

A Conceptual Framework of the Influence of Strategic Alignment Capability (SAC) and the 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 how these variables influence navigation leadership. The methodology includes 400 healthcare executives who participated in an online questionnaire, and the analyses reveal relationships among 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 aspects of the healthcare sector. The study provides practical insights for healthcare leadership in developing countries, emphasizing the importance of SAC and VUCA in fostering greater productivity and positive outcomes for 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.

Keywords: *Navigation leadership, Sustainable strategy, strategic alignment capability, VUCA context, Pakistan*

How to Cite:

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1.0 INTRODUCTION

This research explores the intricate relationship between strategic alignment capabilities in navigation leadership and the moderating effect of the VUCA context in Pakistan's healthcare sector. This focused approach ensures that the strategic alignment capability model's influence on navigation leadership moderates volatility, uncertainty, complexity, and ambiguity within this specific context.

Pakistan is a developing country striving to leverage its resources to build a formidable economy. Pakistan's economic growth mainly depends on agriculture, textiles, and sports industries. However, over the last two decades, telecommunications and the stock exchange have significantly supported economic activity. The automobile, fast-moving consumer goods, education, Information technology, and healthcare sectors have contributed significantly in the recent past (Mahmood et al. al 2019). The industries that generate foreign exchange for the country have been textiles, sports materials, agriculture, and telecommunications. On the contrary, the service industry has played a significant role in the workforce and human capital worldwide (Abid et al. al 2021). In this regard, the healthcare sector has gained significant acceptance in Pakistan's economy, as measured by gross domestic product. In the past twenty years, more than one million medical doctors and allied health workers have served in various economies, contributing to remittances in Pakistan's economy (Burton et al. al 2020).

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

1.1. Problem Statement

Industries such as the stock exchange, FMCG, Petroleum, automobiles, and healthcare contribute to Pakistan's gross domestic product. However, these sectors seem to struggle in highly dynamic, complex environments, resulting in unacceptable leadership outcomes. The country has no uniform health policy; as a result, it is difficult to set 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 costs whilst maximizing organizational 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 their roots in the earliest stages of human civilization (Yin, 2018). They are defined as the ability to lead and manage a group of people to achieve primarily defined goals (Nejad & 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 identifying the skills healthcare managers need 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)

Several theories of the strategic alignment capability model recommend strengthening business processes (Scott Morton, 1991). Strategic alignment capability theory has two main ones that have garnered the most interest from academics (Henderson & Venkatraman, 1989). The latter is used here because the Strategic Alignment Model distinguishes between the internal focus of Information Technology and its external view (IT strategy) with respect to the framework's components. (IT infrastructure and process). This acknowledges that information technology can both 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 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 & Broadbent, 1998).

2.4 Competitive Alignment Capability

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

2.5 Service Alignment Capability

Competitors relatively easily imitate service offerings and quality, 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 are 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 in ways that are consistently conflicting, dramatic, and relentless, producing challenges for healthcare leadership and private healthcare units (Deaton, 2018). The letters representing VUCA mean a kind of demand that leaders must fulfil, working out how to achieve it in the higher interest of 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 constrained healthcare leaders' thinking due to its dynamic nature, and that tested methodologies and approaches were inadequate in the VUCA world.

Increasingly, the acronym VUCA (volatility, uncertainty, complexity, ambiguity) is used to describe dynamic changes in the external environment that directly or indirectly affect the functioning of private hospitals and healthcare enterprises (Simkova, 2021). The world of VUCA is described by volatility, uncertainty, complexity, and ambiguity. The most common explanations are quick, chaotic changes, a lack of standards, or the constant updating of plans and projects. In the modern era, healthcare managers face high pressure to optimize resources to produce desired outputs and to deliver in a highly competitive environment (Dobni, C.B. & Klassen; M., 2015). Healthcare management Leaders of the 21st century are 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 rapidly changing environment that involves conflicting, dramatic, and disorganized procedures, necessitating upskilling for healthcare leadership in private hospitals (Deaton, 2018).

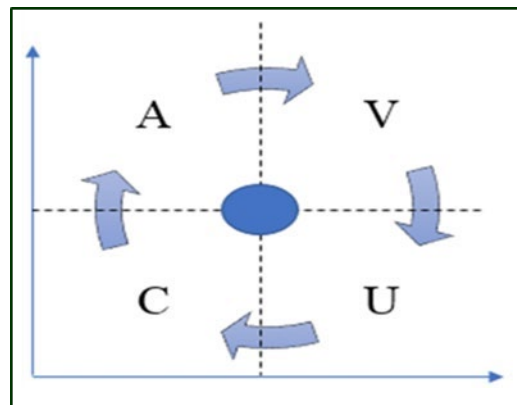


Figure 1 Source: Anna Nowacak 2021

2.7 Navigation Leadership

The healthcare leader is not one to control the healthcare workers' group; instead, is expected to take responsibility for creating an environment for guidance and coordination of 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's approach is especially useful in scenarios where issues are extremely complex, and no single person or entity has either the information or the power to change them (Müller & Van, 2020). While many healthcare leaders successfully managed the crisis, others were less successful 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 on them to perform at the desired level of professional practice, posing 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

their challenges. Tasks are set to keep leadership focused on addressing dynamic complexities such as the COVID-19 health crisis, floods, and the needs of earthquake victims (Spigel, 2020). Health care experts believe that health leadership is advisable to build and measure the current indicators developed for their performance assessment. The Indicators may include sufficient numbers, equitable distribution, strong competencies, appropriate socio-cultural and linguistic backgrounds, 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 employs a quantitative approach, as the scholar evaluates the model to understand the influence of the 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 by what will best support a better understanding of the nature of setup, thereby supporting the quantitative 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 & 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 adopts a pragmatist stance and leverages quantitative research methods. Only when it is important to investigate the impact of strategic alignment capability on navigation in private hospitals in Pakistan can this justified knowledge be driven by this design method? Based on the literature review, the study researcher aims to meet the criteria defined earlier, so the quantitative research design will support the argument once the study's outcomes are available.

3.2. Sampling Design

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

3.1. Data Collection Method

Pakistan consists of five provinces: Punjab, Khyber Pakhtunkhwa, Sindh, Balochistan, and Gilgit Baltistan. The Pakistan Medical and Dental Council and the Healthcare Commission regulate private and public-sector healthcare and medical hospitals. Pakistan's healthcare setup comprises around 1,200 public-sector and 700 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, which also fall within 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, the largest state in the country, accounts for around 60% of the population and receives the same share of the annual budget. The best health facilities are also found in the province of Punjab. Around 1800 medical and healthcare units, such as hospitals, constitute the data for our overall population. In contrast, province Sindh makes up 18% of the total healthcare units, around 550, in our scope of study. KPK province, being a large, populous province, is unfortunately deprived of healthcare facilities in its localities. Baluchistan province is the most overlooked area when it comes to health facilities. Only 5% of the study's under-radar population constitutes the respondent's zone. The newly established province of Gilgit Baltistan, though, does not have good health facilities either, accounting for only 4% of the overall population.

To date, there is an official record of the total number of government hospitals (1300) and private hospitals (700) in Pakistan that have 50 to 500-plus beds. However, a safe assumption is that the total number of hospitals exceeds 2,000, according to the advice on 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 (with a 5% margin of error). Industry classification will not be regarded as a criterion for selecting the potential responding firms. However, to validate the scale, a 50-data set has been sampled from population representatives across the country.

3.2. 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 strongly agree (-5). The normality test assesses the distribution of continuous data, guiding statistical analysis. Parametric or nonparametric tests are employed based on data distribution. The deviation from the normality assumption is investigated using methods such as the standard QQ plot. 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 strength of the linear relationship between variables. It evaluates the connection between independent and dependent variables. The coefficient's value indicates the direction and strength of the correlation, with values close to 0 indicating no correlation.

First, data on strategic alignment capabilities in Pakistan will be obtained from hospitals and medical colleges. As a researcher in the healthcare sector, the researcher has adequate access to secure related databases from the Pakistan Healthcare Ministry (PHM). Second, a list of private medical hospitals is also available with the Pakistan Medical Commission, a major regulatory body that governs and monitors the private sector medical and healthcare sector (PMC).

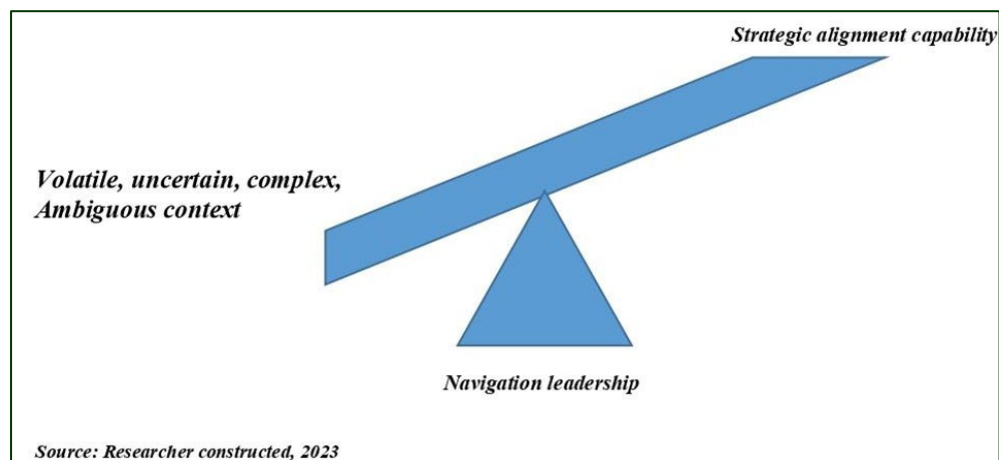


Figure 2: Theoretical Framework

3.3. 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 phenomena, connect variables, and constitute constructs to produce the desired idea in research. This study examines the influence of strategic alignment capability on navigation leadership in private hospitals in Pakistan. Independent variables for this study are drawn from the Venkatraman Strategic Alignment Capabilities Model, including 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 serve as moderating variables in the study.

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

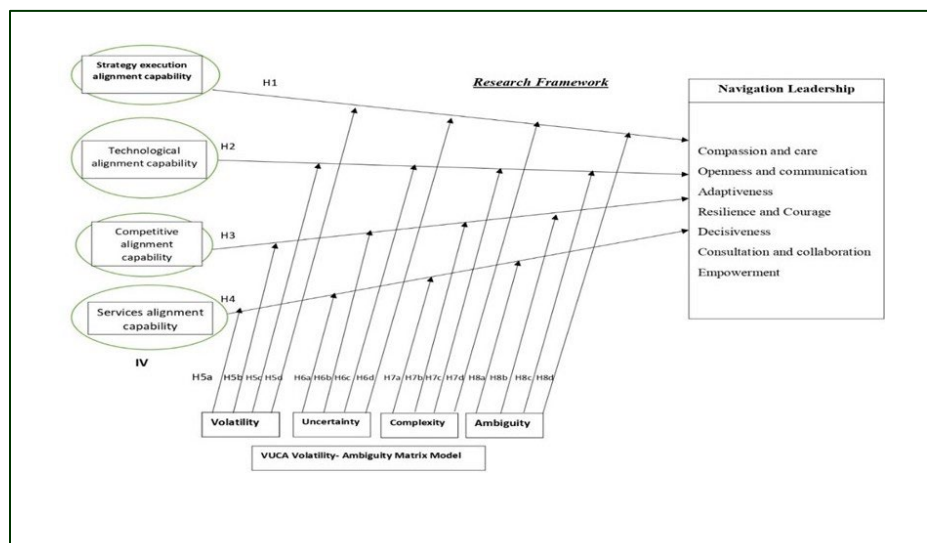


Figure 3: Proposed Research Framework Developed for the study (Salman Sarwar, 2023)

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).

3.6 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 respondents' intentions and is tailored to the specific participant sample. Pilot testing is particularly essential, as it helps evaluate the instrument's validity by identifying 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 provide an opportunity to verify the validity of the survey's prepared questions. These include potential biases, leading questions, and double-barreled questions (Yao et al., 2022). To avoid this situation, this pilot study aims to gauge consumer satisfaction in Pakistani healthcare organizations (Turkington et al., 2020). This is why many researchers claim that a research instrument has a better chance of success when improved through pilot testing. 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 took respondents only 8 to 12 minutes 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 objectionable question.

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

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

This section documents the data analysis conducted during the quantitative study stage of the research. Building from the strategic alignment capability and volatile, uncertain, complex, and ambiguous context as a 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 the 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 in SmartPLS 4, and the respective findings were analyzed in the discussion of this chapter.

3.8. Pilot Survey

The pilot survey in this regard consisted of two elements:

3.9 Face Validity

The objective was to gather the views of 2 people (subject-matter experts) to review the questions and assess whether they are measuring 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 Loganathan” 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 university’s internal ethics committee approved the questionnaire. The questionnaire was reviewed to ensure clarity, ease of understanding, and relevance, thereby reducing potential bias. The process helped to improve the survey’s language to boost its clarity.

3.11 Pilot Testing – Sample Size

The sample size for pilot testing depends 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 Julius 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 were collected from relevant participants or employees in Pakistan’s healthcare sector. The following sections of this chapter present the results of data analysis conducted with several software tools, including 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, with the original questions modified to suit the needs of this study for all independent variables (IVs) and the dependent variable (DV). The questionnaire was distributed to 125 individuals across Pakistani healthcare organizations in January 2023. Only 50 responded.

3.15 Profile of the Respondents

This section sheds light on the respondents' profiles, including the type of industry they work in (the healthcare industry), the business sectors they are part of, their business size, the firm's age, and their job title and years of service with the organization. This data was collected from 50 respondents, and the results were analyzed using IBM SPSS Statistics version 23.

3.11 Industry Type

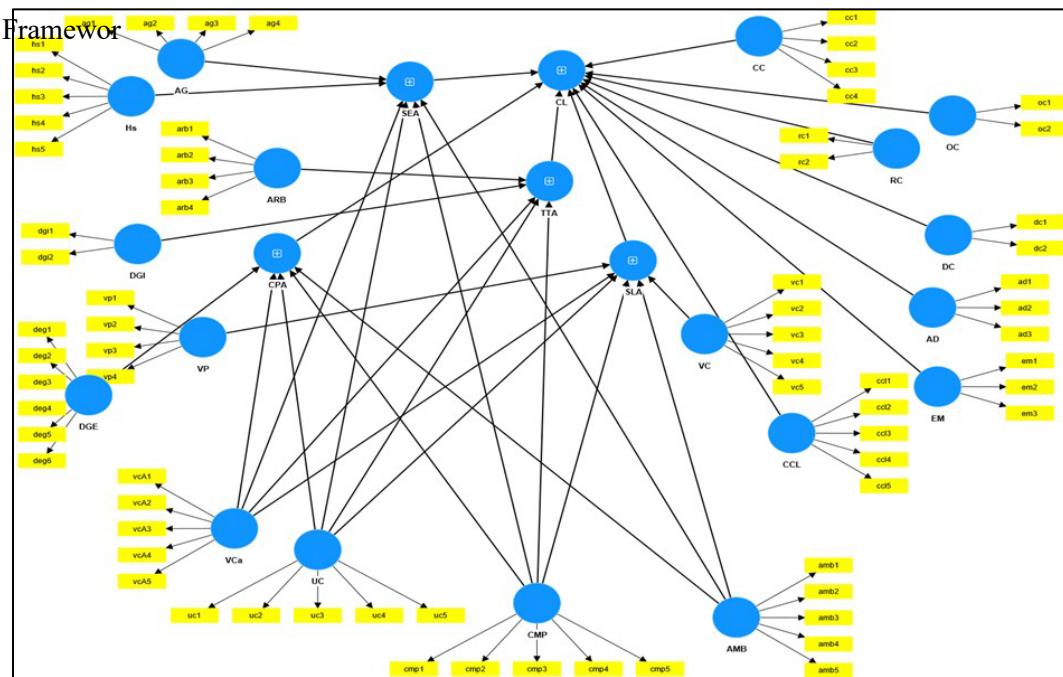
The 50 respondents were mostly from private hospitals in the healthcare industry, and no other industry was involved in the pilot testing data. N= 50

For example, there were 35 male respondents and 12 female respondents. This shows a male percentage of 74.5% and a female percentage of 25.5%. The frequency table also shows that respondents with a Bachelor's degree were 9 (19.1%), those with a Master's or PhD degree were 6 (12.8%), and others were 9 (19.1%).

3.12 Screening and Cleansing Data

In this quantitative survey, no data are missing. This means that the content validity, as per the SPSS results, is satisfactory. Several researchers believe that identifying missing data is crucial and that it must be handled before analysis (Purwanto et al., 2021). This means that the data was checked from an Excel file to SPSS for all questions to ensure they were filled in. Only after that were the preliminary descriptive statistics tests conducted in the software to investigate the occurrence of missing values. The analysis shows that responses collected through online and offline questionnaires had no missing data.

Figure
Research Framework



4:

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				

3.13 Descriptive Statistics Results

Descriptive statistics are based on dimensions or factors, such as the mean, median, and mode, as well as the standard deviation (Salminen et al., 2022). Moreover, it shows the skewness and kurtosis values in the research, obtained or derived using IBM SPSS version 25. Descriptive statistics set the tone for the research, providing insight into the dependent and independent variables, as well as the mean, median, maximum, and minimum values of the dependent variable. On the other hand, the respondent profile also identifies the dimensions of the statistical analysis while also considering the population's perception and sampling. Here are the descriptions of the basic statistics analysis.

Table
R-Square

2:

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

3.14 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
Path coefficients

5:

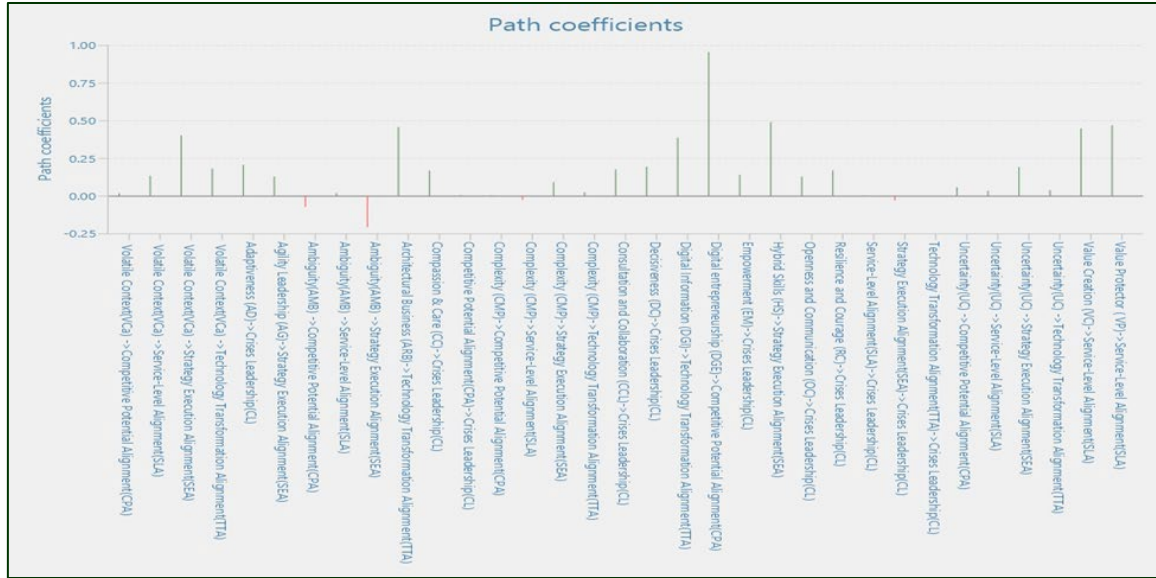


Table 3: Reliability Testing

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

3.11 Reliability – Cronbach Alpha and Composite Reliability

This is an important construct that researchers have extensively used in qualitative and quantitative studies. This construct includes both validity and reliability tests (outer model evaluation) and 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	

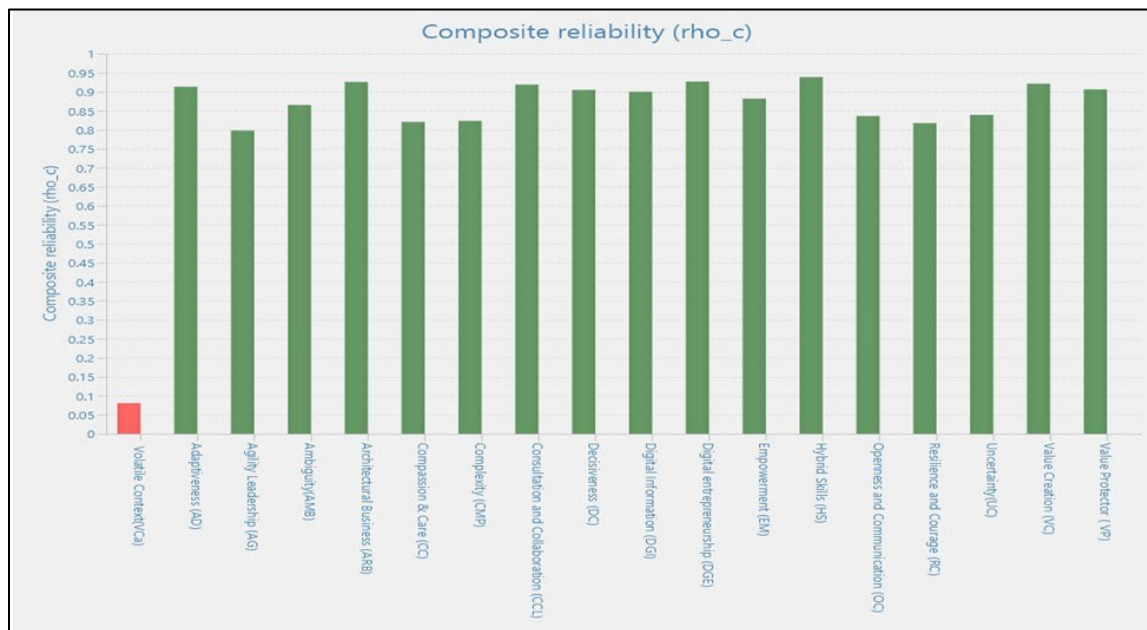


Figure 6: Composite Reliability

This measurement model is based on several calculations, including indicator reliability, internal consistency reliability, convergent validity, and discriminant validity (Okagbue et al., 2021). In this research, the analysis (measurement model assessment) is conducted using the software Smart PLS.

4. SIGNIFICANCE OF STUDY

Medical and healthcare units operate in a very complex, highly volatile, rapidly changing, technology-driven environment (Bannet, 2014). However, when it comes to providing basic healthcare services to survive or turn a profit, this is a very serious challenge for operators (Branzei & Cornhill, 2006). The healthcare industry in Pakistan has been under immense pressure since the country. Despite meeting society's basic needs, this sector has experienced periods of extreme turbulence (Pakistan Healthcare Commission, 2015). Exploring the influence of strategic alignment capability and VUCA context as moderators on navigation leadership in private hospitals and healthcare units in Pakistan may indicate a way forward for the observation solution in the most professional manner. This study may help public- and private-sector leaders welcome deep thinking in uncertain situations and avoid knee-jerk reactions.

This study shall draw on 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 appropriate, commonly recommended recommendations from healthcare leaders. Every good health system has been built based on the national interest (Branzei & Cornhill, 2006). The high cost of hospital equipment for installation created another barrier to developing a good health policy. South Asia has not been known for providing good healthcare facilities, as the healthcare commissions of the respective countries have struggled to meet the targets for healthy nations (EOP, 2017).

5. LIMITATION OF THE STUDY

Given the scarcity of resources, energy, and time, only Pakistan's healthcare sector has been considered. In contrast, dynamic, complex leadership components can be extended to other industries, such as education and fast-moving consumer good, telecommunications, construction, airlines, etc., to see further outcomes regarding the research topic. Similarly, geographic reach may be extended to other high-performing industries 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 a dynamic, complex context. Organizations may have to look beyond espousing eagerness to deliberately and effectively cultivate and support it among their employees (Horst Meyer, 2020).

Considering the scarcity of resources, energy, and time, only the healthcare sector in Pakistan has been tested. In contrast, dynamic, complex leadership components have been adopted to assess the impact of strategic alignment capability. So, the other sectors, such as education, fast-moving consumer goods, telecommunications, construction, and airlines, along with other industries, may be used as a population to assess whether 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 greatly restricted the ability to meet more people for the cause, leading to a focus on online interactions and workshops to improve engagement.

The challenge for private hospitals is to develop additional competencies not only to support the government's cause but also to earn profits to sustain growth (Sheikh, 2022). The capability needs to be upgraded to contribute to the economy and serve 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 private hospitals in Pakistan.

Great leaders navigate complex times through leadership that commands respect and earns greater authority to perform (Crossan et al., 2017). However, dynamic and complex circumstances need to be addressed vigilantly (Seijts et al., 2021) to understand the concept properly, as two different paradoxes and two distinct ways of perceiving and conceptualizing through navigation leadership are inevitable. On the contrary, a complex dynamic situation may be deemed an exogenous situation for leaders to address technically or conventionally; thus, innovative leadership approaches can respond to environmental uncertainty. The scenario prompts an examination of the truth about the influence of the strategic alignment capability model, with the VUCA context as a moderator, on navigation leadership in private hospitals in Pakistan.

6.0 CONCLUSION

The research paper has highlighted that the strategic alignment capability model, along with the VUCA context as a moderating factor, influences navigation leadership in the healthcare sector of developing countries such as Pakistan. It hopes to present a solution to healthcare leaders in private hospitals in developing countries, such as Pakistan, to address the pressure to improve performance and efficiency in their profession. The result indicated that it may help policymakers align health policy with the prevailing crises in health, the economy, and the environment. Similarly, a guideline for healthcare professionals to plan and execute career phases effectively and efficiently. Based on an initial analysis, the questionnaire is suitable for full-length analysis. That relates to the needs of academicians and practitioners in the private healthcare sector of developing countries, but initially, it has been limited to Pakistan.

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