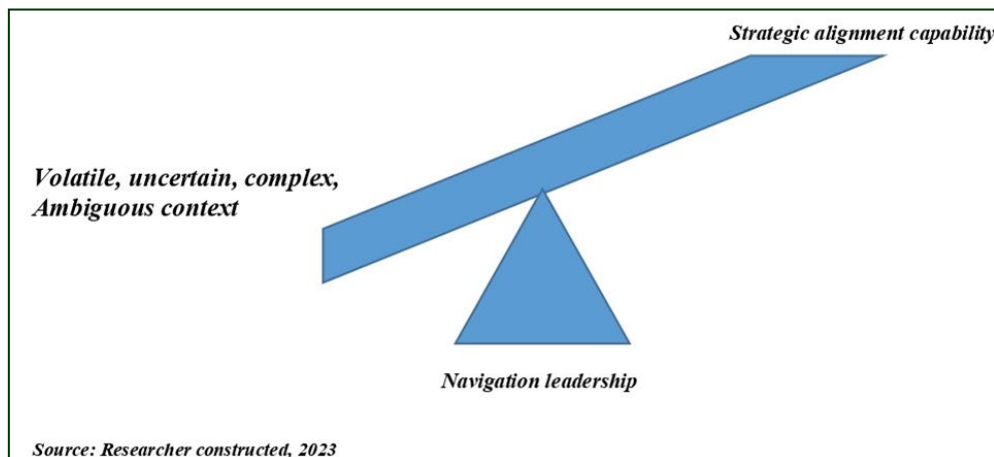

Figure 2: Theoretical Framework

3.5. Quantitative Research Question

Quantitative research questions in this study are as follows:

• What is the influence of strategy execution capability (healthcare operations strategy) on navigation leadership in private hospitals and healthcare units in Pakistan?

• What is the influence of technological transformation alignment capabilities (Information Technology Strategy) on navigation leadership in private hospitals and healthcare units in Pakistan?

• What is the influence of competitive alignment capabilities (healthcare operations administration and infrastructure) on navigation leadership in private hospitals and healthcare units in Pakistan?

• What is the influence of service level alignment capability (I /T infrastructure and Process) on navigation leadership in private hospitals and healthcare units in Pakistan?

• What is the influence of the Volatility-- Ambiguity model on the Strategic alignment capability model?

3.6 Research Framework

Theories are used to interpret the phenomena, connect the variables, and constitute the construct to produce the desired idea in the form of research. In this study, the idea is to examine the influence of strategic alignment capability on navigation leadership in private hospitals in Pakistan. Independent variables have been incorporated in this study from the Venkatraman Strategic alignment capabilities model such as strategy execution alignment capability, technology alignment capability, competitive alignment capability, and service alignment capability. Navigation leadership in private hospitals and healthcare units is a dependent variable while volatile, uncertain, complex, and ambiguous contexts will be moderating variables in the study.

The construct is built to provide a way forward for combating crises in private hospitals and healthcare units of Pakistan by the application of a strategic alignment capability model.
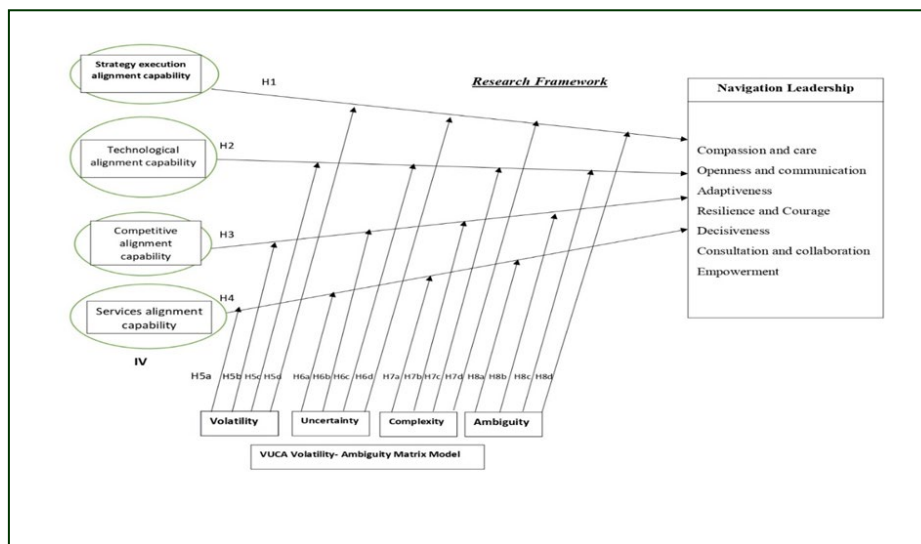

Figure 3: Proposed Research Framework Developed for the study (Salman Sarwar, 2023)

Sources: Adopted from Strategic Alignment Capability Model (N. Venkatraman; J.C Henderson & S. Oldac,1989), The VUCA Volatility – Ambiguity Model (W. Bennis & B. Nanus 1987), and Leadership Model by (S. Balasubramanian & C. Fernandes 2022).

3.7 Pilot Test Objectives and Outcomes

The outcome of the study is built around the findings and analysis of the pilot research or pilot testing. In social or healthcare research, pilot studies or testing are essential because they enable researchers to assess the suitability of the wording of the questionnaires they developed as survey tools. The current study is based on a quantitative research model and uses a survey questionnaire that accurately captures the respondents' intentions and is tailored to a particular participant sample. The conduct of the pilot testing is particularly essential since it aids in evaluating the validity of the generated instrument for leading questions and biases related to the questionnaire's order (Sarstedt, 2019).

To complete a trial processing of the information obtained through a questionnaire, pilot testing has been carried out. Researchers have a good opportunity to look for instrumentation and design flaws during this process. Additionally, testing a quantitative survey or research tool in this situation with a subset of respondents provides a chance to spot any significant errors in the data that has been gathered. Additionally, the primary goal of a pilot test in this situation is to give a chance to verify the validity of the survey's prepared questions. These consist of biases that may be present, leading questions, and double-barreled questions (Yao et al., 2022). To avoid this situation, the purpose of this pilot study on gauge consumer satisfaction in Pakistani healthcare organizations (Turkington et al., 2020). This is why many researchers claim that a research instrument can have a better chance of success to improve using the pilot testing method. As the study of Sarstedt (2019) claims through pilot testing, many vital questions can be answered such as:

A. what is the time required to complete the survey questionnaire?

Findings: It only took eight to twelve minutes for the respondents to complete the survey.

B. Determine whether the questionnaire was valid and transparent.

The findings show that they raised no issues regarding the clarity of questions in this survey.

C. whether there are any unclear, confusing, or ambiguous questions in the survey.

Finding: In this survey, no ambiguous or vague question was found.

d. Whether there are some objectionable questions.

Finding: No, there is no objectionable question.

e. To observe whether the survey contains only the relevant questions.

Finding: The current survey covers only relevant questions to help the respondents respond to the questionnaire.

This part documents the data analysis carried out in the quantitative study stage of the research. Building from the strategic alignment capability and volatile, uncertain, complex, and ambiguous context as moderator on navigation leadership in private hospitals and the healthcare sector in Pakistan, the findings helped design the measurement and unit of analysis of the survey instrument, supplemented by the SAT model by Venkatraman & Henderson, (1989) recognized from literature. A descriptive analysis of the respondent profile is given to establish the appropriateness of the represented entities in providing sufficient information to fulfill the research aims and objectives. The dataset was processed on Microsoft Excel and Tableau version 2019.4. The PLS-SEM model was then created on SmartPls 4 with the respective findings analyzed in the discussion contained in this chapter.

3.8.   Pilot Survey

The pilot survey in this regard consisted of two elements:

3.9   Face Validity

The objective was to get the view of the view of 2 people (subject matter experts) to check the questions and measure what they are intended to measure. As stated by Sekaran and Bougie (2016 "Face validity indicates that the items that are intended to measure a concept, do, on the face of it, look like they measure the concept".

3.10.   Content Validity

As stated by Sekaran and Bougie (2016) "Content validity ensures that the measure includes an adequate and representative set of items that tap the concept". Two experts were selected (Davis, 1992) once from a Malaysian university academician (Dr. Kannan Loganthan" dr.kannan@cyberjaya.edu.my") and the other from industry a well-known practitioner with adequate knowledge and experience in physiotherapy (Dr. Mehar Nigar "m.nigar3@gmail.com") in quantitative research methods were consulted. The questionnaire was approved by the internal ethical committee of the university where the researcher is pursuing his research. The questionnaire was reviewed to ensure clarity, ease of understanding, and relevancy to reduce any biases. The process helped to improve the survey's language to boost its clarity.

3.11   Pilot Testing – Sample Size

The sample size of pilot testing is dependent on your research question(s), your objectives, the size of your research project, the time and money resources you have available, and how well you have initially designed your questionnaire (Saunders et al., 2016). Fink (2003) as cited in Saunders et al., (2016) stated that the minimum number for a pilot study is 10. Browne's (1995) general flat rule is to 'use at least 30 subjects or greater. Julius (2005) suggested a minimum sample size of 12 subjects. For this study, the target sample size was set at 50 respondents. Browne RH. (1995) on the use of a pilot sample for sample size determination. Stat Med 14: 1933–1940 Julious SA. (2005). Sample size of 12 per group rule of thumb for a pilot study. Pharmaceut Stat 4: 287–291.

3.12   Pilot Study – Data Collection.

The sampling frame was developed. Based on a response rate of around 40% (Wu et al., 2022), the questionnaire was sent to 125 respondents. The questionnaires were sent by mail and also by hand. Only 47 reverted with completed questionnaires Wu, M. J., Zhao, K., & Fils-Aime, F. (2022). Response rates of online surveys in published research: A meta-analysis. Computers in Human Behavior Reports, 7, 100206.

Finally, the data was collected from the relevant participants or employees employed in the healthcare sector of Pakistan. The following sections of this chapter present the results of data analysis done in several software tools such as SPSS and Smart PLS.

3.13   Respondents Profile

This section of the chapter shows the response rate and the analysis of respondents' profiles.

3.14   Response Rate

A questionnaire was adopted from peer-reviewed scholarly journals which contain the original questions modified to suit the needs of this study related to all independent variables (IVs) and the dependent variable (DV). The questionnaire was distributed to a total of 125 individuals in Pakistani healthcare organizations in January 2023. Only 50 responded.

3.15   Profile of the Respondents

This section sheds light on the respondents' profile including the type of industry they work for (the healthcare industry), the business sectors they are a part of, their business size, the firm's age, and their job title and years they served the organization. This data was collected from 50 respondents as well and the results were analyzed using IBM SPSS statistical software version 23.

3.16   Industry Type

The 50 respondents mostly were from private hospitals in the healthcare industry and no other industry was involved in the pilot testing data. N= 50

For example, there were male respondents with an exact number of 35, and female respondents were 12. This shows a percentage of males as 74.5% compared to females 25.5%. The frequency table also shows that the respondents with a Bachelor's degree were 9 (19.1%), a Master's or PhD degree was 6 (12.8%), and others were 9 (19.1%).

3.17   Screening and Cleansing Data

In this quantitative survey, there is no data found that is with a missing value. This means that the content validity as per SPSS results shows satisfactory results. Several researchers believe that identifying any missing data is crucial and needs handling before the analysis (Purwanto et al., 2021). This means that the data was checked from m excel to SPS related to all questions to ensure that they were filled. Only after that, the preliminary descriptive statistics tests were conducted in the software to investigate the occurrences of the missing values. The analysis shows that responses collected through online and offline questionnaires had no missing data.
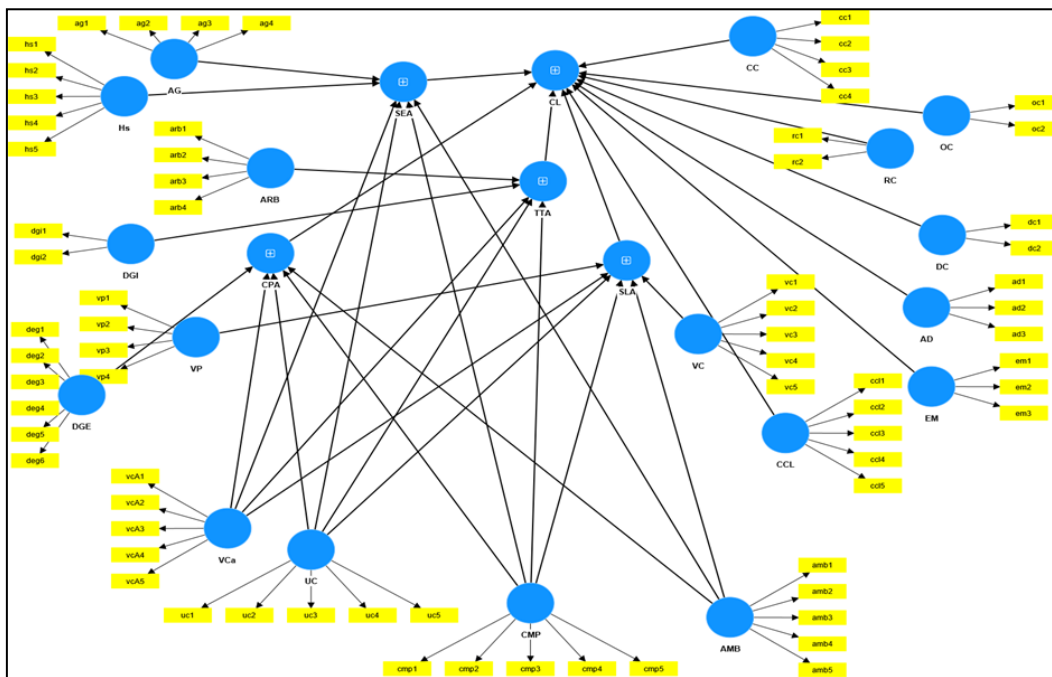

Figure 4: Research Framework

Table 1: Descriptive Analysis

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Role	50	1.00	11.00	4.2000	2.94854
Own	50	1.00	5.00	1.7800	.84007
Bed	50	1.00	3.00	2.4800	.86284
Years	50	1.00	3.00	1.4600	.78792
Qual	50	1.00	4.00	1.5600	.86094
Valid N (listwise)	50				

3.18   Descriptive Statistics Results

Descriptive statistics is based on dimensions or factors such as mean, median, and mode with standard deviation (Salminen et al., 2022) values. Moreover, it also shows the value of skewness and kurtosis in the research as obtained or derived from IBM SPSS version 25. Descriptive statistics results set the tone of the research, getting to know about the dependent, and independent variables mean, median, and maximum to minimum values of the average options. On the other side, the respondent profile also finds the dimensions of the statistics analysis while considering the perception of the population and sampling as well. Here are the descriptions of the basic statistics analysis.

Table 2: R-Square

	R-square	R-square adjusted
Competitive Potential Alignment (CPA)	0.942	0.936
Crises Leadership (CL)	0.997	0.996
Service-Level Alignment (SLA)	0.995	0.994
Strategy Execution Alignment (SEA)	0.863	0.844
Technology Transformation Alignment (TTA)	0.881	0.868

Descriptive analysis shows the trends from the pilot results, that options 3, 4, and 5 have been mostly chosen by the respondents. This generally helps the researchers to establish a general idea the path of the study will take.

3.19   Path coefficient

Path coefficient consists of the range from "-1 to +1"strong positive relationship indicated by the value of the path coefficient "closer to +1" and a stronger negative relationship indicated by the value of the path coefficient "closer to -1" (Purwanto et al., 2021). Even though the path coefficient values closer to -1 or +1 are practically always significant, by using bootstrapping to test for significance level we conducted a PLS-SEM Analysis by using Smart-PLS 4.0
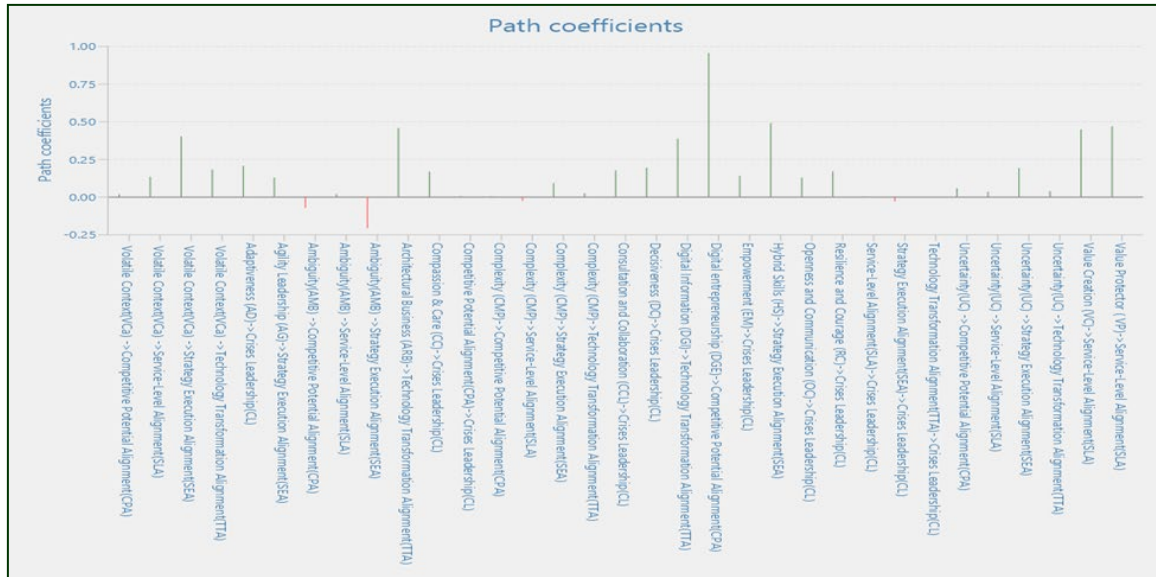

Figure 5: Path coefficients

Table 3: Reliability Testing

	Cronbach's alpha	Composite reliability (rho_a)	Composite reliability (rho_c)	Average variance extracted (AVE)
Volatile Context(VCa)	0.668	1.984	0.081	0.312
Adaptiveness (AD)	0.858	0.859	0.913	0.778
Agility Leadership (AG)	0.621	0.876	0.798	0.613
Ambiguity(AMB)	0.840	0.811	0.865	0.563
Architectural Business (ARB)	0.893	0.898	0.926	0.758
Compassion & Care (CC)	0.710	0.855	0.821	0.580
Complexity (CMP)	0.709	0.837	0.823	0.537
Consultation and Collaboration (CCL)	0.890	0.898	0.919	0.695
Decisiveness (DC)	0.791	0.800	0.905	0.826
Digital Information (DGI)	0.778	0.781	0.900	0.818
Digital entrepreneurship (DGE)	0.905	0.908	0.927	0.679
Empowerment (EM)	0.804	0.828	0.882	0.714
Hybrid Skills (HS)	0.918	0.922	0.939	0.755
Openness and Communication (OC)	0.608	0.609	0.836	0.719
Resilience and Courage (RC)	0.554	0.554	0.818	0.691
Uncertainty(UC)	0.785	0.911	0.839	0.524
Value Creation (VC)	0.893	0.894	0.921	0.701
Value Protector (VP)	0.862	0.865	0.906	0.708

3.20   Reliability – Cronbach Alpha and Composite Reliability

This is an important construct that has been used by researchers extensively in qualitative and quantitative studies. This construct includes both tests such as validity and reliability tests (outer model evaluation) by including all individual items such as Cronbach's Alpha, reliability, Average Variance Extraction (AVE), and composite reliability (Lobe, 2020).

Table 4: Reliability Statistics

Reliability Statistics

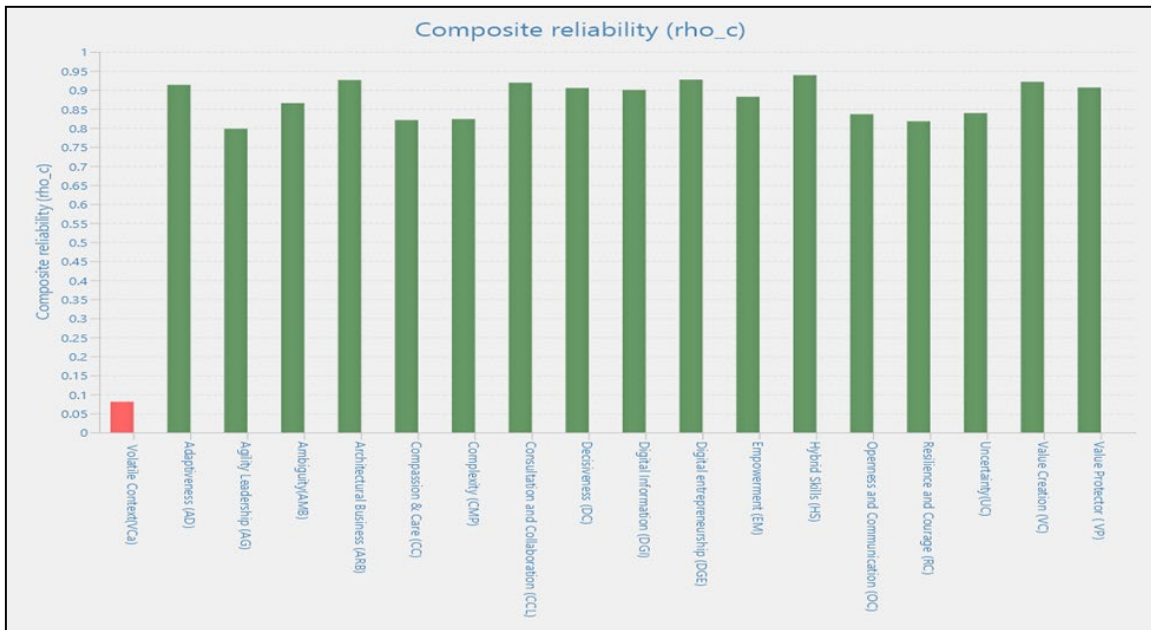| Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.935	.955	93

Figure: 6: Composite Reliability

This measurement model is based on several calculations such as indicator reliability, internal consistency reliability, convergent validity, and discriminate validity (Okagbue et al., 2021). Using the software Smart PLS, the analysis (measurement model assessment) is analyzed in this research.

4. SIGNIFICANCE OF STUDY

Medical and healthcare units are operating in a very complex, highly volatile, and rapidly changing technologically driven environment (Bannet, 2014). However when it comes to offering basic healthcare delivery processes to survive or earn a profit, it is a very serious challenge for the operators (Branzei and Cornhill, 2006). The healthcare industry in Pakistan has been under immense pressure since the freedom of the country. Despite the basic needs of society, this sector has gone through phases of extreme turbulence (Pakistan Healthcare Commission, 2015). By exploring the influence of strategic alignment capability and VUCA context as moderators in navigation leadership in private hospitals and healthcare units in Pakistan, may indicate a way forward to go about the observation solution in the most professional manner. This study may help public and private sector leaders to welcome deep thinking while not being in uncertain situations to avoid kiosks.

This study shall be able to draw the intentions of healthcare stakeholders to combat highly complex and uncertain situations in navigation leadership in private hospitals and healthcare units in Pakistan by sampling out appropriate common recommendations of healthcare leaders. Every good health system has been built based on preferred national interest (Branzei and Cornhill, 2006). Expensive hospital equipment for installation created another barrier on the way of making good health policy. South Asia has not been known for the provision of good health facilities once the healthcare commissions of respective countries have struggled to achieve the target for healthy nations (EOP, 2017).

5. LIMITATION OF THE STUDY

Considering the scarcity of resources, energy, and time, only the healthcare sector of Pakistan has been considered; whereas dynamic complex leadership components can be extended to other industries such as education, fast-moving

consumer goods, telecommunication, construction, airlines, etc.to see further outcomes about the research topic. Similarly, geographic reach extended to other high-performing industries may be extended to find more precise results.

Limitations of various empirical research outputs are needed to validate, confirm, and further elucidate specific mechanisms and values to combat dynamic complex context. Organizations may have to look beyond the espousing a value of eagerness to deliberately and effectively cultivate and support it within their employees (Horst Meyer, 2020).

Considering the scarcity of resources, energy, and time only the healthcare sector from Pakistan has been tested whereas dynamic complex leadership components have been opted to see the impact of strategic alignment capability. So, the other sectors such as education, fast-moving consumer goods, telecommunication, construction, and airlines along with other industries may be utilized as a population to see further if the outcomes remain close to the achieved result in this study. Similarly, geographic reach may be extended to find more precise results. The health crisis of covid 19 times has restricted to a great deal to meet more people for the cause, refraining focus groups or workshops to ask for better interactions.

The challenge for private hospitals is to gain more competencies not only to support the government cause but also to earn profits for sustainability and growth (Sheikh 2022). The capability needs to be upgraded to contribute to the economy and serve the ailing humanity (Amjad, et al, 2020). Now the responsibility of private hospital leaders is to navigate through the challenges at hand. The author aims to examine the influence of strategic alignment capability and volatile, uncertain, complex, and ambiguous contexts as moderators on navigation leadership in Pakistan private hospitals.

Great leaders react in complex times through navigation leadership to command respect and earn more authority to perform (Crossan et al. (2017). However, dynamic and complex circumstances need to be addressed so vigilantly (Seijts et al., 2021), to understand the concept properly, as two different paradoxes and two different ways to perceive and conceptualize the through navigation leadership are inevitable to demonstrate. On the contrary, a complex dynamic situation may be deemed as an exogenously at hand situation for leaders to combat it technically or conventionally; thus, innovative ways of leadership can respond to the uncertainty of the environment. The scenario leads towards knowing the truth of examining the influence of the strategic alignment capability model along with VUCA context as moderator on navigation leadership in Pakistan private hospitals.

6.0   DISCUSSION

The outcome of the research paper has highlighted that the strategic alignment capability model along with the VUCA context as a moderator factor has a role to play in influencing the navigation leadership in the healthcare sector of developing countries such as Pakistan. It hopes to present a sort of solution to healthcare leaders in private hospitals in developing countries like Pakistan's healthcare sector to cater to the pressure of performance and efficiency in their profession. The result indicated that it may help the policymakers to align the health policy with prevailing crises of health, economy, and environment in the country. Similarly, a guideline for healthcare professionals to plan and execute career phases effectively and efficiently. On the basis of an initial analysis, It has been established that the questionnaire was deemed fit to analyze at full length. That has related to the needs of academicians and par actioners in the private healthcare sector of developing countries but initially it has been reduced to Pakistan..

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