

Role of Strategic Leadership in Competitive Healthcare Services: A Case Study of Hospitals in Pakistan

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Abstract

The contemporary situations in worldwide healthcare sector requires a deliberate leadership to rethink the way of work by challenging current practices and designing a vigorous system aligned with the standards of internationally recognised best practices. The healthcare leadership framework proposed by the World Health Organization (WHO) ranges the standards for all staff at any level based on the leadership roles as a shared responsibility for the success of the organisation and its services. The study applies the framework by focusing on the top level management of public and private sector teaching hospitals located in Peshawar, Pakistan, investigating the traditional practices and approaches of strategic leadership in delivering health care services. The top level management of public and private hospitals is randomly selected, sample size (N= 300), both male and female, having designation of directors, chairmen, medical superintendents (MS), deputy superintendents (DMS), chief executives etc. The prevailing strategic level practices in the public and private teaching hospitals in Peshawar are benchmarked against the leadership framework prescribed by World Health Organization (WHO). The value of Cronbach ($\alpha = 0.861$) indicates a strong internal consistency and an overall reliable scale. The results showed both the sector hospitals in Peshawar have differences in two domains of strategic leadership including leaders' abilities to 'demonstrate personal qualities' and 'delivering strategy'. Moreover the public sector top level management demonstrates personal qualities more than private sector in their opinion and ability to deliver strategy is more in private sector top managers align with the given leadership framework. The study recommends strategic leaders of the hospitals to effectively frame, develop, implement and implant the strategy that place patient care as the core services and help them to align the strategy with healthcare system requirements.

Keywords: Strategic Leadership, Quality Healthcare Services, Competitiveness

Introduction

The reform of health sector requires a strategy to achieve accessible quality health care for all. The world of modern organizations demands hospitals to focus on continuous improvement based on patients' expectation, perception and satisfaction. Customer satisfaction is dependent on the ability of the provider to meet the customer's norms and expectations, and no matter how good the services are, customers will continually expect better services. To be competitive in the market, organizations need to deliver superior quality of services based on customer requirements. Leadership, not only as individuals but as a continuous process, is the life blood of healthcare organizations to be competitive nationally, internationally rather globally.

In Pakistan, population living in rural areas especially and less part in cities (Imran et al., 2006) to some extent are deprived of quality healthcare services (Irfan et al., 2011). Worthy leadership is important for the success of healthcare organizations 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). Healthcare workforce in the settings of hospitals requires a major framework that provides a mutual line of leadership. The foundation of leadership behaviours for all staff irrespective of discipline, role, and function can help them to understand their development as a leader. The success and strategic competitiveness of health care

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providers have to be supervised and accomplished effectively by the top and middle level management.

Due to the growing importance of service quality especially in healthcare sector of Pakistan and its link with the performance of its leadership, this study was focused on to evaluate the difference of strategic leadership practices between public and private hospitals in Peshawar, Pakistan. In the study, the World Health Organization (WHO) recommended framework for healthcare leadership was used to measure the domains of competitive leadership that strategically playing role providing quality healthcare services. The framework is based on the concept that acts of leadership can come from anyone in the organisation and it emphasises the responsibility of all staff in demonstrating appropriate behaviours to the leadership process in developing and empowering the leadership capacity.

One of the 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. The study investigated the prevailing strategic leadership practices in public and private sector hospitals in Peshawar, Pakistan benchmarked against the leadership framework prescribed by World Health Organization (WHO). It is concerned with suggestions related to leadership practices in hospitals to enhance the strategic competitiveness of Pakistani health care system.

Literature Review

World Health Organization's constitution defines health as *"a state of complete physical, mental and social wellbeing and not merely an absence of disease or infirmity"*. Lohr (1991) and Schuster et al. (1998) emphasized the aim of healthcare services is to grow the prospect of anticipated healthcare outcomes to patients through professional knowledge in delivering the services. Health care services in detailed description is doing the right things, right time, making continuous improvements, obtaining the best possible clinical outcome, satisfying all customers, retaining talented staff and maintaining sound financial performance (Leebov et al., 2003). Healthcare delivery system is a highly patient involvement service as they are found more involved in decision making related to their health choices. One of the reasons of patient's taking part is increased number of service providers (Porter & Teisberg, 2004). To improve quality, healthcare staff has to be medically qualified and clinically effective (Liyanage & Egbu, 2005). There exists an overall gap between patient's perceptions and expectations and also between management's perceptions of patients' expectations (Rohini & Mahadevappa, 2006).

"A robust health system provides the right services, both personal and population based, in the right places, at the right times to all of those who are in need of those services, from both public health and personal health perspectives, included all preventive, promotable, remedial, rehabilitative and palliative services" (WHO, 2010). Competent hospital staff, comfortable accommodations for in-patients and caring staff including doctors, nurses etc". Poor perceived quality is due to an insufficient number of pharmacy corners having expensive medicines and long waiting time to see the doctor (Al-Hawary et al., 2011).

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 (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 errors¹ 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). Bekas (2014) recommended 'leadership development evaluation' through their academics, the leadership insight and achievement, the contribution in quality improvement and the degree of commitment and dedication.

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), 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). Hospitals have predetermined and perceived quality requirements that result in financial rewards/penalties (DoH, 2010a). The entire health care workforce has a professional "duty of care" for patients to realize the perceived quality of health services. 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 & Lee, 2013). They emphasized on an essentially new strategy of "maximizing value" means the best outcomes at the lowest cost to increase level of patients' satisfaction.

The health care value is the health outcomes that patients achieved without rising costs or lowering costs without compromising quality, or both. Porter & Teisberg (2004) claimed that the failure of a healthcare provider is when they are unable to improve value of their services. Walter Kiechel (2010) explained healthcare leadership requires focus on three "C's" crucial to any strategic decision in the industry: namely, costs, customers, and competitors.

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-workersⁱⁱ.

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.

Methodology

The population for the study purposely confined to top level managers of the public and private sector teaching hospitals of Pakistan located in Peshawar, Khyber Pakhtunkhwa. From the selected hospitals, the top level management was randomly selected, sample size (N= 300), consists of 66% males and 34% females, the top level managers of public (55%) and private (45%) teaching hospitals having designations of head of departments, directors, chairmen, medical superintendents (MS), and chief executives (CEOs) etc. The study used the World Health Organization (WHO) recommended model of the leadership framework in healthcare, modified for the population setting. The leadership framework for the top level management of the hospitals is categorised into seven domains. The questionnaires were distributed among selected respondents with prior official permission. The secondary data for the study was extracted from Journals, articles, books and organization website. The data from the questionnaire was analysed through Cronbach's alpha reliability, descriptive statistics, comparing mean using independent samples t-Test using SPSS and MS Excel.

Results and Analysis

A sample size (N=300) of top level management of the public and private hospitals located in Peshawar is selected, consists of 56% males and 44% females. As in Fig. 4.3, the selected Top Level managers were ranging in age groups as: 1=28-35 years, 2=36-43 years, 3=44-51 years, and 4= 52+ years. The top management of public sector hospitals (55%) and private sector hospitals

(45%) from teaching hospital of Peshawar are having designation of head of departments, directors, chairmen, medical superintendents (MS), chief executives etc.

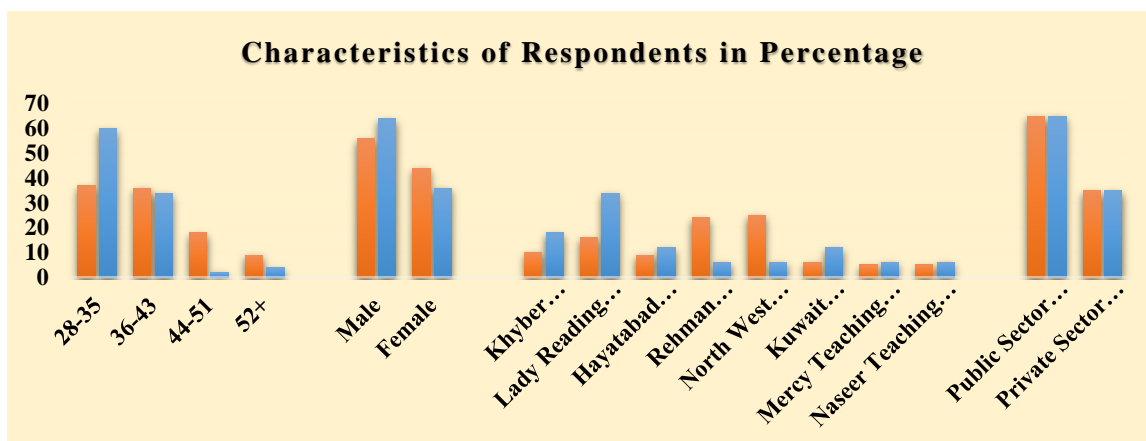


Fig 1. Graphical Presentation of Respondents' Characteristics (Top Level Management).

The World Health Organization (WHO) recommended leadership framework emphasizes characteristics of top level management in healthcare including 'personal qualities', 'working with others', 'managing services', 'improving services', 'setting directions', 'creating vision' and 'delivering strategy'. The value of the Cronbach alpha coefficient ($\alpha = 0.861$, $n=300$) showed a good internal consistency among 57 items of the leadership framework for the top management in the hospitals. Further, the analysis of "Cronbach's Alpha for all items" showed that all items in the analysis were significantly reliable ($\alpha > 0.7$).

Table 1 Reliability Study of the Leadership Framework by WHO (for Top Management)

Reliability Statistics			
Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	No. of Items	Sample size
0.861	0.867	57	300

Independent Sample T-Test for Comparing Means

In this study, using an alpha level of 0.05, an independent-samples t-test was conducted to compare public and private sector teaching hospitals in Peshawar based on their strategic leadership practices. The t-test results highlighted the difference between the top level leadership characteristics in the hospitals of both the sectors as follow:

- 1) **Personal Qualities:** There is a significant difference in "demonstrating personal qualities" of top level management in public sector hospitals ($M=51.30$, $SD=6.018$) and private sector hospitals ($M=48.73$, $SD=6.141$); $t(124) = 2.240$, $p = .027$. Hence, the top management of public hospitals demonstrate significantly higher degree of personal qualities conferring to leadership framework recommended by WHO than of private sector hospitals ($M=48.73$, $SD=6.141$).

Table 2 Interpretation of t-test for the Top Management (Independent Sample t-test)

Interpretation of the Independent samples t-test for Top management of Public & Private Hospitals					
	Sector	N	Descriptive Statistics		T-test results Comparing Public & Private Hospitals
			M	SD	
Personal Qualities	Public Hospital	165	51.30	SD=6.018	Equal variances assumed $t(124) = 2.240$, $p = 0.027$ significant Difference; Public Sector is higher than Private Sector
	Private Hospital	135	48.73	SD=6.141	
Working with Others	Public Hospital	165	41.09	SD=6.260	Equal variances assumed $t(124) = 1.304$, $p = 0.195$ No statistically significant Difference
	Private Hospital	135	39.73	SD=5.135	
Managing Service	Public Hospital	165	48.93	SD=5.239	Equal variances assumed $t(124) = 0.264$, $p = 0.793$ No statistically significant Difference
	Private Hospital	135	48.64	SD=6.197	
Improving Services	Public Hospital	165	37.47	SD=4.372	Equal variances assumed $t(124) = -0.043$, $p = 0.965$ No statistically significant Difference
	Private Hospital	135	37.51	SD=5.322	
Setting Direction	Public Hospital	165	33.19	SD=4.526	Equal variances assumed $t(124) = -0.779$, $p = 0.438$ No statistically significant Difference
	Private Hospital	135	33.78	SD=3.832	
Creating Vision	Public Hospital	165	36.21	SD=4.367	Equal variances assumed $t(124) = -1.279$, $p = 0.203$ No statistically significant Difference
	Private Hospital	135	37.39	SD=5.144	
Delivering Strategy	Public Hospital	165	19.65	SD=2.902	Equal variances assumed $t(124) = -2.257$, $p = 0.026$ significant Difference; Private Sector is higher than Public Sector
	Private Hospital	135	20.92	SD=3.021	

- 2) **Working with Others:** There is no statistically significant difference in “working with others” quality of top level management in public hospitals ($M=41.09$, $SD=6.260$) and private Hospitals ($M=39.73$, $SD=5.135$); $t(124) = 1.304$, $p = 0.195$.
- 3) **Managing Services:** There is no statistically significant difference in “managing services” abilities of top level management in public hospitals ($M=48.93$, $SD=5.239$) and in Private Hospitals ($M=48.64$, $SD=6.197$); $t(124) = 0.264$, $p = 0.793$. This means top management of public Sector and private sector Hospitals have the same degree of abilities to manage the hospital services.
- 4) **Creating Vision:** There is no statistically significant difference in “creating vision” skills of top level management in public hospitals ($M=36.21$, $SD=4.367$) and private hospitals ($M=37.39$, $SD=5.144$); $t(124) = -1.279$, $p = 0.203$.
- 5) **Delivering Strategy:** There is a statistically significant difference in aptitude of “delivering strategy” of top level management in public hospitals ($M=19.65$, $SD=2.902$) and private hospitals ($M=20.92$, $SD=3.021$); $t(124) = -2.257$, $p = 0.026$. Hence the results

suggest that the top level management of private hospitals has significantly higher skills of “delivering strategy” in terms of leadership framework for the top management.

It is therefore, concluded that the top management of public hospitals and private hospitals in Peshawar are only different from each other in skills of ‘demonstrating personal qualities’ and ‘delivering strategy’. Other domains of top level management in the leadership framework have statistically insignificant differences in the public and private sector hospitals of Peshawar. This means top management of both the sector hospitals are doing almost with the same level of abilities and intensions except ‘demonstrating personal qualities’ where top management of public sector is demonstrating more than private sector. While top level management ability of ‘delivering strategy’ in private hospitals is more than public hospitals in Peshawar.

Regression Analysis

The regression analysis is also made using the domains of leadership framework recommended by World Health Organization for top level managers of hospitals 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 dependant and independent variables) is statistically fit and significant ($F=36.08$, $p=.000$], as the p-value is less than .005.

Table 3 Regression Analysis of Leadership framework for top management (N=300)

Independent Variables	Dependant Variable Managing Services (M_S)		
	B	T	Sig
(Constant)	3.570	.976	.331
Personal Qualities (PQ)	.181	2.864	.004
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
F = 36.080 (Sig. 0.001)			
$R^2 = 0.601$ (Std. Error 3.785)			

Regression equations: $Y = \alpha + \beta_1 (X_1) + \beta_2 (X_2) + \beta_3 (X_3) + \beta_4 (X_4) + \beta_5 (X_5) \dots \dots \dots \text{eq.1}$

Managing Services = $\alpha + \beta_1$ (Personal Qualities) + β_2 (working with Others) + β_3 (Setting Directions) + β_4 (Creating Vision) + β_5 (Delivering Strategy) $\dots \dots \dots \text{eq2a}$

$M_S = \alpha + \beta_1 (PQ) + \beta_2 (W_O) + \beta_3 (S_D) + \beta_4 (V) + \beta_5 (D_S) \dots \dots \dots \text{eq2b}$

$M_S = 3.570 + 0.181 (PQ) + 0.285 (W_O) + 0.191 (S_D) + 0.485 (V) + 0.019 (D_S) \dots \dots \dots \text{eq.3}$

- The results (from eq. 3) show that 1 unit change in personal qualities (PQ), will bring 0.181 units change in managing services. Similarly, 100% change in (PQ) will result in 18.1% change in M_Services. The value of $\beta_1 = 0.181$, ($t = 2.864$, $p = 0.004$), 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 (from eq. 3) 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 $\beta_2 = 0.285$, ($t = 4.042$, $p = 0.000$), 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 (from eq. 3) 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 $\beta_1=0.191$, ($t=1.687$, $p=0.094$), 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.
- d) The results (from eq. 3) 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 $\beta_1=0.485$, ($t=3.656$, $p=0.000$), 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.
 - e) The results (from eq. 3) 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 $\beta_1=0.019$, ($t=0.107$, $p=0.915$), 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.

Discussion and Conclusion

The resulted significant difference in demonstration of "personal qualities" of top management in public hospitals ($M=51.30$, $SD=6.018$) and private hospitals ($M=48.73$, $SD=6.141$); $t(124) = 2.240$, $p= .027$ indicates that top management of public hospitals were significantly more demonstrating their personal qualities ($M=51.30$, $SD=6.018$) than top management of private hospitals ($M=48.73$, $SD=6.141$). While 'Working with others' quality of top management is not statistically different in public hospitals ($M=41.09$, $SD=6.260$) and private sector hospitals ($M=39.73$, $SD=5.135$); $t(124) = 1.304$, $p= 0.195$. Hence top management of the hospitals in both the sectors have statistically equal ability of working with others. Similarly, the quality of top management to 'manage services' was not statistically different in hospitals of both the sectors. As "managing services" of top management in public hospitals ($M=48.93$, $SD=5.239$) and private hospitals ($M=48.64$, $SD=6.197$); $t(124) = 0.264$, $p= 0.793$ verifying "no difference". The results for 'improving services' domain of top management indicated that public sector hospitals has statistically insignificant difference $\{t(124) = -0.043$, $p= 0.965\}$ in such competency ($M=37.47$, $SD=4.372$) according to leadership framework of NHS/WHO than private sector hospitals ($M=37.51$, $SD=5.322$). The findings for 'setting direction' skills of the top management showed no statistical difference in public hospitals ($M=33.19$, $SD=4.526$) and private hospitals ($M=33.78$, $SD=3.832$); $t(124) = -0.779$, $p=0.438$. The results also indicated no significant difference in "creating vision" ability of top management in public hospitals ($M=36.21$, $SD=4.367$) and private hospitals ($M=37.39$, $SD=5.144$); $t(124) = -1.279$, $p=0.203$. Whereas top management of private sector hospitals has significantly higher ability of "delivering strategy" ($M=20.92$, $SD=3.021$) than top management of public sector hospitals ($M=19.65$, $SD=2.902$), $t(124) = -2.257$, $p=0.026$.

It is therefore, concluded that the top management of public hospitals and private hospitals in Peshawar were only different from each other in demonstrating personal qualities and ability of delivering strategy. Other domains of top management leadership including 'working with others', 'managing services', improving services', 'setting directions' and 'creating vision' have insignificant difference in the public and private sector hospitals of Peshawar. This means top management of both the sector hospitals were doing almost with the same level of abilities and intensions except 'demonstrating personal qualities' where top management of public sector was demonstrating more than private sector. Also 'ability of delivering strategy of private hospitals' top management was more than public hospitals' top management in Peshawar.

Demonstration of personal qualities of top level leaders are found changing agent in bringing improvement of services management. In the opinion of leaders of hospitals in Peshawar if they demonstrate their personal qualities they may bring positive changes in the quality of delivery. The result was supporting the prescribed leadership practices of WHO and other studies on role of individual qualities (Ellis & Kell, 2014; Hartley & Benington, 2010). Similarly, working with

others was 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, was 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 were explaining insignificant role in managing hospital services in the opinion of the leaders of the hospitals in Peshawar contrast to the findings of Devers, Brewster, & Casalino (2003), Cleverley & Harvey (1992), Porter (2008), Aosa (1992), Feurer, Chaharbaghi & Wargin (1995) and 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 others and fail to enable an organizational culture that embraces the strategy and accountability. The study strongly recommends that the entire workforce in healthcare system must have the leadership knowledge, skills and behaviours to drive essential service redesign and improvement. This will involve working in collaboration across health systems, in developing new models of care, and further developing the skills of the entire workforce.

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Notes

ⁱ 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”

ⁱⁱ 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