Leadership Competitiveness in Public Sector Hospitals of Pakistan

Aqsa Siddiq
Ph.d Scholar, Islamia College University, Peshawar
Gohar Zaman
Associate Professor, Islamia College University, Peshawar

Abstract

Globalization trends have made patients worldwide more aware of quality healthcare. As everyone has equal rights to the same quality of health care, several countries have attempted to provide and finance universal health coverage. There is a need for re-structuring and re-engineering of health care system in Pakistan to enjoy strategic competitiveness at global level. In healthcare system, a strategic framework of leadership enforce an attempt to systematize and structure a robust and accessible healthcare services. In the light of the fact the need to determine the problems/gaps reaching the minimum acceptable efficiency of healthcare system, the study made specific investigations. It identifies the importance of various domains of the strategic leadership framework for healthcare services, suggested by the world health organization (WHO). The study focuses on the top level management of public hospitals in Peshawar examined the prevailing practices and approaches of strategic leadership in managing health care services. The population for the study purposely confined to respondents from public sector hospitals of Pakistan located in Peshawar, Khyber Pakhtunkhwa. From the selected hospitals, the top level management is randomly selected, sample size (N=150), both male and female, age groups range (1=28-35 years, 2=36-43 years, 3=44-51 years, and 4= 52+ years), having designation of Directors, Chairmen, Medical Superintendents(MS),Deputy Superintendents (DMS), Chief Executives etc. The investigation is made using a modified leadership framework prescribed by WHO for the top level managers of the Hospitals in Peshawar. The Cronbach Alpha for the reliability of the instrument is calculated (α= 0.891) indicates strong internal consistency, hence an overall reliable scale. The results show that domains of strategic leadership have significant influence on the performance of managers providing quality healthcare services. The unidirectional analysis using regression is made to check the role of related domains of leadership on one major domain called Managing Services. Creating vision is proved as highly influencing domain followed by ability of working with others means that if top management got the competencies of creating effective vision and involving others as team, the hospital services can be managed effectively and efficiently leading to enhanced quality. The study recommend strategic leaders of the hospitals to effectively frame, develop, implement and implant the strategy that place patient care as the core services that helps them to align the strategy with healthcare system requirements.

Keywords: strategic leadership, quality healthcare services, competitiveness

Global changeshave intense influence on local and conventional managerial practices both in industrial as well as services sector particularly education and healthcare systems. In the era of Information Technology, the service sector has emerged as the leading, fastest growing and a major contributor to the global output and employment

than any other sector. Kotler, Bloom, & Hayes (1984) described services as an intangible act of providing an output of an organization to its customers and availability of quality services is vital for the well-being of the economy and the managerial activities (including leadership style).Health organization works as a system and is a facility or set of coordinated facilities that provides health care services.

A healthcare system is an organization of people and resources, publicly or privately owned and controlled, to deliver services accomplishing the health needs of the target residents. Health Systems are normally appraised in terms of their ability to deliver accessible, safe, high quality, efficient, and equitable care for the sake of population health and longevity (WHO, 2007; UNDP report, 1990; Human Development Report, 2013). Governmental policies and market forces stimulate health systems to improve these parameters to become more patient-centered. The foremost elementof a health care system is providing personal health care services to individuals in hospitals.

In the Globalization age, the worldwide changing socio-political, economic needs of the population and demographic trends demand an innovation and change to develop quality healthcare systems. There must be a robust health care system for the general health care as well as patients such as the elderly, disabled, and those with multiple chronic illnesses (WHO, 2010).The healthcare sector is undergoing significant and rapid changes and such a challenging environment requires healthcare organizations to struggle for the advancement in the leadership capacity to be globally competitive. The organizations must ensure awareness and adoption of the leadership approaches in order to provide affordable and exceptional patient care.Leadership of healthcare systems known as stewardship is an important building block of any health system (WHO 2007; Vriesendorp et al. 2010). Stewardship in terms of equity, coverage, access, quality, and patients' rights is linked with the role of the government in health and other related actions for guiding and protecting the whole health system in the public interest (WHO 2007). It is an administrative process involving the strategic direction of policy development and implementation through managing the performance of health care providers along with an effective accountability mechanisms.A health care unit can only sustain in a challenging environment in maintaining cost and quality competitiveness called as "Value of Healthcare services" (Porter, 1980). Improved quality and access to affordable healthcare service is the value based goals of the system.

To achieve global competitiveness, the role of strategic leadership in developing a robust model for healthcare services is crucial in hospitals of Pakistan. The health sector in Pakistan as a whole is not encouraging. The flaws, shortcomings and gaps need to bridge up through organizational development.The lack of effective leadership and governance in the health sector of Pakistan contributes to the failure of

health systems and poor development of human resources in the country. Initiating, maintaining and sustaining quality in healthcare delivery is dependent on strategic leadership.Decision-makers at all levels need to appraise the variation in health system performance, identify factors that influence it and articulate policies that will achieve better results in a variety of settings(Health Systems Profile-Pakistan, Regional Health Systems Observatory-EMRO). The study is significant to investigate the prevailing practices and intentions of leadership. It hasa valueof providing guidelines to formulate appropriate policies forhealthcare system, and academically serves as a base of researches in the province and elsewhere.

The study investigated the prevailing strategic leadership practices in health care system of Pakistan benchmarked with the international healthcare system as prescribed by World Health Organization (WHO). Such leadership framework helps to deliver service quality to the degree of patients' satisfaction. It is due to very less work done in the health sector as compared to education system in Pakistan, the researcher has selected Pakistani health care system to study. It is concerned with suggestions related to leadership practices in hospitals to enhance the strategic competitiveness of Pakistani health care system.

Literature Review

Quality defines as "The degree of excellence; superiority of kind; and a distinguishing attribute" has become an integral part of today's business world and for the management, a strategic goal to achieve competitive advantage (Mosadeghrad, 2013; Feigenbaum, 1951; Peters & Waterman, 1982; Gilmore, 1974; Crosby, 1992; Juran,1988; Parasuraman et al.,1985; Deming, 1982 ; Feigenbaum, 1991; Flood , 1993). Global Corporations consider service quality for customer satisfaction as a prime strategic value to win market share and to reach competitive advantage (Carlzon, 1989; Ghobadian, Speller, & Jones, 1994). Firms with higher service quality in meeting customers' needs and wants are more profitable thus more competitive (Lewis, 1989). Service quality and customer satisfaction are directly related to each other (Smith & Houston 1983, Kotler 1988, Kaspar&Lemmink 1988, Lewis & Klein 1986, Bolton & Drew 1991).

The term leadership means process of influencing others towards attaining desired goals (Yukl, 2002; Bryman, 1992). Effective executives know how to lead and manage as leadership and management are not separate jobs. Together, they form a chain of linked roles and all are essential to boost their organization's performance (Druker 2004).The roles of manager and leaders within an organization are interconnected making a network of activities ending at common goal. They define organizational reality through the articulation of a vision and through

their skills guide individuals to become a star performer (Goleman, 2003).

Leadership in Healthcare

Leadership and governance of health systems, known as stewardship, is a complex and critical element of the health system. Stewardship demands a special consideration on access to necessary health care as a basic human right of the people of a country and governments must ensure it as a duty. If a strong governing framework exists and is enforced, universal access to health services can be increased.

Evaluation of leadership and management development programs in healthcare is becoming ever more vital for quality decision making considering all stakeholders and the anticipated outcomes. (John Edmonstone, 2002 ; Larsen et al., 2005). Mutual concerns to improve patient safety, to reduce healthcare shortcomings and to improve quality of care through working together in a sturdy culture of continuous improvement can be seen throughout the literature on healthcare. (Kovach et al., 2008, Kumar &Steinebach, 2008, Kroll et al., 2008). Improvements in patient safety involve creating strategies and restructuring processes to minimize and prevent the occurrence of human errors[1] in healthcare processes.

Ellis, &Kell. (2014) argued that patient care can be improved by development of all staff both at individual as well as team to achieve work goals effectively. High employee morale, shared accountability and high organizational performance are outcomes of interactive leadership model (Burnham, 2002). Hewison, (2013) established the role of a nurse in healthcare as one of the key determinants of quality care, previously ignored. Organizational performance and productivity in terms of quality can be achieved using modern training methods to nurses/health workforce (Marrin, 2009), re-designing the role of middle management like ward's head/in-charge (Dealey et al., 2007; Scott et al.,2005; Hewison, 2001), supporting the people in their roles providing authority to lead care (McSherry et al. 2012; Smith, 2007; Whittemore&Knafl, 2005), and 're-structuring' the healthcare system (DoH, 2010a).It has been argued that the quality of leadership has a direct impact on the quality of service provided at all levels (RCN, 2010).Porter and Lee(2013) emphasized on a fundamentally new strategy of maximizing value for patients: that is, achieving the best outcomes at the lowest cost.

The 'Warwick 6-C Framework' of leadership model provides easy description of leadership for healthcare as a complete set of

[1]Errors are defined as "a failure to carry out a planned action as intended or application of an incorrect plan, may manifest by doing the wrong thing or by failing to do the right thing at either the planning or execution phase"

generic concepts and ideas about leadership and attempts to systematize and structure a robust and accessible healthcare (Hartley & Benington, 2011). The Leadership Framework[2] recommended by World Health Organization (WHO) isa standard for every workforce in healthcare. It is based on the concept that leadership is a shared responsibility of demonstrating appropriate behaviors, for the success of the organization, services or care being delivered. Fundamental of the Leadership Framework is an approach to leadership for all staff groups irrespective of discipline, role, and function or authority level. The framework is based on shared values and beliefs which are consistent with the principles and values of healthcare staff.The needs/expectations of the service-users are central to the healthcare and this requires appropriate behaviors of the service providers that matters to patients and other stakeholders means how services are planned, delivered and evaluated. Delivering services to patients and service users is therefore integral to the Leadership Framework that demands all staff's work hard to improve services. The model emphasizes that anyone in the organization should perform leadership acts as a shared responsibility. All staff must demonstrate suitable behaviors to contribute in the leadership process and to develop and empower the leadership capacity of their co-workers3. As the model covers most of the attributes and characteristics of the leadership for the healthcare services found in the literature and reported previously. Therefore, the model is preferred over other leadership frameworks considering it is a best fit for healthcare sector and recommended by World Health Organization in order to develop leadership in health systems.

[2]The Leadership Framework has been developed by the National Leadership Council after extensive research and consultation with a wide cross section of staff, patients, professional bodies and academics.

[3]NHS Institute for Innovation and Improvement and Academy of Medical Royal Colleges (2009) Shared Leadership: Underpinning of the MLCF.NHS Institute for Innovation and Improvement: Coventry

Source: The Leadership framework, by the NHS Leadership Academy by NHS Institute

Pakistan's health care system comprises of inadequate, unproductive and expensive public sector along with a mixed unregulated private sector. These poor conditions in the health sector may be attributed to poverty, high illiteracy rate, malnutrition and unequal access to health facilities. One of the prime reasons of worse healthcare system in Pakistan is assumed as filthy leadership practices in the units. It is assumed either there is no described leadership framework of the healthcare units or shortcomings exist in practices. Further, the study also highlights need for achieving the strategic competitiveness through proper restructuring of Pakistani healthcare system. In context of Peshawar, the capital city of KPK, the inadequacy of research is particularly noted in respect of public hospitals. Therefore, it was severely needed to bring into research focus the degree ofcompetitiveness of strategic leadership in the context of hospitals in Peshawar, KPK.

Research Methodology

The study examines the prevailing practices and approaches of strategic leadership (top level management) in managing health care system of Pakistan viz. a viz. International standards. For this study, the population consists of respondents from public sector hospitals of Pakistan, purposely confined to the hospitals located in Peshawar District, Khyber Pakhtunkhwa. From the selected hospitals, the top level management is selected, sample size (N=150) based on census, both male and female, age groups range (1=28-35 years, 2=36-43 years, 3=44-51 years, and 4= 52+ years.), having designation of Directors, Chairmen, Medical Superintendents (MS) , Deputy Superintendents (DMS), Chief Executives etc.

The study used the World Health Organization (WHO) recommended model known as the Leadership Framework[4], modified for the population setting,thatplaces the standards for leadership in health care system. The seven domains Leadership Framework is comprised of each domain having four categories called elements and each of these elements is further divided into four descriptors. The questionnaires were distributed among selected respondents with prior official permission. The secondary data for the study was from Journals, articles, books and organization website.

Descriptive statistics is used for analysis of the demographic variables, whereas for testing hypotheses, comparing mean using independent samples t-Test, correlation testsand regression are used. Analyses of data is conducted using SPSS version 16.0 including Cronbach's alpha reliability of the instrument. MS Excel and SPSS software are used for the analysis and presentation of data and results.

Data Analysis and Results

A sample (N=150) comprised of the toplevel management of the public sector hospitals in Peshawar including 84 males (56%)and 66 females (44%).

Reliability

Table 1 shows the value of the Cronbach alpha coefficient is 0.891 (89%) based on standardized items. This means that the WHO recommended leadership framework modified and empirically tested on the top level management of the public sector hospitals in Peshawar has good internal consistency among its 57 items. The reliability is calculated for the sample size of 150leaderswith various designationsof Directors, Chairmen, Medical Superintendents (MS), Deputy Superintendents (DMS), Chief Executives.

Table 1. *Reliability Statistics*

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	No. of Items
0.892	0.891	57

Further, the analysis of "Cronbach's Alpha for all items " shows that, none of the items have alpha value less than 0.7, hence all items are significantly reliable to be included in the analysis.

Correlation Analysis

[4]The Leadership Framework is published on behalf of the NHS Leadership Academy by NHS Institute for Innovation and Improvement, Coventry House, University of Warwick Campus, Coventry

Abivariate Pearson product-moment correlation coefficient(α-value) is calculated for the dimensions of Leadership Framework prescribed by WHO for the top level management of publichospitals in Peshawar (as in Table 2). The correlation matrix is analyzed and interpreted in Table 3.

Table 2. *Correlation Coefficient of Leadership Dimensions (for the Top Management)*

	1	2	3	4	5	6
Personal Qualities	1					
Working with Others	.360**	1				
Managing Services	.491**	.557**	1			
Improving Services	.422**	.379**	.524**	1		
Setting Directions	.431**	.309**	.563**	.724**	1	
Creating Vision	.355**	.433**	.683**	.529**	.642**	1
Delivering Strategy	.189*	.229**	.486**	.506**	.493**	.773**

Table 3. *Interpretation and Decisions related to Correlation Coefficient of Leadership Dimensions*

Correlation Between Variables		Calculated Value Of "r" at sig level (2-Tailed)	Standard Correlation Coefficient Cohen (1988)	Comments
Personal Qualities	Personal Qualities	1	+1 & -1 (Perfect Correlation)	--
	Working with Others	r =0. .360 p= 0.000	0.30 to 0.49 or – 0.30 to – 0.49 (Medium Positive or negative correlation)	Positive medium level correlation
	Managing Services	r = 0. .491 p=0.000	0.30 to 0.49 or – 0.30 to – 0.49 (Medium Positive or negative correlation)	Positive medium level correlation
	Improving Services	r = 0 .422 p=0.000	0.30 to 0.49 or – 0.30 to – 0.49 (Medium Positive or negative correlation)	Positive medium level correlation
	Setting Direction	r =0.431 p=0.000	0.30 to 0.49 or – 0.30 to – 0.49 (Medium Positive or negative correlation)	Positive medium level correlation
	Creating Vision	r =0.355 p=0.000	0.30 to 0.49 or – 0.30 to – 0.49 (Medium Positive or negative correlation)	Positive medium level correlation
	Delivering Strategy	r =0.189 p=0.000	0.10 to 0.29 or –0.10 to – 0.29 (small positive or negative correlation)	Positive small level correlation
Working with Others	Working with Others	1	+1 & -1 (Perfect Correlation)	--
	Managing Services	r = 0.557 p=0.000	0.50 to 1.0 or – 0.50 to – 1.0 (Strong Positive or negative correlation)	Significantly positive correlation
	Improving Services	r = 0 .379 p=0.000	0.30 to 0.49 or – 0.30 to – 0.49 (Medium Positive or negative correlation)	Positive medium level correlation

	Setting Direction	r = 0.309 p=0.000	0.30 to 0.49 or – 0.30 to – 0.49 (Medium Positive or negative correlation)	Positive medium level correlation
	Creating Vision	r =0.433 p=0.000	0.30 to 0.49 or – 0.30 to – 0.49 (Medium Positive or negative correlation)	Positive medium level correlation
	Delivering Strategy	r =0.229 p=0.000	0.10 to 0.29 or –0.10 to – 0.29 (small positive or negative correlation)	Positive small level correlation
Managing Services	Managing Services	1	+1 & -1 (Perfect Correlation)	Positive perfect correlation
	Improving Services	r = 0.524 p=0.000	0.50 to 1.0 or – 0.50 to – 1.0 (Strong Positive or negative correlation)	Significantly positive correlation
	Setting Direction	r = 0.563 p=0.000	0.50 to 1.0 or – 0.50 to – 1.0 (Strong Positive or negative correlation)	Significantly positive correlation
	Creating Vision	r =0.683 p=0.000	0.50 to 1.0 or – 0.50 to – 1.0 (Strong Positive or negative correlation)	Significantly positive correlation
	Delivering Strategy	r =0.486 p=0.000	0.30 to 0.49 or – 0.30 to – 0.49 (Medium Positive or negative correlation)	Positive medium level correlation
Improving Services	Improving Services	1	+1 & -1 (Perfect Correlation)	--
	Setting Direction	r = 0.724 p=0.000	0.50 to 1.0 or – 0.50 to – 1.0 (Strong Positive or negative correlation)	Significantly positive correlation
	Creating Vision	r =0.529 p=0.000	0.50 to 1.0 or – 0.50 to – 1.0 (Strong Positive or negative correlation)	Significantly positive correlation
	Delivering Strategy	r =0.506 p=0.000	0.50 to 1.0 or – 0.50 to – 1.0 (Strong Positive or negative correlation)	Significantly positive correlation
Setting Directions	Setting Direction	1	+1 & -1 (Perfect Correlation)	Positive perfect correlation
	Creating Vision	r =0.642 p=0.000	0.50 to 1.0 or – 0.50 to – 1.0 (Strong Positive or negative correlation)	Significantly positive correlation
	Delivering Strategy	r =0.493 p=0.000	0.30 to 0.49 or – 0.30 to – 0.49 (Medium Positive or negative correlation)	Positive medium level correlation
Creating Vision	Creating Vision	1	+1 & -1 (Perfect Correlation)	Positive perfect correlation
	Delivering Strategy	r =0.773 p=0.000	0.50 to 1.0 or – 0.50 to – 1.0 (Strong Positive or negative correlation)	Significantly positive correlation
Delivering Strategy	Delivering Strategy	1	+1 & -1 (Perfect Correlation)	Positive perfect correlation

From the value of Pearson correlation coefficient of all the variables in the framework, it is indicated that mostly the dimensions have medium and strong degree relationship among each other. Instead the domain ‘delivering Strategy’ has slight relation with ‘personal

qualities' and 'working with people' in the opinion of top level managers in public hospitals in Peshawar contrary to the findings of McSherry et al. 2012; Smith, 2007; Whittemore&Knafl, 2005; Hartley &Benington, 2010; Goleman (2003) all valuing the role of individual qualities and team work in having organizational competitive advantage.This result helps to understand the value of all included variables in the modified Leadership Framework to study the degree of competitive leadership in the public sector hospitals of Peshawar.

Regression Analysis

This study conducted regressionusing the domains of Leadership framework, recommended by World Health Organization, modified for top level managers of public hospitals, unidirectional in the model, to check the degree of variation in 'Managing Hospital Services' as dependent on other domains including Personal Qualities', 'Working with Others', 'Setting Directions', 'Creating Vision', and 'Delivering the Strategy'. The R-square value (R^2= 0.601) indicates that the model as a whole (which includes both dependent and independent variables) is statistically fit and significant (F=36.08, p=.000], as the p-value < .005.

Regression equations:

$Y = \alpha + \beta_1 (X1) + \beta_2 (X2) + \beta_3 (X3) + \beta_4 (X4) + \beta_5(X5)$……..eq.1

Managing Services = $\alpha + \beta_1$ (Personal Qualities) $+\beta_2$ (working with Others) $+\beta_3$ (Setting Directions) $+\beta 4$ (Creating Vision) + β_5(Delivering Strategy)…….……eq2a

$M\_S = \alpha + \beta_1 (PQ) + \beta_2 (W\_O) + \beta_3 (S\_D) + \beta 4 (V) + \beta_5(D\_S)$..……..eq2b

M_S= 3.570+ 0.181 (PQ) +0.285(W_O) + 0.191(S_D))+ 0.485(V)+ 0.019 (D_S)….....eq.3

Table 4. *Sum Up results of Regression Analysis*

Independent Variables	Dependant Variable Managing Services (M_S)			F	Sig.	R^2	Std Error
	B	T	Sig				
(Constant)	3.570	.976	.331				
Personal Qualities (PQ)	.181	2.864	.004	36.08	.000	.601	3.785
Working with Others (W_O)	.285	4.042	.000				
Setting Directions (S_D)	.191	1.687	.094				
Creating Vision (V)	.485	3.656	.000				
Delivering Strategy (D_S)	.019	.107	.915				

The results (as in Table 4) show that 1 unit change in Personal Qualities (PQ), will bring 0.181 units change in Managing Services(M_Services). Similarly, 100% change in (PQ) will result in 18.1% change in M_Services. The value of β_1=0.181, (t=82.864, p=0.004), as the p-value is less than 0.05 so the null hypothesis of 'No Variation' is rejected and alternative hypothesis is accepted. This means that variation in demonstration of personal qualities can bring change (improvement) in managing services of hospital.

The results (as in Table 4) show that 1 unit change in 'Working with Others' (W_O), will bring 0.285 units change in Managing Services. Similarly, 100% change in (W_O) will result in 28.5% change in M_Services. The value of β_1=0.285, (t=4.042, p=0.000), as the p-value is less than 0.05 so the null hypothesis of 'No Variation' is rejected and alternative hypothesis is accepted. This means that variation (improvement) in 'Working with Others' can result in change (improvement) in managing services of hospital.

The results (as in Table 4) show that 1 unit change in 'Setting Directions (S_D)', will bring 0.191 units change in Managing Services. Similarly, 100% change in (W_O) will result in 19.1% change in M_Services. The value of β1=0.191, (t=1.687, p=0.094), as the p-value is greater than 0.05 so the null hypothesis of 'No Variation' is accepted. This means that variation in 'Setting Direction' bring no statistically significant change (improvement) in managing services of hospital.

The results (as in Table 4) show that 1 unit change in 'Creating Vision (V), will bring 0.485 units change in Managing Services. Similarly, 100% change in (V) will result in 48.5% change in M_Services. The value of β_1=0.485, (t=3.656, p=0.000), as the p-value is less than 0.05 so the null hypothesis of 'No Variation' is rejected and alternative hypothesis is accepted. This means that variation (improvement) in 'Creating Vision' can result in change (improvement) in managing services of hospital.

The results (as in Table 4) show that 1 unit change in 'Delivering Strategy' (D_S), will bring 0.019 units change in Managing Services. Similarly, 100% change in (W_O) will result in 1.9% change in M_Services. The value of β1=0.019, (t=0.107, p=0.915), as the p-value is greater than 0.05 so the null hypothesis of 'No Variation' is accepted. This means that variation in 'Setting Direction' bring no statistically significant change (improvement) in managing services of hospital.

Conclusions

Pakistan is a country with estimated population 173.5 (WHO, 2011), the fifth most populous country in the world and first in the WHO Eastern Mediterranean Region. Despite of a well-developed and multi-tiered health infrastructure, the health indicators are poor including

maternal, infant and both the communicable and non-communicable diseases (WHO, 2011). The findings of survey regarding healthcare system of Pakistanfound aninadequatelevel of facilities; ill-equipped and abrupt coverage in provinces; shortage of trained health workers and the increased population pressure on public health institutions to bridge the demand/supply gaps(The Economic Survey of Pakistan 2013-2014). As the foreign assistance played vital role in developing the healthcare sector in Pakistan, the influence of International Organizations specific to health care been observed and appreciated since decades. Evidence revealed that public sector development and investment in healthcare services is relatively low in Pakistan (WHO, 2007, 2011). As the literature shownthat good leadership is important for the success of any organization, particularly, in a healthcare organization, hence good leadership is not just important rather critical to the organization's success(Hartley, &Benington, 2011). The quality of leadership has a direct impact on the quality of service provided at all levels (Doody & Doody, 2012). As WHO is a vital participatory segment of entire healthcare system in countries like Pakistan, the practices in the health care system may be benchmarked against the prescribed standards. In the light of mentioned facts, the study was intended to apply and investigate the role of competitive strategic leadership domains recommended by WHO.

The findings have significant hints for all the strategic leadership of the healthcare providers. Demonstration of personal qualities of top level leaders are found changing agent in bring improvement of services management. In the opinion of leaders of public hospitals in Peshawar if they demonstrate their personal qualities they may bring positive changes in the quality of delivery. The result is favoring the prescribed leadership practices of WHO and other studies on role of individual qualities (Ellis, &Kell, 2014; &Benington, 2010). Similarly, working with others is even more influencing domain as compared to personal qualities. It means team work and involving healthcare workforce are more useful tools in managing services better. Drafting a vision for the system, is found the most vital and contributing domain in managing hospital services supporting the work of Daniels & Daniels (2007); Ulrich, Zenger, & Smallwood, (1999); Collins, (2007). The results of the study for two domains including setting directions and delivering strategy are explaining insignificant role in managing hospital services in the opinion of the leaders of the public hospitals in Peshawar contrast to the findings of Devers, Brewster, &Casalino,(2003); Cleverley, & Harvey,(1992); Porter, (2008); Aosa, (1992); Feurer, Chaharbaghi, &Wargin, (1995); Barney,(1992) all describing the importance of strategy from its design to implementation and follow up stages. This is an alarming situation because the success of strategic leadership is expressed in the framework when they involve individuals to contribute in the strategy and goals of the organization consistent with value system. For the purpose, they have

to identify circumstances for change applying knowledge and evidences. They have to calculate impact of their decisions for corrective actions. Failure to do so lead them unaware of the effects of internal and external environmental factors on the organization. Such lack of sensitivity to environmental factors may result in poor decisions and action plans in future. The resulted hazardous situation could be the major obstacle in managing hospital services and improving quality. Moreover, the effective strategic leadership in healthcare involves delivery of strategy by developing and supporting strategic plans primary to develop operational plans. The leadership framework demands strategic leaders to effectively frame, develop, implement and implant the strategy that place patient care as the core services. Failure to that makes an ill alignment of strategy with healthcare system requirements. These leaders develop the strategy in isolation involving othersand fail to enable an organizational culture that embraces the strategy and accountability.

References

Aosa, E. (1992). An empirical investigation of aspects of strategy formulation and implementation within large, private manufacturing companies in Kenya.

Barney, J. B. (1992). Integrating organizational behavior and strategy formulation research: A resource based analysis. *Advances in strategic management*, *8*(1), 39-61.

Bolton, R.N. and Drew, J.H., (1991). A multi-stage model of customers assessments of service quality and value, *Journal of Consumer Research*, 17, 375-84.

Carlzon, J.,(1989). Moments-of-Truth. New Strategies for Today's Customer Driven Economy, Harper & Row, New York, NY.

Cleverley, W. O., & Harvey, R. K. (1992). Competitive strategy for successful hospital management. *Journal of Healthcare Management*, *37*(1), 53.

Collins, J (2007). Level 5 leadership. The Jossey-Bass reader on educational leadership, 2, 27-50

Crosby, P. (1992). Quality is Free, McGraw-Hill, New York, NY.

Daniels, A. C., and Daniels, J. E. (2007). Measure of a leader. Atlanta, GA: Performance.

Dealey, C., Moss, H., Marshall, J. and Elcoat, C. (2007). Auditing the impact of the modern matron role in an acute teaching trust, *Journal of Nursing Management*, 15 (1), 22-33.

Deming, W.E. (1982). Quality, Productivity, and Competitive Position. *Cambridge University Press*, Cambridge.

Devers, K. J., Brewster, L. R., &Casalino, L. P. (2003). Changes in hospital competitive strategy: a new medical arms race?. *Health services research*,*38*(1p2), 447-469.

Doody, O., & Doody, C. M. (2012). Transformational leadership in nursing practice.

Ellis, M., &Kell, B. (2014). Development, delivery and evaluation of a team building project. *Leadership in Health Services*, 27(1), 6-6.

Feigenbaum, A.V. (1951), Quality Control: Principles, Practice, and Administration, McGraw-Hill, New York, NY.

Feigenbaum, A.V. (1991), Total Quality Control, 3rd ed., McGraw-Hill, New York, NY.

Feurer, R., Chaharbaghi, K., &Wargin, J. (1995). Analysis of strategy formulation and implementation at Hewlett-Packard. *Management Decision*,*33*(10), 4-16.

Flood, R. (1993), Beyond TQM, John Wiley & Sons, New York, NY.

Ghobadian, A., Speller, S. and Jones, M. (1994). Service quality concepts and models, *International Journal Of Quality & Reliability Management*, 11 (9), 43-66.

Gilmore, H.L. (1974). Product conformance, *Quality Progress*, 7(5), 16-19.

Goleman, D. (2003). What makes a leader?. *Organizational Influence Processes (Porter, LW, et al. Eds.), New York, ME Sharpe*, 229-241.

Hartley, J., &Benington, J. (2010). *Leadership for healthcare*. Policy Press.

Hartley, J., and Benington, J.(2011). Leadership for healthcare. Igitur publishing, Bristol, UK: The Policy Press. URL:http://www.ijic.org

Health systems profile-Pakistan, regional health systems Observatory-EMRO. (Retrieved from: apps.who.int/medicinedocs/documents/s17305e/s17305e.pdf).

Hewison, A. (2013). The missing leaders: rediscovering the ward sister/charge nurse role. *Leadership in Health Services*, 26(4), 268-282.

Human Development Report 2013. Retrieved from (www.undp.org/content/undp/.../human-development-report-2013.html).

Juran, J. (1988),Juran's Quality Control Handbook, 4th ed., McGraw-Hill, New York, NY.

Kotler, P., Bloom, P. N., and Hayes, T. J. (1984). *Marketing professional services*. Englewood Cliffs, NJ: Prentice-Hall.

Kovach, J., De la Torre, L. and Walker, D. (2008). Continuous improvement efforts in healthcare: a case study exploring the motivation, involvement and support necessary for success. *International Journal of Six Sigma and Competitive Advantage*. 4 (3), 254-69

Kroll, L., Singleton, A., Collier, J. and Jones, I. (2008). Learning not to take it seriously: junior doctors' accounts of error. Medical Education, 42 (10), 982-90.

Kumar, S. and Steinebach, M. (2008). Eliminating US hospital medical errors, *International Journal of Health Care Quality Assurance*, 21 (5), 444-71

Larsen, L., Cummins, J., Brown, H., Ajmal, T., Beers, H. and Lee, J. (2005), Learning from Evaluation: Summary of Reports of Evaluations of Leadership Initiatives, Office for Public Management/NHS Leadership Centre, London.

Lewis, B. R. (1989). Quality in the service sector: a review. *International Journal of Bank Marketing*, *7*(5), 4-12.

Marrin, M. (2009). Fallen angels – the nightmare nurses protected by silence, available at:

McSherry, R., Pearce, P., Grimwood, K. and McSherry, W. (2012), The pivotal role of nurse managers, leaders and educators in enabling excellence in nursing care, *Journal of Nursing Management*, 20 (1), 7-19.

Mosadeghrad, A. M. (2013). Healthcare service quality: towards a broad definition. *International journal of health care quality assurance*, *26*(3), 203-219.

Parasuraman, A., Zeithaml, V. and Berry, L.L. (1985), A conceptual model of service quality and its implications for future research, *Journal of Marketing*, 49(4), 41-50.

Peters, T. and Waterman, R. (1982),In Search of Excellence: Lessons from America's Best Run Companies, Harper and Rowe, New York, NY.

Porter, M. E. (1980). Competitive strategy: Techniques for analyzing industries and competition. *New York*, 300.

Porter, M. E. (2008). The five competitive forces that shape strategy.

Porter, M. E. (2010). What is value in health care?. *New England Journal of Medicine*, 363(26), 2477-2481.

Porter, M. E., & Lee, T. H. (2013). The strategy that will fix health care. *Harvard Business Review*, *91*(10), 50-70.

Scott, C., Savage, J., Ashman, M. and Read, S. (2005), Evaluating the role of modern matrons, *Nursing Management*, 12 (2), 22-26

Smith, J.L. (2007), Critical discourse analysis for nursing research, Nursing Inquiry, 14 (1), 60-70.

The Economic Survey of Pakistan 2013-14. Retrieved from (www.finance.gov.pk/survey/chapters_14/Highlights_ES_201314.pdf)

Ulrich, D., Zenger, J., and Smallwood, N. (1999). Results-based leadership: How leaders build the business and improve the bottom line. *Harvard Business School Press*, Boston.

UNDP report 1990. Retrieved from (hdr.undp.org/sites/default/.../reports/.../hdr_1990_en_complete_nostats)

Vriesendorp, s., L. Peza, C.P. Perry, J.B. seltzer, m. O'Neil, s. Reimann, N.m. Gaul, m. Clark, A. Barraclough, N. Lemay and A. Buxbaum. 2010. Health Systems in Action: An eHandbook for Leaders and Managers.Cambridge, mA: management sciences for Health. Retrieved December 7, 2011.<http://www.msh.org/resource-center/health-systems-in-action.cfm>.

Whittemore, R. and Knafl, K. (2005), The integrative review: updated methodology, *Journal of Advanced Nursing*, 52(5), 546-553

World Health Organization (WHO). (2007). Everybody's Business: Strengthening Health Systems to Improve Health Outcomes. WHO's framework for Action. Geneva: Author

World Health Organization, (2010). Western Pacific Regional Strategy for Health Systems Based on the Values of Primary Health Care: Universal Coverage for Better Health Outcomes.