



RESEARCH PAPER

A Conceptual Framework of the Influence of Strategic Alignment Capability (SAC) and VUCA Model as Moderator in Navigation Leadership in Private Hospitals in Healthcare Industry, Pakistan

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ABSTRACT

This study intends to investigate the influence of strategic alignment capability (SAC) and volatile, uncertain, complex, and ambiguous (VUCA) as moderator on navigation leadership in private hospitals of healthcare sector in Pakistan. Utilizing ventakraman's model of strategic alignment capability and volatility-ambiguity theory, the research hopes to identify the impact of SAC model and VUCA moderator on navigation leadership in healthcare sector in Pakistan. The collected data will undergo various statistical analyses, including normality tests, reliability assessments, correlation analyses, and descriptive examinations. The research paper serves as a conceptual framework of influence of strategic alignment capability and volatile, uncertain, complex, and ambiguous context as moderator on navigation leadership. Healthcare leaders have the potential to significantly enhance their productivity, making valuable contributions to their respective fields in the healthcare profession. This study offers valuable insights for healthcare leadership within the developing countries like Pakistan healthcare industry.

KEYWORDS Navigation Leadership, Pakistan Healthcare Industry, Strategic Alignment Capability, Sustainable Strategy, VUCA Context

Introduction

Pakistan is developing country and striving to navigate its resources in order to make itself a formidable economy in the future. Economic growth of Pakistan mainly depend on agriculture, textile, and sports industry. However in last two decades' telecommunication and stock exchange have supported the economic affairs to a great deal. Automobile, fast moving consumer goods industry, education, Information technology and healthcare sectors have contributed significantly in 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, service industry has played its significant part by manpower and human capital worldwide (Abid, et. al 2021). In this regard healthcare sector has gained serious acceptance so far as 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 economy to benefit remittance in Pakistan economy (Burton et.al 2020).

The healthcare industry has always been an important agent to contribute in economy of Pakistan. However, in past two years 2020-2022 the services prove to be

unmatched whether serving overseas or helping to support ailing humanity of Pakistan. The investment on medical equipment for the medical and healthcare service delivery have increased up to 37% in last three years (Ehsan, & Raza, 2022).

Industries such as stock exchange, FMCGs, Petroleum, automobiles, and healthcare contribute towards the gross domestic products for Pakistan. However, these sectors seem to struggle presently in highly dynamic and complex environment that has produced unacceptable results as for as leadership in dynamic and complex situation 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 study is limited to healthcare industry only. Nearly 70% of Pakistan's overall health spending (3% of GDP) is on 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 strategic alignment capability model for healthcare sector sustainability (Amjad et,al 2021).

The skills of strategic alignment capability has its root since the start of human civilization (Yin, 2018) and is defined as the ability of leading and managing group of people to achieve primarily defined goals (Nejad and Rowe, 2009).

Literature Review

Strategic alignment capability (SAC)

There have been several theories for strategic alignment capability model that present the recommendation to strengthen the business processes (Scott Morton, 1991) and the 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: 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).

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."

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, the apparent gap between the decision to invest in IT and the realization of benefits (Weill and Broadbent, 1998).

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 the working (Ward et al., 1994). Competition has often helped organization to become great healthcare organization (Rahman & Rahman, 2019).

Service Alignment Capability

Services offerings and quality are relatively easily imitated by competitors so continuous improvement policy can convert a system into successful service unit (Slater 1996) and, 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).

Volatility, Uncertainty, Complexity, and Ambiguity (VUCA)

Organizational leaders of 21st century are in the middle to face the most dynamic and change oriented environment with the pace to innovate, urgency of the situation , and 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 work environment that is changing on consistent basis in conflicting, dramatic, and relentless ways to produce healthcare leadership and private healthcare units challenges (Deaton, 2018). The letters representing VUCA mean that kind of demand to fulfill 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; while 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 healthcare industry , which, in on the other side , produce unique and novel competitors, who love to work at global healthcare level to satisfy ailing humanity 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 dynamism nature and tested methodologies approaches were inadequate in the VUCA-world.

Increasingly, the acronym VUCA (volatility, uncertainty, complexity, ambiguity) is defined dynamic changes in the external environment that have a direct or indirect impact on the functioning of private hospitals and healthcare enterprises (Simkova et al, 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 outdateding of plans and projects. In modern era the healthcare managers face high voltage pressure to optimize resources in order to produce desired output and find ways to deliver in highly competitive environment (Dobni, C.B. & Klassen, M. 2015). Healthcare management Leaders of 21st century are facing the most dynamic and change oriented environment with the pace to innovate, urgency of the situation , and frequently changing environment overpowering quickly for the new challenges of volatile, uncertain, complex, and ambiguous (VUCA) operating set up (Matthysen & Harris, 2018). VUCA refers to frequently changing environment that

brings conflicting, dramatic, and unorganized procedures to bring an upskilling required healthcare leadership in private hospitals (Deaton, 2018).

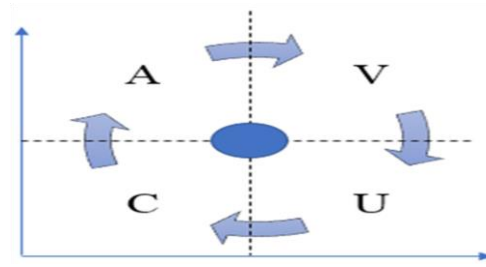


Figure 1 Source: Anna Nowacak 2021

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 especially handy in certain scenarios where issues are of extremely complex nature 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.

Health crises Purpose

Since the advent of lethal virus contagious covid-19 in Pakistan, health care 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 an enormous pressure for them to perform up to the desired level of professional practice that was a serious challenge on the question of leadership (Zheng et al, 2020). The major problem faced by health care leadership was lack of information available to address challenges related to them. Tasks are set keeping leadership to combat dynamic complex such as Health crisis of covid 19, floods and earthquakes victims (Spigel, 2020). The health care experts believe that the 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).

Material and Methods

Research Design

The research strategy provides guidance for identifying the study's goals. (Davis, 2005). The research method is aimed to process the quantitative mode of study as the scholar focuses to evaluate the model for the understanding of influence of the different four variables on the dependent variable (e.g., Sandelowski, 2000; Morse, 1991). Other researchers argue that, in order to effectively communicate the study's purpose, weighting 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 take up match with the criteria defined earlier, so quantitative method research design will support the argument once the outcomes of the study appear.

Sampling Design

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

Data Collection Method

Pakistan consist of five provinces like 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 healthcare set up carries around 1200 plus public sector and 700 plus private medium and large scale hospital. There is a large number of small hospitals and medical units in private sector serving ailing community also come under scope of our study. Around 2500 medical clinic cum small size hospital make 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 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 that makes 18% of the total healthcare units around 550 in our scope of study. KPK province being the large area and population, unfortunately deprived of healthcare facilities in the localities. Baluchistan province being the most overlooked area as for as health facilities are concerned. Only 5% of the total under radar population for the study form the respondent's zone. Newly established province Gilgit Baltistan though does not enjoy good health facilities either making only 4% of the overall population.

To date, there is an estimation official record on the total number of government hospital 1300 and private hospitals are 700 in Pakistan that meet criteria of minimum 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 in Raosoft website (www.raosoft.com) indicate a minimum sample size of 370 or more (with a margin of error of 5%). Industry classification will not be regarded as a criterion of selecting the potential responding firms. However to validate the scale 50 data set has been sampled from the representative of the population form all over the country.

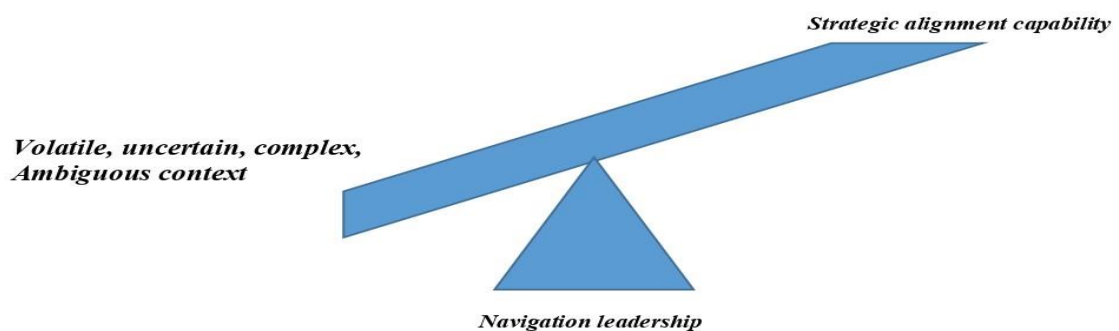
Data Analysis Tool

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 hospitals and medical centers, the researcher has the adequate association that would enable securing of related database 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 govern and monitor private sector medical and healthcare sector (PMC).



Source: Researcher constructed, 2023

Figure 2 (Navigation leadership Model)

Framework

Theories are used to interpret the phenomena, connect the variables and constitute the construct in order to produce the desired idea in 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 dependent variable while volatile, uncertain, complex, and ambiguous context will be moderating variable in the study.

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

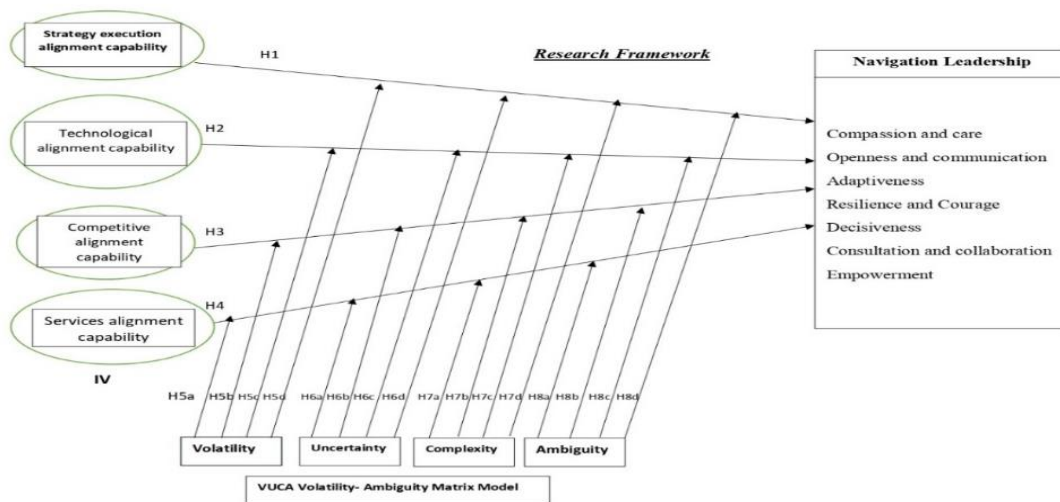


Figure 3 (Theoretical framework) Proposed Research Framework Developed for the study (Salman Sarwar, 2023) Sources: Adopted from Strategic Alignment Capability Model (N. Venkatraman; J.C Henderson & S. Oldac,1989), The VUCA Volatility – Ambiguity Model (W. Bennis & B. Nanus 1987), and Leadership Model by (S. Balasubramanian & C. Fernandes 2022).

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 captured the respondents' intentions and was 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 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). In order to avoid this situation, the purpose of this pilot study on gauging consumer satisfaction in Pakistani healthcare organizations (Turkington et al., 2020). This is why many researchers claim that a research instrument can have better chances of success to improve using the pilot testing method. As the study of Sarstedt (2019) claims that 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 healthcare sector 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 on the discussion contained in this chapter.

Pilot survey

The pilot survey in this regard consisted of two elements as under:

Face validity

The objective was to get the view of the view of 2 people (subject matter experts) to check the questions 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”).

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 Malaysian university academician (Dr. Kannan Loganathan” dr.kannan@cyberjaya.edu.my”) and 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 internal ethical committee of the university the researcher is pursuing his research. The questionnaire was reviewed to ensure the clarity, ease of understanding, and relevancy to reduce any biases. The process helped to improve the survey’s language to boost its clarity.

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 (1995) general flat rule is to ‘use at least 30 subjects or greater. Julious (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.

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 healthcare sector of Pakistan. The following sections of this chapter are presenting results of data analysis done in several software tools such as SPSS and Smart PLS.

Respondents Profile

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

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 total 125 individuals in Pakistani healthcare organizations in January, 2023. Only 50 responded.

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, 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 analysed using IBM SPSS statistical software version 23.

Industry Type

The 50 respondents mostly were from the private hospitals in 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%), Masters or PhD degree was 6 (12.8%), and others were 9 (19.1%).

1.1. 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 show satisfactory results. Several researches believes that identifying any missing data is crucial that 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 are filled. Only after that, the preliminary descriptive statistics tests were conducted in the software to investigate the occurrences of the missing values. The analysis show that responses collected through online and offline questionnaires had no missing data.

Research framework

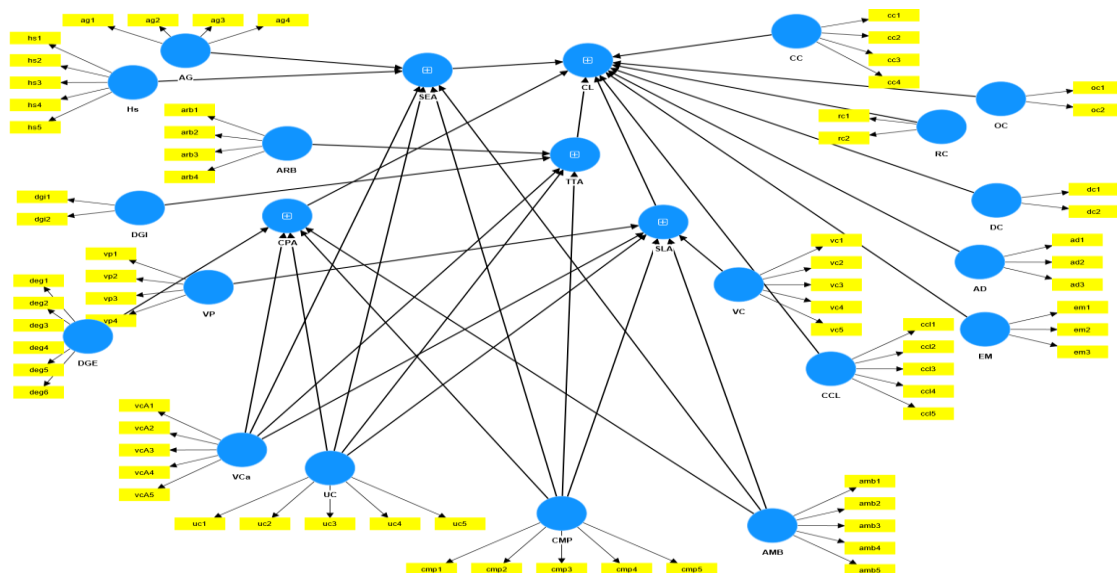


Figure 4 (PLS-SEM generated Research Framework)

Table 1
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				

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, independent variables mean, median, and maximum to minimum values of the average options. On the other side, respondent profile also find the dimensions of the statistics analysis while considering the perception of the population and sampling as well. Here the descriptions of the basics statistics analysis.

**Table 2
Results of R-Square for pilot study**

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 show the trends from the pilot results, that options from 3, 4, and 5 have been mostly chosen by the respondents. This generally helps the researchers to establish general idea the path of the study will be taken.

Path coefficient

Path coefficient consist on the range from "-1 to +1".strong positive relationship indicated by the value of path coefficient "closer to +1" and 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 significantly, by using bootstrapping to test for significance level we conducted a PLS-SEM Analysis by using Smart-PLS 4.0

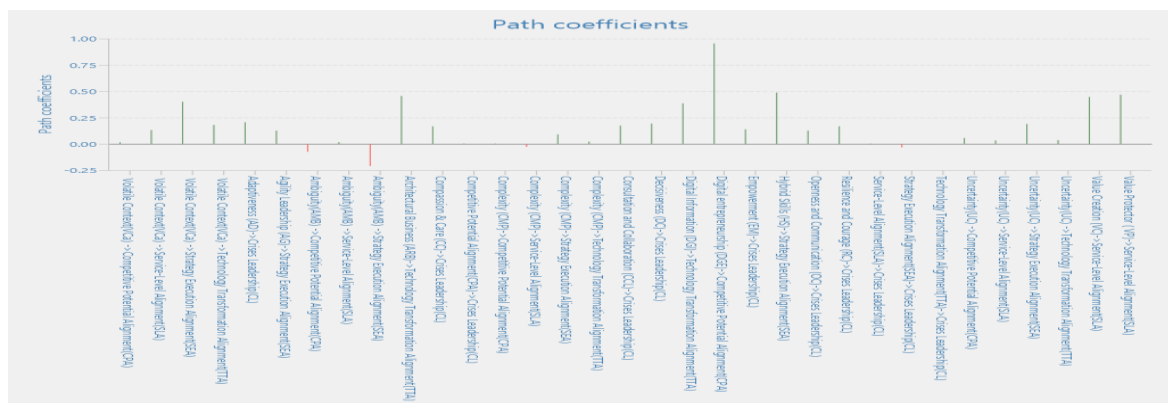


Figure 5 Result of path co-efficient

Table 3
Construct reliability and validity

	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

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

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

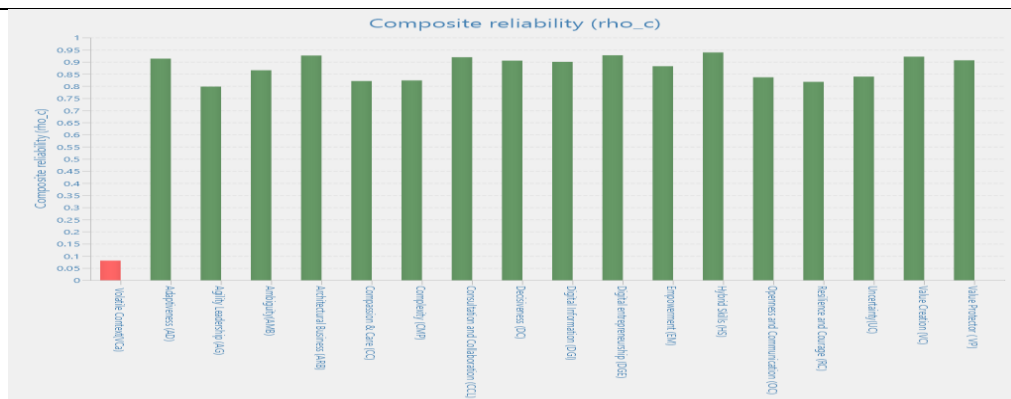


Figure 6 This measurement model is based on several calculations such as indicator reliability, internal consistency reliability, convergent validity, and

discriminate validity (Okagbue et al., 2021). Using the software Smart PLS, the analysis (measurement model assessment) is analysed in this research.

Discussion

The outcome of the research paper has highlighted that strategic alignment capability model along with VUCA context as moderator factor has role to play to influence the navigation leadership in healthcare sector of developing country such as Pakistan. It hopes to present sort of solution to healthcare leaders in private hospital in the developing country like Pakistan healthcare sector to cater the pressure of performance and efficiency in their profession. The result indicated that it may help the policy makers to align the health policy with prevailing crises of health, economy, and environmental in the country. Similarly a guideline for the 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 deemed fit to conduct an analysis in full length. That has related to needs of academicians' and par actioners in private healthcare sector of developing countries but it initially it has been reduced to Pakistan.

Conclusion

The study output suggested that SAC and VUCA moderator have positive direct association on navigation leadership in private healthcare sector Pakistan. It only needs to analyse in the full length research as suggested earlier around 400 healthcare leaders across Pakistan shall be included in the study.

Recommendations

This study sets the tone to navigate leadership in healthcare sector of developing country Pakistan. Healthcare policy makers must include the ground realities while formulating policies that favourable for the ailing society in the long run. Similarly, planning and development department accompany healthcare policy makers to know the precise targets. The study also demands an extensive mutual grand dialogue of all stakeholders to prioritize the health as basic needs. It must carry an on going uninterrupted research and development to know the real insight.

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