

# Hospital culture and leaders' core competencies and its effect on outsourcing decision in Healthcare

## (An Empirical Study)

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**Abstract:** This study investigated the extent to which the hospitals culture and leaders core competencies affect the outsourcing decision and process by governmental hospitals in Great Cairo, Egypt. The aim was to contribute to the evidence base to increase adoption and effectiveness of outsourcing decision taken by governmental hospitals in Egypt.

Quantitative data was collected from hospitals leaders and head of departments in 39 randomly selected hospitals from which only 2 hospitals are accredited according to the Egyptian standards using a self-administered questionnaire. Quantitative data was statistically analyzed using SPSS.

Quantitative findings revealed that there is a relationship between hospital culture and leaders' core competencies and outsourcing decision taken and practices in Egyptian governmental hospitals.

Recommendations, interventions are proposed for increasing outsourcing effectiveness in Egyptian hospitals.

**Key Words:** *Empirical Study, Outsourcing, Hospital culture and leaders core competencies, Organizational performance, Egypt.*

### I.INTRODUCTION

Outsourcing is considered as one of the tools for organizational development and promotion of productivity by managers. In recent years, outsourcing of healthcare services has become significant. Since goal of the healthcare system in each country is to promote the health of people so they can have a healthy life style and participate in the economic and social activities, this leads healthcare organizations to utilize their resources focusing on their core competencies, to make a competitive edge that cannot be easily imitated by other organizations.

Also, in this way, organizations aim to reduce costs, speed recovery, get rid of fixed and additional investments, increase measurability and control of costs, saving time and gain flexibility. Organizations, which focus on their core competencies, prefer to outsource some other activities in order to facilitate access to critical and important resources for themselves. outsourcing has been considered by managers as one of the tools for organizational development and productivity enhancement. Outsourcing is an integral part of healthcare system reforms, which, by providing a managerial and supervisory tool, leads to improved performance and increased accountability

The most common definition of organizational culture who claims that as far as organizational culture is concerned, the definition varies depending on which perspective it is viewed from. He states that according to the human relations perspective, culture is how employees make sense of their work and attribute meaning to organizational experiences. On the other hand, rational structuralists hold that culture is made up of the beliefs that top managers have about how they should run the company. Lastly, systems theorists assert that culture is made up of the "underlying values, beliefs, and principles that serve as a foundation for an organization's management system" (Shaw, 2002, p.212). These are only a few of the many different perspectives held on organizational culture. Given the importance of a strong organizational culture, it is essential to realize the role that external environments play in developing them. Hospitals also should modify their internal variables so that they can adapt to the ever-changing external variables. This essentially means that they need to be oriented towards the external environments and not be so inwardly focused. Many hospitals become too concerned about internal factors, and this hinders their ability to adapt to the changes going on around them (Arnold et al. 1997). A key determinant of the effectiveness of the proposed reforms will be how public hospitals respond to potentially dramatic changes in their external environment. While both managers and academic researchers believe that organizational culture can influence performance, studies of the correlation between organizational culture and organizational performance do not produce consistent results. In the health care field, studies have analyzed different indicators of performance, such as quality improvement activities, patient-care quality and efficiency, effectiveness of provider teams, health care provider job satisfaction, and patient satisfaction, making it difficult to identify consistent relationships across studies. In addition, a vast majority of literature on the organizational culture of hospitals examines the United States or other high-income countries. Little is known about hospital organizational culture in countries with different socioeconomic and cultural environments. We analyze the relationship between organizational culture and four types of performance indicators, which encompass key concerns of policy makers and the public regarding hospital behavior. Short-term profitability, patient satisfaction with medical care, and employee satisfaction.

When examining the relationship between culture and performance, we develop hypotheses based on a subset of the sub-dimensions of culture within each of the dimensions we identify above. We develop hypotheses based on sub-dimensions, rather than on dimensions, because the different sub-dimensions may have different relationships with specific performance measures. The sub-dimensions within a dimension, however, are highly correlated by construction. Thus, in empirical models, we drop one sub-dimension from each dimension we analyze, and our method for choosing the dropped sub-dimensions is discussed in the data analysis section. Finally, our performance measures encompass only a subset of possible hospital performance indicators. Thus, we identify hypotheses only for the subset of the dimensions of culture we assess for which we have strong a priori hypotheses regarding their effects on the available performance measures. We hypothesize that the following relationships exist between specific aspects of culture and these four types of indicators of organizational performance.

Regardless of the differing definitional views of culture, most experts do agree that a strong, dominant culture is a major benefit to any organization (Shaw, 2002). A strong culture can have many positive effects including “conflict reduction, coordination and control, reduction of uncertainty, motivation, and competitive advantage” (Shaw, 2002, p.212). However, it can be a hindrance if the shared ideas interfere with the growth and development of the organization or cause people to think improperly and make bad decisions (Shaw, 2002).

Outsourcing is that it is a contractual relationship in which an organization hires a third party, usually an external vendor or contractor, to perform and manage one or more internal functions previously done in-house. The organization does this in order to maximize service, optimize expertise, and minimize cost and to maintain or improve quality (*Blouin & Brent, 1999*).

OR it can be described as a practice or application followed by the managers to contract with external facilities to carry out internal or external functions that the facility does not perform well (*Salah Ismael, 2016*).

Outsourcing involves using an outside company to provide a non-core service previously performed by staff (*Gottschalk & Solli-Saether 2005*). These outsiders are allowed to move in because the outsourcing organization perceives this to have benefits.

Research shows that outsourcing, if properly planned, resourced and managed, can deliver significant competitive advantage to companies and organizations in all sectors (*Willcocks 2010*).

Outsourcing has thus emerged as one of the popular and widely adopted business strategies in the current globalization era. Many organizations are using outsourcing as a strategy to improve business focus, mitigate risks, build sustainable competitive advantage, and extend technical capabilities and free resources for core business purposes.

## II. AIM OF THE RESEARCH

Healthcare organizations like any other organizations began to outsource some of their activities either due to lack of experience, shortage in staff or scarce resources.

The purpose of this study is to assess the relationship between outsourcing strategy in the Egyptian Governmental Hospitals with an aim to investigate the effect of the hospital's performance and to pick up the importance of the hospital culture and leaders core competencies. in Egyptian hospitals. Theoretically, the study is justified in that lessons drawn from this research will aid in developing a body of knowledge on outsourcing of healthcare services in Egyptian governmental hospitals. This is based on the fact that most researches to-date on outsourcing focus primarily on the experiences of developed countries in Europe, United States and Asia. Furthermore, this thesis contributes to practice by identifying the critical success factors for outsourcing services in Great Cairo governmental hospitals.

An explanatory quantitative method design was used, and it involved collecting quantitative data and then explaining the quantitative results with in-depth qualitative data. In the first, quantitative phase of the study, survey data was collected from hospital top managers (medical superintendents and hospital administrators) at sampled governmental hospitals in Egypt.

## III. LITERATURE REVIEW

Given the importance of a strong organizational culture, it is essential to realize the role that external environments play in developing them. As suggested by Arnold, Capella, and Sumrall (1997), the way an organization deals with the challenges in its many external environments determines how successful it will be in the short and long term. Success would be rather easy for hospitals to attain if their environments were static; however, most hospitals face dynamic and complicated ones. The different external environments of a hospital are considered to be “uncontrollable variables.” These can be grouped into the following categories: “cultural and social, competitive, political and legal, economic, and technological” (Arnold et al., 1997, p. 18). Hospitals are particularly fertile environments for outsourcing, due to their role in providing a wide and complicated collection of services. Many services could be outsourced by different organizations. Over the last decade, the governmental hospitals in developed countries has been under pressure both from demographic changes and increasingly scarce financial resources. Hospitals in these countries have tried to find some relief in outsourcing of services not belonging to its core competences like IT services, catering and cleaning..

So, outsourcing would enable governmental hospitals to improve their general services, reduce costs, and update equipment and installations, without having to use their limited resources which would then be devoted to providing healthcare which is the hospitals' core business. However, efforts will be needed from hospital leaders to encourage increased adoption of outsourcing by hospitals where feasible and appropriate through a number of interventions, for example through policies and procedures, guidelines, and key performance indicators. The interventions, including any developed guidelines will need to be evidence-based.

## IV. RESEARCH DESIGN:

This empirical study aims to assess the relationship between outsourcing strategy in the Egyptian Governmental Hospitals with an aim to investigate the effect of the hospital's performance and to pick up the importance of the hospital culture and leaders core competencies. in Egyptian hospitals by analyzing their responses to the questionnaire, to identify the general direction of that vocabulary. It also aims to test the study hypothesis by showing the extent of validity or error of hypotheses in a way that contributes to reaching out to a set of results that explain the research problem and answer research questions, and in order to achieve the goal of this chapter, it includes the following:

Study methodology  
 Study tool  
 Characteristics of the study sample  
 Descriptive statistics of the study data  
 Test of hypotheses

#### V. RESEARCH METHODOLOGY:

Empirical research is a type of research methodology that makes use of verifiable evidence to arrive at research outcomes. In other words, this type of research relies solely on evidence obtained through observation or scientific data collection methods.

When analyzing the study data, the researcher relied on the use of the analytical descriptive method, which depends on describing and analyzing the data and relying on some methods of analysis as follows:

Qualitative Data Analysis

Quantitative Data Analysis

The researcher used a number of statistical methods that are consistent with testing the study hypotheses on the one hand and the nature of the data obtained on the other hand. By using the Statistical Program for Social Sciences (SPSS), the following statistical methods have been used:

Alpha Cronbach laboratories

Self-validity factor

Frequencies, percentages, arithmetic mean, standard deviation, in order to conduct the descriptive analysis of the questionnaire terms, analyze them statistically and extract the results.

Correlation Analysis

T test

#### Questionnaire

The questionnaire consists of nine domains as follows:

	Basic Domains
1	Demographic data and Hospital culture and leaders' core competencies
2	Services that your hospital outsources (outsourcing plan)
3	factors affecting outsourcing decision taken
4	Goals and objectives achieved from implementation of outsourcing strategy
5	Risk factors that may be associated with implementation of outsourcing strategy
6	Outsourcing process performance evaluation and monitoring
7	Criteria of selection and procurement of vendors and subcontractors
8	Appropriate time interval for measuring outsourcing process performance
9	Precautions to be taken during making outsourcing contract and strategy

#### VI. RESULTS AND FINDINGS

##### Population and Sample

The study population consists of all the administrative staff of the governmental hospitals, whose number is (3130), and using the formula for determining the sample size, Steven K. Thompson

Table (1) Sample size using Steven

Total Sample Size	Calculated Sample Size
N =3130	n = 380

##### Responses Rate

Table (2) The percentage of the correct sample of respondents

Total Population	Actually Investigated	Correct Respondents	Actual Percentage
3130	380	333	87.63%

Table (3) Results of Averages and standard deviations of the respondents' answers to the statements of the Perspective Hospital " Culture and Core Perspective Competencies"

Perspective	Disagree		Neutral		Agree		Strongly Agree		% of agreement	Mean	Std. Deviation
	N	%	N	%	N	%	N	%			
<b>Integrity</b>	53	15,9	11	3,3	51	15,3	218	65,5	82.58	3.30	1,11
<b>Professionalism</b>	43	12,9	0	0,0	46	13,8	244	73,3	86.86	3.47	1,01
<b>Respect for diversity</b>	43	12,5	18	5,4	52	15,6	220	66,1	83.71	3,35	1,05
<b>Effective communication</b>	48	14,4	3	0,9	55	16,5	227	68,2	84.61	3,38	1,06
<b>Teamwork</b>	45	13,4	0	0,0	86	20,4	220	66,1	84.76	3,39	1,03
<b>Good leadership</b>	43	12,9	0	0,0	71	21,3	219	65,8	84.98	3,40	1,01
<b>Delegation of appropriate responsibilities</b>	43	12,9	12	3,6	101	30,3	177	53,2	80.93	3,24	1,01

This part displays a summary of the hospitals' managers' opinion and knowledge regarding hospital culture and core competencies. Table (4-3) showed that the following items took the highest scores respectively. Professionalism comes at the top of these items as the main core competency of the hospital by percentage of agreement of 86.8% of respondents' opinion. Good leadership (84.98%), Teamwork ( 84.76 %) and Effective communication ( 84.61%) come almost at the same level while Respect for diversity comes after them with percentage of agreement ( 83.71%) and then Integrity with (82.58%)the least core competency agreed upon is Delegation of appropriate responsibilities with percentage of agreement of (80.93%).This means that the Professionalism is one approach that hospital management can use to improve the work performance of their hospitals

**Table (4): Averages and standard deviations of the respondents' answers to the statements of the perspective regarding services currently provided by the hospital and can be outsourced**

Perspective	Disagree		Neutral		Agree		Strongly Agree		% of agreement	Mean	Std. Deviation
	N	%	N	%	N	%	N	%			
Nursing	2	0,6	42	12,6	233	70,0	56	16,8	75.75	3,03	,56
Catering	24	7,2	2	0,6	61	18,3	246	73,9	89.71	3,59	,83
Pharmaceutical Services	18	5,4	2	0,6	67	20,1	246	73,9	90.62	3,62	,76
Radiology Services	25	7,5	0	0,0	81	24,3	227	68,2	88.29	3,53	,84
Laboratory Services	25	7,5	0	0,0	76	22,8	232	69,7	88.66	3,55	,84
Maintenance Services	0	0,0	6	1,8	95	28,5	232	69,7	91.97	3,68	,50
Security Services	7	2,1	20	6,0	200	60,1	106	31,8	80.41	3,22	,64
IT Services	7	2,1	2	0,6	89	26,7	235	70,6	91.44	3,66	,60

This part displays a summary of the hospitals' top managers' perception about services currently provided by the hospital and can be outsourced in the future according to their importance for delivering health care services. Table (4-14) reveals the managers' perception regarding outsourcing these services and so the importance of these services. The results showed that the agreement on outsourcing ranged from 75.75% to 91.97% for the listed services. However, many services are perceived as very high such as Maintenance Services (91.97%) with mean 3.67, IT Services (91.44%) with mean 3.658. the least agreement was on Nursing services with percentage 75.75% and mean 3.03. this shows that according to the top managers opinion, nursing services are very critical to the hospital and so they come at the end of the list of services could be outsourced despite of the great shortage in nursing staff all over Egyptian hospitals but yet it is considered as a very critical service to depend on complete outsourcing to overcome this great shortage>

**Table (5): Averages and standard deviations of the respondents' answers to the perspective Outsourcing Monitoring Process**

Perspective	Disagree		Neutral		Agree		Strongly Agree		% of agreement	Mean	Std. Deviation
	N	%	N	%	N	%	N	%			
Performance measures	0	0,0	0	0,0	74	22,2	295	77,8	94,44	3.78	,416
Cross functional teams through regular meetings with the supplier to review performance	4	1,2	20	6,0	77	23,1	232	69,7	90,32	3.61	,656
375 degrees	6	1,8	22	6,6	161	48,3	144	43,2	83,26	3,33	,680
By end users- based on product quality	9	2,7	2	0,6	78	23,4	244	73,3	91,82	3,67	,629
By end users- based on performance	6	1,8	2	0,6	83	24,9	244	73,7	92,12	3,68	,581
By end users- based on cost	2	0,6	7	2,1	93	27,9	231	69,4	91,52	3,66	,551
By end users- based on product quality, performance and cost	2	0,6	4	1,2	87	26,1	240	72,1		3,70	,522

									92,42		
<b>On time delivery</b>	2	0,6	10	3,0	81	24,3	240	72,1	91,97	3,68	,561
<b>Contract terms</b>	2	0,6	16	4,8	127	38,1	188	56,5	87,61	3,50	,619
<b>Key performance indicators</b>	4	1,2	7	2,1	69	20,7	253	76,0	92,87	3,71	,565
<b>Rigid metrics written into the contract</b>	13	3,9	21	6,3	201	60,4	98	29,4	78,83	3,15	,701

Table (6): Results of correlation coefficients between Hospital Culture and Leaders' Core Competencies and All Domains

	Hospital culture and leaders' core competencies
<b>Services that your hospital outsource (outsourcing plan)</b>	<b>0.512**</b>
<b>factors affecting outsourcing dissection taken</b>	<b>0.601**</b>
<b>Goals and objectives achieved from implementation of outsourcing strategy</b>	<b>0.597**</b>
<b>Risk factors that may be associated with implementation of outsourcing strategy</b>	<b>0.537**</b>
<b>Outsourcing process performance evaluation and monitoring</b>	<b>0.606**</b>
<b>Criteria of selection and procurement of vendors and subcontractors</b>	<b>0.736**</b>
<b>Appropriate time interval for measuring outsourcing process performance</b>	<b>0.104*</b>
<b>Precautions to be taken during making outsourcing contract and strategy</b>	<b>0.598**</b>

Correlation is significant at the 0.05 level

\*\*. Correlation is significant at the 0.01 level

## VII.DISCUSSION

This study aims to illustrate the critical success factors for outsourcing healthcare care services in Egyptian Governmental Hospitals as they're considered the major sector that provides healthcare services for nearly all the population categories, To explore the present status of outsourcing adoption including the extent of outsourcing, the explanations for future service outsourcing, advantages, disadvantages of current service outsourcing, satisfaction level of current service outsourcing; current practices of outsourcing including conducted analysis to come to a decision to outsource; outsourcing management and monitoring process; and causes of leaders' decisions to not outsource services. Moreover, the study aims to spot the general hospital leaders' perception regarding the advantages, risks, barriers, proper services characteristics for outsourcing, additionally, to work out the differences regarding the highest managers' perception in keeping with hospital location, accreditation status, hospital ownership, and hospital beds and staff size.

The data was accustomed to test the study's attitudinal conceptual framework by assessing how outsourcing within the sampled hospitals relates to hospitals culture, management perceptions and attitudes to outsourcing, management perception of the outsourced services, outsourced service characteristics and therefore the hospital's characteristics. Exploratory follow up, the motivations and advantages of outsourcing and barriers and drawbacks to outsourcing were further explored with selected hospitals leaders.

The results showed that not all surveyed hospitals have business/strategic plan which implies that the governmental hospitals aren't thinking in a strategic way for achieving their goals. These results considered identical when compared with other studies like Mujasi's study which showed that only 70% of surveyed Nigerian hospitals have business/strategic plan (Mujasi, 2016).

Furthermore, the results showed that the leaders scored the importance level of the listed services as high important. These results indicated that the governmental hospitals' leaders perceived the role and scope of all services in improving the performance and achieving the intended goals. Moreover, the governmental hospitals' leaders recognized the supportive services like catering, security services, IT services as important services, slightly below the medical services. This implies that the leaders perceived the role of supportive services to reinforce quality of overall hospitals performance.

Regarding the final perception of governmental hospitals' leaders towards the benefits, risks, and barriers of outsourcing, the results showed that leaders strongly agree or trust the numerous benefits of outsourcing. These benefits include reducing the service cost, improve the productivity, enhance the client services, decrease the unwanted loads, and increasing the access to the most recent technology. The results are expected supported by the leaders 'perception of advantages and satisfaction results for currently outsourcing process. These results are per plenty of studies. Supporting these results, it's expected to extend the extent of outsourcing to incorporate more services within the future. Despite the numerous benefits of outsourcing are perceived, many risks are recognized by governmental hospitals' leaders. It had been important to spot and guide the possible outsourcing processes risks. These risks include mainly: Loss of control and Low Performance of privacy since the contractor gets to understand the inner operations of the hospital especially, Loss of Flexibility and Loss of privacy and confidentiality. These results are in line with lots of studies .

Finally, the results showed that the critical success factors for outsourcing healthcare services are the provision of competent vendors which is crucial to begin outsourcing, and whose output is straightforward to watch and track the outsourcing benefits properly, in addition to direct and effective communication between the hospital and the vendor helps in reducing any conflicts on the spot .the right way and time for measuring the performance is considered another critical success factor for outsourcing evaluation and implementation including the end user . Discussion

Overall, it is evident that many factors pose significant challenges for hospitals, and those described here were not even an all-inclusive list. Given the very dynamic nature of their environments, hospitals are subject to even more difficulties with managing their

workplace than most other organizations. Particularly in focus for this research were the effects that these challenges have on organizational culture.

The first item discussed was external environments, and it was brought to attention that the best way to deal with them is through concentrating on the controllable variables of the organization such as the marketing concept. Next, the issues of diversity management and physicians in management were introduced. It can be seen that effective diversity management is crucial to the life of a hospital given the new diverse demographics that hospitals are going to be facing. People who approach diversity reactively rather than proactively pose problems for hospitals. Likewise, physicians without proper expertise who are placed in top management positions create difficulties because they don't have the necessary leadership skills. Lastly, the role of conflict was explored, and it has been coined as the most complex challenge that hospitals face. As a result of conflict, physicians often create interpersonal distance with other workers (i.e. nurses), causing a whole string of negative effects. To effectively manage workplace conflict, several experts suggest approaching the problem from an organizational perspective rather than an individual perspective as has been practiced often in the past.

Clearly, external environments, management issues, and conflict all create major obstacles that hospitals must work hard to overcome in order to develop a strong organizational culture. However, the hard work required is worth the productivity and successfulness that building this culture will provide. This is further exemplified by Edgar H. Schein, the guru of the field, who states, "Culture is an abstraction, yet the forces that are created in social and organizational situations that derive from culture are powerful. If we don't understand the operation of these forces, we become victim to them" (Smith, Francovich, & Gieselman, 2000, p.74).

## VIII. CONCLUSION

According to the results obtained, there is a big correlation between the hospital culture and leaders' core competencies and also the current outsourcing practices and processes by governmental hospital in keeping with certain hospital characteristics (Hospital Type, Total Number of Beds). The results showed that there are outsourcing benefit in usher in vendors with newer capabilities and knowledge for delivery of the outsourced service giving the hospital competitive advantage over other hospitals. These results may be interpreted by the shortage of required and new capabilities and knowledge in hospitals which argue the hospitals to search out other strategies to access these capabilities and knowledge.

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## X. REFERENCES

- Akyürek, Ç. E. Türk Sağlık Sisteminde Dış Kaynaklardan Yararlanma Uygulamalarının Yasal Altyapısı. *Ankara Sağlık Hizmetleri Dergisi*, 12(2), 1–23, 2013.
- Arnold, D., Capella, L., & Sumrall, D. (1987, March). Organization culture and the marketing concept: Diagnostic keys for hospitals. *Journal of Health Care Marketing*, 7(1), 18-28. Retrieved March 28, 2008, from MEDLINE with Full Text database.
- Blouin AS, Brent NJ. Outsourcing legal services in healthcare. *JONA: The Journal of Nursing Administration*. 1999 Nov 1;29(11):18-20.
- Butterworth, C., Kuchler, M., & Westdijk, S. provider. Outsourcing in Europe: An in-depth review of drivers, risks and trends in the European outsourcing market, 2014.
- Dalton, C. M., & Warren, P. L. Cost versus control: Understanding ownership through outsourcing in hospitals. *Journal of Health Economics*, 48, 1–15, 2016.
- Harland, C., Knight, L., Lamming, R., & Walker, H. Outsourcing: assessing the risks and benefits for organisations, sectors and nations. *International Journal of Operations & Production Management*, 25(9), 831–850, 2005.
- HHC. The National Strategy for Health Sector in Jordan 2015- 2019. Retrieved from <http://www.hhc.gov.jo/uploadedimages/The National Strategy for Health Sector in Jordan 2015-2019.pdf>, 2015
- Moschuris, S. J., & Kondylis, M. N. Outsourcing in public hospitals: a Greek perspective. *Journal of Health Organization and Management*, 20(1), 4–14, 2006.
- Mujasi, P. N. Practices, motivation, perceived benefits and barriers to outsourcing by hospitals in Uganda, 2016.
- Perunović, Z. Outsourcing Process and Theories. *POMS 18th Annual Conference*, 8(5), 35, 2007.
- Quinn, J. B., & Hilmer, F. G. Strategic Outsourcing. *Sloan Management Review*, 35(4), 43–55, 1994.
- Salah Eldin Ismail Recent trends in production management a strategic perspective, 2016: 165)
- Schilling, MA & Steensma, HK. 2002. Disentangling the theories of firm boundaries: A path model and empirical test. *Organization Science* 13(4):387-401.
- Shaw, J. (2002, November). Tracking the merger: The human experience. *Health Services Management Research: An Official Journal of the Association of University Programs in Health Administration / HSMC, AUPHA*, 15(4), 211-222. Retrieved March 28, 2008, from MEDLINE with Full Text database.
- Smith, C., Francovich, C., & Gieselman, J. (2000, December). Pilot test of an organizational culture model in a medical setting. *The Health Care Manager*, 19(2), 68-77. Retrieved March 28, 2008, from MEDLINE with Full Text database.

- Tjale, A & De Villiers, L (eds). 2004. Cultural issues in health and health care. Cape Town: Juta.
- TUC. Outsourcing Public Services: Trades Union Congress and the New Economics Foundation, 2015.
- Vora, M. Best Practices in Business Process Outsourcing, 2010.
- Wernerfelt, B. 1984. A resource-based view of the firm. *Strategic Management Journal* (5)2: 171-180.
- Young S, Macinati MS. Health Outsourcing/Backsourcing: Case studies in the Australian and Italian health sector. *Public Management Review*. 14(6):771-94, 2012.
- Young, S. 2007. Outsourcing: Two case studies from the Victorian public hospital sector. *Australian Health Review* 31(1):140-149.
- Young, S. 2008. Outsourcing publically health: a case study of contract failure and its aftermath. *Journal of Health Organization and Management* 22(5):446-
- Young, S., & Macinati, M. S. Health Outsourcing/Backsourcing: Case studies in the Australian and Italian health sector. *Public Management Review*, 14(6), 771– 794, 2012.
- Young, SH. 2003. Outsourcing and benchmarking in an exceedingly rural public hospital: does theory provide the entire answer? *Rural Remote Health* 3(1):124-137.

