Strategic Management

By [name]

[Class name]

[Professor]

[School name]

[City and the state]

[The date]

Table of Contents

[1. Executive summary 4](#_Toc531805937)

[2. Introduction 5](#_Toc531805938)

[2.1. Background to the selected organization 6](#_Toc531805939)

[3. Need for strategic change 6](#_Toc531805940)

[3.1. Resource implications for not responding to the changes 8](#_Toc531805941)

[4. Change management models and relevance in the selected organization 11](#_Toc531805942)

[4.1. Kotter’s change management model 11](#_Toc531805943)

[4.2. Lewin’s change management model 14](#_Toc531805944)

[5. Development of a change management strategy 16](#_Toc531805945)

[5.1. Development of the strategic change plan using Kotter’s change management model 16](#_Toc531805946)

[5.1.1. Creating a sense of urgency 16](#_Toc531805947)

[5.1.2. Pulling together and guiding the team 16](#_Toc531805948)

[5.1.3. Developing change vision and strategy 17](#_Toc531805949)

[5.1.4. Communicating for buy-in 17](#_Toc531805950)

[5.1.5. Empowering others to act 18](#_Toc531805951)

[5.1.6. Producing short-term wins 18](#_Toc531805952)

[5.1.7. Do not let up 18](#_Toc531805953)

[5.1.8. Creating a new culture 19](#_Toc531805954)

[5.2. Strategies to overcome resistance 19](#_Toc531805955)

[6. Conclusion and recommendations 20](#_Toc531805956)

[6.1. Conclusion 20](#_Toc531805957)

[6.2. Recommendations 21](#_Toc531805958)

[References 22](#_Toc531805959)

# Executive summary

Leadership and motivation issues in organisations are increasing at a rapid pace, especially in Pakistan, where the management of different companies and hospitals are finding it hard to keep the employees and doctors motivated. Therefore, this study aims to look at the problems faced by one of the hospitals in Pakistan. The hospital name is Liaquat National Hospital, which is one of the biggest hospitals in Pakistan. The hospital established in 1958, and with the passage of time, it grew into a giant hospital. In addition, it was observed that the management of hospital made significant investments in the technology sector during the first decade of the 21st century.

However, in the last 5-6 years, it was observed that the management of Liaquat National Hospital did not make any investments in training or innovation department (especially in the ICU department). Therefore, the different reasons behind the issues were observed. It was noticed that the management was not inclined to develop the hospital, because they carry a non-serious working attitude. The management of Liaquat National Hospital did not train newly hired employees, and because of that reason, the work attitude was not building, due to which healthcare quality declined.

Therefore, in the second part of the report, a strategic change management model was presented. Change management model was presented after having a strategic review of the strategies used by the Hospital. In the change management plan, Kotter’s change management model is used, which involves 8 different steps aimed to achieve leadership, motivation and innovation targets in the hospital. Different methods to overcome resistance to change are also explained. In addition, the employees who will perform well during the change will be given incentives and rewards after each month. During the development of the model, it is ensured that the change is brought according to the problems faced.

At the end of the report, different recommendations related to the issues faced by the hospital are explained in smaller details. The aim of the recommendations is to provide a brief overview of the strategic change, required in Liaquat National Hospital. Overall, this report contributes to the limited literature to resolve leadership and technology issues in the hospital simultaneously. This report can be used by the healthcare organisations, faced with the leadership and low motivation among employee’s issues because it presents a critical evaluation of the problems faced by one of the biggest hospitals in Karachi, Pakistan.

# Introduction

Healthcare organisations in the world today face a lot of problems, which stop them from progressing with the pace they want. A series of problems take place in the hospitals because of two main factors, which include increasing difficulties due to a high number of diseases and increasing expectations of the customers, making it difficult for the management to satisfy them all (Bagley, 2015). In addition, increasing competition with the hospitals also made it difficult for the management to meet the fundamental requirement of the hospital issues management. This report also selected Liaquat National Hospital in Pakistan, for the analysis, which is one of the oldest hospitals established in 1958 (Dawn, 2016). Currently, the number of patients it serves are more than 100,000 patients per year, and it comes under the private hospital category.

In addition, the management of the hospital ensures that the performance of the hospital is not affected because of the changing technology, however, some problems are faced by the management explained under the next heading. The only building of the hospital is located on one of the busiest roads of Karachi and comprising of nine floors with a basement (Laudon and Laudon, 2015).

## Background to the selected organization

Currently, the management of Liaquat National Hospital is facing issues in the management of value system for the patients and obtaining the best outcomes at the lowest cost instead of being a private hospital (Bagley, 2015). Another issue faced by the hospital is the wrong approach taken by adapting the physician-centred approach, instead of organisation-driven. Although complex systems in the hospital are tough and resistant to change, this rule is difficult to apply in the hospital due to the high complexity (Dawn, 2016). Because of this reason, Liaquat National Hospital has not been able to meet the healthcare standards in recent times, and the negative reviews related to quality healthcare significantly increased (Bagley, 2015). Therefore, there is a need to identify the issues in the workplace and the practices followed by doctors, contributing to the declining value system in the hospital.

# Need for strategic change

The management of Liaquat National Hospital is facing severe issues in the management of the issues because of the poor management in patient-treatment. The doctors of the ICU department are also complaining that the quality of the machines is not good and the management needs to upgrade them in order to deliver quality healthcare services. According to Dawn (2016), the management of Liaquat National Hospital is also suffering from the motivational issues among the teammates, because of the increasing number of complaints. Leaders are not following the rules and appropriate methods in the treatment, also causing the issues in the workplace practices.

Another issue in the workplace of Liaquat National Hospital is not following an appropriate leadership style aimed towards driving the change. According to the study of Laudon and Laudon, (2015) doctors and leaders in the hospital are unable to motivate the employees because they follow an inappropriate leadership style. A leaders’ duty is to develop common goals and accomplish them by motivating the team mates, which is not the case in Liaquat National Hospital at the moment (Bagley, 2015). Due to these reasons, the management of Liaquat National Hospital needs to adopt an appropriate leadership style in order to overcome motivation and engagement issues.

The employees in the hospital are still receiving the same old training, which is not being revised by the management with the changing technology and hospital practices (Laudon and Laudon, 2015). Due to this reason, there is a need to change the training platform, and develop a strategic change in the company. According to the study of Bagley, (2015) if the training programs are not revised after every 4 years then they become old because technology and healthcare practices keep changing quickly. Whereas, training programs in Liaquat National Hospital are more than 5 years old, which may be one of the reasons behind the need for the changes.

The future of the healthcare quality operations in future will depend on the integrated systems, however the integration system in Liaquat National Hospital is getting weaker and weaker (Bagley, 2015). The patient-centric approach and the relationship between the doctor and patients are getting disturbed because of poor medical practices followed in the hospital. On the other hand, the rising costs of medical operations and technologies is also an issue for the management, because of declining revenues (Dawn, 2016). Furthermore, the development of a hospital now depends on the medical procedures, innovative technology, and the participation in the international quality standards workshops, not being followed by Liaquat National Hospital (Dawn, 2016). Therefore, it is also an issue demanding the change in the hospital, as the management of Liaquat National Hospital is unable to understand how to resolve them.

Organisational culture is also an important component in the development of a hospital, however, it depends on the medical and ethical practices the management of a hospital follow. Bagley, (2015) argued that a good culture in the hospital depends on the collaboration between the employees and the management. Therefore, if the communication level between the management and leaders is not good then chances of developing a good culture in the hospital will significantly decrease. In the last 5 years, many employees in Liaquat National Hospital complained that the culture in the hospital is not supportive, and their leaders do not support them (Zaidi, 2018). Due to this reason, there is a need to change the practices in the workplace especially in the context of culture as other hospitals in Pakistan are developing quickly, by following an adequate culture. After looking at the arguments above, it can be said that there is a need to change the culture in Liaquat National Hospital on an urgent basis because of increasing competition by other hospitals in Pakistan.

The Liaquat National Hospital in Pakistan was well-known for an efficient ICU department in the city by the end of 2015. However, by the end of 2015, it stopped producing good results because of non-serious leadership and attitude problems among the doctors (Chreim et al., 2013). It should be kept in consideration that the ICU department of Liaquat National Hospital did not have any sorts of problem before this, and it used to provide diagnostic imaging modalities. However, in the last 3 years, no strategic changes occurred in the Hospital, creating difficulties among hospital management. Therefore, it is also an issue demanding strategic change in the Liaquat National Hospital.

## Resource implications for not responding to the changes

When issues are developing at a rapid pace in the hospitals, it becomes difficult to manage them without the implementation of a strategic change. However, capturing the strategic change is not an easy task and the management of a hospital cannot sustain it if it is not backed up by some important efforts. One of the issues faced by the management of Liaquat National Hospital even when the hospital management do not have any sorts of financial constraints is resistance from the employees towards the change (Mosadeghrad and Ferdosi, 2013; Bagley, 2015). Capturing the strategic change cannot be made without the support of the employees, and that is one of the resource implication problems faced by the management of Liaquat National Hospital.

Another strategic issue faced by the management of Liaquat National Hospital is the poor deployment of technologies, not backed up by addressing the patients-need (Mosadeghrad and Ferdosi, 2013). According to the study of Zaidi (2018), the management of Liaquat National Hospital does not allocate technology and resources appropriately, because the employees do not work with collaboration. Furthermore, some doctors are not taking the responsibility and healthcare management issues raised significantly in the last 3 years. The employees are not working in groups and teams, which further created resource implication issues in the workplace.

Laudon and Laudon, (2015) came up with an argument that keeping the employees motivated is a necessary demand in healthcare department, however, Liaquat National Hospital has not been able to meet those challenges in recent times, also stopping the management to create a change. Based on the arguments presented above, it can be said that behaviours currently presented by the employees and doctors in Liaquat National Hospital cannot be used for bringing the change (Al-Sawai, 2013), and training is required. Arguing with the statement Bagley, (2015) argued that change cannot be brought without involving motivated workers, because they will create resistance to change.

Change in facilities and technology are also two important factors in the context of the problems faced by Liaquat National Hospital. For example, in the ICU department, the changes in facilities and technology are needed on an urgent basis, still, the management of Liaquat National Hospital is found with the non-serious attitude towards deploying them. Phichitchaisopa and Naenna, (2015) argued that Liaquat National Hospital is finding it hard to understand which technology platform to use. This is also contributing to the resource implications, as the doctors and the management department is not taking the issue seriously. The interaction between the patients and doctors is weakening down because doctors are not being trained in how to deal with the patients. Overall, the situation in the hospital is worsening and not many people want to develop a change.

Another factor contributing to the resource implication issues is the poor deployment of the strategies in the workplace. According to the study of Massaro, Dumay and Garlatti, (2015) the management of Liaquat National Hospital does not have an effective monitoring system in the workplace, also contributing to resource implications for not responding to the change. Every individual in the hospital do what he wants to, which also contributes to the poor working environment, and lack of support by the management. Bagley, (2015) argued that responding to the issues of poor management cannot be made appropriately if the employees are not motivated and the same reason is found in Liaquat National Hospital behind ineffective issues management.

One of the reasons behind declining healthcare management issues in Liaquat National Hospital is the non-serious attitude of the leaders and non-compliance with the healthcare quality measures (Al-Sawai, 2013; Laudon and Laudon, 2015). Before 2015, it was believed that Liaquat National Hospital is providing healthcare facilities compatible with the US and the UK, but now the management is not investing in technology and training. Quality employees are not being hired, and the doctors are not being trained appropriately. Due to this ICU and Cardio department is unable to meet the challenges of modern technology, while the operations department is not willing to invest in the technology (Bagley, 2015). These issues have significantly contributed to the implications of hospital management.

Till 2010, this hospital used to hire doctors from other parts of the world such as India, the UK, Germany and the USA, but now they do not because their focus is to save money rather than improving the healthcare (Bagley, 2015). Therefore, these are some of the factors contributing to the resource implication issues in Liaquat National Hospital and not allowing the management to bring the change. The next heading outlines the change management models recommended for Liaquat National Hospital and their relevance in the context of issues faced.

# Change management models and relevance in the selected organization

This heading covers the change management models aimed to improve the issues faced by the management of Liaquat National Hospital by presenting two models.

## Kotter’s change management model

Kotter’s Change management is based on eight steps given below:



Figure 1 Kotter's change management model (Source AHRQ, 2018)

In the first phase, the aim is to develop a stage for the change and this will involve all the doctors and paramedical staff to attend a meeting and tell their issues. In the second phase, after listening to everyone issues teams will be developed according to the scenario. This model is suitable for Liaquat National Hospital because it will help the management in bringing the step by step change in the workplace. In addition, it will involve all the employees and doctors in the meeting, who will bring the change accordingly. If the management of Liaquat National Hospital will make use of the Kotter’s change management model, it will be able to resolve issues in sequence because it is supported with a sequence and easy to understand the strategic platform. With the help of the first three steps, the management of Liaquat National Hospital will be able to identify the issues by involving with the employees, followed by the development of a strategic change management plan.

In the fourth step, the aim is to identify and come up with the change management plan, followed by the fifth step of empowering the actions. With the help of the fourth step, the management of Liaquat National Hospital will be able to develop strategic goals, which may include training programs for the development of employees, or improving the technology. This will assist the management in the compilation of the issues as argued by the employees and workers, followed by the indications of empowering actions. According to the study of van den Heuvel, Niemeijer and Does, (2013) the empowering actions must be carried out with the mutual understanding of the employees and the problems faced in order to be successful. However, the management of Liaquat National Hospital is good in team management, therefore; it is assumed that this factor will be easily achieved by the management. Once the empowering is done, the management should then motivate the employees by deploying short-term wins strategies.

While in the last two-step, the management of Liaquat National Hospital will be able to implement and sustain change for a longer period of time. According to the study of Bercaw, (2016), the methods deployed by the management of a hospital cannot be sustained unless they are developed on a period of at least 10 years, especially in this model. Therefore, it is recommended that the management of Liaquat National Hospital should develop the strategic management plan by looking at the issues faced by the employees, and doctors and involve them in the change. This model will assist the management in deploying strategy with the mutual understanding of all the employees and this can be achieved by involving all the workers in a meeting and requesting them to generate ideas. In the end, voting should be carried out to develop a new plan supported by all the doctors and employees. In this way, this model will be utilised effectively and according to the problems faced by the doctors and other departments.

## Lewin’s change management model

Lewin’s change management is given in the image below:



Figure 2 Lewin's change management model (source: Omar et al., 2017)

If the management of Liaquat National Hospital wants to ensure that the performance of the Hospital not only improves, but it improves in quick succession of time, it should use this model. This model is most feasible when it comes to resolving the issues quickly and with quality. This model is specifically designed to meet the strategic change issues at a large scale, and the hospital also comes under a big scale organisation in the country (Andersson, 2015). This model follows three different steps, and the first one in them is unfreeze. During the unfreezing phase, the management of the hospital will be required to explain the strategic change, about to happen in the company.

While in the second step, changes will be made according to the problems faced and the suggestions given by the participants. Although it is the most difficult phase of the strategic plan, it can be mastered by allowing the workers to participate in the discussion and freely expressing the ideas. In this way, the management of Liaquat National Hospital will be able to understand the issues faced by the employees during the second phase and the implementation phase will become easier.

In the last phase of the model, the aim is to develop a more sustainable plan for the betterment of the employees. Since most of the issues in Liaquat National Hospital mostly comprise of human behaviours, this model will be beneficial for the aimed growth required and needed to be achieved by the management. In the last phase of refreezing, all the stuff of discussion is compiled and a strategic plan is implemented by the management. This method will be suitable for the management of Liaquat National Hospital also because it will involve all the employees and doctors for bringing the strategic change. Therefore, the above-explained two models are found two most suited models for the management of issues currently faced in Liaquat National Hospital related to the poor management of the patients, and decreasing motivation level of the workers.

Lewin change management model will act the supporter for the management of Liaquat National Hospital especially in meeting the strategic plan in three different steps (McDonald, 2014). In the first step, all the staff members will be informed about the change, in second each of them will be prepared through training and another interaction platform. In the last step, the strategic change will be brought by each staff member according to the responsibilities assigned to them by the management. Therefore, the two models explained in the heading will serve as the beneficial source for Liaquat National Hospital because of many changes but it should be used according to the purpose by the management.

# Development of a change management strategy

After looking at the two models explained above, change management strategy outlined in this section is developed by looking at the Kotter’s change management model. The steps to be followed are explained below, and supported with the development of a plan to overcome resistance during the change.

## Development of the strategic change plan using Kotter’s change management model

### Creating a sense of urgency

By following the recommendations of different scholars, in this step, a meeting with the top management and doctors of the hospital will be carried out to understand about the issues they face (van den Heuvel, Niemeijer and Does, 2013; Bercaw, 2016; Andersson, 2015; Gordon et al., 2015). It will be ensured that all the people attending the meeting understand the reason behind the meeting and the reason why change is required. All the employees and doctors will be inquired with the issues faced by them and why they want the change. The recommendations of all the people will be noted down (Ortega et al., 2014).

### Pulling together and guiding the team

In the meeting, all the top management staff members will be involved, and meeting time will be decided after looking at the availability of all the people. According to the study of Bercaw, (2016) the change management should be supported by the top management of the company in order to be implemented successfully, otherwise, the desired results cannot be achieved. The meeting will be led by the CEO (if available) or COO, and the top management team will present issues faced by the doctors in the team. In addition, other employees like ward boys and peons will be given priority after listening to the doctors’ issues. The sense of urgency will be built by allowing the leader (CEO or COO) to develop a change management plan after looking into issues and prioritising them (McDonald, 2014; Richter et al., 2015).

### Developing change vision and strategy

Ortega et al., (2014) and Dauvrin and Lorant, (2015) argued that it is very necessary that change aimed to be brought is supported by all the people sitting in the room and will get involved in the change. When all the employees of Liaquat National Hospital believe that change should be brought than top management should specify the issues they wish to resolve through change. In this report, the issues addressed are low motivation among doctors, low organisational support, and poor work environment creating a stressful working environment in the hospital and influencing patient care (Bercaw, 2016; Sonnino, 2013; Johnson and Stern, 2013). During this phase, all the participants will be informed of the changes they will notice in favour and the strategy through which it will be achieved. The vision statement aimed in this strategic plan is:

‘To become sustainable in patient-care and quality healthcare by allowing the workers to work with motivation and keeping them happy through collaborative environment and incentives’.

### Communicating for buy-in

After the careful evaluation of the strategies and the issues faced by the employees and doctors in Liaquat National Hospital, the vision statement in the previous heading is compiled. In this step, all the people involved in the meeting will be informed about the vision statement developed and the reason behind it. After that, they will be informed of the strategies, to be deployed to achieve the vision. The vision will be achieved by the use of transformational leadership style, and the leaders will be required to act as the role model for the followers so that they follow their leader’s path (Edmonstone, 2013; Gabel, 2013). In addition, all the employees and doctors who will help their leaders will receive incentives from the hospital management as an appreciation. In this way, every person involved in the change will participate in change with enthusiasm.

### Empowering others to act

It is one of the most difficult actions in this model to develop the strategic change by empowering others (Fulop and Mark, 2013; Chreim et al., 2013) this change will be brought by involving others in the change after the training. In training, all the participants of change, especially doctors and paramedical staff will be involved in transformational leadership training. Another way to increase the participation of the workers will be to increase the incentives and benefits because the hospital has enough cash reserves to provide the incentive bonus to the workers (Mosadeghrad and Ferdosi, 2013; Martin, 2015). Training will empower them, and incentives will motivate them to carryout their responsibilities.

### Producing short-term wins

At the start of the change, short-term wins will be generated by developing the short-term wins through 1-month tasks compilation. Short-term wins targeted are given below:

* Training people who will involve in change (1 month)
* Revising the change plan if required.
* Getting resources required.
* Creating a team-based working environment among doctors (1-month)

### Do not let up

Once the short-term wins have been achieved, all the employees will be involved in the comprehensive change management. In this step, all the doctors will be divided into teams, and they will be led by a top management team member (Azar and Asiabar, 2015). After that, each employee will be supervised by a supervisor (a senior doctor), who will act as the role model for them, and will allow them to work with their own creativity as explained to them in training. Each month, an internal audit will be carried out to check the progress made by the participants. Changes will be made accordingly.

### Creating a new culture

A new culture will be built automatically if the previous step is sustained (Gopee and Galloway, 2013; Al-Sawai, 2013). New culture will be enforced with the collaboration of senior and top management team members to follow transformational leadership style and help doctors in carrying out the responsibilities.

## Strategies to overcome resistance

Resistance can be faced by the employees, which will be overcome by adopting certain methodologies. Phichitchaisopa and Naenna, (2015) and Massaro, Dumay and Garlatti, (2015) argued that resistance to change cannot be brought without the inclusion of some benefits. Therefore, incentives will be provided to doctors who will work hard to bring the desired change in the workplace. By following another recommendation in the study of Al-Sawai, (2013) resistance to change will be stopped by training and informing others about the benefits of working with commitment in hospital. These options will also significantly contribute to improving the motivation level, and dedication to enforcing the change.

Another strategy to be deployed to stop the resistance to change will be to evaluate the performance of each employee and to check whether he is performing well. If he would not be performing well then certain actions will be undertaken to stop them from creating resistance (White, Wells and Butterworth, 2013). For example, they will not be given the bonus, and their pay will be cut depending on the severity level of the issue. In the development of the training program, it will be kept in consideration that the resistance change will be stopped by keeping it on the top priority. All the employees and doctors will be informed during the training about the consequences they will face, in case they do not implement the change with the will and purpose.

# Conclusion and recommendations

## Conclusion

In this study, the aim was to find out the problems faced by the management of Liaquat National Hospital and its influence on the overall performance of the hospital management. During the literature search, it was observed that the management of Liaquat National Hospital was facing with the management and leadership issues. Doctors were not performing well, and the management was not carrying out their responsibilities effectively. Therefore, this study presents some recommendations by developing a strategic change management plan, through Kotter’s change management model. In the strategic plan presented, the aim was to improve leadership and workplace environment.

To achieve the purpose of motivated employees and effective healthcare leadership and management all the employees and doctors will be trained and will be provided with the proposed change. All the workers will be involved in the change, and the doctors will be trained to carryout their responsibilities. If any of the participant required to be involved in the change create resistance, he will be motivated by the inclusion of the incentives and monthly appreciations. If the employees still create the issues, they will face severe consequences such as warning letters, or the stopping of incentives. It is the matter of life and death in the hospital management, therefore strict actions will be taken if the doctors or employees will create resistance.

The aim of the strategic change is to motivate the doctors and involve them in carrying out their duty with responsibilities. The reason to choose Kotter’s change management model for bringing the strategic change is that it is supported with a high and easy to implement a number of steps, because of which it is supported by many scholars (McDonagh et al., 2014).

## Recommendations

After looking at the issues faced by the management of Liaquat National Hospital in maintaining quality healthcare and leadership, it can be said that it should keep the doctors happy. Good performing doctors in the hospital should be given the incentives, and it must be ensured that the hospital management is deploying engaging activities regularly in the workplace. The management of Liaquat National Hospital should engage the employees in creative activities, by allowing them to take decisions on their own. However, their leader should always be present to monitor their performance. This approach will not only increase quality healthcare management, the leader will be able to guide the doctors in case they do an issue.

One more recommendation for hospital management is to upgrade the technology platform in the MRI department. It was noticed that the management of Liaquat National Hospital did not make a noticeable investment in the technology platform, because of which it needs to invest more in the sector. If the recommendations presented above are followed and leaders act as the role model than the chances to resolve sustainability issues in the workplace environment of Liaquat National Hospital will start to decrease.

# References

AHRQ (2018). *Change Management Models* [online] Available at: https://www.ahrq.gov/sites/default/files/wysiwyg/teamstepps/longtermcare/module8/ts2-0ltc\_module8\_ig\_chmgmt.pdf [Accessed 25 Nov. 2018].

Al-Sawai, A., (2013). Leadership of healthcare professionals: where do we stand?. *Oman medical journal*, *28*(4), p.285.

Andersson, T., (2015). The medical leadership challenge in healthcare is an identity challenge. *Leadership in Health Services*, *28*(2), pp.83-99.

Azar, F.E. and Asiabar, A.S., (2015). Does leadership effectiveness correlates with leadership styles in healthcare executives of Iran University of Medical Sciences. *Medical journal of the Islamic Republic of Iran*, *29*, p.166.

Bagley, C.E., (2015). *Managers and the legal environment: Strategies for the 21st century*. Cengage Learning.

Bercaw, R., (2016). *Lean leadership for healthcare: approaches to lean transformation*. Productivity Press.

Chreim, S., Langley, A., Comeau-Vallée, M., Huq, J.L. and Reay, T., (2013). Leadership as boundary work in healthcare teams. *Leadership*, *9*(2), pp.201-228.

Dauvrin, M. and Lorant, V., (2015). Leadership and cultural competence of healthcare professionals: a social network analysis. *Nursing research*, *64*(3), p.200.

Dawn (2016). *KARACHI: Joint body to resolve LNH dispute*. [online] Available at: https://www.dawn.com/news/29321 [Accessed 5 Dec. 2018].

Edmonstone, J., (2013). Healthcare leadership: learning from evaluation. *Leadership in Health Services*, *26*(2), pp.148-158.

Fulop, L. and Mark, A., (2013). Relational leadership, decision-making and the messiness of context in healthcare. *Leadership*, *9*(2), pp.254-277.

Gabel, S., (2013). Transformational leadership and healthcare. *Medical Science Educator*, *23*(1), pp.55-60.

Gopee, N. and Galloway, J., (2013). *Leadership and management in healthcare*. Sage.

Gordon, L.J., Rees, C.E., Ker, J.S. and Cleland, J., (2015). Leadership and followership in the healthcare workplace: exploring medical trainees’ experiences through narrative inquiry. *BMJ open*, *5*(12), p.e008898.

Johnson, J.M. and Stern, T.A., (2013). Preparing psychiatrists for leadership roles in healthcare. *Academic Psychiatry*, *37*(5), pp.297-300.

Laudon, K.C. and Laudon, J.P., (2015). *Management information systems* (Vol. 8). Prentice Hall.

Martin, G.P., (2015). Responsibilising managers and clinicians, neglecting system health? What kind of healthcare leadership development do we want?: Comment on" Leadership and leadership development in healthcare settings-a simplistic solution to complex problems?". *International journal of health policy and management*, *4*(1), p.43.

Massaro, M., Dumay, J. and Garlatti, A., (2015). Public sector knowledge management: a structured literature review. *Journal of Knowledge Management*, *19*(3), pp.530-558.

McDonagh, K.J., Bobrowski, P., Hoss, M.A.K., Paris, N.M. and Schulte, M., (2014). The leadership gap: Ensuring effective healthcare leadership requires inclusion of women at the top. *Open Journal of Leadership*, *3*(02), p.20.

McDonald, R., (2014). Leadership and leadership development in healthcare settings–a simplistic solution to complex problems?. *International journal of health policy and management*, *3*(5), p.227.

Mosadeghrad, A.M. and Ferdosi, M., (2013). Leadership, job satisfaction and organizational commitment in healthcare sector: Proposing and testing a model. *Materia socio-medica*, *25*(2), p.121.

Omar, A.A., Abdo, N.M., Salama, M.F. and Al-Mousa, H.H., (2015). Occupational injuries prone to infectious risks amongst healthcare personnel in Kuwait: A Retrospective Study. *Medical Principles and Practice*, *24*(2), pp.123-128.

Ortega, A., Van den Bossche, P., Sánchez-Manzanares, M., Rico, R. and Gil, F., (2014). The influence of change-oriented leadership and psychological safety on team learning in healthcare teams. *Journal of Business and Psychology*, *29*(2), pp.311-321.

Phichitchaisopa, N. and Naenna, T., (2013). Factors affecting the adoption of healthcare information technology. *EXCLI journal*, *12*, p.413.

Richter, A., von Thiele Schwarz, U., Lornudd, C., Lundmark, R., Mosson, R. and Hasson, H., (2015). iLead—a transformational leadership intervention to train healthcare managers’ implementation leadership. *Implementation Science*, *11*(1), p.108.

Sonnino, R.E., (2013). Professional development and leadership training opportunities for healthcare professionals. *The American Journal of Surgery*, *206*(5), pp.727-731.

van den Heuvel, J., Niemeijer, G.C. and Does, R.J., (2013). Measuring healthcare quality: the challenges. *International journal of health care quality assurance*, *26*(3), pp.269-278.

White, M., Wells, J. and Butterworth, T., (2013). Leadership, a key element of quality improvement in healthcare. Results from a literature review of “Lean Healthcare” and the productive ward: Releasing time to care initiative. *The International Journal of Leadership in Public Services*, *9*(3/4), pp.90-108.

Zaidi, S. (2018). *Lack of professional leadership leads to inefficient Services at our healthcare facilities-Haroon Qasim*. [online] Available at: http://www.pulsepakistan.com/index.php/main-news-dec-15-15/1438-lack-of-professional-leadership-leads-to-inefficient-services-at-our-healthcare-facilities-haroon-qasim [Accessed 5 Dec. 2018].