TRANSFORMATIONAL LEADERSHIP IN PUBLIC PRIMARY HEALTH CARE

by

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Submitted in accordance with the requirements for

the degree of

MASTER OF ADMINISTRATION

in the subject

PUBLIC ADMINISTRATION

at the

UNIVERSITY OF SOUTH AFRICA

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OCTOBER 2021

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TRANSFORMATIONAL LEADERSHIP IN PUBLIC PRIMARY HEALTH CARE

I declare that the above dissertation is my own work and that all sources that I have used or from which I have quoted have been indicated and acknowledged by means of complete references.

I further declare that I submitted the dissertation to originality checking software and that it falls within the accepted requirements for originality.

I further declare that I have not previously submitted this work, or part of it, for examination at Unisa for another qualification or at any other higher education institution.

15/10/2021

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ACKNOWLEDGEMENTS

"I look up to the hills. Where does my help come from? My help comes from the Lord, who made heaven and earth." *Psalm 121 vs 1-2.*

First and foremost, I would like to thank my Heavenly Father for allowing me this gift and courage to write this dissertation. I am divinely favoured by God and without Him in my life this would not be possible.

Secondly, I would like to extend my sincere gratitude and appreciation to the following people for their support during this dissertation:

My supervisor Dr. Xolile Thani for her guidance, motivation, and continuous support. You are my inspiration and a woman/academic I hope to live up to.

My co-supervisor Prof Sinval Kahn for his mentorship and support. Thank you for being my calm through this storm and believing in me. I will forever appreciate that you encouraged me amidst all the storms in my life that threatened to engulf me during my Masters journey.

My husband, Conrad who has been with me unconditionally. Thank you for your love and understanding that this academic achievement was important for my self-being.

My children, Ashleigh, and Tyler, I love you so much. May I be your inspiration to achieve academic fulfilment. Thank you for cheering me on and embracing this journey with me.

My parents to whom I will be eternally grateful. My sister, brothers, extended family and friends for their love and support.

The Graduate Development Fellowship Programme of the DHET and the Unisa M&D bursary fund for the financial support.

Ms Melanie Malan, the personal librarian of the Department of Public Administration and Management, Unisa. A special thanks for your willingness in assisting me.

Lastly, my colleagues at the Department of Public Administration and Management, Unisa. Thank you for your support and encouragement.

DEDICATION

I dedicate this dissertation to:

My late mother, Jean Swartz. You taught me to live life to the fullest, but not how to do live life without you. I will forever be grateful for your love and support in chasing my dreams.

R.I.P. MOM 13/09/2019

To everyone reading this dissertation:

"Keep your dreams alive don't let it die, if something deep inside,
keeps inspiring you to try, don't stop.
And never give up, don't ever give up on what you strive for.
Don't give up." *Yolanda Adams (adapted)*

ABSTRACT

Public primary health care services have been under the spotlight consistently. As the first point of access to health care services for the majority of the population, it demands a standard of quality care. In addition, health care clients' expectations have increased and therefore more is demanded and expected of leaders. However, public health care services are faced with regular patient complaints regarding inefficient health service delivery and inequality to access.

As leaderships' role in health care is the key to improve service provision, their role needs to be explored meticulously. The selected or preferred leadership style impacts vastly not only on the daily functioning of facilities, but on staff well-being. Despite this, it is quite alarming that old and rigid leadership styles are still followed and prevail in health care services. Fundamentally, the health workforce is the most important resource and therefore leadership should motivate employees to achieve set objectives. Given the current state of National Disaster due to the Covid-19 pandemic, leadership becomes of paramount importance. This current state requires some form of agility in the execution and provision of various public health care services.

The main purpose of this research was to investigate whether transformational leadership motivate employees to transcend personal goals, improve the performance and enhance the effectiveness of the Mitchell's Plain Community Health Centre. In addressing the main purpose, this research adopted a qualitative non-empirical approach and utilised content analysis to analyse the data gathered in available scholarly literature and official documents. Key findings revealed that transformational leadership motivate employees to not only achieve organisational goals, but also personal goals. This in turn, improves employee performance, enhances institutional effectiveness and overall productivity. Key recommendations are that leaders should acknowledge individual differences, growth and performance as well as institute a mentorship structure to encourage personal goal setting.

KEY TERMS: leadership, transformational leadership, transactional leadership, African leadership, institutional effectiveness, public primary health care, community health centre, professional health service provider, quality care, motivation, performance.

OPSOMMING

As eerste toegangspunt tot gesondheidsorgdienste vir die oorgrote meerderheid van die bevolking, is openbare primêre gesondheidsorgdienste deurlopend onder die soeklig en hierdie dienste vereis ’n hoë standaard van gehaltesorg. Daarbenewens het die verwagtinge van gesondheidsorgkliënte toegeneem, wat beteken dat daar meer van leiers vereis en verwag word. Openbare gesondheidsorgdienste hoor derhalwe gereelde klagtes van pasiënte aan met betrekking tot ondoeltreffende gesondheidsorglewering en ongelyke toegang.

Omdat leierskap ’n sleutelrol speel ten opsigte van die verbetering van diensvoorsiening in gesondheidsorg, moet hul rol noukeurig bestudeer word. Die gekose leierskapstyl, of leierskapstyl van voorkeur oefen ’n baie groot invloed uit op beide die daaglikse funksionering van fasiliteite sowel as op die welstand van personeel. In weerwil hiervan, is dit onrusbarend dat verouderde, rigiede leierskapstyle steeds in gesondheidsorg gevolg word en dat dit steeds die geldende kultuur is. Die gesondheidswerkerkorps is wesentlik die mees belangrike hulpbron in die gesondheidsorgsektor en daarom moet die leierskap werknemers motiveer om vasgestelde doelwitte te bereik. Gegewe die huidige Nasionale Ramptoestand as gevolg van die Covid 19-pandemie, het leierskap ’n kwessie van opperste belang geword; die huidige stand van sake vereis ’n mate van buigsaamheid in die uitvoering en voorsiening van verskeie openbaregesondheidsorgdienste.

Die hoofdoel van hierdie navorsing was om ondersoek in te stel of transformasionele leierskap werknemers te motiveer om hul persoonlike doelwitte te oortref en terselfdertyd die Mitchell’s Plain Gemeenskapsgesondheidsentrum se prestasie te verbeter en die doeltreffendheid van die instelling te verhoog. In haar ondersoek na die hoofdoel, het hierdie navorsing ’n kwalitatiewe, nie-empiriese benadering gevolg en inhoudsontleding gebruik om die data te ontleed wat uit beskikbare akademiese literatuur en amptelike dokumente ingesamel is. Deurslaggewende bevindinge het aan die lig gebring dat transformasionele leierskap nie net werknemers motiveer om organisasiedoelwitte nie, maar ook hul persoonlike doelwitte te bereik. Dit verbeter weer werknemerprestasie en verhoog institusionele doeltreffendheid sowel as algehele produktiwiteit. Belangrike aanbevelings is dat leiers individuele verskille,

groei en prestasie moet erken, en ook ’n mentorskapstruktuur moet instel om persoonlike doelwitstelling aan te moedig.

SLEUTELTERME: leierskap, transformasionele leierskap, transaksionele leierskap, Afrikaan-leierskap, institusionele doeltreffendheid, openbare primêre gesondheidsorg, gemeenskapsgesondheidsentrum, professionele gesondheidsdiensverskaffer, gehaltesorg, motivering, prestasie.

SIBUTSETELO

Njengobe intunja yekucala yekufinyelela tinsita tetekunakekelwa ngetemphilo kwebantfu labanyenti, tinsita tekunakekelwa ngetemphilo letisisekelo betiloku tibukwe njalo futsi letinsita tidzinga lizinga leliphakeme lekunakekelwa lokungukonakona. Kwengeta, lokulindzelwe ngemaklayenti etekunakekelwa ngetemphilo kukhuphukile, lokusho kutsi kunyenti lokulindzelwe nalokulindzelwe kubaholi. Nanoma kunjalo, tinsita tetekunakekelwa ngetemphilo letisisekelo tibukena netikhalo tetigulane njalo-nje mayelana nekwetfulwa kwetinsita ngalokungeneli kanye nekutifinyelela ngalokungalingani.

Njengobe indzima ledlalwa baphatsi kutekunakekelwa ngetemphilo ibalulekile ekwenteni kancono kuniketwa kwaletinsita, indzima yabo labayidlalako idzinga kwehlwayisiswa. Lenhlobo yendlela yekuhola lefunwako inemtselela lomkhulu kakhulu hhayi-nje kuphela ekusebenteni kwetikhungo kwemalanga onkhe kepha nakutenhlalakahle yebasebenti. Ngekunganaki loku, kuyetfusa kakhulu kutsi tindlela tebuholi letindzala naleticinile tisalandzela kutinsita tetekunakekelwa ngetemphilo, nekutsi futsi tichubeka ngemandla. Ngalokubalulekile, basebenti betetemphilo bangumtfombolusito lobaluleke kakhulu emkhakheni wetemphilo, ngako-ke, baholi bafanele kutsi bakhutsate basebenti kutsi bazuze imigomo lebekiwe. Ngesizatfu sesimo lesikhona kwamanje seNhlekelele Yavelonkhe ngesizatfu selubhubhane lwee-COVID-19, buholi bubalulekile kakhulu, lesimo lesikhona kwamanje lesidzinga bunono ekwenteni nasekuniketeni tinsita letinyenti letehlukene tekunakekelwa ngetemphilo yemmango.

Inhloso lengumgogodla walolucwaningo bekukuphenya kutsi ngabe betingucuko buyabakhutsata yini basebenti kutsi basebente bengce imigomo yabo bebe baloku benta kancono kusebenta kwabo nekwenta kancono kusebenta ngemphumelelo

kweSikhungo Setemphilo Semmango SaseMitchell's Plain. Ekukhulumeni ngenhloso lengumgogodla, lolucwaningo lusebentise indlela yekucwaninga ngalokungakamiselwa kubufakazi lobucinisekisiwe lobulinganisekako lwaphindze futsi lwasebentisa luhlatiyo lwalokucuketfwe kuhlatiya imininingwane lecocwe kumibhalo yetemfundvo kanye nalamanye emadokhumenti lasemtsetfweni. Imiphumela yalolucwaningo ikhombise buholi betingucuko (lobutfutfukako) bukhutsata basebenti kutsi bazuze imigomo yesikhungo kanye nemigomo yemuntfu sicu sakhe. Loku-ke, lokungumphumela waloko, kwenta kancono kusebenta kwebasebenti kanye nekwenta kancono kusebenta ngemphumelelo kwesikhungo, kanye nekusebenta konkhe jikelele. Tincomo letingumgogodla kutsi baholi bafanele kutsi bemukele kwehlukahlukana kwemuntfu ngamunye, kukhula nekusebenta, kanye nekusungula luhlaka lwekufundzisa kukhutsata kuhlela imigomo kwangamunye.

EMAGAMA LABALULEKILE: buholi betingucuko, buholi lobuzuzako, buholi base-Afrika, kusebenta ngemphumelelo kwesikhungo, kunakekelwa kwetemphilo lesisekelo yemmango, sikhungo setemphilo semmango, umtfulitinsita wetemphilo webungcweti, kunakekelwa lokusezingeni lelihle lelifanele, kusebenta.

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LIST OF ABBREVIATIONS AND ACRONYMS

ANC	African National Congress
CDC	Community Day Centre
CHC	Community Health Centre
Constitution	Constitution of the Republic of South Africa,1996
COPC	Community Oriented Primary Care
CS	Community Service
GHS	General Household Survey
HIV	Human Immunodeficiency Virus
HRHS	Human Resource Health Strategy
HRSC	Human Research and Science Council
HRSC	Human Research and Science Council
KPA	Key Performance Area
KPIs	Key Performance Indicators
MEAP	Management Efficiency Alignment Project
NCS	National Core Standards
NDoH	National Department of Health
NHI	National Health Insurance
OHSC	Office of Health Standards Compliance
OSD	Occupation Specific Dispensation
PDP	Personal Development Plan
PHC	Primary Health Care
PPHC	Public Primary Health Care

PPHCS	Public Primary Health Care Services
PPE	Personal Protective Equipment
PTB	Pulmonary Tuberculosis
RSA	Republic of South Africa
SANC	South African Nursing Council
SANDF	South African Defence Force
SATG	South African Triage Group
SATS	South African Triage Scale
SLR	Systematic Literature Review
SWH	Safe Working Hours
TRUST	Transparency, Responsibility, Unity, Support and Team
UHC	Universal Health Coverage
UYDF	Umthombo Youth Development Foundation
WCDoH	Western Cape Department of Health
WHO	World Health Organisation

CHAPTER 1

GENERAL INTRODUCTION

"Leadership is to aim for the good life, to work with and for others to create the good society, and to lead and co-create just institutions".

(Western, 2019:24)

1.1 INTRODUCTION

"Nothing is more important to the future of African leadership that makes a commitment to the wellbeing of their followers. The past cannot be changed but the future is in the hands of African leaders (Van Zyl, 2016: 60)". Based on the latter, Meylahn (2017:2) is of the view that the leadership crisis in Africa is due to African leaders not having what it takes to be good leaders. This relates to various attributes of African leaders. Similarly, Chinedu and Onuorah (2018:69) argue that the problem with African leaders is the fact that they have not proved themselves as capable leaders. Capability is also another attribute that resonates with African leaders. Otieno, Sitienei and Nicholas (2016:1217) attest that the problem of leaders in Africa is the fact that there are too may leaders, yet no or little leadership is demonstrated**.** Therefore, Thanh and Anh (2015:1) acknowledge that leadership is an art, not a duty or office position.

Compared to First World Nations, leadership in South Africa, as a developing nation, is underdeveloped. South Africa is a multi-cultural country with a diverse workforce; however, it still follows hierarchical leadership where decisions and actions are undertaken by management and followers are expected to carry out these actions (Bornman, 2019:1).

Considering the current Covid-19 pandemic, leadership in the South African public health care sector has been under the spotlight. Repeated scandals, deteriorating government departments and failing public service improvements have influenced the level of trust in government and are constantly making headlines in local and international news (Fatoki, 2020:65; Kumalo & Scheepers, 2018:137). Therefore, South Africa requires a shift towards achieving leadership with moral, social, and ethical values (Fatoki, 2020:65).

Moreover, Public Primary Health Care Services (hereafter referred to as PPHCS), as the first point of access to health care to most of the South African population, should ensure health care service delivery that is effective, efficient and of the highest quality. Specifically, Primary Health Care (hereafter referred to as PHC) facilities, in the Klipfontein/Mitchell's Plain substructure, which forms part of the Western Cape Department of Health (hereafter referred to as WCDoH), should ensure that the people of the substructure receive the standard of health care service delivery as mandated by the Constitution of the Republic of South Africa, 1996 (hereafter referred to as the Constitution).

Considering that leadership is probably one of the most discussed subjects in literature, this research aims to highlight the importance of transformational leadership in the public health care context. There has been limited published research in PPHCS in the Klipfontein/Mitchell's Plain substructure and therefore this study endeavours to explore whether transformational leadership can bring about reform in the delivery of PPHCS in the Klipfontein/ Mitchell's Plain substructure.

This chapter first provides a relevant background and rationale for this research. Secondly, the problem statement is explained to establish a common ground with the reader of this dissertation. Thereafter, research questions and objectives are presented to indicate the focus and limitation of this research. This chapter further describes an appropriate research design and methodology for the research. Moreover, reflections on ethical guidelines and an outline of the layout of chapters are also provided in this chapter. A conclusion concludes this chapter. The primary focus of the following section is to provide the background and rationale for the study.

1.2 BACKGROUND AND RATIONALE OF THE STUDY

Democratisation in 1994 led South Africans to accept that it would bring positive changes to public service delivery. However, Ajayi and de Vries (2019:26) note that despite government introducing policies and addressing past inequities of South Africa, service delivery in health departments has generally been very slow. Recent media coverage demonstrates the enormous challenges that the health sector is confronted with during the current state of National Disaster (Harrisberg & Khan, 2020:1). The Mail and Guardian reports challenges such as a shortage of health

professionals, long working hours, and the lack of essential resources, for example personal protective equipment (PPE) (Harrisberg & Khan, 2020:1).

As poverty is a social determinant of access to health care, those living in densely populated areas and large households, who have limited access to health care services, will be the most affected during this current state of National Disaster (Allan & Heese, 2020; Samatar, 2020). More importantly, health care professionals, working with already limited resources, will have to work under extreme working conditions and cope with the increased pressure due to the pandemic (Greenberg, Doherty, Gnanapragasam & Wessely, 2020:1; Robertson, Maposa, Somaroo & Johnson, 2020:1010). Therefore, Hanyane and Naidoo (2015:241) propose that an efficient service delivery policy is needed to provide guidance in reducing inefficiency in a post-apartheid South Africa. This will ensure effective regulation of the provision of health care services and sustainable health service delivery.

According to Rispel (2016:18), although post-1994 democratisation shows some improvement, transforming South Africa into a high-performing health system is a vast challenge. In this regard, South Africa has implemented several policies focussing on transformation, despite the question of whether it has the necessary capacity to drive the successful implementation of these policies. Stewart and Wolfaardt (2019:2) acknowledge that the first step for transformation in South Africa was the Reconstruction and Development Programme (hereafter referred to as RDP) which dealt with the challenges and lack of services.

In the context of PHC, South Africa has been shaped by several policies aiming to address transformation and redress (Akintola, Lavis & Hoskins, 2015:2). This includes the Constitution and the Primary Health Care Package and, other legislative frameworks, which serve as the cornerstone to improve health systems in South Africa (Rispel, 2016:17).

The Constitution, specifically section 27, mandates the state and consequently health service providers, to strive towards improving the right to health care of all citizens (Govender, Proches & Kader, 2018:157). However, Maphumulo and Bhengu (2019:2) note that even though South Africa has a well-progressed Constitution, human rights such as access to quality health care services is still sluggish. As the main governing law of the country, the Constitution provides legislation on important matters and

contains the Bill of Rights, which ensure the right to access public health service delivery. Dolamo (2018:1) acknowledges that the right to health care is a basic human right that ensures that all citizens receive the highest standard of physical and mental health care through access to adequate health services. This right should also be applied constructively to ensure that health care services provide good quality public health care services for individuals and the community. Therefore, Crosby and Bryson (2018:1268) postulate that leadership in PHC should abide by the Constitution and that it serves as a prerequisite in dealing with the public.

Moreover, the National Patients' Rights Charter was implemented in 2008 by the Department of Health in accordance with section 27(1)(a) of the Constitution to ensure patients' rights of access to quality health care. Pre-1994, the South African population was denied fundamental human rights such as the right to quality health care services and therefore the Patients' Rights Charter was mandated as a standard to achieve this right. In addition, it contains rights such as that of patients to participate in the decision-making of their health, the right to know the health professional's name who treats them, the right to be referred for a second opinion and the right to complain about unfair treatment (National Patients' Rights Charter, 2008:2).

Apart from the Constitution and the National Patients' Rights Charter, the White Paper on Transforming Public Service Delivery, 1997, provides for transformation in the public service including the public health sector. In the foreword of the White Paper on Transforming Public Service Delivery of 1997, the then Minister of Public Administration Zola Skweyiya states that the greatest challenge of government was to build a public service with improved service delivery to all citizens of South Africa. Minister Skweyiya (1997) also noted that democratisation afforded all citizens the right to access health services, which no longer was only a privilege (White Paper on Transforming Public Service Delivery, 1997:2). Kariuki and Tshandu (2015:801) state that this legislative document describes the eight *Batho Pele* principles, which aims to transform the South African public service. Mthembu (2019:67) postulates that the *Batho Pele* principles are adopted as a moral standard to redress apartheid-oriented leadership styles toward service delivery. Maphunye, Tshishonga and Mafema (2014:108) recognise that transformation calls for radical change from traditional policies to a reformed approach, as this meant the South African public service had to change their whole operational area. Therefore, South Africans acknowledge and

understand the vast changes that transformation means to the public service and the public at large.

In addition, these eight principles serve as the *Batho Pele* framework that means, “People First”. Kariuki and Tshandu (2015:801) acknowledge that the “People First” concept refers to transforming public servants’ attitudes towards delivering exceptional services to clients. These principles are as follows: consultation, service-delivery, access, courtesy, information, openness and transparency, redress and value for money (White Paper on Transforming Public Service Delivery, 1997:8). The primary role is to improve the efficiency and the effectiveness of public service delivery (Maphunye *et al*., 2014:106). In the Department of Public Service and Administration Annual Report (2017/2018:5), Minister Ayanda Dlodlo states that during the 20th anniversary of the White Paper on Transforming Public Service Delivery, public servants recommitted themselves to the principles of this Paper. As public servants represent the face of government (Van Jaarsveldt, 2018:42), this rededication to the principles of *Batho Pele* demonstrates their commitment to deliver the best quality public services to the public. To uphold this commitment, Matjie (2018:1271) recommends that the South African government should appoint only qualified and competent managers who lives up to the *Batho Pele* principles to lead and enhance service delivery.

Other than transformation, the White Paper on the Transformation of the Public Service, 1995, serves as legislation for the development and training of public service leadership. It has become imperative that leaders in the public health care service are skilled with formal leadership qualifications that provide them with the necessary knowledge to satisfy the clients who access health care facilities daily. Leaders should have opportunities to good quality education and training to gain competencies and skills in leadership (Briggs & Isouard, 2016:41). Training and education in the public service is provided by the Green Paper on Public Service Training and Education, 1997, and focuses on providing the necessary training to individual public servants employed under the Public Service Act 103 of 1994 (Green Paper on Public Service Training and Education, 1997:3). Tshilongamulenzhe, Coetzee and Masenga (2013:1) propose that institutions must skill their workforce to keep abreast with latest developments to maintain global competitiveness. The Public Service Act 103 of 1994, as amended by Act 30 of 2007, states that leadership must adhere to government’s

vision of effective service delivery through commitment and competency in public service delivery (Public Service Amendment Act, 2007:15).

Despite the above-mentioned legislation, that mandates the Department of Health to ensure access to quality health service delivery, seemingly these policies are not adequately implemented in South Africa (Govender *et al.*, 2018:157; Rispel, 2016:17). Rispel, (2016:17) postulate that it could be due to a lack of understanding on how to comprehensively implement these policies. Therefore, regular assessment and monitoring of these policies are crucial to improve health outcomes (Ajayi & de Vries, 2019:26). This is even more critical during the pandemic period.

Kelly, Mrengquwa and Geffen (2019:2) note that the South African health system remains a stressed institution, faced by poor leadership and improper resource allocation. The continuous decline in quality health care has caused the public to lose trust. This is worsened by health care challenges such as long waiting times and a shortage of medicine that prevail consistently at most public health care facilities (Maphumulo & Bhengu, 2019:2). In addition, the media has influenced the public's opinion by providing a negative image of PHC institutions to health care clients as it made strong allegations of poor service delivery. Amongst these are allegations of fraud and corruption, lack of medical resources, staff shortages and long waiting times (Govender *et al*., 2018:157).

Within health service delivery, South Africa continue to battle with vast challenges, hence PHC initiatives have been failing (Akintola *et al*., 2015:2). Yeboah-Assiamah, Asamarah and Adams (2019:1) point out that public institutions and public managers face challenges far more complex than general institutions. Therefore, Crosby and Bryson (2018:1268) are of the view that public leadership should be distinguished from general leadership as public leaders have different requirements and face different challenges than other leaders.

According to Gilson, Elloker, Olckers and Lehmann (2014:11), at PHC institutions, facility managers, manage Community Health Centre (hereafter referred to as CHC) facilities. Therefore, facility managers represent the leadership of PHC institutions. Their main objective is ensuring operationality of health care facilities. Mash, De Sa and Christodoulou (2016:1) note that health care leaders are an integral resource in health institutions. However, Rispel (2016:17) attests that an unsupportive

management in health services prevails. Even though there are competent and committed health care managers, in many cases the topic of ineffective management, incompetence and a lack of leadership does not get the deserved attention.

In essence, leadership competencies are fundamental to sustain an effective health care system. Daire and Gilson (2014:2082) emphasise that competent leaders are fundamental to enhance performance, which in turn improves the quality in health institutions. However, Naidoo and Thani (2011:2) note that due to lack of training or no training of newly appointed leaders; leaders are ill-equipped with the necessary skills.

In line with the urgent need for public service transformation, Mthethwa (2012:109) argues that transformational leaders should lead public institutions. Similarly, Ramchunder and Martins (2014:3) postulate that a relationship exists between transformational leadership and the efficiency of an organisation. Congruent to this, Barnard and Simbhoo (2014:3) confirm that a definite link exists between transformational leadership and organisational outcomes such as change.

While quality public health care service delivery is essential, the challenge remains for an appropriate leadership style to achieve and sustain this vision. Moreover, effective leadership is highlighted to accomplish the vision of quality services to health care clients. However, the continuous increase in service delivery complaints in the PHC, necessitates the conclusion that there is a default to leadership. This has created a research opportunity to explore leadership's role, specifically transformational leadership in enhancing PPHCS delivery.

1.3 PROBLEM STATEMENT

The Mitchell's Plain Community Health Centre (hereafter referred to as Mitchell's Plain CHC), which falls under the Klipfontein/Mitchell's Plain substructure, has always been inundated with complaints from health care clients. PHC facilities are nurse-driven and thus MPCHC is being managed by a facility manager who is a chief nurse practitioner. It seems that the facility manager is not always competent enough to manage the institution by satisfying health care clients' needs for high quality care, and at the same time keeping staff motivated to deliver this standard of quality care. Whereas leadership generally is perceived as a role that motivate and inspire employees, many

employees at the Mitchell's Plain CHC are demotivated. Low levels of motivation have a negative impact on the quality of health care services. In addition, old and bureaucratic leadership styles were followed which led to employees lacking commitment and subsequently influencing employee performance. This further led to service delivery complaints on a daily basis, as health care clients' needs are not provided sufficiently. Fundamentally, health care clients' needs such as access to health professionals, availability of medicine and shorter waiting times are crucial to prolonging the client's mortality rate. More importantly, in line with PHC reform, delivering a high-quality health care service is emphasised. As previous research has indicated that leadership plays a key role in the performance of service delivery, addressing the challenges of inappropriate leadership styles, is integral.

To address the lack of employee commitment and increase employee motivation, this research seeks to explore the question: Does transformational leadership motivate employees to transcend personal goals, improve their performance and enhance the effectiveness of the Mitchell's Plain CHC?

1.4 RESEARCH QUESTIONS

To address the research problem of this research study, the research questions are as follows:

- Does transformational leadership motivate employees to transcend personal goals?
- Does transformational leadership increase employees' performance?
- Does transformational leadership enhance institutional effectiveness, with specific reference to PPHCS?

1.5 RESEARCH OBJECTIVES

In pursuit of the problem statement above, the research objectives subsequently are:

- To explore whether transformational leadership motivate employees to transcend personal goals.
- To examine whether transformational leadership increase employees' performance.

- To investigate whether transformational leadership enhances institutional effectiveness with specific reference to PPHCS.

1.6 SIGNIFICANCE OF THE STUDY

This research endeavour to investigate whether transformational leadership enhances institutional effectiveness. With the onset of the Covid-19 pandemic, leadership in health care was in the spotlight as health care services faced many challenges. This pandemic demonstrated South Africa's lack of capacity due to overstretched public health care services and emphasised the need for improved and sustainable public health care service delivery. Although many research studies have been done in the Health Department, few focussed specifically on transformational leadership in PPHCS. Since PPHCS are not only at the cold face in providing first line health care to South African communities, but also the service that ensures that South Africans are healthy and able to contribute to the economic and social well-being and prosperity of South Africa, this study would thus be of substantiate value to the leadership of PPHCS by making recommendations in order to improve PPHCS delivery.

1.7 LITERATURE REVIEW

The literature review provides a broad perspective of the research study by drawing on literature that is already known (Lerutla & Steyn, 2017:12). The leadership phenomenon has globally captured the attention of scholars as it plays an integral role in institutions. It impacts the success or failure of institutions in both the public and private sectors (Alorhiri, Giordano & Borthwick, 2019:1). Moreover, leadership remains an elusive and highly contested phenomenon and it is unlikely that an agreement on what it entails will be reached (Lerutla & Steyn, 2017:10).

Mehdinezhad and Sardarzahi (2016:11) state that the word leadership is similar to words such as freedom, peace, and love where despite individuals knowing the meaning of each word, the latter has a different definition for different people. No matter the difficulty in formulating a good definition of leadership, it is crucial to do so (Silva, 2016:1). Historically, leadership was considered a personal quality, but evolved as a complex phenomenon in which leaders and followers play a crucial role. Khoshhal and Guraya (2016:1062) define leadership as the capability to influence and motivate others to focus their efforts on achieving the desired goals. Leaders influence the

attitudes and behaviours of followers and is dependent on the various kinds of power leaders possess. As influence is the core of leadership, the core of influence is power (Solichin, 2019:2). Moreover, this influence of leadership refers to an interactive influence between leaders and followers. In the leadership process, the followers accept someone as their leader and as the appropriate person to lead them (Silva, 2016:1).

Bhatt (2018:23) refers to leaders as people who instruct and guide team members in an institution. Metz (2018:38) states that it is not obvious as to what makes a person a good leader, as there are different value systems globally. Leaders who have high energy and enthusiasm create an effective vision for the future, and a sense of purpose for the followers (Khoshhal & Guraya, 2016:2).

The question of leadership arises consistently and the quest to get leadership right is crucial (Poncian & Mgaya, 2015:106). Lituchy, Galperin and Punnett (2017:168) are of the opinion that South Africa prefers leadership based on humanistic approaches and a more participative leadership style that values individual differences, authenticity and a service to the community. Tetteh-Opcu and Omoregie (2015:64) state that the quality of leadership reflects the quality of the institution. More importantly, leadership contributes to the success or failure of any institution (Sithomola, 2019:66). Given the fact that leadership influences important patient outcomes of public health services, exploring leadership effectiveness in relation to organisational success in the public health system is paramount.

Furthermore, health care services represent a very important field in the world economy, as the majority of the global population is dependent on public health care services (Harvat & Filipovic, 2017:302). Pre-1994, South Africa had a fragmented, racially divided health care system, where only the privileged was able to access quality health care services. Burger and Christian (2020:44) and Maseko and Harris (2018:22) acknowledge that the South African health care system is a two-tier system, divided between the public and private sectors. Post-1994, there was a greater expectation of more equity in all aspects of life, including the provision of health services (Katuu & van der Walt, 2016:2). Zweigenthal, Pick and London (2019:1) recommend that to overcome the South African apartheid-based health care system, transformation for an equitable health system is crucial. They further acknowledge that

PHC is the key to achieve this transformation. In essence, PHC is the vehicle of public health service delivery and the first point of access to health services (Adeniji & Mash, 2016:1; Mukiapini, 2017:3). Moreover, it aims to provide universal health coverage (hereafter referred to as UHC) and comprehensive basic care (Guimaraes, Lucas & Timms, 2019:3).

In terms of the South African health care system, Mofolo, Heunis and Kigozi (2019:1), are convinced that the problem started with the two-tier health system. This current health system in South Africa is of great concern due to its unsustainability (Michel, Obrist, Barnighausen, Tediosi, McIntyre, Evans & Tanner, 2020:2). Hence, South Africa is in the process of implementing National Health Insurance (hereafter referred to as NHI) to ensure access to health facilities to all South Africans (Meyer, Schellack, Stokes, Lancaster, Zeeman, Defty, Godman & Steel, 2017:2). With regard to the NHI, it was rolled out in 2012 in three phases, foreseeing complete functionality by 2025 (Michel *et al*., 2020:2). However, leadership in health care will play an important role with the NHI implementation.

Nene, Ally and Nkosi (2020:1) research in leadership explored nurse managers' experiences on their leadership roles in PHC on the West Rand, Gauteng, South Africa. Their study revealed that leadership roles are not clearly defined and that a policy is needed on leadership roles. Another study by Serapelwane and Manyedi (2020:2) investigated the experiences of nursing operational managers concerning supportive supervision by local area managers in the North West province of South Africa. As supportive supervision benefits PHC services by improving the quality of services, it is integral that area managers provide sufficient supervision. Participants indicated that the leadership style of area managers are authoritative and argumentative and therefore, the need for leadership skills training and development is fundamental. Despite numerous research studies focussing on leadership in PHC, no research that focuses on transformational leadership in the Klipfontein/Mitchell's Plain substructure, Cape Town, South Africa, was found. This study therefore focusses on transformational leadership in PHC in the Klipfontein/ Mitchell's Plain substructure.

1.8. RESEARCH DESIGN AND METHODOLOGY

Ngulube (2015:7) defines research methodology as the lens that provides information to the researcher in order to answer the research questions. The selected methodology for this research is a non-empirical study (see section 4.3). Unlike an empirical study which is concerned with collecting data, a non-empirical study is concerned with analysing concepts. Taking into consideration that the research objective is to determine whether transformational leadership transcends into institutional effectiveness in PHC, this provides the foundation for the conceptual study. The appropriate research design for the intended research was selected and is comprehensively described in Chapter 4 (see section 4.4).

1.8.1 Research method

In the context of the Covid-19 pandemic, this research utilises a conceptual research method. A striking feature of conceptual research as possited by Hay, Duffy, McTeague, Pidgeon, Vuletic and Grealy (2017:2), is its capability to expose common findings and differences in perspectives of relevant literature. By integrating previous empirical and non-empirical research findings, conceptual research communicates the research idea comprehensively (see section 4.4.2.3).

1.8.2 Research design

The research design refers to the plan for collecting and analysing evidence to answer the research questions (Jaakkola, 2019:18). The selected research design for this study is a systematic literature review (hereafter referred to as SLR).

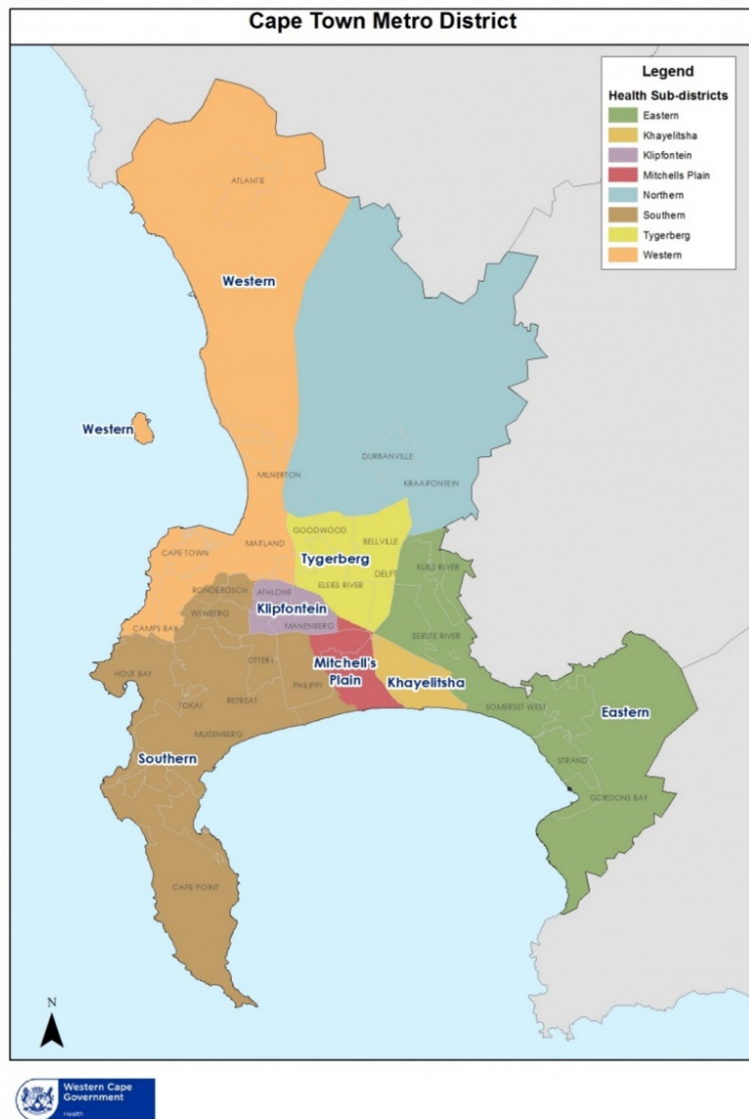
Fibitz and Ulrich (2018:3) recognise that a SLR allows for a comprehensive analysis through the process of finding, screening, and analysing relevant literature. Literature themes are broken down into key concepts and articles are reviewed according to key findings. At this point, thoughtful reflection is fundamental and critical to the advancement of knowledge (Hulland, 2020:28). In addition, this allows the researcher to review existing and current literature in a structured manner (see section 4.4.2.2).

1.8.3 Description of the study setting

The setting for this study was the Mitchell’s Plain CHC. The latter forms part of Klipfontein/Mitchell’s Plain substructure which consists of two sub-districts, namely

Klipfontein and Mitchell's Plain sub-district. The Mitchell's Plain sub-district serves a total population of 615422 (Western Cape Government: Health Circular H102/2020) and 336 480 people are dependent on health care services (Chinhoyi, Zunza & von Pressentin, 2018:3). These two sub-districts consist of eight PHC facilities, namely Mitchell's Plain CHC, Hanover Park CHC, Gugulethu CHC, Nyanga Community Day Centre (hereafter referred to as CDC), Heideveld CDC, Dr Abduraghman CDC, Inzame Zabantu CDC and Crossroads CDC. Figure 1.1 depicts the Klipfontein/Mitchell's Plain substructure.

Figure 1.1: Study setting



Source: Metro District Health Plan (2018/2019-2020/2021)

1.9 ETHICAL CONSIDERATIONS

To uphold ethical standards, ethical clearance was obtained through the College of Human Sciences Research Ethics Committee at the University of South Africa (see Annexure 1). After the research was amended, the Department of Public Administration and Management Research Ethics Committee of the College of Economic and Management Sciences at the University of South Africa, granted the amended ethical clearance (see Annexure 2). Brynard, Hanekom and Brynard (2014:97) argue that research ethics committees protect the rights of research participants, society, and researchers. Furthermore, Navalta, Stone and Lyons (2019:3) emphasise that in order to comply with sound research practices, it is integral that approval from an institutional ethics review board is acquired. Although the research is a conceptual study, the researcher adhered to ethical considerations.

1.10 LIMITATIONS

This research was intended to be an empirical study. Due to the Covid-19 pandemic that affected South Africa, in early 2020, the researcher changed to a non-empirical study. Therefore, due to the latter, it might not represent a complete understanding of transformational leadership in PPHCS. Whereas non-empirical studies develop concepts and build theory, empirical studies provide evidence for testing theories. However, the non-empirical study provides the most recent research information available. Although it is evident that empirical studies have been prevalent throughout the years, Covid-19 impacted this significantly.

1.11 DIVISION OF CHAPTERS

The research is outlined as follows:

- Chapter 1 provides a general outline of the research study. It covers the background and rationale of the study and problem statement, which guides the research questions and objectives. It explains the significance of the study, which aim to clearly explain the importance of the study. It further discusses the selected research methodology and provides a brief explanation of the ethical considerations.

- Chapter 2 provides a comprehensive literature review on transformational leadership and discusses key factors of leadership. The concept of leadership is explored meticulously to understand why the leadership phenomena is still misunderstood. Although this chapter focuses on transformational leadership, transactional and African leadership styles are also discussed.

- Chapter 3 explores Public Primary health care and the importance of leadership in public health care services. It further explains services rendered at these institutions as well as challenges encountered.

- Chapter 4 provides a discussion of the research methodology. The reason for selecting the conceptual study is to provide critical insight into public health services leadership. Moreover, it explains the research design and provides a brief explanation of the data extraction and analysis.

- Chapter 5 presents the data analysis and interpretation of the results.

- Chapter 6 provides the findings, recommendations, and conclusions of the study.

1.12 CONCLUSION

The introductory chapter provided the blueprint to this research, which aimed to explain the overall structure. The background revolved around discussing the variables of this study. It also outlined the problem statement, research objectives and questions, research design and methodology. This chapter further provided the required ethical considerations for the study as well as a brief explanation of limitations.

Chapter 2 follows with the relevant literature from both national and international scholars.

CHAPTER 2

TRANSFORMATIONAL LEADERSHIP IN PUBLIC HEALTH CARE

"Transformational leadership instil major changes at an organisational level by changing attitudes and assumptions at the individual level."

(Sayyadi, 2019:67)

2.1 INTRODUCTION

The previous chapter provided an overview and justification for undertaking this research. A well-crafted background to this research and its significance was presented in the previous chapter. Moreover, the research questions and objectives which form the basis for this research were formulated.

This chapter attempts to answer two of the research objectives as formulated in the previous chapter (section 1.4). In answering these objectives, this chapter starts by exploring three different leadership approaches namely transformational, transactional, and African. The rationale behind selecting these leadership approaches, is that currently, the South African public service adopts transactional leadership, even though transformational leadership is preferred (RSA, 1996; RSA, 1997) and African leadership is unique to the African heritage. This exploration begins with the conceptualisation of leadership, comprehensively focussing on leadership in public health care which forms part of the context for this research. Second, it explores how transformational leadership links to employee motivation, performance and institutional effectiveness. The following section focuses on the conceptualisation of leadership.

2.2 CONCEPTUALISATION OF LEADERSHIP

Leadership is a globally acknowledged phenomenon; hence it is widely conceptualised and contextualised by several scholars (Gandolfi & Stone, 2017; Jooste, 2017; Willis, Clarke & O'Connor, 2017; Crosby & Bryson, 2018; Srivastava & Kunwar, 2018). Moreover, the concept of leadership is as old as the origin of humankind (Srivastava and Kunwar, 2018:162), yet it remains the most misunderstood phenomena (Gandolfi & Stone, 2017:18). This is evidenced by the fact that this concept has been researched and an immense amount of literature exists, however, a lot of leadership-related

questions remain unanswered (Gandolfi & Stone, 2017:18; Gandolfi & Stone, 2018:261). Willis *et al.* (2017:281) concur that despite leadership being researched numerously, the effectiveness of leadership is not yet understood. This indicates the misalignment between the concept of leadership and the practical application thereof.

The reviewed literature predominantly focussed on leadership qualities and behaviours, and not necessarily the concept (Crosby & Bryson, 2018:1267). Scholars who have defined leadership, provide an operational and a theoretical explanation of it (Gandolfi & Stone, 2017:18). This lack of standard definition and a supporting framework influences the conceptualisation and the practice of leadership (Van Hala, Cochella, Jaggi, Frost, Kiraly, Pohl & Cren, 2018:262). This debate about the standard definition is not new, hence (Matjie, 2018:1273) acknowledges that it commenced a long time ago and was further debated when transformational leadership gained significance in 1994. Historically, transformational leadership was first introduced by Burns in 1978 and was further developed in 1985 by Bass (Krepia, Katsaragakis, Katelidou & Prezerakos, 2018:190; Gercek, 2018:395; Liu, Liu, Yang & Wu *et al*., 2019:439; Northouse, 2019:264).

Generally, leadership is defined through its multi-complex approaches (Parakhina, Boris & Streikowski, 2019:38), as this is a critical element in achieving successful outcomes in any organisation (Abasilim, Gberevbie & Osibanjo, 2019:2). On the one hand, Gandolfi and Stone (2017:18) define leadership according to five components: (1) there must be one or more leaders; (2) leadership must have followers; (3) it must be action-oriented; (4) goals should be clarified and (5) it is defined according to objectives. Northouse (2019:43), on the other hand, defines leadership according to four components: (1) leadership is a process; (2) leadership involves influence; (3) leadership occurs in groups and (4) leadership involves shared goals. These definitions reveal descriptive characteristics of leadership namely antecedents of leadership rather than a scholarly definition of this concept.

Furthermore, Sola, Badia, Hito, Osaba and Garcia (2016:1) define leadership as a multi-dimensional process that involves a position of influence within a group to attain a mutual goal. Similarly, Crawford and Kelder (2019:142) see leadership as a sum of behaviours whereby leaders and followers, through a mutual interaction aim to achieve objectives of an organisation. These two definitions reveal that there should be a

leader and followers who share a mutual goal. Again, this definition provides characteristics of leadership.

Salovaara and Bathurst (2018:180) acknowledge that it is impossible for an individual leader to possess enough knowledge to successfully lead an organisation and that the employees' participation is crucial. This implies that both parties are needed to enhance organisational effectiveness. Notwithstanding, they further argue that despite followers playing an integral role in leadership, the leader is always recognised as the main role-player. This brings to the fore that the importance of the follower is not always recognised in the leader-follower relationship.

The leader-follower relationships are crucial as leaders are dependent on followers to achieve organisational goals (Sundahl, Larsson, Lundin & Soderhjelm, 2019:151). In congruent to this, Ekiyor and Dapper (2019:88), acknowledge that leadership is the capacity to drive change and attain goals through influence and followership. This relates to the first research objective that explores whether transformational leadership motivate employees to transcends personal goal achievement. Moreover, Yeboah-Assiamah *et al.* (2019:6) state that there should be a shift in thinking leaders are better-informed and well-equipped in relation to subordinates being ill-informed and less-equipped. Instead, they advise that public leaders should invest in a better relationship with subordinates to increase organisational productivity and effectiveness. This leader-follower relationship depends largely on trust and support (Ekiyor & Dapper, 2019:88). This will ensure effective service delivery as leaders involve subordinates in relevant decision-making and goal setting (Yeboah-Assiamah *et al.,* 2019:6). This further indicates that trust is critical in the leader-follower relationship to enhance employee motivation, employee performance and institutional effectiveness.

In contrast to the above arguments, Kumar and Matheen (2019:14) provide a single-sided view on leadership by indicating that a leader's role is important in any institution. They further postulate that the leader is considered the "force" behind the attainment of goals. It is surprising that Kumar and Matheen (2019) disregard the role of the employees who support the leader in attaining organisational goals. Gandolfi and Stone (2018:262) argue that leaders who strive and desire to reach organisational goals, should keep those subordinates in mind who help them achieved these goals.

It can be deduced from the above discussion that important constructs of leadership encompass the following. First, a good relation between leader-followers; second, mutual goals and third, respect for each other's abilities and capabilities which are brought to the institution. Last, the glue that cements the leader-followers relationship, is based on an acronym TRUST, which is transparency, responsibility, unity, support, and team.

2.3 KEY FACTORS OF LEADERSHIP

Among the leadership literature, power and authority are identified as key factors of leadership (Muller & Van Esch, 2020:1056; Kocak, 2019:660). Generally, these factors are assigned through the individual's hierarchical position or job expertise (Nkwana, 2012:158; Bourgoin, Bencherki & Faraj, 2017:3), therefore power and authority are associated with traditional hierarchical leadership (Kezar & Holcombe, 2017:18). Kocak (2019:660) recognises that leaders have the power to influence followers as well as the authority to make them act.

In terms of authority, it entails the right given to a person to issue instructions (Bourgoin *et al*., 2017:3). More specifically, Simon (2017:81) refers to authority as the right exercised by leaders to make decisions and to enforce subordinates to accept these decisions. Usually, individuals higher up in the institution's hierarchy are assigned authoritative roles and subordinates follow instructions. This is known as positional authority as authority is attained from being in a specific position in an institution. However, when leaders rely solely on their position to force subordinates to adhere or perform, authority becomes a weakness (Vaughn, 2016:804).

In addition, individual's expertise and knowledge contributes to roles of authority. This is seen as expert authority given the fact that certain skills which are in demand are difficult and costly to transfer to other people (Bourgoin *et al.,* 2017:3). The premise is that authority indicates that the leader is superior as the decision-makers and the subordinates have to carry out these decisions (Simon, 2017:81). Nonetheless, authority is integral in institutions in order for individuals that have been appointed in leadership roles to achieve set objectives (Bourgoin *et al*., 2017:3).

With reference to power, Van Dijke (2020:6) and Jantan (2018:1) acknowledge that power is imperative though most often underappreciated and perceived negatively.

Regardless of how power is perceived, most leadership approaches place power at the core of leadership (Qu, Dasborough, Zhou & Todorova, 2017:1). Unlike Qu *et al*. (2017:1), Haraida and Blass (2019:1) separate the belief that leadership and power are linked and thereby dissociates followers from leaders. However, Dinbabo (2016:2) states that the role of the leader cannot be understood without viewing it in the context of their relationship with their followers. More specifically, power is the resource that leaders draw on to influence followers' beliefs and attitudes in order to achieve organisational goals (Northouse, 2019:49).

Furthermore, Alapo (2018:4) describes power as an individual's ability to exert change by means of influence to attain organisational goals. Leaders' need for power is associated with assertive and aggressive behaviour as they aim to achieve specific goals in order to strengthen their own positions (Jooste & Hamani, 2017:44). Despite this, Yoon and Farmer (2018:1) point out that leaders use power to either empower or weaken followers. Alapo (2018:4) goes further and notes that most leaders who use power as an approach to leadership, coerce, and manipulate their subordinates. Hence, these subordinates lack commitment and are dissatisfied with their jobs. Accordingly, Northouse (2019:45) concedes that when power is used in a destructive way to achieve leaders' own personal ends, it reflects the "dark side" of leadership.

In the power-context, leaders are referred to as the influencing agent, and the follower as the influence target (Aiello, Tesi, Pratto & Pierro, 2018:37). Yoon and Farmer (2018:5) state that the influencing agent must attend to the needs and capabilities of the influence target**.** Interestingly, Mohlin (2019:7) states that those who wield power, should be accountable to those subjected to this power. The person who holds accountability is the one exercising power and therefore leaders as powerholders are accountable to the followers.

In addition, leaders as powerholders use specific power tactics and followers decide whether to comply or not. Aiello *et al*. (2018:37) distinguish power tactics into harsh or soft power tactics. When leaders utilise harsh power tactics and followers do not comply, it may lead to negative effects for followers such as punishments. In contrast, soft power tactics do not impose on followers and rewards are offered for compliance. Poncian and Mgaya (2015:112) emphasise that power does not belong to leaders but rather to people, and that the role of leaders is not to rule but lead people into achieving

goals. However, Otieno *et al.* (2016:1217) postulate that self-centred power leaders misuse their power to dictate to followers.

Bailo (2017:3) highlights that the various forms of power influence an individuals' leadership and success. More importantly, the success of leaders depends on their ability to know and use the right form of power according to the demands of the situation (Solichin, 2019:1). Alapo (2018:4) points out that how leaders manage and manipulate the various forms of power affect his/her leadership.

Yoon and Farmer (2018:3) differentiate between positional power and personal power. Positional power stems from an individual's formal position in an institution, whereas personal power stems from an individual's knowledge pertaining to his/her job. Hence, Ramos, Franco-Crespo, Gongalez-Perz, Guerra, Ramos-Galarza, Pazmino and Tejera (2019:4) differentiate between formal and informal power. Northouse (2019:51) goes further and states that positional power is gained due to leaders having higher ranks and status as followers, while personal power is gained as leaders act in ways considered as likeable and important by followers. Yoon and Farmer (2018:3) thereby concede that when senior managers are granted positional power, they can either use it to reward or punish subordinates.

Moreover, positional power is distinguished into reward, coercive, legitimate and informational power whereas personal power is differentiated into expert and referent power (Northouse, 2019:51). Alapo (2018:3) goes further and classify these powers as either a positive or a negative form of power.

Table 2.1 displays the different types of power of leadership in which it is derived from. It also reflects how subordinates are influenced or respond to such power-type. The table shows that the preferred power is hierarchical, positional combined with personal, which allows leaders to engage employees from a point of respect for whom he/she is, not because of their position. It implies that coercive power would not be necessary as this influence the subordinates negatively and decrease productivity. This can hinder achieving organisational goals.

Table 2.1: Types of power

	Positive	Negative	Subordinates' influence/respond
Coercive power		Derived from leaders' position in an organisation. Leaders use force to influence employees to do something against their will. These leaders are interested to achieve their own goals and do not consider the needs and goals of employees. The leader disciplines employees by using fear and threats. However, employees who are coerced, are less productive and gradually withdraw from the job and the institutional goals. Generally, it is implemented to maximise the efficiency in institutions.	Negative behaviour. Less productive. Less committed to achieve organisational objectives. Resign from the institution.
Reward power	Based on the capacity of leaders to provide rewards to followers. Rewards can be tangible or intangible. Tangible rewards refer to pay incentives and bonusses whereas intangible rewards refer to higher positions and job security.		High productivity. Performance standards met. Committed and goal driven. Promotion.
Legitimate power	Leaders gain power according to their hierarchical position in an institution.		Motivated. Sense of loyalty. Professional respect to leaders.

	Usually, it entails a title and high status. Has a right to assert rules and expect compliance.		Compliance provides job satisfaction.
Expert power	Leaders gain power based on how their followers perceive their competence. Leaders have the relevant expertise and skills to be in this position. Leaders gain skills through further education and training and are considered as experts in a specific field of knowledge.		Subordinates respect leaders for sharing their knowledge and expertise. Appreciative of leaders' guidance.
Referent power	Leaders possess interpersonal skills, good communication skills as well as great persona. Once leaders attain this type of power, they have it forever. This power is based on followers' reaction and how much they adore leaders.		Loyal. Respect and admire leaders. Sense of pride. Need for achievement and competence.

Source: Adopted from Northouse (2019), Alapo (2018) and Mallin & Ragland (2017)

From this section, it is apparent that power and authority are critical factors of leadership. It can be deduced that when leaders use the right type of power, subordinates are motivated and committed to achieve organisational goals. On the contrary, when leaders abuse their power for personal gain, subordinates are demotivated, which negatively impacts their performance, and in turn, the institution's effectiveness. It also emphasised that leaders are powerholders and should attend to

followers' needs and capabilities. The following section sets out to explain leadership styles comprehensively.

2.4 LEADERSHIP STYLES

Leadership styles are a key component of organisational success (Kara, Kim, Lee & Liysal, 2018:1420; Nguyen, Mia, Winata & Chong, 2017:202). It impacts how employees perform and grow in an institution (Mohiuddin, 2017:18) and therefore leaders need to understand how their leadership style influences employees (Kara *et al*., 2018:1420; Saleem, 2015:563). In addition, Kesari and Verma (2018:1604) emphasise that leadership styles should not be ignored as it influences integral employee outcomes such as trust and morale. Gandolfi and Stone (2017:21), argue that regardless of the selected leadership style, leadership influences subordinates in one way or another.

Ekiyor and Dapper (2019:89) define leadership styles as the forms and patterns through which leaders communicate with followers. Gandolfi and Stone (2017:5) refer to leadership styles as the intentional means whereby a leader influences a group of people in an organisation. Khan and Nawaz (2016:144) further describe leadership styles as the manner of providing direction, implementing strategies, and motivating individuals to achieve set objectives. Basically, leadership styles are traits, characteristics, skills, and behaviours leaders use when interacting with employees (Mitonga-Monga & Hlongwane, 2017:351).

Jensen, Andersen, Bro, Bolllingtoft, Eriksen, Holten, Jacobsen, Ladenburg, Nielsen, Solomonsen, Westergard-Nielsen and Wurtz (2019:3), postulate that in order to utilise the full potential of leadership in public institutions, it is crucial to identify and implement various leadership styles. Willis *et al*. (2017:281) are of the opinion that the leadership style that is effective in one institution may not necessarily be effective in another institution. The absence of a single approach to understand leadership, provides a gap for a preferred leadership style (Eresia-Eke & Mabasa, 2018:1). Therefore, Govender *et al*. (2018:164) suggest that an integrated leadership approach be adopted which is flexible to deal with the complex environment such as public services. Given the fact that public institutions consist of a diverse workforce and serve a diverse clientele, Yeboah-Assiamah *et al*. (2019:1) suggest that public institutions require a leadership

style that involves cooperative interaction between the leaders, subordinates, and clients.

In terms of health care, Sfantou, Laliotis, Patelarou, Sifaki-Pistolla, Matalliotakis, and Patelarou (2017:1), supported by Kumaar and Matheen (2019:14), revealed that the leadership style an organisation adopts, impacts patient outcomes. Asif, Jameel, Hussain, Hwang and Sahito (2019:1) acknowledge that adopting the incorrect leadership style, leads to poor health outcomes. Thus, it is clear that the leadership style impacts vastly on the daily functioning of facilities and improve productivity (Lauring & Jonasson, 2018:392; Gegile, 2017:6). Gandolfi and Stone (2017:18) therefore recommend that understanding the effectiveness of various leadership styles, will benefit academics, professionals, and practitioners.

Furthermore, the style of a leader impacts the effectiveness. More specifically, the impact of leadership styles is a point of interest due to the belief that a particular leadership style influences performance amongst employees, thus impacting overall institutional effectiveness. In the next section, different leadership styles are distinguished, namely transformational, transactional and African. As the locus of this research study is the WCDoH and transformation is acknowledged in Health Care 2030 (2014:21); it will focus comprehensively on transformational leadership style.

2.4.1 Transformational leadership

In recent years, scholars have explored the literature on transformational leadership as it focusses on people’s needs (Sola *et al.,* 2016:2). Jun (2017:246) highlights that traditional leadership only focused on the development of the technical aspects of a leader’s behaviour and therefore it lacked the capacity to overcome challenges such as the shortage of professional health care workers as well as the exceeding patient expectations and demands of health care services. Subsequently, transformational leadership was implemented to adequately address these challenges.

In order to implement radical changes in the public service such as transforming public health care, Matjie (2018:1273 argues that transformational leadership is integral. Reid and Dold (2017:75) and Srivastava and Kunwar (2018:162) share a similar view that in the transformation of the public health system by public health leaders, transformational leadership skills are of paramount importance. In this current era of

global instability, the outbreak of the recent Coronavirus and change, transformational leadership is considered one of the best choices.

Liu *et al*. (2019:438), point out that transformational leadership has been studied numerously as it focusses on the relationship between the leader and the follower. Most of these scholars share a similar view that transformational leadership entails directing and inspiring individual efforts of subordinates through motivation, and thus transforming them into future leaders (Jensen & Bro, 2018:537; Jensen *et al*., 2019:3; Mazzeti, Vignoli, Petruzziello & Palareti, 2019:2; Kumaar & Matheen, 2019:14). Simarly, Abasilim *et al.* (2019:1) note that transformational leadership encourages subordinates to minimise self-interest to attain institutional goals. By minimising self-interest, a collective interest develops, and stated goals are exceeded.

Moreover, transformational leaders inspire their followers and assist them with developing self-confidence (Liu *et al*., 2019:438). Therefore, Gandolfi and Stone (2017:7) acknowledge that transformational leadership is follower-centred as leaders focus on the ideals of followers in order to influence them. Leaders genuinely care for followers, value followers' input, and involve followers with decision-making. Hence, transformational leaders are able to bring about major changes in followers' attitudes and beliefs (Matjie, 2018:1274). Accordingly, the attitudes at individual's level changes and therefore it transgresses to vast changes at organisational level (Sayyadi, 2019:67).

Reid and Dold (2017:75) concede that transformational leadership aim to transform leaders, followers, and the institution in which they work. Leaders adopt a vision for the team and therefore stimulate team members in such a way that considers the needs of individual team members (Saravo, Ntezel & Kieswetter, 2017:2). Furthermore, as transformational leaders motivate followers to pursue common organisational goals, greater organisational performance is achieved (Jun, 2017:246). Normore, Javidi and Long (2019:201) attest that individuals' and institutions levels of performance increase as the leader builds positive relationships with subordinates. Therefore, Jensen and Bro (2018:535) recommend that transformational leadership might be the key to improve institutional effectiveness. This further indicates that there is a link between transformational leadership and institutional effectiveness.

Sayyadi (2019:68) describes transformational leaders as charismatic and virtuous and as positive role-models to followers. A trust-based relationship develops between the leader and the follower that consequently leads to greater fulfilment of the employees' potential and performance of allocated tasks (Mazzeti *et al.,* 2019:2; Boamah & Lashinger, 2018:181). Followers feel valued as leaders in turn value their contributions in any work situation (Dinbabo, 2016:131). Therefore, transformational leadership is considered as beneficial to the leader and the follower, as leaders support followers' developments and followers in turn are committed (Ekiyor & Dapper, 2019:90).

Moreover, literature shows that transformational leadership is recommended as the most relevant leadership style for a stressful working environment as it influences employees' behaviour (Asif *et al.,* 2019:2). With the current health care environment, where health care workers are at the frontline during the Covid-19 pandemic, transformational leadership can thus be of value. As the number of positive Covid-19 cases continued to increase in South Africa, health care workers were overwhelmed, having to make decisions and prioritise patients to receive life-saving resources over others (McKinney, McKinney & Swartz, 2020:1). This, together with the increased risk and exposure to Covid-19, impacted the health care environment as health care workers were overworked and stressed (Adams, Seedat, Coutts & Kater, 2021:2). Mazzeti *et al.* (2019:2) therefore agree that transformational leadership is of substantial value as it promotes a healthy work environment by improving overall employee wellbeing, such as the health and the morale of employees. Subsequently, an improvement in the work environment increases patient satisfaction and the overall quality of health care.

Bass and Avolio (1994:109) in Asif *et al.* (2019:2) identify four components of transformational leadership behaviour, which are referred to as the four I's. Table 2.2 portrays these four I's, namely idealised influence, inspirational motivation, intellectual stimulation and individualised consideration.

Table 2.2: 4 I's of transformational leadership

FOUR COMPONENTS	DEFINING ATTRIBUTES
Idealised influence	Followers admire leaders because leaders act as strong role models. Leaders express values of good ethical behaviour in order to gain followers' trust.

Inspirational motivation	Leaders provide a vision to followers that inspire and motivate them to ultimately accomplish better work.
Intellectual stimulation	It allows leaders the ability to understand and address issues faced by followers.
Individualised consideration	Leaders identify followers' differences. Leaders then provide guidance and support to reduce these differences to achieve the maximum potential of followers.

Source: Adapted from Bass and Avolio (1994:109) in Asif *et al*. (2019:2)

The influence of each of these four attributes of transformational leadership tabled above, may significantly impact employee motivation, employee performance and institutional effectiveness. This is discussed further in section 2.5.

A study by Boamah and Lashinger (2018:181) indicated that transformational leadership creates a supporting environment to employees leading to better patient care services. The findings of Asif *et al.* (2019:10) revealed that nursing leaders, who adopt the transformational leadership style, increase the quality of care to health care clients thus improving patient health outcomes. Fischer (2017:54) acknowledges that transformational leadership has significant potential to health service improvements. Abd-Elrhaman and Abd-Allah (2018:129) remark that nursing leaders that show the ability to provide new direction and inspiration and have a transforming vision, are needed in the health care environment. However, Naidoo (2017:56) discovered that despite transformational leadership being recommended for health care, participants indicated that an autocratic leadership style is followed.

Similarly, Kahn and Naidoo (2011:91)'s research study with the South African Defence Force (hereafter referred to as SANDF) reported that as previously the armed forces adopted an autocratic leadership style, the feasibility to adopt the transformational leadership style is a challenge. Their findings indicated that transformational leadership is preferred above transactional leadership as the SANDF require transformational leaders. To date, the public service practice autocratic and transactional leadership, against the backdrop of the Constitution, 1996 and the White Paper on Transformation of the Public Service, 1995, which strongly prescribe a transformational leadership approach. This means that the current core of senior

leaders in the public service is not only failing to adhere to legislation, but also lacking the willingness to embrace transformational leader capabilities and qualities. Therefore, they are unable to transform the public service, which is a key factor during the Covid-19 pandemic.

Kroukamp in Lituchy *et al.* (2017:168) agree that South African leadership is autocratic as leaders do not involve subordinates in decision-making and therefore employees are not empowered. Fortunately, a study by Samanta and Lamprakis (2018:186) revealed that although transactional leaders are preferred in the Greek public sector, transformational leaders are emerging as young and highly skilled professionals are placed in leadership positions. Employing young and skilled professionals would be of substantial value for the South African public service, as Kahn and Louw (2016:741) report that it has an ageing workforce that is likely to retire soon with all the institutional knowledge. An ageing workforce refers to Baby Boomers (1946-1962) whereas young professionals refer to Millennials or Generation Y (1981-2000). Therefore, to retain institutional knowledge, the older generation must share their knowledge with the younger generation through mentoring and coaching resulting in intergenerational competence. More importantly, intergenerational competence would not only enhance the effectiveness of the South African public service, but ultimately transform the institutional culture.

Nonetheless, public service leaders are bound by financial regulations and unforeseen events, and therefore it is a challenge to practice transformational leadership (Harb & Sidani, 2019:205). Unquestionably, the constant changing and unpredictable environment of the public sector, requires leaders to overcome these constraints to be effective. Unfortunately, this leads to public mangers feeling uncertain and unstable which affect their work (De Gennaro, 2019:5). Therefore, the constraining and demanding environment of the public service justifies the use of transformational leadership (Harb & Sidani, 2019:205; De Gennaro, 2019:5).

Considering the above discussion, it can be deduced that transformational leadership builds trust in leaders, empowers employees to transcend personal goals for institutional strategic goals and effectiveness, improves the performance of subordinates, and creates a shared vision and commitment. By providing followers with additional tasks and responsibilities, leaders demonstrate that they have

confidence in their followers to accomplish these tasks. This in turn, builds positive relationships between leaders and followers, leading to increased organisational performance. Furthermore, the ability of transformational leaders is determined by behavioural components, namely idealised influence, inspirational motivation, intellectual stimulation, and individualised consideration. It is clear that when leaders adopt transformational leadership, it transforms the institution, hence literature indicates that it transcends institutional effectiveness.

Despite the aforementioned, transactional leadership is still followed and preferred by many organisations. The next section therefore explains transactional leadership.

2.4.2 Transactional leadership

There is much less transactional leadership research than transformational leadership (Willis *et al*., 2017:281). This is due to the inconsistency of the effectiveness of transactional leadership. Regardless of this, literature indicates that transactional leadership leads to positive outcomes such as increased job satisfaction and job performance (Tse, To and Chiu, 2018:145; Frances, 2017:152; Saravo *et al*., 2017:2).

According to Normore *et al.* (2019:201), transactional leadership focusses on the relationship between the leader and the followers. Donkor and Zhou (2020:30) refer to transactional leadership as “mutually beneficial exchanges” between leaders and followers to achieve organisational goals. Sfantou *et al*. (2017:2) and Jooste (2017:7) have a similar view and state that transactional leaders who engage in exchanges with subordinates, improve organisational performance. This exchange process between the leaders and followers is seen as a transaction with clearly defined rules and mutual agreements (Lauring & Jonasson, 2018:392).

Furthermore, Ekiyor and Dapper (2019:90) point out that the relationship between leaders and followers focus on achieving organisational goals. These goals are set according to the acronym SMART, which is specific, measurable, attainable, realistic and timely (Bhatt, 2018;24). Transactional leaders reward followers for completing goals that lead to an increase in institutional performance and in return, the followers are committed and loyal (Normore *et al*., 2019:201). Hence, Frances (2017:152) acknowledges that transactional leadership is based on a “give and take” relationship between leaders and followers. Notwithstanding, Hamstra, Van Yperen, Wisse and

Sassenberg (2014:416) note that transactional leadership emphasises individual goals rather than institutional goals. By being offered individual rewards, individuals have a need to outperform other employees, thereby reducing team cohesion.

In South Africa, the state deploys cadres to ensure loyalty to an organisation. An example is the African National Congress (hereafter referred to as ANC) cadre deployment policy that allows for party officials to be deployed in key state positions. By rewarding them with these positions, they ensure that these members are dedicated and safeguard the party's policies (Croucamp, 2019:291). However, Masuku and Jili (2019:6) argue that loyalty is not enough and that the educational level and readiness of cadres must be considered**.** Deploying cadres should only be acceptable if they are suitable and skilled for the specific position. In this regard, by providing employment in key positions in the public service as a reward is ideal, as cadres in turn are committed and loyal, however, at the expense of a transformed public service.

Moreover, transactional leaders continuously monitor followers' achievements and failures (Delegach, Kark, Katz-Navon & Van Dijk, 2017:727). This is achieved through performance management systems that were introduced post-1994 in the South African public service as a mechanism to refine public service delivery. Shava and Chamisa (2018:5) opine that the ANC's culture of cadre deployment in the South African public services led to poor performance in various government departments, as those occupying senior positions, lack the necessary expertise and competency. In addition, employing politically connected individuals, led to serious effects on levels of corruption as well as declining standards in performance management.

Tziner and Shkoler (2018:196) point out that transactional leaders set specific norms and standards to direct followers to perform tasks the correct and expected way (Tziner & Shkoler, 2018:196). In cases of failure to achieve set objectives, leaders do not encourage followers to seek alternative solutions, but rather encourage them to be dependent on leaders' decisions (Delegach *et al.,* 2017:727). Therefore, Tziner and Shkoler (2018:196) concede that transactional leadership is dependent on the leader as leaders alone institute leadership.

Bhatt (2018:27) refers to transactional leadership as managerial leadership as these leaders gain their power from their formal authority and responsibility in an institution. Leaders issue commands that are authoritative and direct in order to influence followers' behaviours (Tziner & Shkoler, 2018:196). In addition, transactional leaders implement rules and regulations thus providing a clear structure of command (Khan & Nawaz, 2017:146). These leaders are not risk takers, but focus on efficiency, control, stability and predictability (Sonnino, 2016:20). In addition, they are attentive on followers work to discover oversights. Consequently, leaders provide negative feedback and corrective criticism (Alfadhalah & Elamir, 2019:460) and punish followers for these oversights (Bhatt, 2018:27).

The transactional leadership literature provides various views on its subcomponents. Lauring and Jonasson (2018:392) and Alfadhalah and Elamir (2019:460) share a similar view that transactional leadership comprises of two subcomponents, namely contingent reward, and management-by-exception. Jensen *et al*. (2019:3) go further and divides management-by-exception into active and passive management-by-exception. However, Jacobs and Mafini (2019:3) assert that transactional leadership comprises four subcomponents, namely: 1) contingent reward, 2) management-by-exception (active), 3) management-by-exception (passive) and 4) passive-avoidant.

Table 2.3 displays the subcomponents of transactional leadership and explains the attributes of each subcomponent. Contingent rewards entail leaders' providing followers with rewards in order to complete agreed tasks. Active management-by-exception entails leaders actively monitoring followers, whereas passive management-by-exception leaders observe and only act when followers make mistakes. Passive-avoidance is clearly ineffective as these leaders shift all the responsibility to make decisions, to the followers.

Table 2.3: Subcomponents of transactional leadership

SUBCOMPONENTS	DEFINING ATTRIBUTES
Contingent reward	Leaders focus on clarifying the followers' roles and tasks requirements. They provide followers with material and psychological rewards which are dependent on fulfilling contractual agreements.

Management-by-exception (active)	Refers to leaders actively observing followers. Followers who adhere to set standards are guaranteed of rewards.
Management-by-exception (passive)	Leaders adopt a passive approach and only intervene once followers have already made mistakes.
Passive-avoidant	Refers to the absence of a transaction. Leaders refrain from decision-making and assign responsibility to followers. Viewed as an ineffective form of leadership.

Source: Adapted from Jacobs and Mafini (2019:3)

To summarise this section, transactional leadership is based on a mutually beneficial relationship between leaders and followers. In the public service, these leaders reward followers with key positions as a means to ensure loyalty to the organisation. However, the application of transactional leadership is not always recommended as leaders monitor the work of followers and often provide negative feedback.

The following section will look at African leadership to determine its critical role for leadership in Africa.

2.4.3 African leadership

African leadership is one of the most exciting and talked-about topics in Africa (Fourie, van der Merwe & van der Merwe, 2017:222). Meylahn (2017:3) states that leadership is always topical and if you add Africa to the topic, it becomes even more crucial. Notwithstanding, African leadership is a huge challenge as these leaders have been dependent on western leadership behaviours and theories to lead them (Poncian & Mgaya, 2015:109). Meylahn (2017:3) suggests that African leaders minds must be "liberated from the shackles" of the western views. Unfortunately, limited research has been done on African leadership as a lack of contextual knowledge and the use of western leadership styles are clouding African leaders (Aliye, 2020:730).

Western leadership styles dominate the thinking of African leaders, and the time has come to adopt a new set of leadership skills that fits in with Africa's unique characteristics (Poncian & Mgaya, 2015:109). Chinedu and Onuorah (2018:69)

postulate that African leaders must adopt African perspectives based on leadership principles from African experiences. Makaudze (2017:213) advises that African leadership needs to draw inspiration from its own traditions. Gwebu (2017:54) concurs that African leaders are dependent on European leaders who do not have values and ethics in line with African principles. This has deprived African leaders of their power to choose and exercise their authority.

Lerutla and Steyn (2017:13) argue that African leadership is different from the rest of the world. It is based on Afrocentricity which entails Africans recentring their thoughts, attitudes and behaviours from the western influences (Makaudze, 2017:213; Chawane (2016:80). Furthermore, the Afrocentric approach reflects an awareness of African history (Hlokwe, 2019:35) and therefore (Chawane, 2016:80) refers to Afrocentricity simply as a “rediscovery” for African people.

Moreover, African leaders have their own values and practices that contribute to a unique leadership. This includes Africa’s unique value of *Ubuntu* that it can offer the rest of the world, thereby transforming western theories into more communitarian leadership (Meylahn, 2017:3). Furthermore, the culture of *Ubuntu* influences how a leader is supposed to act and what a leader is supposed to do (Lituchy *et al*., 2017:20). *Ubuntu* is an African term, meaning “a person is a person through other people” or a “person is viewed through others” (Matambo, 2020:124). Moreover, it is a social philosophy based on principles of care and compassion, respect, and responsiveness as well as harmony and hospitality. In addition, it focuses on collective shared values as well as on the needs and aspirations of others (Aliye, 2020:739). This fits in with Grobler and Flotman (2020:3), who recognise that African leadership style, reflects the following principles namely, ensuring fairness, promoting participation, collective decision-making and a common good.

A study by Motsepe (2020:7) points out that the effectiveness of African leadership in South Africa based on the *Ubuntu* principles should be explored meticulously. Setlhodi (2019:136) asserts that in order to improve performance in an African way, Ubuntu-inspired leadership is crucial. Grobler and Flotman (2020:3) acknowledge that when looking at African leadership as a leadership style, it promotes the leadership role of being a servant to the community.

Based on *Ubuntu* logic, it is commonly assumed that African leaders and public officials placed in key state positions, manage public resources to the good of all people (Asamoah & Yeboah-Assiamah, 2019:308). However, Afegbua and Adejuwon (2012:14) acknowledge that African leaders often gain positions with limited experience and therefore they are not prepared for this role. Ecvarria, Patterson and Krouse (2017:168) note that a position or title in an institution does not make an individual a leader, but that it is rather an individual's behaviour that reflects leadership qualities. To overcome the crisis of leadership, those in leadership positions must accept the responsibility aligned to this position (Afegbua & Adejuwon, 2012:14).

Asamoah and Yeboah-Assiamah (2019:310) as well as Lituchy *et al*. (2017:20) hold the view that Ubuntu has a strong impact on leadership behaviours and leadership effectiveness. A study by Aliye (2020:727) focused on how African leadership improves leadership effectiveness in Africa. He points out that African leaders have not yet delivered what is expected of them to the citizens and therefore, the effectiveness of African leaders is not up to standard. Chinedu and Onuorah (2018:69) agree that being under the influence of western leadership styles, has led to African leaders finding it difficult to achieve a leadership that is accountable to all South African citizens. Fourie *et al*. (2017:223) concede that a lack of responsible leadership dominates Africa. This is an increasing concern which highlights the need for leadership that can deliver the transformation of Africa based on African culture, history, and values. For this reason, *Ubuntu* should be used as a guideline to leadership, as this explains how Africa thinks and behaves (Asamoah & Yeboah-Assiamah, 2019:310).

From the mentioned literature, Table 2.4 is derived and compares leadership qualities of transformational, transactional, and African leadership. It reflects that similar leadership qualities are identified for transformational and African leadership. These leaders use a proactive approach with a collaborative vision to inspire and motivate subordinates. In addition, both these leadership styles are based on mutual trust and leaders reflect high accountability to subordinates. In contrast, transactional leaders use a reactive approach, demonstrate a lack of trust in the subordinates, are authoritative and control subordinates. Subsection 2.4.2 noted that the current leadership approach in the public service is transactional, and this paints the picture that change is required.

Table 2.4: Comparison of leadership qualities

QUALITIES	TRANSFORMATIONAL LEADERSHIP	TRANSACTIONAL LEADERSHIP	AFRICAN LEADERSHIP
Approach	Proactive	Reactive, Passive	Proactive
Vision	Clear vision, Collective vision	Shared vision	Collaborative vision
Values	Induces moral values, Shared values	Own values	Unique values of Ubuntu
Motivation	Inspire and motivate	Mutual willingness to compromise	Inspire and motivate
Communication skills	Two-way communication	One-way communication	Two-way communication
Trustworthiness	Mutual trust	Lack of trust	Mutual trust
Personality	Creative, Energetic, Focussed	Authoritative Aggressive, Controlling	Compassionate, Honest, Transparent
Accountability	High accountability	Low accountability, as they assign responsibility to subordinates	High accountability

Source: Adapted from Khan and Nawaz (2016:145) and Thanh and Anh (2015:8)

Unfortunately, when it comes to change and necessary improvements that Africa requires, African leaders have not adapted yet. The pertinent fact is that change has been adapted according to recommendations from the United Nations or the World Bank and in reality, African changes have been a forced change (Chinedu & Onuorah, 2018:69). The latter point necessitates that African leaders relook at pre-colonial history instead of continuously using leadership skills and knowledge from western-based leadership models. Nicolaides and Duho (2019: 1715) are of the opinion that modern-day African leaders lead with leadership inherited from the period of colonialism. Owing to western leadership styles dominating African leaders, the progress of African leaders is delayed (Poncian & Mgaya, 2015:106). Nonetheless, the values of *Ubuntu* reflect the qualities of African leaders (Eresia-Eke & Mabasa, 2018:3) and therefore Mthembu (2019:70) suggests a transformed leadership with African-centred values for the 21st century.

It is thus crucial to relook at an Afrocentric approach for the formerly colonised African people. Noman (2018:29) states that from an Afrocentric approach, we move away from the westernised thought to a unique Africological approach. Furthermore, Molefe Asante, who is the founder of Afrocentricity, state that African culture lost its place of importance in the world and therefore Afrocentric "thinkers" must restore this importance. Nicolaides and Duho (2019: 1715) agree that African leaders "need to get back to its roots" and adopt a leadership approach based on neglected African cultural traditions. Leaders who use Afrocentric values embrace unity, self-determination, collective work and responsibility, a deep sense of purpose and creativity (Akua, 2020:122)

Table 2.5 demonstrates how an Afrocentric leadership approach is infused within transformational, transactional, and African leadership.

Table 2.5: Afrocentricity leadership infused in other leadership approaches

Afrocentricity canon	Leadership capabilities	Transformational	Transactional	African
Deep sense of purpose and self-determination to achieve organisational objectives	Influence subordinates	Influence subordinates to achieve organisational objectives	Mutually beneficial exchanges to achieve organisational objectives	Promote participation to achieve organisational objectives
Shared interaction/Partnerships	Provide direction	Provide new direction and inspire subordinates	Transaction with mutual agreements	Shared interaction
Collective personhood	Motivate individuals	Motivate individuals	Corrective criticism and negative feedback	Motivate individuals
Commitment to serve and be productive	Improve productivity	Improve productivity	Contractual agreements to encourage participation	Improve productivity
Collective work and responsibility	Cooperative interaction	Collective interest	Contractual agreements to encourage participation	Collective decision making and vision

Centered on culture				*Ubuntu* culture with values of integrity and compassion

Source: Adapted from Akua (2020:122) and Gandolfi and Stone (2017:2)

It can be deduced that the significance of an effective leadership style in any institution, impacts service delivery. Although leaders display a variety of leadership styles, adopting the appropriate style is crucial. It is clear that by practicing the appropriate leadership style, employees are more committed and therefore institutions' overall performance improves. The three leadership approaches that was discussed are transformational, transactional, and African. The specific reason for this was that the current leadership approach that is adopted by the public service is transactional; the most suitable leadership is transformational and African leadership with the values of *Ubuntu* should move away from westernised leadership approaches. The fact is that much can be learned from pre-colonial leaders and leadership systems as this is based on Afrocentricity, which reflects African values. By delving into the rich African culture, Africans will be able to adopt leadership values that would be free from western values.

In order to further relate the rationale for selecting transformational leadership for public health services, the link between transformational leadership and institutional effectiveness is explored below.

2.5 TRANSFORMATIONAL LEADERSHIP AND INSTITUTIONAL EFFECTIVENESS

Literature indicates that there is a link between leadership and institutional effectiveness (Torlak & Kuzey, 2019:277; Fischer, 2017:155; Asiri, Rohrer, Al-Surimi, Da'ar & Ahmed, 2016:9). This is because leaders inspire subordinates and create a unique vision leading to subordinates being motivated to achieve mutual organisational objectives. This results to enhanced institutional effectiveness.

As detailed in the literature review on transformational leadership, all the above-mentioned leadership components signify transformational leadership. Transformational leaders motivate and inspire employees to transcend personal

achievement for institutional goals thereby exceeding personal and institutional goal expectation (Torlak & Kuzey, 2019:277; Ribeiro, Yucel & Gomes, 2018:1902**;** Ecvarria *et al.,* 2017:168). Moreover, transformational leadership focusses on the emotions, values and effects leaders have on employees (Misra & Srivastava, 2018:111) by continuously engaging, empowering, and developing employees (Fischer, 2017:155). When a transformational leader influences the personal characteristics of individuals such as personal motivation, employees are likely to increase performance (De Gennaro, 2019:5). Therefore, transformational leadership, through its influence on employees, attempts to have an impact on employee commitment, employee performance, employee well-being and job satisfaction (Misra & Srivastava, 2018:111).

A number of studies indicate that transformational leadership style influence employee commitment (Abasilim *et al.*, 2019:1; Sunarsih, 2019:1), employee performance (Mohiuddin, 2017:18; Torlak & Kuzey, 2019:276), employee well-being (Liu *et al*., 2019:438) and job satisfaction (Saleem, 2015:565). Employee commitment results from job satisfaction (Choi, Goh, Adam & Tan, 2016:3) as employees experience a sense of pride and inner fulfilment when doing a specific job (Saleem, 2015:565).

Abasilim *et al.* (2019:1) refer to employee commitment as the degree of loyalty of employees to attain institutional goals. Furthermore, Mitonga-Monga and Hlongwane (2017:351) acknowledge that organisations thrive when employees are loyal. A study by Samirah, Rohrer, Al-Surimi, Da’ar and Ahmed (2016:8) indicate a positive relationship between employee commitment and transformational leadership, reflecting employees’ desire and obligation to commitment to the organisation. Unlocking this commitment in employees, leads to team commitment which increases overall organisational commitment.

Kammerhoff, Louenstein and Schulz (2019:211), state that transformational leadership studies indicate strong positive relationships with job performance and job satisfaction. Given this, it indicates that when employees have a high amount of job satisfaction, they are more committed to their jobs. When they are committed, it leads to higher work productivity and the attainment of organisational goals (Deshpande, Sahni, Karemore, Joshi & Chahande, 2018:2). Abasilim *et al.* (2019:1), concede that

employees who are committed to an institution work more efficiently and are less likely to leave the institution.

Torlak and Kuzey (2019:280) describe employee performance as how efficient employees fulfil their work-related tasks. For individual employees, an appraisal system measure employee performance based on key performance areas (Nusari, Falasi, Alrajawy, Khalifa & Isaac, 2018:16). Moreover, employee well-being refers to the state of employees physical and psychological health (Arnold, 2017:382). In the review by Liu *et al.* (2019:438), they report that adopting an inappropriate leadership style, effect the psychological health of employees and might lead to depression and anxiety. Gregory and Osmonbekof (2019:699) acknowledge that employee well-being not only impact individuals, but organisations and society as a whole. Given this fact, the healthier employees are, the more effective institutions.

In addition, the four defining attributes of transformational leadership (known as the 4I's) as identified by Bass and Avolio (1994), namely, idealised influence, inspirational motivation, intellectual stimulation and individualised consideration of transformational leadership, creates conducive working environments contributing to the effectiveness of an institution (Boamah & Lashinger, 2018:181). Firstly, idealised influence entails the leader acting as a role model to employees. Fischer (2017:56) acknowledges that the leaders in health care have the potential to significantly influence health care services by serving as a role model to employees.

As role models, transformational leaders emphasise competency and enhanced enthusiasm amongst their employees (Yahaya & Ebrahim, 2016:197). By inspiring employees, they encourage employees to focus on goal achievement (Fischer, 2017:56) and transform their employee's goals in line with the goals of the institution (Krepia *et al.,* 2018:190). In turn, employees trust and respect leaders and undertake extra efforts to achieve organisational goals due to leaders positively influencing them as role models (Sahoo & Gupta, 2019:88). Leaders consider employees' needs before their own and attract employees with a high standard of moral and ethical conduct (Yahaya & Ebrahim, 2016:197).

Secondly, inspirational motivation concerns leaders sharing the organisational vision with the employees and supporting the ideas of employees. Vaishnavi and Suresh (20:1293) state that transformational leaders clarify the organisational vision through

effective communication which is necessary to build relationships of trust. Belrhiti, Van Damme, Belalia, and Marchal (2020:13) point out that when leaders communicate a clear vision to followers, it contributes to staff commitment, mutual trust, and increased performance. In addition, employees' confidence increases as leaders encourage them to successfully complete given tasks. Fischer (2017:56) is of the opinion that health care innovations often originate from employees.

Khan and Khan (2019:1) study investigated the relationship between transformational leadership and employee innovation. They report that transformational leadership indirectly influence employee innovation and therefore governments should invest in transformational leadership by focusing on qualities such as motivation and innovation. Moreover, with the immense pressure public organisations are under, innovations are needed to improve public services.

Torlak and Kuzey (2019:277) go further and state that innovations and collaboration with employees lead to organisational change. Harb and Sidani (2019:205) study supports the idea that transformational leadership is pivotal in achieving successful organisational change. Naidoo (2017:22) states that change is inevitable in health care and therefore, leaders need to be capacitated with knowledge on implementing and managing organisational change.

Oreg and Berson (2019:1) argue that the role of the health care managers is comparable to being change leaders. There is a general concern with regards to the readiness of health system leaders in coping with organisational change. Vaishnavi and Suresh (2019:1291) define organisational readiness as an organisation's' ability to implement change and the degree of employees' readiness to accept these changes. Their study on the influence of factors associated with organisational readiness for change in health care, identified several key factors that hinder organisational change, such as a lack of skill and training, availability of resources and effective communication.

How well leaders deal with change, creates opportunities for personal growth and development (Naidoo, 2017:22). Hartge, Callahan and King (2019:101) state that leaders should effectively communicate change in order to increase the probability of implementing the change successfully. Given these facts, health care leaders are viewed as agents of change who are able to create a positive organisational culture

through effective leadership (Lanzoni, Meirelles & Cummings, 2016:4). Organisational culture refers to the shared values and beliefs that influence workplace and employee behaviour (Oh & Han, 2020:2; Coe, Wiley & Bekker, 2019:587).

Ledimo (2014:44) notes that constant changes enhance pressure on public service delivery and that leaders should be accountable. Nxumalo, Gilson, Goudge, Tsofa, Cleary, Barasa and Molyneux (2018:1) comment that accountability in health care must be prioritised for improved health care. They suggest that owing to limited health care resources, abuse of power, claims of corruption and poor responsiveness of community's needs, accountability is increased. Fischer (2017:65) acknowledges that accountability in health care is crucial for transformational leadership. This is so because leaders who take responsibility can inspire and motivate others to achieve positive outcomes.

Thirdly, intellectual stimulation involves the leader challenging employees to think innovatively and creatively. Yahaya and Ebrahim (2016:197) highlight that leaders intellectually challenge employees to go the extra mile. By encouraging employees to participate in the decision-making process, it nurtures critical thinking (Boamah & Lashinger, 2018:181). This leads to new ideas and new ways of doing things (Yahaya & Ebrahim, 2016:197). Choi *et al*., (2016:3) state that intellectual stimulation fosters independent problem solving and encourages employees to take risks. Through voicing their opinions on critical heath care matters, it leads to improvement and positive outcomes in patient care (Fischer, 2017:56).

Lastly, individualised consideration entails that leaders demonstrate a genuine concern for the needs and feelings of employees. By considering employees an important aspect, leaders are able to build strong relationships with employees (Yahaya & Ebrahim, 2016:197). Leaders offer their assistance, experience, and advice to employees to encourage them to contribute to organisational outcomes (Choi *et al*., 2016:3). In addition, leaders support the development of employees' skills and knowledge (Choi *et al*., 2016:3). While creating new learning opportunities for employees and delegating responsibilities to them, employees' personal development increase. Yahaya and Ebrahim (2016:197) concede that through this, leaders develop employees to become future leaders. This correlates with the aim of transformational leadership to create a better future for employees, by creating opportunities for

personal and professional development while recognising employee performance (Smith, 2015:229).

To summarise, transformational leaders empower subordinates by equipping them with competencies and capabilities to be more effective in performing their duties and responsibilities. This in turn, enhances institutional effectiveness and overall productivity. Evidence indicates that transformational leaders who demonstrate the four I's namely**,** idealised influence, inspirational motivation, intellectual stimulation and individualised consideration, contribute to staff commitment, mutual trust and increased performance. Pertaining to idealised influence, when leaders are role models and instil respect amongst employees, it in turn encourages employers to exceed goal expectations. For inspirational motivation, when leaders share organisational objectives and trust employees to successfully achieve these objectives, employees are confident and inspired. For intellectual stimulation, leaders who allow employees to think innovatively and value their inputs in problem solving, encourage employees to go the extra mile, leading to overall improvement. Concerning, individualised consideration, leaders treat employees as individuals, focusing on individual needs and thereby encouraging personal development. As can be seen, when transformational leadership is adopted, employees are motivated to achieve institutional goals, thus coherently enhancing institutional effectiveness. Hence, transformational leadership is considered to be the driving force to enhance institutional effectiveness.

2.6 CONCLUSION

Chapter 2 dealt with three key leadership approaches, namely transformational, transactional and African leadership. Definitions of leadership from various scholars were provided, which led to the conclusion that the most important constructs are leader-follower relationships and the achievement of institutional goals. Key factors of leadership were explained, namely power and authority which pertains to traditional leadership approaches. When looking at African leadership, it is clear the uniqueness and values of *Ubuntu*, are not found anywhere else in the world. Notwithstanding, African leaders are still dominated by western leadership approaches. Furthermore, this chapter highlighted the link between transformational leadership and institutional

effectiveness, indicating that transformational leadership may impact significantly on employee performance and employee wellbeing.

The next chapter deals with public primary health care, specifically focussing on the importance of primary health care’s services in the context of the Covid-19 pandemic.

CHAPTER 3

PUBLIC PRIMARY HEALTH CARE IN SOUTH AFRICA

"Modern Public Health is at a crossroad."

(Srivastana & Kunwar, 2018:162)

3.1 INTRODUCTION

The previous chapter focussed on transformational, transactional and African leadership. It also highlighted the importance of transformational leadership style as it relates to institutional effectiveness.

This chapter places the emphasis on the case of Public Primary Health Care (hereafter referred to as PPHC) in an attempt to answer the third objective (see section 1.4). It further contextualises PPHC in South Africa to familiarise the reader of the dissertation with the context. It is necessary as it informs the leadership approach adopted by PPHC and it influences the chosen research method (see Chapter 4). This chapter further explains challenges encountered by PPHC on the African continent as depicted in the literature. The following section provides an overview of PPHC.

3.2 OVERVIEW OF PUBLIC PRIMARY HEALTH CARE

Public hospitals play a vital role in public health service delivery to South African citizens. Despite this explicit role, the South African public health system is confronted by various challenges such as inefficient administrative processes, lack of digitalisation and the increasing burden of disease (Seymour, Mwalemba & Weiman, 2019:1). According to Brooke-Summer, Petersen-Williams, Kruger, Mahomed and Myers (2019:132), this burden of disease is due to an increase of chronic diseases, mental and neurological illnesses as well as substance abuse disorders. Consequently, vast numbers of patients are seen daily at PPHC facilities (Scott & Moosa, 2019:2). Mash, Ray, Essuman and Burgueno (2019:1) recognise that although Africa has 25% of the global disease burden, it only has 3% of the worlds' health workers.

Public health is the science and art aimed at the prevention of disease, prolonging life, and promoting physical health (Schneider & Schneider, 2017:4). Pliabangchang

(2018:384) explains that a public health system consists of people, diseases and health. Furthermore, public health is divided into primary health care, secondary health care and tertiary health care (Gupta & Rokale, 2016:85). As this study focusses on PHC, it defines PHC as constant care that promotes health, self-care and manages chronic disease (Finkelman, 2016:102). Akintola *et al*. (2015:2) point out that the PHC approach entails comprehensive care, active community participation, equity and the utilisation of appropriate technology. Moreover, PPHC services are walk-in centres that allow patients access to facilities without a referral letter in most cases (Barr & Dowding, 2012:100). Accessing PPHC services in the Western Cape is based on a referral and an appointment system Mash, Steyn, Bello, Von Pressentin, Rossouw, Hendricks & Stapar, 2019:252). More importantly, PHC facilities are the gatekeepers to secondary health care (Mash *et al.*, 2019:252).

Adeniji and Mash (2016:1) note that PHC is experiencing a crisis due to an increase in communicable diseases and the ongoing increase of non-communicable diseases. Non-communicable diseases refer to physical diseases such as cancer and diabetes mellitus as well as mental health disorders such as depression (Sorsdahl, Sewpaul, Evans, Naidoo, Myers & Stein, 2016:2). Ngqangashe (2020) states that non-communicable diseases, specifically diabetes, has been the leading risk factor for severe illness and death from the Covid-19 pandemic. In fact, the Covid-19 pandemic has intensified this problem, as non-communicable diseases account for the leading cause of Covid-19 related deaths**.** Communicable diseases refer to diseases that spread from one person to another such as the Human Immunodeficiency Virus (HIV), Pulmonary Tuberculosis (PTB) and Covid-19 (Mastroianni, Kahn & Kass, 2019:429; Watkins, 2020:2). With the recent outbreak of the pandemic, COVID-19, the corona virus spreads through the movement of people, goods and foods and spreads rapidly in overpopulated communities (Watkins, 2020:2). Therefore, Kapata, Zumla, Ihekweazu, Ippolito and Ntoumi (2020:233) postulate that the outbreak of Covid-19 calls for immediate intervention and remodelling of the health care system. Moreover, Nepomnyashchiy, Dahn, Saykpah and Raghavan (2020:151) agree that government should not wait to strengthen and improve health systems as the Covid-19 pandemic is the new “public health backdrop”.

Amzat and Razum (2018:5) assert that these communicable diseases are further spread due to health inequalities and health care services providing poor quality health

care. In South Africa, general inequality that exists in terms of services such as health, has its roots in the history of colonisation and apartheid. Hence, the country will continue to endure challenges of inequality due to its unjust past. The inequality trends in South Africa survey affirm that eight out of every ten black African-headed households utilise public health care facilities, compared to one out of ten white-headed households (Stats SA, 2019:2). This ratio between the disparities in race attending public health facilities are noteworthy as it expresses the ability of affordability to attend private health care services. Ramathuba and Ndou (2020:2) concur that due to most of the population being unable to afford private health care, the public health care system is strained and challenged to provide equitable services.

The General Household Survey (hereafter referred to as GHS) (2019:25), indicates that seven out of every ten households (approximately 72,5%) in South Africa use public health care institutions as their first point of access to health care services. In addition, the GHS (2019:25) indicates that 17,2% of the South African population has private medical aid coverage. In March 2021, the Minister of Health of South Africa reported that 84% of South Africans make use of public health care services, while the remaining 16% utilise private health care services (Turner, 2021:1). Specifically, the survey indicates, while provinces such as Gauteng and the Western Cape respectively have high medical aid coverage of 24,9% and 24,1%, Limpopo and Eastern Cape have 9,9% and 10,8% (GHS, 2019:25).

Furthermore, Benatar, Sullivan and Brown (2018:1533) note that health inequalities are differences that are unnecessary, avoidable, unfair, and socially unjust that put the already socially disadvantaged at a further disadvantage with respect to health. Therefore, Balio, Yeager and Beitsch (2019:103) endorse that in order for health inequalities to improve, social determinants of health such as housing and education should be addressed. Baker, Friel, Kay, Baum, Strazdins, Mackean (2018:101) refer to social determinants as circumstances in which people are born, grow, live, work and age. Circumstances such as poor housing, inadequate water and sanitation, overcrowding and a lack of quality education has a major impact on the health of individuals (Scott, Schaay, Schneider, & Sanders, 2017:79). Therefore, addressing these social conditions are crucial to improve health outcomes and prevent diseases (Garg, Homer & Dworkin, 2019:1). Drawing from the aforementioned, Vyhrystyuk, Rogozhnikova, Semenova, Shusharina, Savelyeva and Kunygina (2017:152) attest

that the quality of public health should be seen in conjunction with the overall living standards of the citizens.

In 1978, the World Health Organisation (hereafter referred to as WHO) developed the PHC approach in the Alma Ata Declaration (WHO, 2018:1). Although this declaration was revolutionary, it recognised that PHC is key to effective health care services. In addition, it provided the health system with the foundation to improve health and strengthen overall health services for the global population. Rispel (2016:17) acknowledges that when health systems are weak, service delivery is sub-optimal and health outcomes are poor. Nxumalo, Gondge and Manderson (2016:61) and Twala, Blaauw and Ssengooba (2019:2) stipulate that a strong health care system is required for effective health service delivery and therefore strengthening the health care system is a key priority. Considering the current challenges experienced due to the Covid-19 pandemic, a strong health system is a prerequisite.

Rispel (2016:17) identifies three crucial shortcomings in the post-1994 public health care system, namely the inability of leadership and management to implement key reforms, a lack of an effective district health system and the inability to deal with the health workforce crisis. Challenges such as capacity constraints, the lack of enforcing legislation and the inappropriate selection of officials in posts contribute to these shortcomings. Zweigenthal *et al*. (2019:2) are of the opinion that the health workforce is the core to any health system, hence implementing interventions to retain a skilled, productive and well-motivated health workforce is integral. The WHO (2016:15) refers to the health workforce as the backbone of health systems, hence all necessary measures should be taken to ensure a skilled health workforce.

In an attempt to retain and attract scarce skills health professions in South Africa, the Department of Public Service and Administration introduced the following measures. These include measures such as Occupation Specific Dispensation (hereafter referred to as OSD), rural allowances and pay progressions (Shipalana, 2019:497). In 2009, OSD was implemented and introduced new salary levels for all health professionals (Zweigenthal *et al*., 2019:2). Jooste and Scheepers (2014:1721) and Michel and Ecarnot (2020:345) support that leadership in health care retain all categories of health care professionals by offering financial rewards such as better salary packages.

It can be deduced from this discussion that public health care services are crucial for positive health outcomes. Social inequities lead to health inequities and therefore the South African government should improve the social circumstances of the citizens. This would control and prevent the spread of communicable diseases such as the Covid-19 pandemic that is threatening human existence. Next, the various services offered at PHC centres are explained.

3.3 SERVICES AT PUBLIC PRIMARY HEALTH CARE CENTRES

Health care is centralised through PHC and thus improving its effectiveness is integral (Dawda, 2016:73). PHC facilities consist of CHCs, which deliver twenty-four-hour services and day clinics. In addition, CHCs have a dedicated emergency unit without inpatient services as a well as a midwife obstetric unit (Bresick, von Pressentin & Mash, 2019:111). Cohen and Bruijns (2018:584) acknowledge that each CHC has unique characteristics in terms of patient demographics, disease characteristics, resources and employee skills. At the CHC's, patients are seen in an outpatient department as well as an emergency unit. Patients presenting at emergency units are walk-ins or brought in by emergency services. Thereafter, the decision rests on the clinicians' assessment to transfer the patients to secondary hospitals (Aspelund, Patel, Kurland, McCaul & van Hoving, 2019:2).

The workforce at CHC's is a multi-disciplinary health team consisting of doctors, nurses, pharmacists, and allied health professionals. The doctors employed at CHC's comprise of those who are completing their community service or internship year. Each CHC has a family physician who is a specialist in medicine and serves as the senior doctor at the facility (Bresick *et al.,* 2019:111). Bradd, Travaglia and Hayen (2017:14) refer to allied health professionals as tertiary educated health professionals working as key members of the health care team to optimise the clinical outcomes of patients. Allied health professionals include radiographers, occupational therapists, physiotherapists, and dieticians that assist with the diagnoses and treatment of patients (Anderson & Oakman, 2016:259).

Furthermore, current provincial policies mandate that patients with acute conditions should be seen at hospitals and not CHC's. Emergency medical services also have policies in place to bypass primary care facilities and take patients directly to emergency units of secondary hospitals. Emergency units utilise a triage system that

colour-code the patients according to the urgency of care (Cohen, 2017:12; Scott & Moosa, 2019:2). An effective triage system prioritises patients by need of care, thereby differentiating those that need urgent care from those that will remain on a waiting list. According to Cohen (2017:12), the colour-coding system represent four levels of priority, namely emergency (red), very urgent (orange), urgent (yellow), non-urgent (green). These triage scores are assigned by the nurses working in the emergency unit based on the patients' vital signs and a list of specific emergency conditions. Tam, Chung and Lou (2018:6) acknowledge that an accurate triage score is fundamental for patients to receive the necessary medical service in the most appropriate time. Therefore, it is paramount that nurses regularly update their skills and knowledge of the triage system (Adeniji & Mash, 2016:3).

The South African triage system, namely the South African Triage Group (SATG), is a designated triage body focussing on improving equity and quality in emergency healthcare. Cohen (2017:13) acknowledges that the SATG is a local version of a triage system developed to assist in resource-constraint settings. This group utilises the South African Triage Scale (SATS), which was implemented in 2008 and categorised according to adult, child, and infant. The objectives of SATS are firstly to expedite health service treatment for patients presenting with life-threatening conditions. Secondly, it ensures patients are categorised according to clinical conditions and thirdly to improve overall length of stay of patients. Fourthly, it facilitates streaming of less urgent patients and lastly it is user-friendly to health care professionals (Adeniji & Mash, 2016:3).

Adeniji and Mash (2016:4) conducted research at Gugulethu CHC and discovered that patients lacked an understanding of the triage system. This was due to patients being uninformed, and even though there were posters being displayed, patients felt that nurses needed to explain the system to them for better understanding. In addition, Phiri, Heyns and Coetzee (2020:6) acknowledge that patients feel frustrated and neglected owing to the lack of communication from health professionals. However, owing to patients' limited knowledge of the triage process, they became convinced that the treatment was unfair and that nurses gave preferential treatment to certain patients that they were familiar with (Adeniji & Mash, 2016:4). Generally, long waiting times in triage lead to patients becoming anxious and fretful (Swart, Muller & Rabie, 2018:2). When waiting areas are overcrowded, the waiting period is prolonged with

four to six hours (Phiri *et al*., 2020:10). Similarly, Scott and Moosa (2019:5) also found that patients who had limited knowledge about the functioning of the triage system, resorted to being impatient and complained. This lack of knowledge adds extra burden to the leadership in PHC since they encounter several challenges.

From the mentioned literature, it has become clear that nurses should possess the relevant knowledge to apply the colour coding of the triage system. An effective trauma system is fundamental for patients' health and treatment. More importantly, patients and the community should be educated on the triage system to avoid anxiousness deriving from confusion of the procedures when attending PHC institutions. When patients are informed, they are less impatient and prepared for challenges such as longer waiting times. It is therefore essential to discuss challenges in PHC next.

3.4 CHALLENGES ENCOUNTERED BY PUBLIC PRIMARY HEALTH CARE IN SOUTH AFRICA

As already argued in the previous sections of this chapter, South African health care institutions are facing increasing challenges as a new era for health reform has developed. Globally, the Covid-19 pandemic has cast the spotlight on challenges in health care such as availability of much needed human resources. Mofolo *et al.* (2019:1) acknowledge that in 2013, globally there was a deficit of 17,4 million health care workers, that included 2,6 million doctors and 9 million nurses. The South African Nursing Council (hereafter referred to as SANC), recognise that in 2020, there was one nurse for every 213 people in South Africa, which reflects an increase pressure of nurses delivering quality patient care (SANC, 2021:2).

What transpired with the outbreak of the Covid-19 pandemic, was the need to employ more health care workers. During the 2020/21 Health Department Budget Vote, the then health minister, Mr. Zweli Mkhize, reported that the health department created 50 614 posts to strengthen the public health care services. In addition, due to close collaboration between the National and Provincial Health departments as well as Professional Councils, 2 469 medical interns and 10 589 Community Service Personnel were employed (Health Department Budget Vote, 2021:1)

Another global challenge is that nearly half of the population living in rural and remote areas, has difficulty accessing quality health care services (Mbemba, Gagnon &

Hamelin-Brabant, 2016:61). These challenges also affect the entire Sub-Saharan Africa. In line with this, Mash *et al.* (2019:2) postulate that PPHC in Africa has suffered due to lack of government commitment and investment, low-level health care workers with limited training and a lack of supervision. South Africa is not an exception as indicated in previous sections. Barnard and Simbhoo (2014:1) attest that leadership in the public service experience great challenges due to issues such as diversity amongst followers, inefficient service delivery and distrust in leadership. Adomah-Afari (2015:726) admits that delivering an effective health service to the public is a major challenge for leaders. The following challenges are derived from previous research at PPHC facilities in the Western Cape.

3.4.1 Shortage of staff

PPHC's are most often than not poorly resourced and challenges such as understaffing are common (Adeniji & Mash, 2016:1). The shortage in the health workforce does not only refer to the number of health care workers, but to a workforce of competent and scarce-skilled health professionals (Asif *et al*., 2019:10). This is further confirmed by a study conducted by Samirah *et al*. (2016:1) which revealed that the shortage of staff has led to difficulty maintaining the quality of health care standards.

Undisputedly, health care service workers are essential for the effective functioning of public health care services. When a shortage of staff is prevalent; long waiting times, low patient satisfaction and a high absenteeism rate due to staff burnout ensues (Scott & Moosa, 2019:2; Hardine, 2017:1). Hardine (2017:2) investigated factors that contribute to long waiting times at an emergency care centre at Paarl Hospital in the Western Cape. She reported that the unavailability of personnel such as porters, delays the treatment of patients. Porters are responsible for transporting patients to departments for other examinations such as radiology. Due to the absence of porters, important results are delayed which consequently prolong patients' time at the facilities.

Furthermore, health care institutions are overcrowded and simply do not have the necessary staff capacity to deal with all the patients (Scheffler, Visagie & Schneider, 2015:3). Moosa and Gibbs (2014:149) report that due to the low staffing totals, staff developed poor attitudes and consequently the quality of care is compromised. To

overcome the overcrowding, Scheffler, *et al*. (2015:3), indicate that CHC's have implemented an appointment system as well as six-monthly prescriptions for chronic medication. Some CHC's offer extended service hours to improve access and patient flow. Notwithstanding, some patients still queue for hours before operating time, assuming that it operates under a first come, first serve basis. Although efficient administrative organisational systems are in place, some patients still consider health care services inadequate and unacceptable.

Given the fact that health care services should be prioritised, it is alarming that long waiting times continually persist for health care clients. According to the Ideal Clinic guidelines, the maximum waiting time should be three hours (Scott & Moosa, 2019:5). The Ideal Clinic is a strategy designed to improve the quality of PHC services with characteristics such as good infrastructure, adequate staff numbers, adequate medicine supply and good administrative processes of services (Matsoso, Hunter & Brijlah, 2016:1154). Cohen and Bruijns (2018:580) state that in 2012, the WCDoH, introduced time-based Key Performance Indicators (KPIs) for the emergency care units as part of its provincial annual operational measures. In their study, which was conducted during 2013/2014, they revealed that emergency units failed to provide emergency care timeously. In healthcare, timeliness refers to acceptable waiting times for assessing and managing patients in order to avoid harm to patients caused by delayed care. When public health care patients do not receive services timeously, they get upset and often this creates disruptive behaviours (Amankwah, 2019:278).

A study conducted by Moosa and Gibbs (2014:149) in the Gauteng Province, reported that patients bypass clinics in order to access PHC facilities. Patients prefer visiting CHS's after normal operating hours of clinics, as this ensures that they will not be turned away (Scheffler *et al*., 2015:6). This further contributes to overburdening of health care employees as they are faced with overwhelming patient totals after hours. Even though health care employees have an increased workload, it is unethical for health care employees to turn away health care patients or refuse medical care (Rabie, Coetzee & Klopper, 2016:31).

In a study undertaken at Gugulethu CHC in the Western Cape, Scheffler *et al.* (2015:4) revealed that a high absenteeism rate exists. Participants stated that although the employees seem sufficient on paper, the availability of employees on the floor is

minimal. In terms of alleviating staff absenteeism due to staff burnout, Scott and Moosa (2019:2) recommend implementing changes such as allocating employees to different tasks during the day, having short morning employee meetings and shifting non-urgent tasks to less busy hours. This ensures that current employees are utilised more efficiently through maximising their potential.

Despite the shortage of employees in the public health service, Scott and Moosa (2019:5) note that doctors and nurses in the emergency unit lacked teamwork. Some of the doctors were questioning the nurse’s ability in sorting out patients in the triage unit. Their study further highlighted the need for more experienced nurses to work in emergency units. In addition, Moosa and Gibbs (2014:149) revealed that nurse PPHC managers felt that the presence of doctors undermines the role of the nurse clinician. Considering these findings, it is a disturbing observation that although more doctors are needed in PPHC, minor issues such as undermining nurse clinicians’ affects organisational culture. Shaughnessy and Griffin (2018:574) assert that the changing health care environment creates opportunities for nurse managers to advance in their profession. However, doctors have indicated that nurse managers are inconsiderate as they expect doctors to see an increasingly high number of patients on a daily basis. In addition, nurse managers reported that it is an issue of power as doctors believe that they should be in charge. This creates vast conflict between nurses and doctors and the need for better collaboration between them is pivotal as this achieves better health outcomes.

For better health outcomes, the WHO (2016:10) state that the health workforce should be distributed evenly. Szabo, Nove, Matthews, Bajracharya, Dhillon, Singh, Saares and Campbell (2020:1) concur that an adequate and well-distributed health workforce is integral. Unfortunately, the majority of health workers migrate from the rural to urban areas which poses a huge challenge (WHO, 2017:6). Globally, a rural health workforce shortage transpires as the majority of qualified health professionals prefer living and working in cities (Cosgrave, Maple & Hussain, 2018:1; Malatzky, Cosgrave & Gillespie, 2019:1).

South Africa is not an exception, as Jooste and Scheepers (2014:1721) reported an uneven distribution of the health care workforce and a high vacancy rate in rural areas compared to urban areas in the Western Cape. Subsequently, there is a shortage of

the rural health workforce which negatively affects health care quality and health outcomes. Therefore, Abay, Dibaba, Gebregohannes, Ararso, Mengistu and Hadis (2018:46) note that the imbalance in the distribution of the health workforce contributes to the disparities in the health outcomes between the rural and urban population.

Given this fact, more focus is needed on strategies to attract and encourage health professionals to work rurally. A rural recruitment and retention strategy could include identifying local youth to undertake a career in nursing and medicine (Campbell, Ross & MacGregor, 2016,50). This also holds the advantage to reduce the high youth unemployment rate in South Africa (Wilkinson, Pettifor, Rosenberg, Halpern, Thirumurthy, Collinson & Kahn, 2017:17). The Quarterly Labour Force Survey (Stats SA, 2019:8) reported an overall increase of the youth unemployment rate in all nine provinces in South Africa in 2019. More specifically, the youth unemployment rate increased from 32,4% in 2018 to 33,2% in the first quarter in 2019. This unemployment rate refers to youth not in employment or registered for education and training.

Another strategy includes placing newly qualified professional nurses in rural areas to complete their community service (hereafter referred to as CS) as required to obtain their professional qualification ((Shipalane, 2018:1). CS is a twelve-month compulsory service for health professionals aimed at staffing the health workforce where access to health services is weak (Reid, Peacocke, Kornik & Wolfaardt, 2018:744). Health professionals that must perform the compulsory CS include doctors, nurses, dentists, pharmacists, radiographers, occupational therapists, physiotherapists, dieticians, speech and hearing therapists as well as clinical psychologists (Shipalane, 2018:1). Moreover, Govender, Brysiewics and Bhengu (20117:14) note that the South African government introduced CS to retain newly qualified health professionals and place them in public health care facilities. Although rural placements have increased with 50% due to CS graduates, it does not meet the need in rural areas. This reliable recruitment strategy of health professionals does, however, not provide a long-term solution for staffing in rural areas. Instead, better opportunities should be provided for willing graduates who are prepared to stay longer than the obligatory year (Reid *et al*., 2018:745).

Likewise, Shipalane (2019:499) notes measures for rural health care facilities should be proactive and implemented to attract health care professionals. One such measure

is to offer a professional career development plan to encourage health care professionals to apply for posts at rural health care facilities. Mbemba *et al.* (2016:61) identify opportunities to attract health care professionals to rural areas such as the provision of a professional support network, better working conditions and the fact that the rural community offers a more relaxed lifestyle. A professional support network entails professional and peer support to motivate health care professionals. Better working conditions entail the availability of equipment and a hospital infrastructure conducive to provide quality care to patients.

Furthermore, in order to align rural community's health needs, students should be encouraged to develop skills aligned to their community health needs (Szabo *et al*., 2020:2). Therefore, Palsdottir, Barry, Bruno, Barr, Clithero, Cobb, De Maeseneer, Kiguli-Malwadde, Neusy, Reeves, Strasser and Worley (2016:2) postulate that the curriculum systems in basic education should be aligned with the needs in health systems. In Australia, the "Going Rural Health" programme was implemented in 2015 to develop the nursing workforce in rural settings and inspire students to work rurally (Bolte & Bourke, 2017:40). These students receive financial assistance and after completing their training, these students are placed in suitable positions in health facilities. In South Africa, the Umthombo Youth Development Foundation (hereafter referred to as UYDF) scholarship scheme, is a similar programme to alleviate the health workforce shortage in rural areas (Campbell *et al*., 2016:50). Based on the premise that students from rural origin will take employment in their rural communities, it provides these students with financial support (MacGregor, Ross & Zihindula, 2018:51). Thus, investing in the health workforce through programmes such as the UYDF, increases youth employment and strengthens rural communities' health care services.

Naidoo (2017:58) states that most health care services make use of agency staff to overcome the shortage of employees. Rispel, Blaauw, Chirwa and de Wet (2014:5) indicate that the agency rate for the public health sector in South Africa is 28,4% compared to the private health sector's 58,4%. Generally, the health workforce is mal-distributed between the public and the private health sector. Overall, 73% of general practitioners practice in the private sector which leaves the public health sector with one practicing doctor for every 4219 people (Ellis, 2017:1). The Minister of Health in South Africa, Zweli Mkhize, reported on World Health Day 2021 that 75,2% of

specialists practice in the private sector, compared to 24,8% who practice in the public sector. This is of great concern as only 16% of the South African population currently have access to private health care (Turner, 2021:1).

Maseko and Harris (2018:23) state that health professionals prefer working in the private health sector because of better resources and infrastructure. Whilst the public health sector is overburdened and offers poor quality of care, the private health sector provides quality facilities and excellent care (Morudu & Kollamparambil, 2020:2). Therefore, Wishnia, Strugnell, Smith and Ranchod (2019:11), postulate that the inequity between the public and private health sectors will persist unless the public health sector becomes a captivating option for medical specialists.

Specifically, the nursing shortage is brought on where the demand for nursing staff, exceeds the supply (Matlakala & Botha, 2016:201). Hence, agencies play a significant role in health care as they supplement the nursing shortage on an as-needed basis (Moyo, Ali & Dudley, 2019:119). However, this creates further problems as team leaders have to supervise agency staff due to limited knowledge and skills (Naidoo, 2017:58). Owing to the temporary nature of agency staff, routine competency assessments are not performed as in the case of permanent staff (Moyo *et al*., 2019:120). Subsequently, team leaders are obligated to ensure that agency staff provide the same high-quality services and therefore must set aside important leadership tasks to assist with clinical work (Naidoo, 2017:58; Moyo *et al*., 2019:120).

Amid the shortage of staff, health care employees are committed to increase their performance to achieve institutional goals. This is reflected during the Covid-19 outbreak, where health care employees have demonstrated a continuous loyalty to deliver health care services despite the risks. Aghalari, Dahms, Jafarian and Gholonia, (2021:2) state that committed employees increase their performance by advancing their personal goals to achieve institutional goals. Moreover, when an employee is satisfied with carrying out his/her job, employee performance increase (Wulandari, Hertati, Antasari & Nazarudin, 2021:19). Therefore, the positive attitude of the health workforce towards rendering health care services despite the risks, leads to overall achievement of institutional goals.

From the above review, one can deduce that human resources are the most important resources in public health care. The recent Covid-19 pandemic revealed that the

shortage of health workers, can be devastating. With a shortage of staff, it is a vast challenge to meet the needs and demands of the public health care system. Hence, the shortage of staff should be resolved to limit staff absenteeism and to ensure improved health service delivery. An important intervention to reduce the health workforce shortage in rural areas, is the implementation of programmes that encourage rural students to take employment in their communities after graduation. In essence, to restore the confidence of communities in PHC services, more staff should be employed. When there are sufficient human resources, the challenge of inadequate access to public health care services will also be resolved. The following subsection thus deals with the challenge of inadequate access to public health care services.

3.4.2 Inadequate access to public health care services

Access to public health care is a basic human right, hence government is responsible to ensure equitable access to high quality public health care services (Scheffler *et al*., 2015:2). In addition, it should be seen as an essential social function that is available to all citizens of equal moral worth (Benatar *et al*., 2018:1533). Ramathuba and Ndou (2020:1) point out that the South African health care system has undergone vast changes since gaining democracy and therefore health professionals should bear in mind that communities are aware of their rights when accessing health services.

High quality public health care services are dependent on several factors such as accessibility, affordability, acceptability, adequacy, and availability. Accessibility refers to the proximity of health facilities in relation to patients' homes. It is the opportunity of ease with which patients are able to utilise health care services within a reasonable distance (Mokomane, Mokhele, Matthews & Mokoae, 2017:125). Patients who have lesser access to health care, have poorer health outcomes than the general population (Scheffler *et al*., 2015:3; Stellenberg, 2015:2).

Stellenberg (2015:2)'s study revealed that a great deal of clients could not afford to access health services as accessibility is also dictated by the socio-economic status of the patients. Affordability of health care refers to the costs that patients incur such as travelling costs and even the costs such as loss of income due to visiting the health care facilities (Fusheini & Eagles, 2016:2). In addition, most patients use public transport to health facilities; hence they often arrive late for appointments or do not attend appointments due to lack of finances (Stellenberg, 2015:2). Thus, utilising

public transport not only adds extra costs to patients but is also a constraint to accessing public health care services on time (Guimaraes *et al*., 2019:3). This casts the spotlight on South Africa's underdeveloped public transport network, which coherently influences health service delivery (Burger & Christian, 2020:14).

Mokomane, Mokhele, Mathews and Mokoae (2017:126) note that acceptability of public health care services refer to the nature of service provision and how individual health care patients and communities perceive the quality of health care services. Acceptable health services are based on non-discrimination and include the confidentiality of patients' health information as well as services that consider the cultural needs of patients (Paulus-Mokgachane, Visagie & Mji, 2019:2; Muller, 2017:5). Burger and Christian (2020:45) acknowledge that the acceptability of public health care services is crucial in the implementation of NHI. It is perceived that current private health care service users will bypass public health care facilities if a quality service is not rendered.

The availability of public health care services refers to an adequate supply of health care facilities, health care providers, consumables, and pharmaceuticals (Mothupi, Knight & Tabana, 2018:7). It comprises fully functioning health care facilities as well as dedicated health care programmes such as programmes dealing with sexually transmitted diseases that is available for patients (Muller, 2017:5). Burger and Christian (2020:45) state that the availability has increased since the post-apartheid era as more health care facilities have been built and upgraded. Consequently, patients have shorter travelling times as more facilities are available closer to their homes.

Mothupi *et al*. (2018:7) define adequacy of public health care services as an integrated measure of quality, coverage and the social determinants of health. Coverage refers to a measure of access to health care and not only the availability of health care services. Adequacy is a patient-centred measure, although most of the intersectoral indicators are measured from the supply side. In South Africa, the intersectoral indicators are dedicated data sources such as the District Health Information System and Statistics South Africa. Moreover, adequacy refers to the actual hours that health facilities are available as well as to the cleanliness and maintenance of the health facility.

Generally, PPHCS provide a 24-hour health care service**.** Hence, most health care workers are shift workers, meaning they work non-standard or extended hours (Liebenberg, Coetzee, Conradie & Coetzee, 2018:5). Vedaa, Pallesen, Erevik, Svensen, Waage, Bjorvatn, Sivertsen and Harris (2019:458) state that shiftwork and long working hours are common in the health care sector, where long working hours refer to shifts longer than eight hours. In order to reduce the negative consequences of shift work, a change in the length of working hours or changing from fixed to rotating schedules are recommended.

Kotze, van der Westhuizen, Loggerenberg, Jawitz and Ehrlich (2020:3) note that nurses and allied health professionals provide a 24-hour health service, by working 8 to 12-hour shifts. However, working 12 hours as opposed to the normal eight hours, pose twice the risk of medical errors. Therefore, Manyisa and van Aswegen (2017:34) recognise shift work as an occupational health and safety challenge. They reported that it results in health effects such as fatigue, stress, reduced sleep and alcohol abuse. Due to the resulting fatigue, health professionals have a lack of concentration leading to incidences such as needle stick injuries. As long working hours, irregular shifts combined with a heavy workload, leads to burnout of health professionals, it affects the quality of patient care (Liebenberg *et al*., 2018:5).

Moreover, medical doctors usually provide an “on-call” on-site 24-hour shift, followed by a day of “post-call” work. This long working hours led to the Safe Working Hours (SWH) campaign in South Africa. This campaign was started to generate evidence-based discussion aiming to regulate working hours for South African doctors (Kotze *et al*., 2020:4).

From the above literature, it is clear that health care access is an important element of health care service quality. This includes ensuring that sufficient health professionals are available to render a quality service. However, the long working hours of health professionals should be considered as it has an adverse effect on the quality of patient care. As mentioned in section 3.2, approximately 84% of the South African population is dependent on public health care services, and therefore urgent measures must be implemented to increase access to basic health care services. The next subsection discusses inadequate funding as this must be minimised to render effective health service delivery.

3.4.3 Inadequate funding

Despite a number of promises made at the end of the apartheid era in South Africa, inadequate funding is common in the public health care system (Neely & Ponshunmugam (2019:214). Malakoane, Heunis, Chikobvu, Kigozi and Kruger, (2020:2) acknowledge that chronic underfunding in public health, has negatively impacted the ability of African countries to provide for health care needs of citizens. Public health facilities compete for limited funds as its functioning is reliant on government funding (Seymour, Mwalemba & Weimann, 2019:1). Although South Africa spends more on public health than any other African country, it has a high burden of disease and overcrowded health facilities (Malakoane *et al.,* 2020:2).

Following from the above, James, Gmeinder, Rivadeneria and Vammalle (2018:98), point out that PHC services are provided to the low and lower-middle income South African population that unfortunately constitute the majority of the population. As a result, PHC services are free, or patients are only charged a minimal fee. The fact that public health care services are free, should not mean that the quality of services are compromised (Burger & Christian, 2020:44). Whilst health services already face financial constraints, it still provides services to the ageing population (Baker, Honeyford, Levene, Mainous, Jones, Bankort & Stokes, 2016:1). As citizens' life expectancy increases, they require unconditional access to health care services and this impacts directly on public health expenditures (Mkize, 2017:59).

In addition, the growing South African population coupled with the rising number of refugees and migrants, have caused concern to provide a sustainable public health system (Ngobeni, Breitenbach & Aye, 2020:15). The Human Research and Science Council (hereafter referred to as HRSC) (2020:12), reports that with the current Covid-19 pandemic, the South African population will experience a reduction in disposable income. This will bring an even greater influx of the population to an already burdened public health system. More of the population will shift from the private health system to a public health system due to job losses and affordability of private medical aids. Therefore, Fusheini and Eagles (2016:2) propose that South Africa needs a health financing system, which would provide a quality and affordable health service to all health care patients. This raises the question of readiness of South Africa to implement NHI, as it aims to resolve current public health financial challenges. Although the NHI

is a step in the right direction to eradicate the 2-tier health system and improve the quality, financial constraints need to be overcome (Tsakok, 2020:8).

Furthermore, James *et al.* (2018:97) argue that although health outcomes in South Africa have improved, partly due to an increase in health spending, the health care budgets are not formulated appropriately. Their study further revealed that district health care managers are not equipped with budget formulation skills and therefore, specific needs are not reflected thoroughly in budgets. Similarly, Malakoane *et al*. (2020:12) and Naranjee, Ngxongo and Sibiya (2019:1) agree that the lack of financial management skills of health care leaders, led to budget and resource allocation challenges. This further led to funds running out in the middle of the financial year. Consequently, James *et al.* (2018:97) recommend the involvement of health care service providers involved in the budget process to create a mutual understanding of finances. This will ensure that the budget is spent on essential items to provide quality health care services. By maximising the effectiveness and efficiency of health care expenditures, the overall aim of sustaining the population's expectations of health services could be achieved.

Moreover, Stellenberg (2015:2) states that health services should be prioritised and therefore public spending on health services should be increased. Delivering a high-quality care to health care clients, should not be compromised by a lack of funds (Cohen & Bruijns, 2018:579). James *et al.* (2018:98) acknowledge that generally, public health expenditure is used to cover the costs of public health facilities and public health interventions.

Unfortunately, public health services bear the grunt of corruption that undermines the delivery of quality health services and the timeous response to diseases. Corruption refers to the use, misuse or abuse of state funds or resources for private gain that impacts population health outcomes (Naher, Hoque, Hassan, Balabanova, Adams & Ahmed, 2020:2). In addition, corruption is a result of poor governance such as a lack of transparency and accountability and therefore, good governance is crucial for effective health care delivery.

Moreover, the rising trend in corruption which was revealed during the Covid-19 pandemic to procure much needed resources, is alarming. South Africa, like the rest of the world health services, was not prepared to deal with the extent of the pandemic.

Consequently, the lack of resources of the public health system increased corruption. Examples include informal payments and bribes to procure medical supplies (Naher *et al*, 2020:5). Hence, Ngobeni *et al.* (2020:15) posit that every province in South Africa should monitor their public health spending through efficient monitoring and evaluation systems. Ongoing monitoring is essential; as Tsakok (2020:2) emphasises that the Covid-19 pandemic has taught the world the central importance of public health care.

It can be deduced that public health care funding is an important issue as the quality of health service delivery is dependent on it. The South African government should increase its health care capacity to provide these critical services. Furthermore, it should ensure that health care leaders have the required knowledge to manage health care budgets. It is clear that the issue of corruption is often evasive, but constant monitoring and evaluation systems must be in place. As health care is of paramount importance in South Africa, the following section discusses mechanisms to enhance institutional effectiveness with specific reference to PPHCS facilities.

3.5 MECHANISMS ENHANCING INSTITUTIONAL EFFECTIVENESS AT PPHCS

In order to address and overcome challenges at PPHCS, it is critical to implement mechanisms. The following mechanisms namely, the development of health care leaders, employing the Right persons with the Right skills in the Right positions at the Right time, adopting a quality health care approach and the implementation of Community Oriented Primary Care (hereafter referred to as COPC) are explored meticulously to enhance institutional effectiveness at the Mitchell’s Plain CHC.

3.5.1 Development of health care leaders

Masango-Mazindutsi, Haskins, Wilford and Horwood (2018:2) postulate that for health systems to function effectively, strong leadership skills to manage and lead are required. This is achieved through leadership development as this shapes leadership ability in any institution (Daire & Gilson, 2014:2083). Furthermore, due to the complexity and rapid change in health care the need for leadership development has increased (Sundahl *et al*., 2019:152; Magwaza & Panday, 2019:2; Govender *et al.* 2018:164; Dinbabo, 2016:1). Gandolfi and Stone (2017:2) further note leaders’ growth and development are critical to the effectiveness of an institution. Therefore, leadership development should be in line with institutional goals and objectives.

Matshabaphala (2015:500) defines leadership development as the development of competence as well as the character of leaders. By developing essential qualities in leaders such as respect, sympathy and humility, leaders' characters are enhanced. Govender *et al*. (2018:164) remark that a good character is required when dealing with the public and therefore recommend that all public health care managers undergo urgent leadership development. For health care leaders to make an impact, further and continuous education is required (Chinedu & Onuorah, 2018:73).

Within health service delivery and due to transformation in the health system, leadership skills and competencies of health care managers must be reviewed. Hence, Matjie (2018:1275) advises that a competency profile should be uniquely developed for public health care leaders. In addition, leadership development should not only be compelled to senior members of the institution, but junior members must also be afforded this opportunity (Boyle & Mervyn, 2019:253). Moreover, Srivastava and Kunwar (2018:162) note that skills such as decision-making and effective communication are integral within the health care team and thus should be included in leadership development.

The findings of Jeyaraman, Qadar, Wierzbowski, Farshiafar, Lys, Dickson, Grimes, Phillips, Mitchell, Van Aarde, Johnson, Krupka, Zarychanski and Abou-Setta (2017:86) indicate that leadership development programmes enhance crucial leadership skills such as decision-making, effective communication, conflict resolution and teamwork. Sonnino (2016:23) recommends that essential skills such as negotiation and financial management skills, leadership styles as well as important emerging health issues should also be included in the curriculum of leadership development programmes. Mukiapini (2017:24) reports that CHC managers need further training programmes to enhance team performance. Moreover, the findings of Munyewende, Levin and Rispel (2016:20), indicate that primary health care managers need constant training to improve their leadership skills.

Furthermore, Hahn and Lapetra (2019:1) reveal that several countries have not yet established formal training programmes to develop competencies for health care managers as leaders. Fitzgerald and Latib (2015:249), acknowledge that leadership development predominantly takes place in a "formal classroom" and that alternative initiatives should be implemented. Hence, they recommend that leadership

development should be a continuous exercise and subsequently should take place over a period. Similarly, Boyle and Mervyn (2019:243) state that leadership cannot be taught, but rather, should be developed gradually. Sonnino (2016:19) has a different opinion and state that formal training is necessary and highly desirable for health care. Most leadership competencies must be formally taught and should be taught at an early stage of the career.

In a study by Wong, McKey and Baxter (2018:799), participants stressed the importance of the role of mentorship in leadership development. Instead of teaching leaders, it is recommended that leaders develop through coaching and mentoring programmes. Schwerdtle, Morphet and Hall (2017:2) describe mentorship as a partnership between two people who have similar objectives. They refer to coaching as a method to direct, instruct and train a person with the aim of developing a specific skill within that person. Mentorship is based on mutual trust and respect and seeks to build confidence in the mentee. Moreover, it is a cost-effective strategy to improve quality health care.

Magwaza and Panday (2019:1) assert that investing in leadership development is advantageous as the benefits, such as achieving institutional goals, far outweigh the costs. With the focus on leadership development, it has become clear that in achieving outcomes such as accurate documentation of patients' health care, leaders should be more accountable to deliver a quality service to patients (Crawford & Kelder, 2019:133; Schwerdtle *et al*., 2017:5).

As discussed above, effective health care systems, can only be achieved through the continuous development of health care leaders. Development not only entails developing competencies, but it also develops the characters of leaders. Public health care managers with good characters are crucial for dealing with the public. While some scholars are of the opinion that leadership competencies must be formally taught, others acknowledge that it cannot be taught in a formal classroom, but rather should be developed gradually through coaching and mentoring programmes. More importantly, leadership development should incorporate skills such as decision-making, effective communication, conflict resolution and teamwork.

The next mechanism explains the importance of employing the Right Persons with the Right skills in the Right positions at the Right time.

3.5.2 Employing the Right people with the Right skills in the Right positions at the Right time

Health care with inappropriate staffing levels lead to unfavorable patient outcomes. In order to overcome the latter, ensuring that the right people with the right skills are employed in the right positions at the right time are fundamental (Hill, 2017:3). Pamela, Umoh and Worlu (2017:114) acknowledge that effective human resource planning determines that the right people with the right skills are employed in the right place at the right time. They define human resource planning as an ongoing process that identifies the number of employees in terms of quality and quantity that ensures that neither a surplus nor a shortage of employees transpire.

Daniel and Ugochuku (2020:2) are of the opinion that leadership is responsible for employing the right people at the right place. The important issue is that the right skills at the right time are embraced with the right knowledge for the right jobs. Blount and Leinwand (2019:137) highlight that employing the right people in the right positions are integral to achieve organisational goals. In addition, the right employee can also have a positive impact on the entire team (Newaz, Hemmati, Rahman & Zailani, 2020:506). Therefore, human resource professionals advise that an effective recruitment system is crucial for employing the right people in the right positions at the right time (Bostjancic & Slana, 2018: 9).

Hopp and Pruschak (2020:10) agree that an organisation must have an effective recruitment system in place to ensure that the right candidates for specific positions are hired. Furthermore, the recruitment of employees has to be specific, as the wrong choice can negatively impact an organisation (Abbassi, Tahir, Abbas & Shabbir, 2020:2). Karam, Nagahi, Dayarathna, Ma, Jaradat and Hamilton (2020:2) contend that an organisation should focus on recruitment and selection as this is important for quality management. Having a recruitment strategy in place, identifies the most suitable person for a specific position that best suits the skills requirements for that position.

With specific reference to skills, Bussin and Brigman (2019:2) note that South Africa is experiencing a skills crisis. Therefore, retaining employees with the right skills are integral for the success of an organisation. More importantly, skills must be aligned with the organisation’s purpose (Blount & Leinwand, 2019:138) as this increases

overall organisational performance (Karam *et al*., 2020:3). In addition, Pamela *et al*. (2017:119) note that by having the right number of people at a specific time to perform organisational objectives, it will increase performance and productivity which in turn achieves organisational objectives.

Moreover, skills are an important driver of productivity, innovation, and competitiveness at an organisation (Sevinc, Green, Bryson, Collinson, Riley & Adderley, 2020:1155). The presence of skilled employees adds significant value and impacts the success of an organisation (Ayatollahi & Zeraatkar, 2019:98). In the context of health care, health reform requires strong leadership skills and management capabilities, hence leaders need hard/technical skills and soft/interpersonal skills (Nxumalo, Goudge, Gilson & Eyles, 2018:4).

Technical skills refer to proving technical support, whereas soft skills refer to skills such as effective communication (Cacciolatti, Lee, & Molinero, 2017:149, Luke & Heyns, 2019:156). Moreover, Cacciolatti *et al*. (2017:149) acknowledge that a balanced mix of both technical and soft skills are required to ensure that leaders provide technical support as well as communicate effectively with employees. More importantly, soft skills are essential for functioning as an effective team as a lack of soft skills, leads to complaints due to conflict, lack of synergy and low levels of productivity (Jefferis & Hutchinson, 2020:10).

Furthermore, Ayatollahi and Zeraatkar (2019:98) state that the right skills are needed to overcome challenges and to deal with the increasing demands of improving quality of care in health care. This will ensure that queries are responded to timeously and appropriately and a high quality of care is delivered. In turn, this leads to fewer medical errors, less wastage of resources and improvement of patient safety. Given that PHC facilities are nurse-driven, nursing leadership requires soft skills such as effective communication, relationship building, emotional intelligence and enthusiasm (Reynolds, 2021:1). Furthermore, Mahase (2020:1) notes that medical students with specific skills could assist with the response of the Covid-19 pandemic.

This section highlighted the importance of employing the right people with the right skills in the right place at the right time. It noted that organisations who employ the right people with the right skills in the right place at the right time, are more likely to be successful. A good starting point is making use of effective recruitment strategies to

ensure a workforce with the right skills. Furthermore, literature indicated that employees should possess a mix of hard skills as well as soft skills to contribute to an organisation's effectiveness.

The next mechanism, namely adopting a quality care approach, follows.

3.5.3 Adopting a quality health care approach

Minister Aaron Motsoaledi states that the importance of providing quality health care services is non-negotiable (National Core Standards, 2011:5). According to Dawda (2016:71), PHC receives a lot of criticism, mainly due to these facilities being overburdened with long queues, inadequate service provision and poor-quality services. Quality health care is consistently being compromised by these challenges that affect health care services negatively. Consequently, patients bypass PHC facilities and go straight to secondary level hospitals' outpatient departments as their service quality is perceived as being better (Matsoso *et al*., 2016:1153). This indicate that the public has lost its trust in the South African PHC system as the overall quality of health care services have declined (Maphumelo & Bhengu, 2019:1). Subsequently, maintaining the effectiveness of PHC through the provision of quality health service delivery is integral.

Maphumelo and Bhengu (2019:1) recognise that a quality health care approach entails making fewer errors, reduced delays in service delivery and an improvement in the efficiency of all health services. Moreover, Amankwah (2019:267), identifies that quality in health systems are based on four constructs, namely, the quality of health service delivery, the quality of health care personnel, the adequacy of health care resources and the quality of administrative processes in the health system. He refers to the quality of health care service delivery as providing the best possible services with the available resources. The quality of health care personnel refers to individuals possessing the ability to render a quality health service to patients and to function as a team. The adequacy of health care resources refers to the effective supply and the demand of human and physical resources. The quality of administrative processes in health care generally refers to accurate record keeping.

However, Katuu and van der Walt (2016:1) acknowledge that the administration of health records is poorly managed. Health records are created, maintained, and

protected at the specific health facility which patients attend and should be kept for a minimum of five years. Mehta, Heekes, Kalka and Boulle (2018:1) concede that there is a need to improve the science of documenting health information especially with the high disease burden in Africa. By focussing on improving these four constructs, patient satisfaction increase, and patients stay loyal to specific facilities.

In an attempt to ensure quality health service delivery, the South African National Department of Health (hereafter referred to as NDoH) launched the National Core Standards (hereafter referred to as NCS) in 2011 (Maphumelo & Bhengu, 2019:1). The aim of the NCS is to restore patient and staff confidence in the public and private health care systems as well as improving poor health outcomes (NCS, 2011:5). In addition, NCS are used to ensure that all health facilities comply to high quality health care and will be used to accredit future service providers for the NHI. Hence, the NHI aspires to provide quality health services at health facilities which are compliant with national norms and standards (Chellan, 2020:1). More importantly, to implement the NHI in South Africa, the South African NDoH must ensure that they have effective leaders in place to provide high quality health care (Van der Berg-Cloete, Olorunju, White & Buch, 2019:170).

The NCS are based on seven domains and six fast track priorities (Meyer *et al.,* 2017:2). These seven domains are: 1) public health, 2) patient safety, clinical governance and clinical care, 3) clinical support services, 4) leadership and corporate governance, 5) patient rights, 6) operational management and 7) facilities and infrastructure (NCS, 2011:10). The public health domain specifies how public health facilities should cooperate with local communities to ensure quality care to the community. The patient safety domain, clinical governance and clinical care provide quality criteria to ensure quality nursing, clinical care, and ethical practice. The clinical support services domain covers services that provides clinical care, diagnostic and therapeutic services as well as monitoring systems for the efficient care of patients. The leadership and corporate governance domain cover the strategic direction that senior management provides through proactive leadership. In line with the *Batho Pele* principles and the Patient Rights Charter, the patient rights domain ensures patient access and that patients are treated with respect and dignity. The domain of operational management covers the day-to-day responsibilities to ensure delivery of effective patient care and the domain of facilities and infrastructure provides the

requirements for clean and safe health facilities. The six fast track priorities of the NCS include patient values and attitudes, waiting times, cleanliness, patient safety, infection prevention and control as well as the availability of medicines and supplies (NCS, 2011:11).

Health Care 2030 (2014:22) recommends that the issue of delivering a quality health service must be emphasised daily to all employees. In PHC facilities, the role of the manager is to continually empower employees to sustain the quality of health care services (Samirah *et al*., 2016:2). However, Minister Motsoaledi asserts that reminding staff of this issue is not enough to sustain the quality of care in South Africa (NCS, 2011:5). There are a lot of other factors influencing the quality of care, such as poor management and a lack of accountability, and all this must be considered (NCS, 2011:5). Begg, Mamdoo, Dudley, Andrews, Engelbrecht and Lebese (2018:78) concede that despite government's attempts to standardise a quality approach, quality initiatives in health care are still very uncontrolled.

One such initiative to assess the required standards, is conducting quality audits. Cloete, Yassi and Ehrlich (2020:10) refer to an audit as a quality improvement process that aims to improve patient care and outcomes. Moreover, the regulatory body for the quality of health care services are the Office of Health Standards Compliance (hereafter referred to as OHSC) (Annual Performance Plan, 2020/2021:4). In addition, the National Policy on Quality Health care (2007:3) endeavours to improve the quality of health care in public and private health care systems. This policy, in conjunction with leadership from the highest levels of government, the national health system and health care professionals, aims to restore quality health care.

Therefore, one can deduce that in order to improve the quality of public health care service delivery, health systems must function effectively and efficiently. Quality of health care requires ongoing efforts and the NCS is a fundamental benchmark to evaluate the quality of health facilities. This will alleviate long queues, inadequate service provision and poor-quality services. In terms of adopting a quality health care approach for PPHCS, would require that the quality of health service delivery, the quality of health care personnel, the adequacy of health care resources and the quality of administrative processes in the health system improve.

To restore health care clients' confidence in public health care, the WCDoH has implemented Community Oriented Primary Care as a strategy to ensure PPHCS are delivered to all health care clients.

3.5.4 Implementation of Community Oriented Primary Care (COPC)

An important facet of PPHC is the implementation of Community Oriented Primary Care. Mash *et al*. (2019:2) state the South African government has adopted COPC as a guideline for the implementation of the NHI. Although COPC originated in South Africa almost 40 years ago, it became part of health reform in 2011 to improve the health care system (Meyer, Hugo, Marcus, Molebatsi & Komana, 2018:2).

In line with the NHI for South Africa, COPC is designed to address the inequality and meet the needs of patients such as the access to quality health care services (Meyer *et al*., 2018:5). In subsection 3.2, it was noted that health inequalities in South Africa stem from the general inequality that has its roots in the history of colonisation and apartheid. COPC therefore aims to provide health care access across all provinces in South Africa, and even across its borders.

Mash, Howe, Olayemi, Makwero, Ray, Zerihun, Gyuse and Goodyear-Smith (2018:2) define COPC as a continuous process which provides PPHC to a specifically defined community based on its assessed health care needs. Govender (2016:1) refers to COPC as a strategy in which professionals from different disciplines interact with people and organisations in the community to improve the overall health. To simplify, COPC serves as a community-based health strategy that provides integrated health care services at the patients' homes (Bennett, Marcus, Abbott & Hugo, 2020:4). More importantly, COPC starts with individuals, families and communities as active participants in this process. Individuals must embrace responsibility for his/her own health (Mash *et al*., 2019:2; Moosa, Derese & Peersman, 2017:7).

Within COPC, community health workers (hereafter referred to as CHWs) work full-time as part of a clinical health care service outreach team (Bennett *et al*., 2020:1). This outreach team consists of a team leader, which is usually a professional nurse, supported by a health promoter and an environmental officer. This team is further supported by a professional nurse at the specific clinic. Each team is responsible for approximately 150-200 households in a municipal ward, in a specific geographically

defined area (Meyer *et al*., 2018:2). Teams are responsible to promote health, prevent disease and detect diseases early as well as to provide palliative care (Nyalunga, Ndimane, Ogunbanjo, Masango-Makgobela & Bogongo, 2019:144).

Nyalunga *et al*. (2019:144) describe CHWs as individuals who provide support and assistance to communities, families and individuals with preventative health measures and access to health and social services. Munshi, Christofides and Eyles (2019:4) recommend that CHWs are formalised in the public health workforce as they play a significant role in COPC and may be a possible solution for the human resource crisis in public health. Nyalunga *et al*. (2019:144) agree that if CHWs are equipped with the necessary resources, have regular training courses, and are monitored by supervisors, they might contribute significantly to the health workforce. Marcus, Hugo and Jinabhai (2017:7) postulate that systematic and ongoing work-integrated learning is needed to improve health care competency and health literacy. Given the fact that CHWs role are crucial in NHI, training should be prioritised. Challenges with training of CHWs include inadequate and slow progress of appropriate training, inadequate instruction materials and unconducive learning spaces as well as budgetary constraints (Mofolo *et al.,* 2019:3).

In 2011, the University of Pretoria, Department of Family Medicine, partnered with IT specialists to create an application to assist COPC. This application, namely the AitaHealth, allows community health care workers to register and record the health status of individuals (Meyer *et al*., 2018:2). A study conducted by Bennett *et al*. (2020:1) in the Waterberg district of Limpopo Province, indicated that ICT-enabled COPC is cost-effective for the community. In addition, it reduces the service burden at health facilities, as these health facilities are overburdened as most of the population is in poor health.

Meyer *et al*. (2018:5) point out challenges with the financial sustainability of COPC. COPC requires a budget for employing CHWs. Munshi *et al.* (2019:4) postulate that the monthly stipend CHWs receive is a flat rate and not according to years of experience. Their study reported that CHWs had more employment expectations than what this programme offers and that they expected similar remuneration packages with employee benefits as other public health care employees. Moreover, ICT-enabled COPC, requires the supply of smart phones and airtime to these workers. Continuous

airtime is needed to communicate with other health care workers and patients as well as to access health records (Meyer *et a*l., 2018:5).

Marcus *et al*. (2017:7) acknowledge that COPC in South Africa is insufficient and under-prepared for the capacity of communities. Mofolo *et al*. (2019:3)'s study indicates that CHWs are unevenly distributed across provinces in South Africa and more studies are needed to determine the supply and distribution of CHWs. Nyalunga *et al*. (2019:144) recommend improved and continuous training, provision of necessary resources as well as transport and safety to CHWs to sustain COPC. However, Bennett *et al.* (2020:1) concede that COPC must still prove positive results of its true value in South Africa.

In a recent survey conducted by the HRSC on Covid-19, the importance of CHWs was reiterated as results indicated that 13% of the South African population could not access health care services to collect their chronic medication during the lockdown period. Considering this, the role of CHWs in communities can be extended to delivering patients' medication on their routine visits to communities (HRSC, 2020:20). Goldfield, Fox, Nichols and Rosenthal (2020:184) acknowledge that the public health care capacity has always been underfunded and this has impacted negatively when dealing with the Covid-19 pandemic. What may assist the situation, is to increase CHW's in communities that assist with testing and educating the public in an attempt to help curb an even further spread of the virus. CHW's are a key component in the Covid-19 pandemic strategy as they are trusted members of communities and are the most accessible point of care (Nepomnyashchiy *et al*., 2020:150).

From the reviewed literature, it is apparent how paramount COPC and the role of CHWs are in public health care services. It increases access to health care and delivers comprehensive health care services to patients' homes. As a fundamental human resource for health, CHW's must be equipped, trained and supported with the necessary resources. It is clear that effective health care requires sufficient human resources such as CHW's specially to curb the Covid-19 pandemic. Maintaining and sustaining healthy South Africans across communities and all provinces are crucial.

Given the current challenges posed by the onset of the Covid-19 pandemic in public health care, it is important to discuss leaderships' response to Covid-19.

3.6. PUBLIC HEALTH CARE LEADERSHIP RESPONSE TO COVID-19

In early 2020, globally the Covid-19 pandemic threatened human existence (Mackworth-Young, Chingono, Mavodza, McHugh, Tembo, Chikwari, Weiss, Rusakaniko, Ruzario, Bernays & Ferrand, 2021:86; Glenn, Chaumont & Dintrans, 2021:81). This pandemic is caused by the coronavirus 2 (SARS-COV-2) and spreads through respiratory droplets (Papadimos, Soghoian, Nanayakkara, Singh, Miller, Saddikuti, Jayatilleke, Dubhashi, Firstenberg, Dutta, Chauhan, Sharma, Galwankar, Garg, Taylor & Stawicki, 2020:171). These droplets transmit from person to person as well as contaminated surfaces (Preiser & van Zyl, 2020: 258). Brownson, Burke, Colditz and Samet (2020:1605) refer to the pandemic as a medical and public health emergency with uncertain consequences.

Sub-Saharan Africa was affected severely by the coronavirus as these countries have weak and overstretched health systems with limited public health oversight (Mackworth-Young *et al*., 2021:86). Parker, Karamchand, Schreuder, Lahri, Rabie, Aucamp, Abrahams, Ciapparelli, Erasmus, Cotton, Lalla, Leisegang, Meintjies, Mistry, Moosa, Mowlana, Koegelenberg, Prozesky, Smith, van Schalkwyk and Taljaard (2020:1) agree that Sub-Saharan Africa has a resource-constrained public health care system and therefore needed to prepare as best for the Covid-19 pandemic.

Subsequently, the South African government implemented emergency measures to reduce the rate of the pandemic spread (Preiser & Van Zyl, 2020:258). In addition, these measures were essential to prepare health care services (Mackworth-Young *et al*., 2021:86). Measures included implementing lockdown, restricting movement, closing of national and provincial borders, remote working, closing of schools and universities, cancelling mass events, and closing non-essential services (Hayry, 2021:42). Moreover, society had to adjust to measures such as social distancing, wearing of masks, frequent hand washing and quarantine when exposed and infected by the coronavirus (Francisco & Nuqui, 2020:16; Hayry, 2021:42).

Furthermore, rapid urbanisation led to Sub-Saharan Africa having a high rate of informal settlements. It is predicted that the urban population will double over the next 25 years and will outweigh the rural areas (Zerbo, Delgado & Gonzalez, 2020:46). Given South Africa’s high rate of informal settlements, it posed the risk of a massive spread of the Covid-19 pandemic (Manderson & Levine, 2020:368). As previously

stated, communities in informal settlements are particularly vulnerable to health risks due to a lack of basic services such as clean water and adequate sanitation. Statistics South Africa (2021:15) reported while in 2006, 9 million consumers had access to clean water, it increased in 2019 to 13,8 million.

More importantly, while all people should be treated equally during the pandemic, it seems vulnerable groups were affected more, compared to the rest of the population (Hayry, 2021:42). This is due to South Africa's high inequality index that extends into the health care services (Parker *et al*., 2020:1). Brownson *et al.* (2020:1606) agree that the pandemic affected the poor more and increased their risk of contracting the virus. Zerbo *et al*. (2020:47) state that the impact is more due to daily hazards in living conditions such as the lack of social distancing due to overcrowding.

Even though globally countries were faced with the same pandemic, there has been a diverse response (Dreyer & Snyman, 2020:1). While high- and middle-income countries imposed strict restrictions, it presented challenges for low-income countries (Mackworth-Young *et al*., 2021:86). Countries such as Europe and the United States of America (USA) have progressive public health care systems, whereas Africa is poorly resourced with a high vulnerability to epidemics (Parker *et al*., 2020:1). Consequently, some countries managed the pandemic well, while other countries faced huge challenges.

Therefore, as the Covid-19 pandemic continued to threaten the livelihood of human existence, the spotlight was on public health (Papadimos *et al*., 2020:168). The pandemic reminded everyone of the value and necessity of public health (Brownson *et al*., 2020:1605), hence how public health would react, would demonstrate its competence and preparedness (Papadimos, *et al*., 2020:168). Brownson *et al.* (2020:1609) point out that the pandemic provided the opportunity to view public health through a new lens and inform a new vision for public health. Graham and Woodhead (2021:67) state that the Covid-19 pandemic required leadership to focus on quality by providing safe, effective, efficient, equitable and patient-centred health care services. The fact is that the pandemic has provided a chance to enhance, improve and sustain public health.

It is without doubt that the Covid-19 pandemic posed challenges and opportunities to leadership (Mather, 2020:579). Leadership during crisis situations require courage,

resilience and setting and believing in goals and objectives. Leaders need to adapt and communicate while the crisis unfolds and implement changes immediately (Graham & Woodhead, 2021:68). Even in dealing with these changes and challenges, leaders are the decision makers and implement the necessary actions (Mather, 2020:579). Parker *et al*. (2020:1) recognise that strategic leadership is of paramount importance to an emergency response such as Covid-19.

Hence, when the South African government implemented an emergency response to Covid-19, they consulted with various experts and advisors (Papadimos *et al.,* 2020:168). Dreyer and Snyman (2020:1) state that the South African president, advised by a team of experts that included the Minister of Health, reacted quickly and appropriately to the pandemic. President Cyril Ramaphosa declared a State of National Disaster on the 15 March 2020**.** In order to prepare public health care systems, a countrywide hard lockdown was implemented from midnight 26 March 2020 to 16 April 2020 (Parker *et al*., 2020:1). This initial lockdown was extended further as recurrent waves of the pandemic continued to threaten human existence.

Mather (2020:579) points out that while leaders need to gain more information before acting, emergency situations require acting with urgency to prevent wasting time and delays. However, Hayry (2021:42) postulates that when governments are confronted with situations such as Covid-19, they face conflicting decisions. On the one hand, they have to ensure citizens' health and safety, while on the other hand implementing measures to protect businesses and the economy. Bartsch, Webber, Buttgen and Huber (2020:71) concur that while health was the major concern, the social and economic crisis caused by Covid-19 was important to consider. Notwithstanding, Dreyer and Snyman (2020:1) is of the opinion that the South African government demonstrated good leadership for the country during this uncertain period.

The Covid-19 pandemic brought on a "new normal". Francisco and Nuqui (2020:15) state that "new normal" leaders are good leaders who learn to do routine tasks well, are not afraid of implementing actions even when critisised and take on the impossible. Furthermore, "new normal' leadership function with limited resources, but is more accountable. In order to deal with the "new normal", leaders play a key role in the transformation of organisations (Mather, 2020:584) and therefore Francisco and Nuqui (2020:15) recognise that due to the significance of the Covid-19 pandemic,

transformational leadership is needed. Glenn *et al.* (2021:82) concur that although the pandemic emphasised the need for decisive and hierarchical leadership, transformational leadership should be considered to aid effective public leadership for routine operations.

However, perhaps, with the Covid-19 outbreak, African leaders had to formulate their own strategies that is best suitable for Africans. An example is drawn from the Ebola outbreak in 2014 in West Africa when African leaders called on European leaders to guide their approach in curbing the outbreak. Consequently, European leaders issued prevention and management strategies to African leaders for the outbreak. These strategies proved not to be feasible in the African setting (Kapata, Zumla, Ihekweazu, Ippolito & Ntoumi, 2020:233). Gwebu (2017:54) concedes that African leaders should take responsibility and accountability to ensure fellow Africans receive quality health care in urgent situations.

Hayry (2021:43) acknowledges that the pandemic required a crisis leadership with a decisive approach. Brownson *et al.* (2020:1607) concur that leadership, in such a situation should include crisis leadership skills such as decisiveness and flexibility. While public health is at the forefront, decision makers needed to find a balance between public health and the economic consequences. In addition, Nyasulu and Pandya (2020:2) postulate that health care services needed to find a balance between maintaining routine services and coping with the pandemic. Unfortunately, this was difficult, as Covid-19 patients had to be prioritised.

The first confirmed Covid-19 case in South Africa was identified on the 5 March 2020 in an individual traveler returning to Johannesburg from Italy (Nyasulu & Pandya, 2020:1; Parker *et al*., 2020:2). The next few cases were identified in urban households, which probably was the result of employees such as domestic workers and gardeners, being exposed to the virus, in wealthy households (Manderson & Levine, 2020:368). Subsequently, cases increased, and the pandemic took its toll on health care services. The functionality of health care services was under strain and health care workers capacity were overstretched (Nyasulu & Pandya, 2020:1). This is of great concern as a global shortage of health care workers are predicted by 2030, with a vast shortage predicted for Africa (van Ryneveldt, Schneider & Lehmann, 2020:1). Therefore,

Brownson *et al.* (2020:1605) postulate that the public health system requires a reinvention that depends on the leadership of a country.

From the above discussion, it is clear that the sudden emergence of the Covid-19 pandemic showed how vulnerable public health care services are. As the pandemic threatened human existence, the choices that were made, were essential for the containment of lives. The exceptional situation brought on by the Covid-19 pandemic, required an emergency response of the South African president. As leaders, government had to consider economic and social stability, balancing this with the importance of providing quality health care services. In addition, the severity of the pandemic depended on the measures that were implemented such as lockdown and communities adhering to social distancing and regular hand sanitising.

3.7 CONCLUSION

This chapter contextualised Public Primary Health and health care services offered at various health facilities in South Africa. It addressed the challenges such as the shortage of staff, inadequate access to public health facilities as well as inadequate funding for service provision at PPHCS. Mechanisms that could assist with overcoming such challenges at Mitchell's Plain CHC were discussed, namely the development of health care leaders, employing the right people with the right competencies in the right position, at the right time, adopting a quality health care approach and implementing COPC.

By placing the focus on PPHC, it highlighted important issues. More importantly, the response to the Covid-19 pandemic was discussed. Although there have been significant strides towards providing and improving public health care, the pandemic demonstrated how socially disadvantaged communities have been impacted by inequalities.

In the next chapter, the research design and methodology are dealt with.

CHAPTER 4

RESEARCH METHODOLOGY AND RESEARCH DESIGN

"Research is the Dictate of Today and the Foundation of Tomorrow."

(Goodwill, 2015:76)

4.1 INTRODUCTION

The previous chapters presented an overview of this research, detailing the research questions, reviewed the literature on leadership and discussed public primary health care. This was all necessary to determine the appropriate research methodology.

Consequently, this chapter presents a comprehensive discussion on the methodology which was used to conduct this research. First, it outlines the framework for the research, followed by the rationale behind conducting a conceptual study. Next, the research design, which is most appropriate to answer the research questions, is discussed. A brief explanation of the research sample, data extraction and analysis follow. Thereafter, the quality criteria required for the specific methodology is described and finally, ethical considerations are explained.

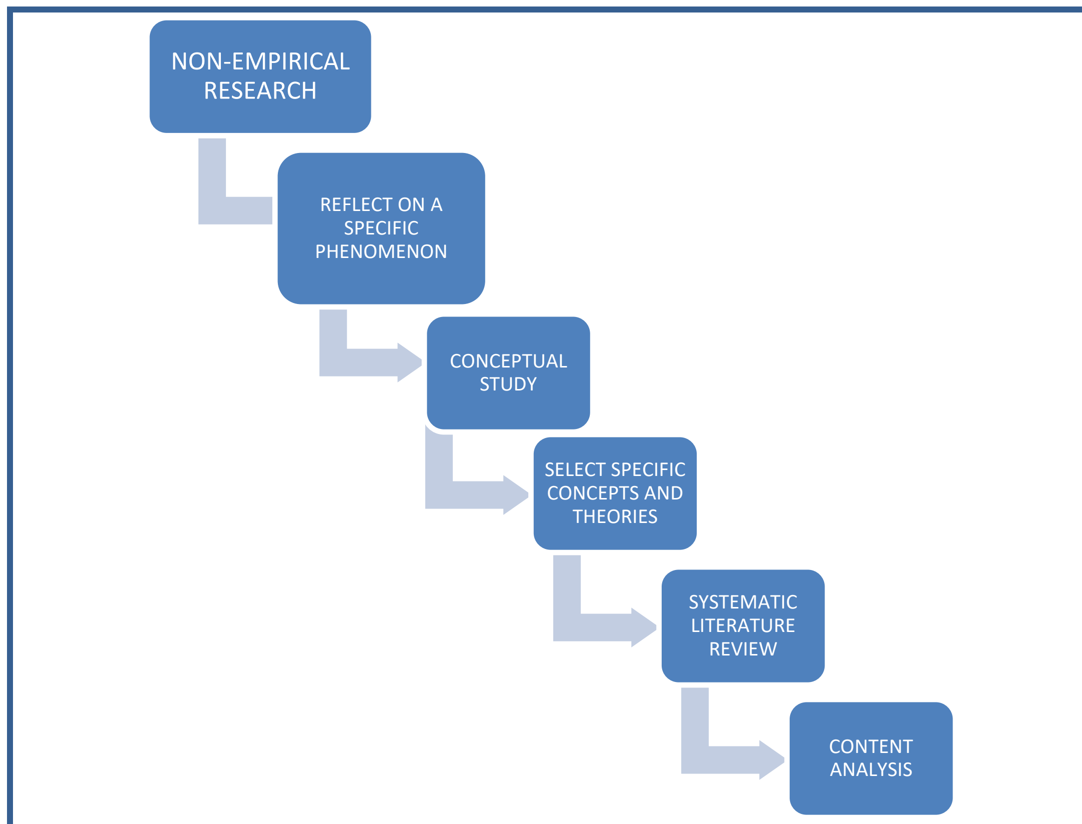
4.2 RESEARCH FRAMEWORK

When undertaking any research, it is crucial to have a clear framework that outlines and explains the selected methodology. This also provides the reader with insight to what follows and communicates the integration of the entire research. In addition, a well-defined framework enhances the credibility of the study (Verschuren, Buffel & Stichele, 2019:1).

At this point, the research framework, aims to keep the reader interested in what follows, in the subsequent sections. Figure 4.1 presents the research framework. This implies that the non-empirical research reflects on a specific or selected phenomenon by using past scholarly knowledge. This forms part of a conceptual study which is non-empirical in nature and drawn on concepts and theories. In order to undertake this conceptual study, the SLR is adopted, which reflects on systematic collection of the literature of the phenemonen under investigation. Following the SLR tradition, a content analysis method was used to analyse the information gathered in scholarly

literature and official documents. This framework simplifies the presentation of the methodology adopted in this chapter. It provides logic and structure for the methodology to guide the reader of this dissertation.

Figure 4.1: Framework for the research study



Source: Researcher's own compilation

4.3 RESEARCH METHODOLOGY

In selecting the methodology that appropriately address the research problem, the researcher draws on the wealth of scholarly research that exists on the phenomenon under investigation.

Goodyear-Smith and Mash (2019:10) refer to methodology as philosophies that guide how knowledge is discovered or achieved. In addition, methodology entails the description, explanation, and justification of the selected research method. The overall aim of methodology is to provide an understanding of the limitations and resources of the research.

Although the dominant research methodology over the last few years seems to be empirical in nature (Matthes, Davis & Potter, 2018:1), this research employs a non-empirical method. Matthes *et al*. (2018:1) acknowledge that the preference for empirical or non-empirical research methods depends on the researcher’s beliefs concerning the nature of knowledge and the ways to achieve it. Researchers who prefer and select a non-empirical research method, value alternative ways of gaining knowledge such as the reflection on past scholarship or on a specific aspect of social life.

Furthermore, non-empirical methods are distinguished into two categories. The first category deals with the review of progress in a specific field of research. The second category of non-empirical methods entails reflecting on current events, drawing on personal observations and doing critical studies (Matthes *et al*., 2018:3).

To achieve the desired results of this research, the researcher attempts a conceptual study, as a form of non-empirical research.

4.3.1 Conceptual study

Conceptual research entails utilising existing knowledge as a source of reasoning to solve the research problem (Baran, 2019:1). It allows the researcher to challenge existing perspectives, revitalise existing theories and even develop new theories (Hulland, 2020:27). Moreover, conceptual research draws on multiple concepts, literature streams and theories that play a role in a specific phenomenon (Jaakkola, 2019:18).

Ferreira, Simoes, Santos, Matos and Moura (2020:2) acknowledge that conceptual research is the investigation of concepts, based on the general principles from the field of philosophy of science. These principles entail that the internal logic of the concept must be maintained, various concepts within the theory must be linked and the concepts must have external validity in terms of its application as well.

In contrast to an empirical study, arguments in conceptual studies are not obtained from data, but entail the assimilation and combination of evidence from previously developed theories and concepts. The latter are then developed and tested through empirical research (Jaakkola, 2019:19). In addition, each theory and concept have specific value in the research.

Jaakkola (2019:18) explains two points of possible departures for conceptual studies. Firstly, the study can start from a focal phenomenon that is observed but not comprehensively addressed in existing research. Subsequently, different concepts and theories are identified from the specific phenomenon. Ultimately, the researcher should conceptualise the empirical phenomenon by selecting specific concepts and theories.

Secondly, the researcher can argue from a specific focal theory. This allows the researcher to argue that a particular concept or theory is incomplete in some respect. Therefore, the researcher can introduce new theories to bridge the identified gaps (Jaakkola, 2019:18).

For this research, the researcher utilised the first point of departure as described by Jaakkola (2019:18). The researcher firstly aimed to comprehensively conceptualise the leadership phenomenon through selecting specific leadership concepts, attributes, and theories. Thereafter, by focussing on transformational leadership, it could be addressed and identified as the appropriate leadership style for PPHCS.

Although the conceptual study might prove challenging, the researcher paid special attention to broaden her knowledge of the phenomenon under investigation. As emphasised by Jaakkola (2019:19), a well-designed conceptual study should justify and explicate key elements of the research. More importantly, the structure of a conceptual study is crucial as it communicates the logic of the study in a transparent manner.

4.3.2 Primary aims of conceptual research

Hulland (2020:28) points out that a conceptual study aims to reconcile and extend past research in a specific discipline in a meaningful, conceptual manner. Moreover, it allows the researcher to:

- Review existing knowledge.
- Identify inconsistencies.
- Identify important gaps.
- Provide key insights; and
- Propose and outline recommendations for future research.

Furthermore, Ravitah and Riggan (2017:12) postulate that the conceptual lens allows the researcher to make sense of several theories and capture different aspects of the topic. Brown and Flood (2020:2) comment that through a conceptual lens, previous research evidence informs thinking in relation to the research problem and also offers solutions to the problem.

Therefore, this conceptual study aims to review existing knowledge and identify inconsistencies in the available literature provided in the leadership phenemenon.To further create meaningful insight, this research investigated transformational leadership meticulously as the preferred leadership style for public primary health care.

4.3.3 Motivation for a conceptual study

Rossi, Gacenga and Danaher (2016:23) note that the world in which researchers live and work is extremely complex. This has further been complicated due to the ongoing Covid-19 pandemic, that not only led to a global crisis but impacted the way research is conducted. Nonetheless, a conceptual study is not less relevant and even more important for the field of research today as it ever was.

The Covid-19 pandemic impacted this research. The researcher requested permission to conduct research at the Western Cape Department of Health and waited for more than a year to be granted permission. The researcher emphasised that data was to be collected online, but they did not respond. Hence, the researcher had to adapt the original study.

Hulland (2020:28) states that a negative trend of conceptual studies is mainly due to a lack of conceptual skills training and insufficient appreciation of conceptual work. It should be noted that the skills gap was covered by the fact that the researcher worked with experienced supervisors. Moreover, what makes a conceptual study a success, is to communicate the research idea clearly. This enables the reader to understand what body of existing knowledge is being contributed to (Fidelis, 2018:29). However, in laying the groundwork for the conceptual study, a comprehensive search strategy is crucial.

4.3.4 Search strategy

In addressing the research questions, an electronic search for relevant studies was performed to identify appropriate and relevant literature. The literature search was conducted during April 2021, based on the period of 2017-2021. Vincelette, Thivierge-Southidara & Rochefort (2019:1) note that the search strategy comprises four successive steps namely, (1) compile a list of relevant keywords to create a literature search, (2) select specific electronic databases, (3) screen the titles and abstracts and (4) search the reference lists of the included studies to identify additional relevant studies.

4.3.4.1 Step 1: Compile a list of relevant keywords to create a literature search

Five searches were conducted. The key terms "Transformational leadership" AND "Primary Health Care" as well as "Transformational leadership" AND "institutional effectiveness" AND "PUBLIC HEALTH" were initially used in the search strategy. Various academic databases such as Science Direct, Emerald, Scopus and the Web of Science were searched to ensure high-quality research on the leadership phenomenon. The researcher included peer reviewed articles containing one or all of these key terms.

4.3.4.2 Step 2: Select specific electronic databases

As a starting point, the researcher targeted journals available on the University of South Africa's library electronic resources. Specific articles were retrieved via electronic databases mentioned in 4.3.4.1. Furthermore, journals in the Organisational Sciences such as the *Journal of Management Studies*, *Journal of Public Administration*, *Journal of Public Affairs*, *Journal of Leadership* and *Administratio Publica were* searched. In addition, the *Journal of Public Health* was searched to locate specific articles pertaining to health care.

In addition to journal articles, reports, conference papers and completed theses were searched using the same search terms to find relevant literature.

4.3.4.3 Step 3: Screen the titles and abstracts

When screening the titles of the literature, potentially eligible studies were identified. Specific inclusion and exclusion criteria were applied as explained in section 4.4.2.2. Finally, articles were read and assessed for relevance.

4.3.4.4 Step 4: Search the reference lists of the included studies

Vincelette *et al.* (2019:2) advise that whilst searching the reference lists of the included studies, additional relevant studies are identified. The researcher therefore assessed the reference lists of the selected studies and identified other relevant studies.

The following section provides an explanation of the selected research design.

4.4 RESEARCH DESIGN

A brief description of the research design was provided in Chapter 1 (see section 1.8.2). Furthermore, Yin (2018:26) defines a research design as a logical sequence that connects the empirical data to the research questions and eventually the conclusions to the research. Likewise, Tamene (2016:58) refers to the research design as a plan to find answers to a specific question and is viewed as the main tool for addressing the research problem.

In the case of non-empirical research, the research design guides the process of developing new knowledge and offering conventions for reporting the key elements of the research (Jaakkola, 2019:18). When deciding on the appropriate research design, it is integral to consider the research questions, research objectives, research resources and the available time (McNabb, 2018:428).

To reduce the risk of a conceptual study being only a descriptive literature review, the selected research design provides it with a proper structure and logic. In addition, the research design guides the process of developing new knowledge and offering conventions for reporting the key elements of the research. Moreover, it describes how these key elements are selected, acquired, and analysed to comprehensively address the research problem (Jaakkola, 2019:19).

Subsequently, the selected research design is a systematic literature review. The decision to select this research design, is the well-structured manner it provides the researcher with, to conduct the study successfully.

4.4.1 Systematic Literature Review

Efron and Ravid (2019:19) define the systematic literature review (hereafter referred to as SLR) as a scientific approach to conduct a literature review to gain conclusive answers to the research questions. The literature review is done through a systematic collection, allowing for critical evaluation of material already published (Hulland, 2020:28). Moreover, it is protocol-driven to synthesise empirical evidence from previous studies (Efron & Ravid, 2019:19).

To be more specific, SLR entails the gathering and synthesising of publications on a specific phenomenon that meet prescribed inclusion criteria (Hay *et al.*, 2017:2; Busalim & Che Hussin, 2016:1076). Efron and Ravid (2019:19), point out that predetermined exclusion and inclusion criteria are necessary to ensure that the information gathered is accurate and impartial. Furthermore, Hulland (2020:28) states that a systematic approach grants the study more credibility and impact.

Efron and Ravid (2019:19) note that the purpose of SLR is to answer a well-focused and specific research question that is formulated before undertaking the database search. More importantly, the purpose of SLR is to demonstrate the current status quo of a subject or specific research area. In addition, generalisable statements are possible that apply to a large population, in order to identify existing research gaps for a phenomenon (Fibitz & Ulrich, 2018:3).

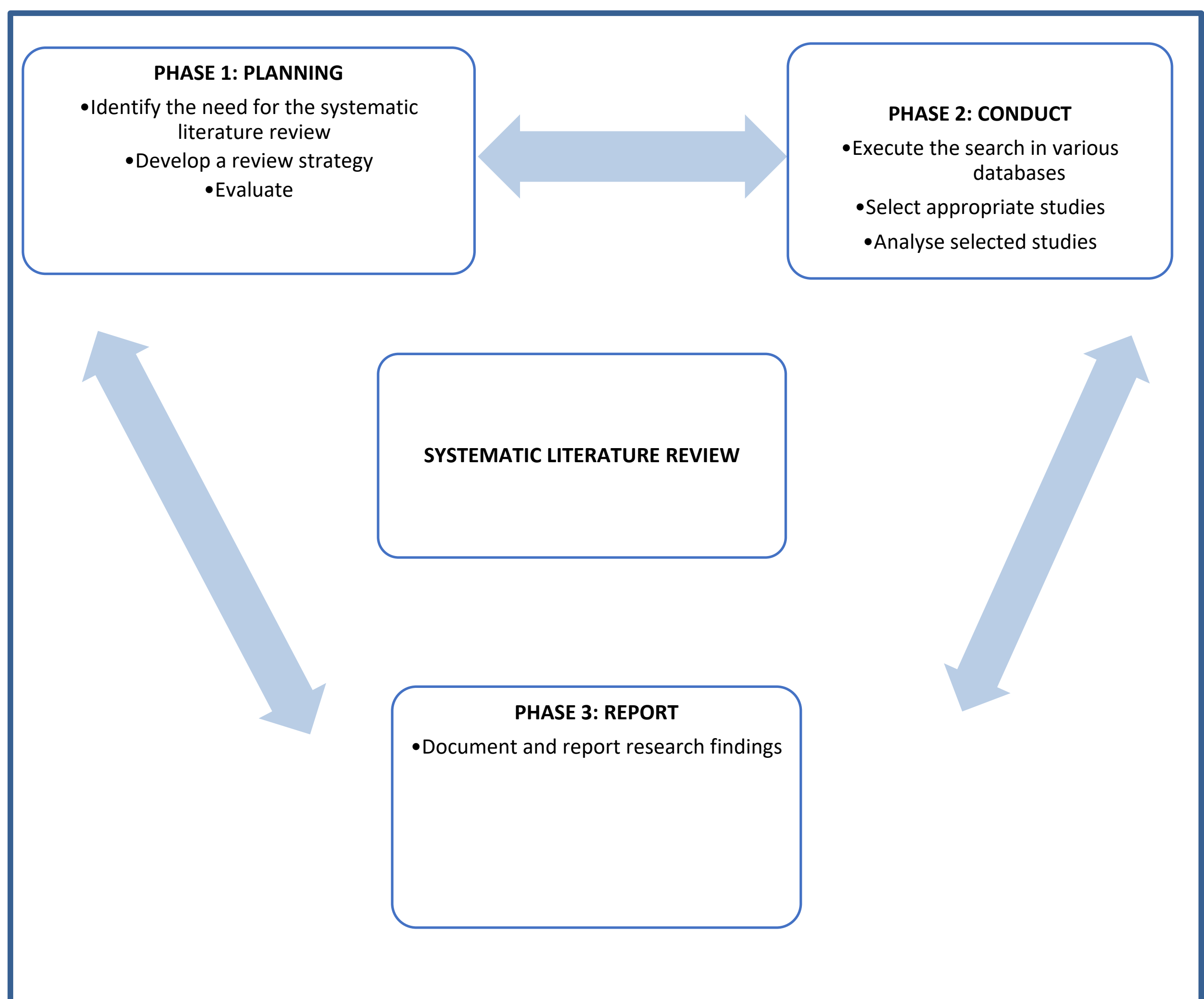
In addition, SLR reduces the potential risk of research bias and provides a traceable research path (Materla, Cudney & Antony, 2019:662). When undertaking a SLR, the researcher must be neutral and objective. Fibitz and Ulrich (2018:3) acknowledge that SLR's are mostly applied in medical research but is widely accepted as it is gaining acceptance in business research. Rossi *et al.* (2016:197) concur that a systematic approach of the literature is being adopted in other disciplines such as social sciences, to answer clearly defined research questions.

In order to conduct a SLR in a structured manner, it is divided in three phases namely, planning the review, conducting the review and reporting the findings (Aljaroodi, Adam, Chiong & Teubner, 2019:3; Materla *et al.*, 2019:662; Busalim & Che Hussin, 2016:1077).

4.4.2 Phases of a SLR

It is fundamental to follow the guidelines to conduct a SLR. Figure 4.2 depicts the phases of a SLR, namely, planning the review, conducting the review and reporting the findings. Each review phase consists of a series of steps and should be conducted by keeping the research objectives in mind (Materla *et al.*, 2019:663).

Figure 4.2 Phases of a SLR



Source: Adapted from Aljaroodi, Adam, Chiong and Teubner (2019:4)

4.4.2.1 Phase 1: Planning the review

During the planning phase, the steps are planned purposely before research is conducted. An important feature of this step is conducting a preliminary analysis of articles (Fibitz & Ulrich, 2018:5). A variety of articles that primarily employed qualitative

features as well as those which are primarily quantitative, were analysed. Fibitz and Ulrich (2018:5) advised that this usually results in a huge sample of articles, but that a SLR requires a broad and solid foundation. Ultimately, this phase identifies and organises the literature (Materla *et al.*, 2019:663).

4.4.2.2 Phase 2: Conducting the review

During this phase, primary studies are identified and selected, extracted, and analysed (Xiao & Watson, 2019:102). This allows the researcher to identify relevant articles and to work with a manageable number of final selected articles (Fibitz & Ulrich, 2018:5).

In order to select the relevant and related studies, inclusion and exclusion criteria (see Table 4.1 below) are applied, pertaining to the research questions (Busalim & Che Hussin, 2016:1076). Hence, studies unrelated to the research questions were excluded. Ideally, these criteria should be able to classify research, be interpreted reliably and amount to literature manageable for the researcher (Xiao & Watson, 2019:102). Table 4.1 portrays the inclusion and exclusion criteria that were applied in this research. The researcher selected studies specifically within 2017-2021 in order to obtain the latest data. In addition, the reason for including only studies focussing on the public health sector, is because the private health setting differs from the public health setting and may provide different data. Furthermore, the studies participants are crucial as the researcher's aim was to obtain results on the leadership phenomenon as perceived by health care managers and employers.

Table 4.1: Inclusion and Exclusion criteria

INCLUSION CRITERIA	EXCLUSION CRITERIA
Studies relevant to the topic.	Studies that were not relevant to the topic.
Studies written in English.	Studies not written in English. Due to time constraints, translation was not possible.
Studies published within the selected period 2017-2021.	Studies that were not published between 2017-2021.
Studies focussing on the public health sector.	Studies focussing on the private health sector.

Studies whose participants/and or respondents are health care managers, departmental supervisors, clinician managers and their subordinates.	Studies whose participants/and or respondents are irrelevant to the health care setting.

Source: Researcher's own compilation

4.4.2.3 Phase 3: Reporting the findings

During the reporting stage, results are interpreted, and the findings meaningfully synthesised in chronological order (Voegtlin & Greenwood, 2016:183). This is necessary to group together contrasting theories, concepts, methodologies, and findings in order to identify how it relates or differs from each other (Efron & Ravid, 2019:256).

Xiao and Watson (2019:107) note that reporting the findings must be done in sufficient detail and should follow a clear structure. Most importantly, these conclusions must be supported with data.

4.5 SAMPLING OF THE LITERATURE

The sample includes relevant literature from 2017-2021. This was done to gain the latest available data. Various search strategies were performed and limited to the key search terms mentioned in the previous section. Based on the inclusion criteria, a sample that was sufficient for the final analysis, was selected. The researcher is confident that the search provided a representative sample.

4.6 DATA EXTRACTION AND ANALYSIS

When conducting the SLR, information was extracted based on the subtopics of Chapter 2 and 3. Content analysis was used to retrieve and analyse information from the selected research articles with regard to research content. To simplify, content analysis compiles similar data within a framework of specific concepts and interprets them by organising the data in a way that the reader can understand (Genc, Masalimova, Platonova, Sizova & Popova, 2019:196). In addition, it allows the researcher to identify key themes (Voegtlin & Greenwood, 2016:184).

On the basis of content analysis, some articles were therefore excluded from this SLR. These include articles not having any reference to transformational leadership and primary health care as well as the outcomes that the researcher aimed to achieve.

4.7 METHODOLOGICAL QUALITY OF CONCEPTUAL RESEARCH

Quality criteria in social science research is fundamental, as it reveals weaknesses, inconsistencies and contradictions in a study (Xiao & Watson, 2019:93). Hong, Pluye, Fabregues, Bartlett, Boardman, Cargo, Dagenais, Gagnon, Nicolau, O'Cathain, Rousseau and Vedel (2019:50) refer to methodological quality as the validity and reliability of a study and concerns the methodology and methods used. Moreover, to improve the validity and the reliability of the research study, bias should be minimised.

A SLR should be held to the same standard as empirical research and therefore similar quality criteria should be applied. As prescribed by Hay *et al*. (2017:2) and Violanti (2020:248), a SLR should be rigorous, transparent and reproducible. Voegtlin and Greenwood (2016:184) point out that reliability and validity of a SLR is enhanced through the systematic and transparent manner it follows when conducted.

4.7.1 Validity

Xiao and Watson (2019:106) identify that validity is an integral criterion to judge quality measures of a research study. Violanti (2020:248) further states that validity is a necessary criterion to ensure the trustworthiness of conceptual studies.

Validity refers to the degree to which the result of the research study is likely to be true and free from bias (Khorsan & Crawford, 2014:2). In addition, it relates to the suitability of the research methods for the specific research problem and if the conclusions being drawn, are accurate (Voght*,* Gardner & Haeffele*,* 2012:355). Kumar (2015:270) notes that validity should be applied to every element of the research process. In terms of validity in conceptual studies, the information provided should be valid data (Violanti, 2020:248).

Furthermore, the interpretation of the research findings depends on both internal and external validity. For efficacy and effectiveness of the study, internal validity is fundamental for the study to be free from methodological bias. External validity refers to the generalizability of the study (Andrade, 2018:499). Although the term validity is

often not cited in conceptual studies, the importance discussing validity with respect to a SLR is done in this research.

4.7.2 Transparency

Transparency entails that the researcher discloses sufficient information about a research study that another researcher can conduct an equivalent study (Violanti, 2020:252). Wang, Schneeweiss, Berger, Brown, de Vries, Douglas, Gagne, Gini, Klungel, Mullins, Nguyen, Rassen, Smeeth and Sturkenboom (2017:1010) note that transparency is critical as it demonstrates how a study is implemented for it to be reproducible and replicable. Reproducibility relates to other researchers being able to implement the same methods and obtain the same results. Transparency makes replicability possible and consequently, the study can be evaluated, questioned and improved.

Transparency in SLR requires clear reporting of data sources and databases used in the search strategy. Although transparency is seldom stated in conceptual studies and remains an elusive component, it is an important criterion to increase the confidence in the research study (Violanti, 2020:252). Wang *et al.* (2017:1010) conclude that when researchers find the same or similar findings, it increases the confidence in those findings.

Despite the fact that these quality criteria are not emphasised in conceptual studies, the researcher took all necessary means to ensure the validity and reliability of this research. The researcher provided all the data sources and databases utilised for this research in a systematic and transparent manner (see section 5.3).

4.8 ETHICAL CONSIDERATIONS

The highest ethical standards are required and expected for any research. Wessels and Visagie (2017:58) highlight that social science research is distinguished from other kinds of human inquiry as it is dedicated to seeking trust and truth of research.

Sobocan, Bertotti and Strom-Gottfried (2019:805) acknowledge that a good deal of attention is paid to the application of ethics in scientific research. Ngulube (2015:8) therefore points out that it is crucial that the researcher remains ethical at every stage of the research. Sobocan *et al.* (2019:805) concur that in essence, ethical dilemmas

are throughout the research process, from the choice on what to study and how to study it, through the analysis and findings.

While the emphasis in research ethics is to adhere to regulatory mechanisms regarding research, more attention should be paid to other subtle ethical dilemmas. Therefore, Sobocan *et al.* (2019:805) distinguish three types of ethics namely procedural ethics, ethics in practice and research ethics. Firstly, procedural ethics entail researchers seeking approval from a relevant ethics committee. Secondly, ethics in practice deal with the everyday ethical issues that result from conducting research. Thirdly, research ethics entails professional codes of ethics or conduct which focusses on the prevention of ethics complaints or misconduct.

In addition to adhering to these ethical requirements, the researcher conducted the research study with honesty and integrity (Brink, van der Walt & van Rensburg, 2018:32). The researcher adhered to ethical considerations by following a well-planned strategy to conduct the research study. This included gaining ethical clearance (see section 1.10).

4.9 CONCLUSION

This chapter presented the selected research methodology. As the most appropriate method to answer the research problem, a conceptual study as a form of non-empirical research was adopted. Moreover, it provided a comprehensive understanding of a systematic literature review as the selected research design. Data extraction and analysis was discussed briefly as well as the criteria to ensure the methodological quality of this research. This entailed validity and transparency to minimise bias. This chapter concluded by addressing the importance of ethical considerations.

Building on content from this chapter to the next, Chapter 5 presents a discussion of the data that was extracted, analysed, and interpreted.

CHAPTER 5

DATA ANALYSIS AND INTERPRETATION OF RESULTS

"Data analysis is our most vulnerable spot. It is the area of research most open to criticism."

(Mauthner & Doucet,1998)

5.1 INTRODUCTION

The previous chapter focussed on the research methodology which provided an overview of the entire research approach. It further provided a justification for undertaking a conceptual study in this research. Aligned to the research approach, this chapter addresses objective 3 (see section 1.4). This chapter further provides a literature control of what was discussed in previous chapters. For example, chapter 2 revealed the positive relationships between transformational leadership style and institutional effectiveness (see section 2.5), while chapter 3 explains the importance of primary health care in the public sector. These two chapters served as a foundation for this data analysis and interpretation.

Moreover, this chapter presents the prevalent themes. To do this, the researcher searched various databases, journals as well as Google Scholar and conducted a comprehensive search for relevant data to justify the analysis.

5.2 DATA COLLECTION METHOD

A systematic literature review (hereafter referred to as SLR) was adopted during data collection phase. Hanks, Cotton and Spowart (2020:1) acknowledge that an SLR ensures sensitivity and specificity of data.

The researcher utilised the library services at the University of South Africa to obtain datasets of academic publications from accredited scholarly journals. The keywords in the research study topic as well the keywords in the main research question were used to find relevant articles. This was necessary to retrieve articles that included both concepts and answer the main research question. Thus, the researcher used "transformational leadership" AND "primary health care" as well as "transformational leadership" AND "institutional effectiveness" AND "Public Health".

As indicated in section 4.4.2, the search strategy for the SLR consists of a successive range of steps. These steps were followed meticulously to identify the relevant studies.

5.3 SEARCH RESULTS

In line with an SLR, the researcher performed an electronic search. Subsequently, these searches identified an amount of 252 studies. Table 5.1 demonstrates the databases and journals that were retrieved during the search. The databases included the following: Emerald Insight, Science Direct, Scopus and Web of Science databases. Additional searches were performed in the *Journal of Public Administration, Journal of Management, Journal of Leadership, Journal of Public Health, Journal of Public Affairs and Administratio Publica* as well as Google Scholar.

Table 5.1: Electronic searches

DATABASES	JOURNALS	GOOGLE SCHOLAR
• Emerald Insight • Science Direct • Scopus • Web of Science	• *Journal of Public Administration* • *Journal of Management* • *Journal of Leadership* • *Journal of Public Health* • *Journal of Public Affairs* • *Administratio Publica*	

Source: Researcher's own compilation

5.3.1 Search results before screening

Several searches were conducted using the keywords mentioned in section 5.2 on the electronic databases and journals discussed in section 5.3. It contains all articles before any screening was done, and thus includes articles that do not meet the inclusion criteria (see Table 4.1). To increase the reliability of the study, the researcher repeated both searches.

5.3.1.1 Search 1

Search 1 was conducted during April 2021 using the keywords "transformational leadership" AND "primary health care". The health care setting enhanced the relevance of the search findings. The targeted participants were nurse managers, departmental supervisors, clinician managers and their subordinates. Table 5.2 below illustrates the results of this search. On the Emerald Insight database, 31 studies were found, on Science Direct only 10 studies were found and on Scopus, only 6 studies were found.

Table 5.2: Databases search 1 results

DATABASES	SOURCES RETRIEVED
EMERALD INSIGHT **Results=31**	
Search term: "transformational leadership" AND "primary health care"	Sharma (2020), Apore & Asamoah (2019), Singh *et al.* (2020), Smith *et al.* (2017), Ayeleke *et al*. (2019), Meacham *et al*. (2016), Houchens *et al*. (2021),Utami *et al*. (2020), Onyura *et al*. (2019), Linkewich *et al*. (2021), Al-Hussami *et al*. (2017), Puni & Hilton (2020), Alrahbi *et al*. (2020), Redford *et al*. (2017), Salas-Vallina & Alegre (2018), Pawar (2017), Asiabar *et al*. (2019), Marques (2020), Doc *et al*. (2020), Jonsson *et al*. (2020), Rubbio *et al*. (2018), Chansatitporn & Pobkeeree (2019), Nanjundeswaraswamy (2021), Ciasullo *et al*. (2017), Loor-Zambrano *et al*. (2020), Agyabeng & Tang (2021), Wahid & Mustamil (2017), Escamilla-Fajardo *et al*. (2019), Ibidunni *et al*. (2020),

	Almohtaseb *et al.* (2021), Nayak *et al.* (2018).
SCIENCE DIRECT **Results=10**	
Search term: "transformational leadership" AND "primary health care"	Adcock *et al*. (2020), Macdonald & Etowa (2020), Pan *et al*. (2020), Kluge (2020), Aigbavboa & Mbohwa (2020), Wang *et al*. (2019), Vasconcelos *et al*. (2019), Williams *et al*. (2019), Mugomeri (2018), Delaney (2018).
SCOPUS **Results= 6**	
Search term: "transformational leadership" AND "primary health care"	Puertas *et al*. (2020), Jaque *et al*. (2020), Poghosyan & Bernhardt (2018), Huynh *et al*. (2018), Werdhani *et al*. (2018), Odonkor *et al.* (2019).

Source: Researcher's own compilation

5.3.1.2 Search 2

Search 2 was conducted during April 2021 using the keywords "transformational leadership" AND "institutional effectiveness" AND "Public Health". Table 5.3 below illustrates the results of this keyword search. On Scopus and Science Direct, only one study respectively was discovered, while Emerald Insight provided eight results. This demonstrated the limited studies that were conducted during the last five years (2017-2021) to investigate transformational leadership enhancing institutional effectiveness in public health care. To further compare leadership styles, searches were conducted for transactional and African leadership.

Table 5.3 Databases search 2 results

DATABASES	SOURCES RETRIEVED
SCIENCE DIRECT	

Results=1	
Search term: "transformational leadership" AND "institutional effectiveness" AND "Public Health"	Gaudet & Tremblay (2017)
SCOPUS **Results=1**	
Search term: "transformational leadership" AND "institutional effectiveness" AND "Public Health"	Oyerinde (2020)
EMERALD INSIGHT **Results=8**	
Search term: "transformational leadership" AND "institutional effectiveness" AND "Public Health"	Okofo-Darteh & Asamoah (2020), Sciarelli *et al*. (2020), Torlak *et al*. (2020), Aboramadan *et al*. (2020), Haddad *et al*. (2019), Sharif (2018), Zemichael (2018), Chuang (2018).

Source: Researcher's own compilation

5.3.1.3 Search 3

Search 3 was conducted during June 2021 using the keywords "transactional leadership" AND "primary health care". Table 5.4 below illustrates the results of this keyword search. On the Emerald Insight database, 8 studies were found, on Scopus only 4 studies were found and on Science Direct, only 2 studies were found. The researcher conducted an additional search on the Web of Science database and found 8 studies.

Table 5.4: Databases search 3 results

EMERALD INSIGHT **Results= 8**	
Search term: "Transactional leadership" AND "primary health care"	Ayeleke *et al*. (2019), Sharma (2020), Prugsiganont & Jensen (2018), Onyura *et al*. (2019), Apore & Asamoah (2019), Al-Hussami, *et al*. (2017), Asiabar *et al*. (2019), Salas-Vallina & Alegre (2018).

SCOPUS Results=4	
Search term: "Transactional leadership" AND "primary health care"	Sinsky *et al*. (2021), Hanks *et al*. (2020), Tao *et al*. (2020), Huynh *et al*. (2018).
SCIENCE DIRECT **Results=2**	
Search term: "Transactional leadership" AND "primary health care"	Atinga *et al*. (2018), Por Pan *et al*. (2020).
WEB OF SCIENCE **Results=8**	
Search term: "Transactional leadership" AND "primary health care"	Huynh *et al*. (2018), Poels *et al*. (2020), Tao *et al*. (2020), Richter *et al*. (2020), Abendstern *et al*. (2021), Mosson *et al*. (2018), He *et al*. (2019), Vilakati & Schurink (2021).

Source: Researcher's own compilation

5.3.1.4 Search 4

Search 4 was conducted during June 2021 using the keywords "African leadership" AND "primary health care". Table 5.5 below illustrates the results of this keyword search. On the Scopus database, 24 studies were found, on Science Direct only 2 studies were found and on Web of Science, only 2 studies were found.

Table 5.5: Databases search 4 results

SCOPUS Results=24	
Search term: "African leadership" AND "primary health care"	Bazargan *et al*. (2021), Catlett & Campbell (2020), Espinal *et al*. (2021), Fonn *et al*. (2021), Jessani *et al*. (2021), Falisse *et al*. (2021), Makie *et al*. (2021), Butler *et al*. (2021), Moonasar *et al*. (2020), Fana & Goudge (2021), Adebisi *et*

	al. (2020), Goldblum *et al*. (2021), Fowler (2020), Kredo *et al*. (2020), Van Der Berg-Cloete *et al*. (2020), Kanengoni *et al*. (2020), Sepeng *et al*. (2020), Mathe *et al*. (2021), Engelbrecht *et al*. (2021), Goff (2020), Haley *et al*. (2019), Mathews *et al*. (2019), Olu *et al*. (2018), Meyer *et al*. (2017).
SCIENCE DIRECT **Results=2**	
Search term: "African leadership" AND "primary health care"	Macdonald *et al*. (2020), Reuter & Furin (2018).
WEB OF SCIENCE **Results=2**	
Search term: "African leadership" AND "primary health care"	Eyong (2019), Odonkor *et al*. (2019).

Source: Researcher's own compilation

5.3.1.5 Search 5

Search 5 was conducted during June 2021 by accessing the *Journal of Public Administration, Journal of Public Health, Journal of Management, Journal of Leadership, Journal of Public Affairs and Administratio Publica.* These journals' searches were conducted using the keywords "transformational leadership" AND "primary health care", "transactional leadership" AND "primary health care", African leadership" AND "primary health care". In order to obtain more data sources, searches were also conducted using "transactional leadership" AND "health care," as well as "African leadership" AND "health care".

Table 5.6. below illustrates that the *Journal of Public Administration* had more articles on the keyword search "transformational leadership" AND "primary health care", as well as "African leadership" AND "primary health care". Limited articles on the keyword search "transactional leadership" AND "primary health care" were found. In total, 52 articles were found in the *Journal of Public Administration* from the period 2017-2021. Only 10 articles were found in the *Journal of Public Health* using the keywords

"transactional leadership" AND "health care" and "African leadership" AND "health care" respectively. The *Journal of Management found 26 articles and the Journal of Leadership* contained 11 relevant articles. The *Journal of Public Affairs* found 32 articles and the *Administratio Publica* only 3 articles respectively.

Table 5.6: **Databases search 5 results**

JOURNALS	SOURCES RETRIEVED
Journal of Public Administration **Results=52**	
Search term: "transformational leadership" AND "primary health care" **Results=16**	Mulaudzi & Liebenberg (2017), Phago (2019), Lethoko *et al.* (2018), Ramlachan *et al.* (2021), Khumalo *et al.* (2019), Ngoepe-Ntsoane (2019), Latib (2019), Mashigo (2019), Ntaopane & Vermeulen (2019), Maqubela & Nishimwe-Niyimbanira (2021), Tladi (2020), Duma & Mubangizi (2019), Mahlatsi (2020), Raadschelders (2020), Olojede *et al.* (2019), Luvono & Mokoena (2019). Werdhani *et al.* (2018).
Search term: "transactional leadership" AND "primary health care" **Results=5**	Ntaopane & Vermeulen (2019), Ngoepe-Ntsoane (2019), Tladi (2020), Mathiba (2020), Tshikwatamba (2020).
Search term: "African leadership" AND "primary health care" **Results=31**	Thani & Louw (2021), Mulaudzi & Liebenberg (2017), Maserumule (2019), Phago (2019), Phago (2020), Luvuno & Mokoena (2019), Hanabe & Malinzi (2019), Mantzaris & Ngcamu (2020), Libre (2017), Tladi (2021), Tlhogane *et al.* (2018), Raadschelders (2020), Mathiba (2020), Olojede *et al.* (2019), Mashigo (2019), Mahlatsi (2020), Ramlachan *et al.* (2021), Lethoko *et al.* (2018), Khumalo *et al.* (2019), Latib (2019), Luthuli & Houghton (2019), Ngoepe-Ntsoane

	(2019), Pooe (2019), Tladi (2020), Duma & Mubangizi (2019), Fourie (2020), Maqubela & Nishimwe-Niyimbanira (2021), Ntaopane& Vermeulen (2019), Tshikwatamba (2020), Lekgau & Roelofse (2018), Okumbor *et al.* (2018).
Journal of Public Health **Results=10**	
Search term: "transactional leadership" AND "health care" **Results=4**	Gupta *et al.* (2018), Quaglio *et al.* (2018), Spitters *et al.* (2018), Garry & Checchi (2019).
Search term: "African leadership" AND "health care" **Results=6**	Effa *et al.* (2021), Zurn *et al.* (2021), Okoroafor *et al.* (2021), Chibuzor *et al.* (2021), Garbis (2020), Fenny *et al.* (2018).
Journal of Management **Results=26**	
Search term: "transactional leadership" AND "health care" **Results=12**	Rego *et al.* (2019), Lee *et al.* (2019*),* Herdman et al. (2017), Rothausen *et al.* (2017), Kurtessis *et al.* (2017), Rego *et al*. (2019), Liao *et al.* (2021), *Young et al.* (2021), Buengeler *et al.* (2021), Marescaux *et al.* (2021), George *et al.* (2021), Burgelman *et al.* (2021).
Search term: "African leadership" AND "health care" **Results=14**	Woods (2019), Doty *et al.* (2018), Dreachslin *et al.* (2017), *Halladay et al.* (2017), Krause & Miller (2020), Diehl *et al*. (2018), Radic *et al*. (2021), Sullivan & Ariss (2019), Li *et al.* (2020), Triana *et al*. (2019), Richard *et al*. (2017), Hunter *et al*. (2019), Bhave *et al*. (2020), Hoobler *et al*. (2018).
Journal of Leadership **Results=11**	
Search term: "transactional leadership" AND "health care" **Results=6**	Vidic *et al*. (2017), Long (2017), Jones (2018), Kenning (2019), Alegbeleye & Kaufman (2020), Lekutko (2020).

Search term	Studies
Search term: "African leadership" AND "health care" **Results=5**	Dillard (2018), Alegbeleye & Kaufman (2020), Wulffers & Carmichael (2020), Elkington (2020), Evans *et al.* (2017).
Journal of Public Affairs **Results=32**	
Search term: "transformational leadership" AND "primary health care" AND "institutional effectiveness" **Results=13**	Al Eid *et al*. (2020), Tambulasi & Chasukwa (2020), Buccus (2021), Abu-Hummour (2019), Mishal *et al.* (2021), Kapidzic (2019), Ulucakar (2020), Ndaguba & Hanyane (2018), Novak & Fink-Hafner (2019), Orlovic (2018), Mishra (2020), Karasneh & Al-Momani (2019), Rashid *et al*. (2020).
Search term: "transactional leadership" AND "primary health care" AND "institutional effectiveness" **Results=6**	Agarwalla *et al.* (2019), Simonet (2019), Cho *et al*. (2020), Mishal *et al.* (2021), Aniche *et al*. (2020), Chakraborty (2020).
Search term: "African leadership" AND "primary health care" AND "institutional effectiveness" **Results=13**	Omotoye (2019), Buccus (2021), Tarkang *et al*. (2020), Ndaguba & Hanyane (2018), Ampong-Ansah *et al*. (2020), Abu-Hummour (2019), Chanana & Sangeeta (2020), Aniche *et al*. (2020), Ulucakar (2020), Prianto (2019), Ogunmokun *et al*. (2020), Shai *et al.* (2018), Chanana (2021).
Administratio Publica **Results=3**	
	Sithomola (2019), Ngqwala & Ballard (2020), Delport (2020).

Source: Researcher's own compilation

5.3.2 Selection of studies after screening

After obtaining the preliminary search results, using the specific keywords, research articles were screened based on the titles and abstracts. Specific inclusion and

exclusion criteria were applied as mentioned in section 4.4.2.2. Moreover, the review included empirical studies that utilised qualitative and quantitative methods as well as non-empirical studies.

Table 5.7 illustrates the studies selected after screening from the specific databases, journals and Google Scholar. A total of 42 studies were selected from the databases and journals mentioned in section 5.3. A further 11 studies were selected from Google Scholar that links to the topic.

Table 5.7: Articles selected after screening

DATABASES					
Science Direct	**Emerald Insight**	**Scopus**	**Web of Science**		
	Almohtaseb *et al.* (2021), Nanjundeswaraswamy (2021).	Fonn *et al*. (2021), Makie *et al*. (2021), Engelbrecht *et al*. (2021).	Vilakati & Schurink (2021).		
Adcock *et al*. (2020), Aigbavboa & Mbohwa (2020), Por Pan *et al.* (2020), Kluge (2020).		Adebisi *et al*. (2020), Hanks *et al.* (2020), Kredo *et al.* (2020).	Poels *et al.* (2020), Richter *et al*. (2020).		
Vasconcelos *et al.* (2019), Williams (2019).	Apore & Asamoah (2019), Asiabar *et al*. (2019), Onyura *et al.* (2019), Ayeleke *et al.* (2019).	Odonkor *et al.* (2019)	Eyong (2019)		

Mugomeri (2018), Delaney (2018).	Nayak *et al.* (2018)	Huynh *et al*. (2018)			
	Al-Hussami *et al.* (2017).				
JOURNALS					
Journal of Public Administration	**Journal of Public Health**	**Journal of Management**	**Journal of leadership**	**Journal of Public Affairs**	**Administratio Publica**
	Okoroafor *et al.* (2021), Zurn *et al.* (2021).	Young *et al*. (2021)		Chanana (2021)	
			Elkington (2020), Alegbeleye & Kaufman (2020).	Chanana & Sangeeta (2020), Al Eid *et al*. (2020).	Ngqwala & Ballard (2020), Delport (2020).
		Lee *et al.* (2019)			Sithomola (2019)
Werdhani *et al.* (2018)					
Mulaudzi & Liebenberg (2017)					
GOOGLE SCHOLAR					
Key-Poakwa (2021), Van der					

Westhuizen & Hewitt (2021), Washington (2021).					
Ibrahim *et al.* (2020), Kirby (2020), Van Digelle *et al.* (2020).					
Abd-Elrhaman & Abd-Allah (2018), Manabo (2018), Wilkins (2018), Musinginzi *et al.* (2018).					
Nell (2017)					

Source: Researcher's own compilation

5.4 DATA EXTRACTION

As mentioned in 5.3.2, the titles and abstracts of the studies were screened to identify relevant studies. Full-text articles were selected and retrieved for data extraction according to the inclusion criteria. Of the 252 studies discovered, as mentioned in section 5.3, after removal of duplicates, 53 studies were retrieved for qualitative analysis.

5.4.1 Qualitative analysis

Fundamentally, qualitative analysis is a categorisation process. This is seen as an active process as the researcher generates theory from data (Grodal, Anteby & Holm, 2020:6).

Firstly, the researcher grouped the articles according to the methodology, distribution over time, as well as per geographic area.

5.4.1.1 Article groupings

Articles were grouped according to empirical vs non-empirical as well as qualitative vs quantitative and mixed method categories.

Table 5.8 below portrays how the selected studies were grouped. It illustrates that out of the 53 studies identified for inclusion, 17 were qualitative studies, 15 were quantitative and 1 was a mixed-method study. In addition, 33 studies were empirical in contrast to 20 non-empirical studies, demonstrating researchers' preference for empirical studies.

Table 5.8: Grouping of articles

EMPIRICAL			**NON-EMPIRICAL**
QUALITATIVE	**QUANTITATIVE**	**MIXED METHOD**	
Almohtaseb *et al.* (2021), Chanana (2021), Okoroafor *et al.* (2021), Vilakati & Schurink (2021), Key-Poakwa (2021), Van der Westhuizen & Hewitt (2021).	Fonn *et al.* (2021), Makie *et al.* (2021), Nanjundeswaraswamy (2021).		Young *et al.* (2021), Zurn *et al.* (2021), Engelbrecht *et al.* (2021), Washington (2021).
Adcock *et al.* (2020), Kredo *et al.* (2020), Ngqwala & Ballard (2020),	Aigbavboa & Mbohwa (2020), Alegbeleye & Kaufman (2020), Por Pan *et al.* (2020), Poels (2020), Ibrahim *et al.* (2020).	Richter *et al.* (2020).	Adebisi (2020), Elkington (2020), Chanana & Sangeeta (2020 Kluge (2020), Hanks *et al.* (2020), Kirby

Al Eid *et al.* (2020).			(2020), Van Digelle *et al.* (2020), Delport (2020).
Eyong (2019), Vasconcelos *et al.* (2019), Asiabar *et al.* (2019).	Apore & Asamoah, (2019), Lee *et al.* (2019), Odonkor *et al.* (2019).		Williams *et al.* *(*2019), Onyura *et al.* (2019), Ayeleke *et al.* (2019), Sithomola (2019).
Mugomeri (2018), Huynh *et al.* (2018), Manabo (2018).	Werdhani *et al.* (2018), Musinginzi *et al.* (2018), Abd-Elrhaman & Abd-Allah (2018), Nayak *et al.* (2018).		Delaney (2018), Wilkins (2018).
Al-Hussami *et al. (*2017).			Mulaudzi & Liebenberg (2017), Nell (2017).

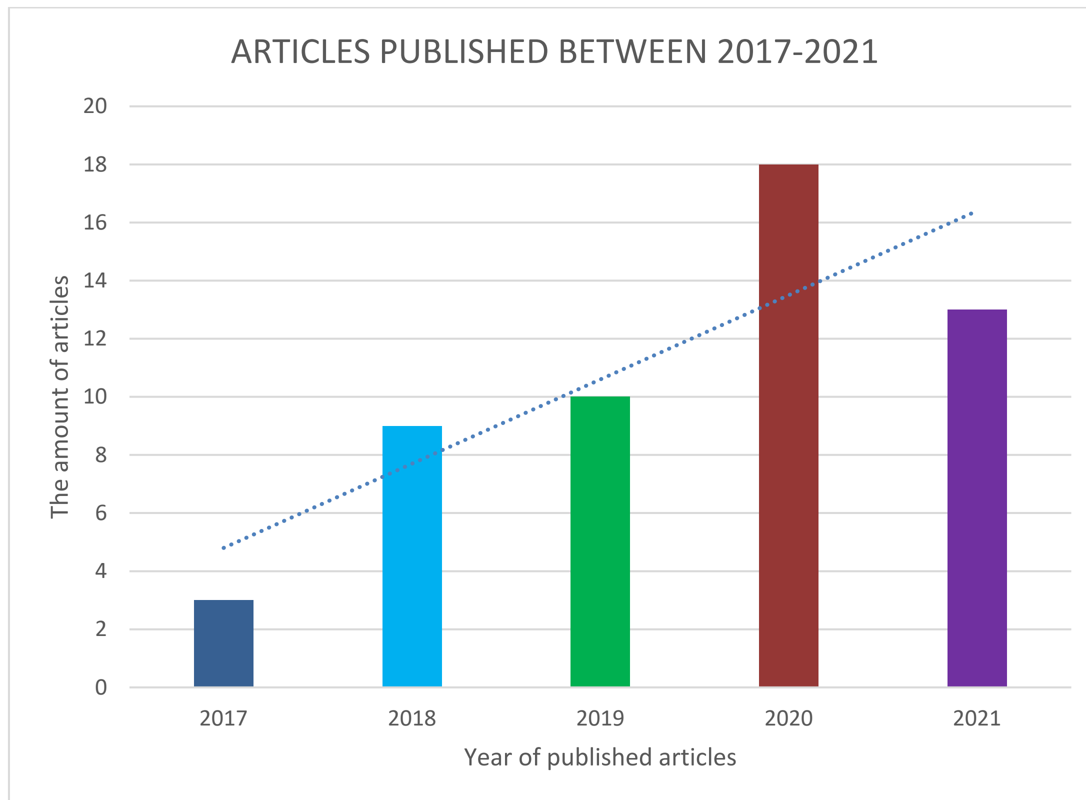
Source: Researcher's own compilation

After grouping the above articles, the researcher analysed the articles according to distribution over time and articles per geographic area.

5.4.2 Distribution of articles over time

The researcher decided on selecting relevant sources of the last five years (2017-2021). Figure 5.1 depicts the distribution of articles over the period 2017-2021 extracted for data analysis. It illustrates that in 2017 3%, 2018 9%, 2019 10%, 2020 18% and thus far in 2021 13% publications were dedicated to transformational, transactional, and African leadership. It reveals a steady growth of research in these leadership styles.

Figure 5.1: Articles published between 2017-2021

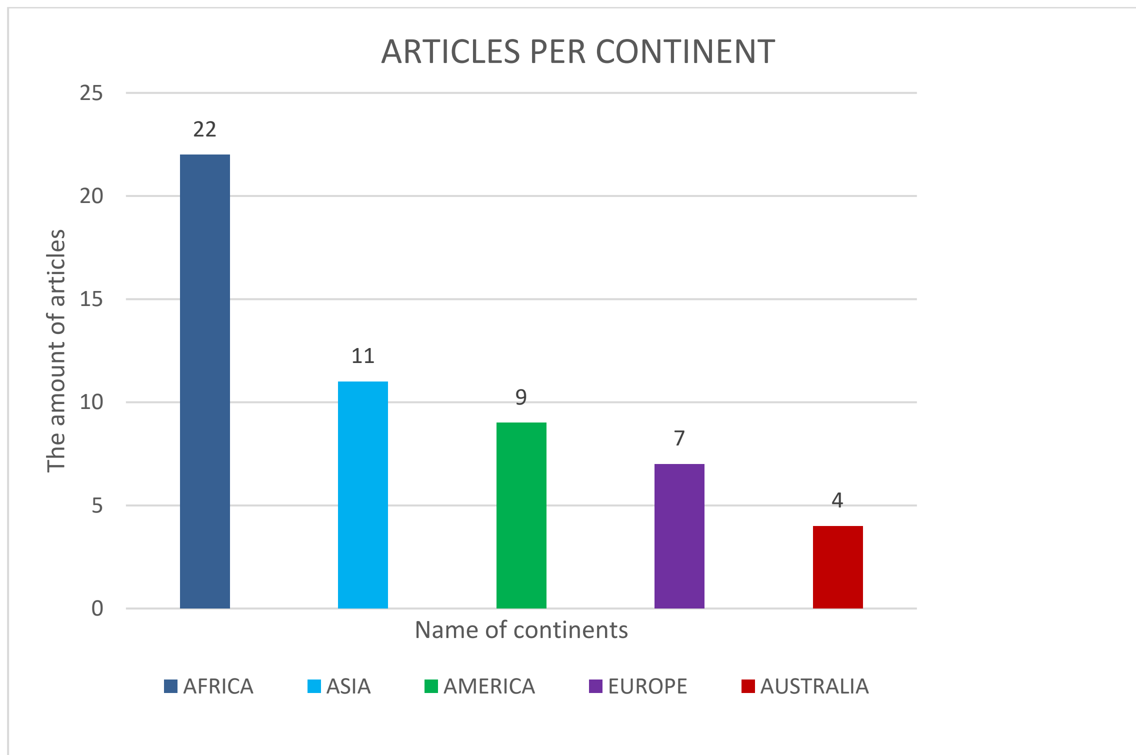


5.4.3 Distribution of articles per geographic area

After extracting relevant articles, the researcher grouped the articles per continent.

Figure 5.2 demonstrates Asia, America, Europe and Australia's continuous interest in western leadership styles. This is because globally transformational leadership is perceived as the cornerstone to health systems strengthening (Giddens, 2018:117). Of the 22% illustrated for Africa, only 4% embraces transformational leadership. This can be ascribed to decolonisation, which encourages Africans to seek Afrocentric leadership approaches to solve African challenges. South Africa adopted and recognised transactional leadership alongside democratic governance and elected officials (Hinz, 2008:62 in Van der Westhuizen, 2021:443). Moreover, the South African Traditional Leadership and Governance Framework Amendment Act 41 of 2003 (RSA, 2003) codifies traditional councils.

Figure 5.2: Articles per continent



5.5 DATA ANALYSIS PROCESS

The thematic categories that emerged from the literature review are linked with specific sections in chapters two and three of this research. Firstly, the institutional engagement's theme is derived from a theoretical and conceptual background for transformational leadership. Chapter 2 reflects the relevant theories, concepts, and approaches of transformational leadership. Overall, literature revealed that leadership forms part of institutional theories. Furthermore, the literature review revealed a conceptual framework of motivation and commitment, ability to create and sustain strategic relationships, sense of competence/importance of expertise and skills, leaders reaching full potential and promoting teamwork. Using these concepts and theories led to a theme of institutional engagements.

The thematic analysis process requires a systematic approach that is suitable for qualitative research. Terreblance, Durrheim and Kelly (2006:322-326) state the following steps on data analysis of this study:

- Step 1- Familiarisation and immersion: Reading field notes and interview transcripts.

- Step 2- Inducing themes: Thinking through issues such as processes and functions to assign theoretical labels to the inputs from the participants. This is meant to result in a systematic grouping of data into themes.
- Step 3- Coding: When data is marked to highlight its relevance to emerged themes. At this stage, it is also possible to earmark sub-themes.
- Step 4- Elaboration: Assigning meaning to themes and sub-themes, which could lead to an acceptable recoding of data.
- Step 5- Interpretation and checking: When a researcher's interpretation is revealed with a possible usage of themes and sub-themes.

5.5.1 Process of analysis in this study

In this study, the above data analysis steps were employed to analyse the non-empirical research approach:

- *Step One: Familiarisation and immersion*
  The first action of familiarisation was the literature search, as explained in section 5.3. Thereafter, further readings were continued to gain a deeper understanding of the theories and concepts of leadership particularly transformational leadership.
- *Step Two: Inducing themes*
  The themes that were developed from the literature review. These are mentioned in section 5.6.
- *Step Three: Coding*
  Initial coding was conducted manually by highlighting the general themes in different colours. The process of coding resulted in the categories of themes.
- *Step Four: Elaborating themes*
  Scholarly literature was used to elaborate on the views of other scholars, which enriched and strengthen the different themes.
- *Step Five: Interpretation*
  Macnaghten and Myers (2007:75) postulate that interpretation is concerned with locating analysed statements within a context of pertinent theoretical considerations. It is for this reason that this process of data analysis is linked with questions that were informed by the objectives of the study.

From an exhaustive SLR, several themes emerged. The selected studies were analysed through content analysis. The objective of content analysis is to group similar cases or data according to specific concepts and themes. In addition, themes should be systematically organised and interpreted (Kartika, Budiarto & Fuad, 2021:53).

Next, the discussion of the themes follows.

5.6 THEMES

Five key themes were extracted and coded according to the content of the findings of each study extracted during the SLR. The researcher selected these themes based on relevance and connection (and response) to research questions. Drawing from transformational leadership attributes, the themes were i) motivation and commitment, ii) ability to create and sustain strategic relationships, iii) sense of competence /importance of expertise and skills, iv) leaders reaching full potential and v) promoting teamwork.

5.6.1 Theme 1: Motivation and commitment

Fonn, Ray, Couper, Ezeh, Omigbodun, Morhason-Bello, Ngwena, Oyungu, Muchiri, Tumwine, Ibingira, Conco and Blaauw (2021:1) acknowledge that for Africa to achieve improved health outcomes, transforming health service delivery is integral. They researched motivating and demotivating factors in health services in four African countries namely South Africa, Kenya, Uganda and Nigeria. In South Africa, 74% of respondents indicated the opportunity of leadership and change implementation as a motivating factor, while respondents in Kenya indicated 85%. Innovation was the second highest motivating factor (52%) for South African respondents, while in Kenya and Uganda, being part of the team was the highest scoring motivating factor. In Nigeria, 69,2% respondents indicated lack of support from leadership as a demotivating factor, 31% indicated bureaucracy and 23% indicated limited financial resources. Moreover, in South Africa, 53% indicated lack of support from leadership, 43% limited financial resources and 30% authority as demotivating factors. This indicates that the overall support of leadership as a motivating factor should be enhanced and therefore transformational leadership should be considered for health services.

Almohtaseb, Almahameed, Sharari and Dabbouri (2021:1231) concur that transformational leadership in health services is fundamental. Considering the Covid-19 pandemic that is globally affecting health services, their research indicated that transformational leadership is highly effective when dealing with a major health crisis such as Covid-19. They posit that despite dealing with the pandemic, transformational leaders motivate employees to work effectively, thereby increasing job satisfaction and commitment of employees. Furthermore, as the pandemic is a challenge for health services, they revealed that transformational leadership is useful as it motivates and inspires employees to overcome organisational challenges. Moreover, 50% of the research respondents indicated that they trust transformational leaders as they influence the success of organisations. 75% responded that they were satisfied with transformational leaders as they indulge in effective communication strategies. The latter is crucial in leadership, as this ensures that both the sender and receiver of the message understand the message clearly (Van Digelle, Burgess, Roberts & Mellis, 2020:3). It is thus the ability of transformational leaders to guide employees as well as boost their morale, that increases organisational commitment (Almohtaseb *et al*., 2021:1233). It can therefore be concluded that due to the attributes of transformational leadership, its role in public health care is highly influential.

Likewise, Adcock, Sidebotham and Gamble (2020:1) study revealed that leadership attributes play a major role in health services. Their selected participants reflected love and passion for their job. They felt motivated to make a difference, and this enhanced their commitment. They further highlighted the importance of mentoring and identified that strong leadership as well as change management skills are important factors for health care reform. Some of the attributes identified in leaders were good communication skills, innovation, having a vision, motivation, empathy, establishing relationships and being a change-agent. These mentioned attributes are all characteristics of transformational leaders as mentioned in section 2.4.1.

Moreover, Al-Hussami, Hamad, Darawad and Maharmeh (2017:443) postulate that leaders' abilities to motivate employees, communicate and build teams are integral. Their study recognised that transformational leaders are needed that are charismatic, visionary and have the ability to motivate employees. In addition, these leaders have greater job satisfactions and are committed to achieve organisational goals. Hence,

they propose programmes that teach transformational leadership that may influence leaders' readiness for change.

Apore and Asamoah (2019:600) agree that organisations should invest in building transformational leaders who respect employees. They acknowledge that leadership in Africa is poor within the public sector. They further acknowledge that nurses are the largest group of health professionals, hence nurse leadership is integral in health care management. Their research in Ghana, discovered that overall nurse leaders demonstrate a high level of transformational leadership. For the intellectual stimulation component, the mean score recorded was 2.83 compared to 1.91 in the inspirational communication. Moreover, providing motivation and support to employees were high as nurse leaders need to provide support to staff on daily basis. They conclude that the role played by employees to enhance institutional effectiveness are of paramount importance. Employees are the "heart" of success in institutions and thus their role should not be underestimated.

Given turbulent times such as the Covid-19 pandemic, employees are stressed and therefore organisations should take care of their employees' well-being. Leaders should engage in motivational talks and an open organisational environment, to boost employees' morale. As many employees are working from home, as nations are under lockdown, leaders should find innovative ways to keep employees motivated and committed (Chanana & Sangeeta, 2020:4). Incongruent to the afore-mentioned, Chanana (2021:2) agrees that organisations should satisfy employees in order for them to stay committed. The reason for this is because when employees are committed to an organisation, they feel an association with that organisation. Moreover, when employees feel like they fit in, they recognise organisational objectives. Therefore, they tend to be more determined and more productive in their work and this enhances institutional effectiveness.

What is of interest in a study by Vasconcelos, Freitas, Jorge, de Carvalho, Freire, Arajo, de Aguiar, de Oliveira, dos Anjos and Oliveira (2019:31), is that although leaders perceive themselves as good leaders, participants disagreed. They stated that leaders should be dynamic, positively influence and motivate people as well as share information with employees. This minimises errors as employees are engaged and they feel a sense of belonging. Moreover, the work environment should be built on

principles such as trust and responsibility, and therefore they conclude that transformational leadership should be adopted.

In contrast to studies indicating preference of transformational leadership for health services, research by Por Pan, Trakulmuta and Youravong (2020:193) indicated that heads of dental departments adopted the transactional leadership style followed by the transformational leadership style. Specifically, 60% of the participants indicated transactional leadership and 34,6% indicated transformational leadership as their leadership style. The management-by-exception component of transactional leadership scored higher than the contingent reward component. Leaders revealed that they focussed their attention on irregularities, failures, and mistakes. Interestingly, the transformational leadership scores were the highest in the individualised consideration component, which meant that the heads of departments understood individual differences. What is noteworthy, is that the dental heads of departments preference for transactional leadership may be due to the liability associated with their profession. Hence, they consider their leadership behaviour as a defensive approach.

Poels, Verschueren and Vlaeyen (2020:2) study also revealed high scores for transactional leadership and relatively low scores for transformational leadership. Given the need for transformational leadership in health care to sustain the quality of care, this is quite alarming. Despite transformational leadership having the potential to impact health care positively, transactional leadership is adopted.

However, Young, Glerum, Joseph and McCord (2021:1266) posit that transactional leadership can harm the motivational aspects of leader-follower relationships whereas transformational leadership lead to high performance as followers are motivated. They investigated how transactional leadership influence follower performance and focussed on how the contingent reward component of transactional leadership could improve follower performance. Consequently, they discovered positive and negative effects on follower performance. More specifically, their research indicated that transactional leadership has both desirable and undesirable effects, such as the benefits of contingent reward in motivating employees, as well as contingent reward negatively impacting motivation through competence. They conclude that transactional leaders could utilise contingent reward in positive ways by providing rewards in a less

controlling manner as employee performance are fundamental for institutional effectiveness.

When looking at African leadership, Eyong (2019:1) argues that leaders depend on followers for performance and followers expect leaders to appreciate their contribution to achieve organisations goals. He explored leadership within the African public service in two African countries, namely, Cameroon and Nigeria, and specifically focussed on the use of *Ubuntu* in the leadership phenomenon. As highlighted in section 2.4.3, *Ubuntu* is inked with African leadership as it entails values such as humanity, respect, interdependence and being people oriented. Eyong (2019:1) discovered that as African leadership is people-oriented, leaders expressed more compassion and concern for followers. Leaders reprimanded their followers less and followers felt less fear for their leaders. Therefore, leaders and followers were committed to achieve organisations goals together.

In line with Eyong (2019:1), Elkington (2020:48), acknowledges that how leaders lead, not only stems from their values, but from their commitment to the values towards a common goal they share with their followers. As Africa requires a strategic and proactive response with regards to strengthening health services, effective leadership is a key factor (Adebisi, Ekpenyon & Lucero-Prisno, 2020:449). Therefore, as African leadership is defined by the values of *Ubuntu*, it suggests that good arises from commitment. More importantly, the values of *Ubuntu* means that people are at their best when they ensure others are at their best (Elkington, 2020:48).

Furthermore, African leadership is Africa-centred and should honour African human values. More importantly, key values for African humanism includes harmony, cooperation, and respect. Attitudes associated with these values include humility, connectedness, tolerance, and a regard for human virtues. As previously recognised, African leadership is linked by the values of *Ubuntu*, therefore, organisations can only be as strong as its participating individuals and vice a versa. Hence, shared values with mutual respect are crucial to attain institutional effectiveness (Vilakati & Schurink, 2021:2).

Notwithstanding the above, Mugomeri (2018:13) highlighted transformational leadership to motivate and encourage staff. He reported that due to poor supervision and low motivation, staff had the perception that important procedures such as

washing hands were not necessary. Given that the Covid-19 pandemic requires the regular washing of hands to prevent the spread, leaders need to emphasise and supervise this important procedure. Health services require strong leadership; hence the uniqueness of transformational leadership may enhance institutional effectiveness.

Next, the second theme, namely, the ability to create and sustain strategic relationships, is discussed.

5.6.2 Theme 2: Ability to create and sustain strategic relationships

Adcock *et al.* (2021:1) reported that leaders felt the need to create strategic relationships based on mutual respect with key stakeholders from inside and outside the organisation. Wilkins (2018:6) goes further and acknowledges that trust is crucial to maintain these mutually respectful relationships. This included relationships with patients, doctors, community stakeholders and health care leaders higher in the hierarchy (Adcock *et al.,* 2021:1; Wilkins, 2018:6). Moreover, leaders were of the opinion that in order to lead effectively, they needed more support from the top. They were frustrated and this lack of support affected their morale. These leaders also revealed that health outcomes and service delivery are negatively influenced if doctors are not supportive (Adcock *et al.,* 2021:1). Nanjundeswaraswamy (2021:5) agrees that good relationships should exist amongst all employees even if they are on different organisational levels as this affect job performance. His study indicated that the relationships between supervisors and employees are good as are as relationships amongst employees.

Another important relationship identified by Delaney (2018:119), is between the health care workforce and health care clients. PHC has adopted a patient-centred care approach that focus on individualised needs to enhance the quality of health care. The patient is viewed as an active participant and is involved in the decision-making process of his/her care. This led to significant benefits for patients as they are better informed and supported by the health care team. To facilitate this ongoing relationship between patients and health care employees, they recommend transformational leadership.

Huynh, Sweeny and Miller (2018:743) agree that transformational leadership is effective in clinician-patient relationships to achieve positive patient outcomes. An interesting aspect about this study, is that transformational leadership behaviours were studied for clinicians to assess patient outcomes. Clinicians display idealised influence when they act as role models for patients, inspirational motivation as they create a vision for patients' health and communicate that vision to patients. Patients are engaged and informed about their treatment plan and the outcomes and therefore they work towards achieving a common goal. In terms of intellectual stimulation, clinicians engage patients with new and innovative health strategies whereas with individualised consideration, clinicians treat patients as unique individuals.

Kluge (2020:133), the regional director of WHO's European Regional Office, emphasises that in order to transform public health care, people-centred care should be sustained through the commitment of health care leaders. He further acknowledges that with ageing populations and satisfying patients' complex needs, a patient-centred approach is crucial. Therefore, the WHO aim to coordinate a WHO pan-European Transformational Leadership Academy to transform countries health systems.

Moreover, Alegbeleye and Kaufman (2020:6) research examined the relationship between middle managers' transformational leadership behaviour and effective follower behaviour. Leaders in middle management positions, act as leaders to their subordinates, while also acting as followers to top-management. Furthermore, roles of followers have always been given limited attention, as leadership studies focus on the leaders' role, where in fact, the leader and followers switch between roles in the leader-follower relationship. As middle managers' switch between roles as leaders and followers, they need to distinguish when to lead and when to step back and follow. They conclude that whereas transactional leadership is based on expectations, transformational leadership is based on how leaders influence followers to perform.

Lee, Thomas, Martin and Guillaume (2019:1928) agree that the leader-follower relationship impact the task performance of individuals, and therefore leaders must form quality relationships with individual followers. As stated in the previous section, African leadership is defined by the values of *Ubuntu.* Therefore, by acknowledging the significance and strengths of these values such as respect and humanness,

sustaining relationships may be more successful. More importantly, African leadership focus on a collective will and working together as one (Key-Poakwa, 2021:74).

The third theme, namely a sense of competence/lack of expertise and skills is discussed next.

5.6.3 Theme 3: Sense of competence/lack of expertise and skills

Aigbavboa and Mbohwa (2020:336) identified that the efficiency and effectiveness of organisations relate to employees' lack of expertise and skills. They discovered that employees' competency affects the health service delivery of pharmaceuticals. This is especially of great concern with the need for vaccines for the Covid-19 pandemic. They therefore highlight that for efficient and effective supply chains of medicines, a consistent flow of affordable, good quality medicines is of paramount importance. More importantly, skilled health workers are indispensable to service delivery (Okoroafor, Ongom, Mohammed, Salihu, Ahmat, Osubor, Nyoni & Alemu, 2021:12).

Furthermore, Mulaudzi and Liebenberg (2017:46) posit that South Africa has to develop creative, bold, highly trained and educated as well as competent leaders. Where leaders demonstrate less effective leadership, low productivity and performance, these leaders must be removed. In terms of leadership effectiveness, Asiabar, Mehr, Arabloo and Safari (2019:43), identified personality traits such as self-confidence, responsibility, creativity, innovation, and courage as important traits. Notwithstanding, employees stated that the skills of leaders and their performance were more important than personality traits. Therefore, the performance of hospital managers should be evaluated regularly.

However, Richter, Lornudd, Schwarz, Lundmark, Mosson, Skoger, Hirvikoski and Hasson (2020:2) research on health care managers discovered that health care managers lack formal training in leadership and leading change as they were promoted to these leadership positions. They further highlighted the need to provide and evaluate training provided to health care managers. Generally, in lower and middle-income countries there is an under-investment in the training and education of health care workers. This is worrisome as an adequate, motivated and supported health workforce is required to attain positive health outcomes (Zurn, Zapata & Okoroafor, 2021:1). Therefore, the 2030 Human Resource Health Strategy (hereafter as HRHS) for South

Africa (2020:3) emphasises that a mind shift is required to accept and appreciate that the health workforce is an investment instead of an expenditure. Nonetheless, the South African Health education and training system is recognised globally as an advanced and highly sophisticated health system.

Despite the need for training, research conducted by Mugomeri (2018:13) evaluating the effectiveness of infection prevention and control committees (hereafter referred to IPC), discovered that there is no training for nurses involved in infection prevention and control. This study was conducted in Lesotho, which is considered a least developed country in Southern Africa. Although these skills are fundamental to ensure patients' safety, a lack of learning programmes was identified. This emphasised the need for the implementation of improved infection prevention and control. Members of the IPC committee had limited training as leaders do not allow them to attend courses at universities in South Africa and do not grant study leave. Therefore, with limited competencies, it affects the ability to deliver optimal health services.

Subsequently, patients are dissatisfied with sub-optimal health care service delivery. Odonkor, Frimpong, Duncan and Odonkor (2019:1) revealed that training health care workers in service delivery are important as patients were not entirely satisfied with health care treatments. In their research, 69,5% patients were satisfied with health care treatments. These patients indicated that due to the quality of care not meeting standards, they seek treatment elsewhere. Therefore, patient satisfaction is a key marker to assess the quality of health care service delivery.

Regardless of the need for a skilled health workforce, Kredo, Cooper, Abrams, Muller, Schmidt and Atkins (2020:1) research in four provinces in South Africa, namely, Western Cape, Kwazulu- Natal, Eastern Cape and Limpopo. revealed that nurse managers indicated the poor state of professional training of PHC nurses. They described them as not possessing essential skills as they follow outdated training manuals. Moreover, nurse managers indicated that attending workshops was a challenge due to the shortage of staff and suggested on-site training.

Makie, Jooste, Mabuda, Van As and Chipps (2021:1) have a similar view and state that community service nurses may lack competence in basic required nursing competencies. In 2008, the first nurse cadre started with community service as part of the Department of Health's intention to recruit and retain health care workers. The

competencies of new nurse graduates are communication, leadership, organisation, and critical thinking and is linked with clinical patient care, leadership and management. Of note, is that the respondents of the research study were operational nurse managers, with an average of 23.8 years of work experience. Nearly three-quarters indicated a nursing diploma as the highest qualification and only 45 out of the 167 (26,9%) respondents had a nursing degree. This shows either the lack of interest or the non-opportunity provided to nursing managers in obtaining further management degrees. Moreover, respondents indicated that new nurse graduates had a high competence in clinical patient care, however leadership was rated the third lowest domain and quality managements, the lowest domain. Therefore, newly graduated nurses require continuous training and development programmes to build and sustain skills such as leadership and quality management.

Moreover, Nayak, Sahoo and Mohanty (2018:117) acknowledge that the lack of specialised skills and knowledge affect health care organisations' performance and therefore the health workforce should be competent, dedicated, and innovative. As acknowledged by Abd-Elrhaman and Abd-Allah (2018:127), transformational leaders guide staff in suitable directions and develop employees to fulfil their duties with confidence. In contrast with transformational leadership, transactional leadership are seen as authoritative, where goals are identified and agreed upon. This is considered as a transaction between leaders and followers. In addition, achieving goals is based on a reward system and punishment for not achieving set goals (Van Digelle *et al.*, 2020:2). Nonetheless, transactional leadership is prescribed for nursing as the constant monitoring by leaders ensures that tasks such as the completion of vital signs observations is completed efficiently (Kirby, 2020:7). When referring to African leadership, Ubuntu espouses the belief that an individual's most effective behaviour transpires when he or she is working towards the common good of the group. Therefore, individuals do not feel threatened that others are able to perform tasks, as it is done for the common good (Washington, 2021:100).

The next theme discusses the importance of leaders reaching their full potential.

5.6.4 Theme 4: Leaders reaching full potential

Por Pan *et al.* (2020:193) suggest that leaders adopt the transformational leadership style in order to follow a lifelong journey in leadership learning. This will ensure that

leaders reach their full potential. They acknowledge that for the position of heads of departments, an assessment of leadership skills should be included. Moreover, they acknowledge that leadership capabilities should enable leaders to cope with changes. Although leadership capability is crucial for the health workforce, challenges prevail in terms of leadership competencies (HRHS, 2020:8). Furthermore, the Framework for Developing Human Resources and Skills Development Strategy in the Western Cape (2003:13), promotes a culture for lifelong learning across all sectors in the province.

Werdhani, Sulistomo, Wirawan, Rahajeng, Sutomo and Mansyur (2018:691) concur that transformational leadership skills are fundamental for health services. Their research revealed 64% of the PHC clinicians had transformational leadership skills. The job satisfaction score was 79,92% and the employee commitment was 62,97%. They postulate that this was due to the high proportion of female leaders. Furthermore, PHC clinicians were inspiring and promoted organisational values. They conclude that PHC clinicians should possess leadership skills as a competency to manage various resources. This is crucial as technical skills are no longer sufficient for leaders to lead. Ngqwala and Ballard (2020:122) are of the opinion that leaders are expected to lead beyond expectations and blend new leadership skills with leadership ethics and professionalism.

Notwithstanding, Onyura, Crann, Tannenbaum, Whittaker, Murdoch and Freeman (2019:628) revealed that clinicians were reluctant to take on formal leadership roles. They indicated clinicians lacked confidence and were discouraged to take on leadership roles as they were not prepared for these roles. Interestingly, the research also revealed that some clinicians found leadership roles less rewarding and preferred the clinical work. This was due to the fact that they acquired more financial incentives doing clinical work, than in the case of leadership roles. Therefore, clinicians perceived leadership roles as burdensome, lonely, and not worth all the sacrifices. Despite this, transformational leadership should be adopted in a highly stressful working environment such as health.

Hanks *et al.* (2020:1) state that leaderships' importance grew in health care as it shapes the health care culture and the quality of care. Hence, leadership development should be included in training. The Covid-19 pandemic has highlighted that effective leadership is pertinent, as globally we are faced with difficult challenges. Delport

(2020:24) states that Covid-19 not only affected the global health care systems, but every segment of society. Hanks *et al*. (2020:2) reported that many researchers acknowledge that leadership requires a specific set of skills and abilities. The specific competencies identified are problem-solving, decision-making, creating a vision, being supportive and empathetic. However, demonstrating these competencies are not sufficient for effective leadership. Hence, transformational leadership is crucial to guide health care leadership.

The study by Adcock *et al*. (2021:1) focussed on health care leaders in PHC, specifically midwifery leaders. They indicated that in order for health reform, leaders should be equipped through leadership development opportunities, effective relationships and support from health care management. Nurse leaders felt that they need to be proud and stand up for their profession. After attending leadership development courses, leaders demonstrated improvement in job competencies, leadership skills, increased confidence and the ability to incorporate changes. In addition, participants emphasised that tertiary leadership and management courses assisted them with their leadership role.

Ayeleke, North and Dunham (2019:354) investigated the impact of training in leadership competence. Competent health care managers are the force for driving change in organisations, and therefore through training and development programmes, the capabilities of leaders improve. According to the data, health care managers and leaders who participated in leadership development programmes, demonstrated improvement of competencies such as communication skills, leadership capability as well as change management skills. Subsequently, improvement in these competencies has a positive impact on team performance.

Young *et al.* (2021:1266) view transactional leadership as the most common leadership style. However, it is often excluded from leadership development programmes. This could be due to the lack of understanding on how transactional leaders influence follower performance.

In terms of African leadership, Manabo (2018:213) acknowledges that African leaders cannot be developed through western intellectual frameworks. When developing African leaders, African personality should be considered. The latter is crucial as it informs the values that leaders adopt in their leadership. Moreover, African personality

is attained through communication with fellow human beings and depends on humanness and concern for one another. Manabo (2018:227) concludes that Africa requires leaders such as Nelson Mandela who was a perfect role model of African humanness and of morally influencing the global world.

Furthermore, Van der Westhuizen and Hewitt (2021:2) reported on the Afrocentric and Eurocentric leadership development process. This was done to understand which leadership development areas are required to support the leadership development process in Southern Africa. Eurocentrism refers to a worldview which advocates for the use of European and United States standards and models whereas Afrocentrism advocates for a specific cultural history that originated in Africa. Moreover, the Afrocentric leadership development process is people-related while being Eurocentric is process-related. More importantly, this research revealed a lack of indigenised leadership development programmes and leadership models in Africa. This is because leadership development is neglected in Africa and institutions do not have a structured process in place to develop its leaders.

Next, the final theme, namely promoting teamwork, is discussed.

5.6.5 Theme 5: Promoting teamwork

Ibrahim, Ibrahim and Elghabbour (2020:25) discovered that transformational leadership promotes teamwork. The health care environment consists of various health professionals and therefore demands teamwork to provide quality health care services. A 67,5% of the study's participants perceived leaders as transformational. The highest scores were indicated in the idealised influence (65,2%) and inspirational motivation (65,7%) components, indicating that leaders were perceived as being strong role models and focussed on attainable visions.

The study of Musinginzi, Namale, Rutebemberwa, Dahal, Nahirya-Ntege and Kekitiinwa (2018:21) revealed similar findings. They investigated the relationship of transformational and transactional leadership style on teamwork in Uganda's health sector. They postulate that health workers prefer transformational leadership compared to transactional leadership. This is because the health care environment requires leaders who inspire employees with their vision instead of using rewards and punishments to achieve objectives. Furthermore, the health care environment is

challenged with poor teamwork due to limited resources, limited career opportunities, lack of promotion and workers being overworked. Their research indicated high scores for the idealised influence component of transformational leadership and the contingent reward component of transactional leadership. However, contingent reward was the strongest predictor for teamwork as rewards such as performance bonusses enhanced the working environment, resulting in greater team cohesion. Overall, their results revealed that 64,3% of health workers perceive leaders as transformational, compared to 54,4% who perceive leaders as transactional. They therefore conclude that health workers who perceive leaders as transformational, may increase the probability of greater teamwork.

Furthermore, Vasconcelos *et al.* (2019:31) who conducted a study in PHC facilities in Brazil, revealed that non-efficient teamwork was a major problem. The health professional team is a multidisciplinary team; hence teamwork should be important. Doctors do not spend enough time with other health care workers as they work in more than one institution or rotate. They further state that clinical governance requires the involvement of all the employees of the organisation and that the leader should lead the team through the process of teamwork. More in-depth discussions must be held with employees and changes should not just be passed on to workers. A lack of decision-making or fear of discussing important issues with employees leads to changes not implemented correctly. They conclude that ineffective PHC may lead to unnecessary use of scarce resources, and therefore state that the production at primary health care settings depends on combined team efforts.

Therefore, Williams, Mossey and Marthur (2019:52) propose a professionalism framework that promote quality, embrace teamwork, uphold a strong service ethic, and are centred on patients' interests. They recommend that leaders should build a strong team by guiding and steering employees in the desired direction. Fundamentally, leaders are the link between employees, the organisation's goals, and future plans. Hence, a successful leader should have the ability to motivate employees to work together in a team to not only achieve organisational goals, but at the same time achieve personal goals (Al Eid, Arnout & Almoied, 2020:2). Due to the increased burden of health care problems, the public health system needs public health leaders who can achieve transformation and deliver efficient services. Therefore, a more

collaborative leadership is needed with shared responsibility and accountability (Williams et al., 2019:.52).

As a way to promote teamwork, Engelbrecht, Gilson and Barker (2021:3), point out that team huddles are used to connect teams and to assist with communication. As the Western Cape Province was the epicentre during the first wave of Covid-19 in 2020, the provincial Department of Health implemented a collaborative learning approach named the # *StaffCare Colab Initiative*. This Colab aimed at providing health care leaders and managers the opportunity to share challenges and ideas to support staff and to strengthen the health system. Sessions were held virtually, and it provided a platform where different teams could engage with each other. These engagements showed the Western Cape leading change, as this initiative was adopted in three other provinces, as well as endorsed by the National Department of Health.

Concerning African leadership, Eyong (2019:3) acknowledges that through the value of interdependence, African leadership embraces team approaches. Subsequently, success is achieved together, rather than individually. This team approach is viewed as coming together as brothers, and rests on the notion “the one hand washes the other hand.” Nell (2017:2) agrees that African leadership entails collectivism as opposed to individualism. It embraces a collective/team spirit that is more valuable than individual aspirations.

Next a comparison of transformational, transactional and African leadership follows, according to the themes.

5.6.6. Comparison of themes with leadership styles

After comprehensively discussing the themes, the researcher designed table 5.9, which illustrates a comparison between transformational, transactional, and African leadership. The table portrays how transactional and African leadership corresponds with transformational leadership according to the five themes. Table 5.9 also demonstrates that there are several common leadership qualities between African and transformational leadership, such as inspiring commitment and encouraging team spirit to attain common goals. It is for this reason that Africa, and South Africa in particular, should embrace transformational leadership with African-centred values. This may lead to unique leadership qualities where leaders and followers embrace shared values

and work together to enhance institutional effectiveness. In contrast, transactional leadership is counter to both African and transformational leadership because it is anti-transformation. In addition, it is also Afrocentric, which is in direct contravention of the Constitution and White Paper on Transformation of the Public Service. It clearly shows that the reigning leadership of South Africa, the ANC, is not serious about decolonisation and transformation. As mentioned in section 2.4.2, the ANC prefers transactional leaders, its cadre deployment policy (extended to second and third generations) allows for party officials to be deployed in key state positions and reward them for their loyalty to the party. Sithomola (2019:72) points out that cadre deployment is a challenge for public sector institutions in South Africa that is a result of leadership deficiency.

Table 5.9: Comparison of themes with leadership styles

Themes	Transformational leadership	Transactional leadership	African leadership
Motivation and commitment	Inspire commitment and motivate employees to transcend personal goals for institutional achievement and effectiveness	Leaders utilise contingent reward to motivate followers	Leaders' commitment stems from the values of *Ubuntu.* Through interdependence, leaders and followers have a shared commitment
Ability to create and sustain strategic relationships	Create and sustain strategic relationships based on mutual respect	Sustaining relationships based on expectations of leaders	Sustaining relationships through the values of Ubuntu such as humanness and collectivism
Sense of competence/lack of expertise and skills	Leaders guide and develop employees to successfully complete duties	Prescribed due to constant monitoring by leaders to	Working towards a common good

		ensure successful completion of tasks	
Leaders reaching full potential	Leaders promote lifelong learning and engage in leadership programmes to reach their full potential	Often excluded from leadership development programs	Leaders' development should evolve around African personalities. A lack of indigenised leadership development programmes
Promoting teamwork	Leaders act as role models and focus on attainable goals to promote teamwork	Leaders utilise contingent reward such as performance bonusses to promote individualism. Teamwork is neglected	Leaders and followers embrace a collective/ team approach

Source: Researcher's own compilation

5. 7 CONCLUSION

Based on the SLR of various empirical and non-empirical studies, this chapter attempted to answer whether existing literature provides sufficient evidence revealing that transformational leadership enhances institutional effectiveness with specific reference to PPHCS. However, empirical research that examines transformational leadership within public health care services within and beyond South Africa, is limited. This chapter revealed that despite this, transformational leaders not only motivate employees to achieve institutional goals and objectives, but also to enhance their performance, which in turn increases institutional effectiveness. The next chapter concludes the study by presenting the findings, recommendations, and conclusion.

CHAPTER 6

FINDINGS, RECOMMENDATIONS AND CONCLUSIONS

"Your knowledge and practice of key dispositions and skills are just as important at the end as they were at the start of the study."

(Rossman & Rallis, 2017:523)

6.1 INTRODUCTION

Chapter 5 discussed the data collection and qualitative data analysis. In doing so, it conducted a comprehensive SLR. Furthermore, it discussed the themes that emerged and compared transformational, transactional, and African leadership according to the emerging themes.

This chapter provides a summary of the chapters of this research. It also discusses the key findings in relation to the objectives of the study. Moreover, recommendations are provided to assist the Mitchell's Plain CHC to improve service delivery. Limitations and conclusions are presented and conclude the study with a conceptual model.

6.2 RESEARCH PURPOSE AND OBJECTIVES

The purpose of this study was to investigate whether transformational leadership motivates employees to transcend personal goals, improve their performance and enhance effectiveness of the Mitchell's Plain CHC. To address the stated purpose of the study, the following research objectives, as mentioned in chapter 1, were formulated as follows to guide the study:

- To explore whether transformational leadership motivate employees to transcend personal goals.
- To examine whether transformational leadership increase employees' performance.
- To investigate whether transformational leadership enhances institutional effectiveness with specific reference to PPHCS.

6.3 SUMMARY OF CHAPTERS

Generally, this study aimed to determine whether transformational leadership enhances institutional effectiveness. Through a summary of chapters in this section of a dissertation, a reflective approach is undertaken to determine whether the entire dissertation has focused on the objectives and the research problem. In this regard, sections 6.3.1 to 6.3.6 provide a synopsis of chapters.

6.3.1 Chapter one

Chapter one introduced the research topic to the reader. It provided an overview and justification for this research. The leadership phenomenon was discussed briefly, and reference was made to leadership in PPHCS. Furthermore, the background and rationale for this research were provided. This was imperative, considering the current Covid-19 pandemic which demonstrated the lack of quality health care services.

This chapter also presented the problem statement and explained the reasoning behind selecting Mitchell's Plain CHC which forms part of Klipfontein/Mitchell's Plain substructure. Moreover, it formulated the research questions and objectives for the study. A brief explanation was provided of the selected research design and methodology, limitations, and ethical considerations. This chapter concluded with an outline of the chapters to follow.

6.3.2 Chapter two

Chapter two aimed to answer objective 1 and 2. To do this, it explored three leadership approaches namely transformational, transactional, and African leadership. Firstly, it conceptualised leadership and explained it meticulously. It discovered that although leadership is much written about from a scholarly perspective, it remains a complex and misunderstood phenomenon.

That said, the lack of a standard definition of leadership contributes to this misunderstanding. Definitions focus predominantly on leaders' qualities and behaviours, and scholars provide operational and theoretical explanations. In attempting a standard definition, this study identified leadership constructs, namely, a good relation between leader-followers, mutual goals, respect for each other's abilities as well as the acronym TRUST.

Although leader-follower relationships are of paramount importance, it is perceived that the leader is more important than the follower in this relationship. Therefore, a mind-shift is required as followers' roles are critical in achieving organisational objectives. In fact, it is only through leaders and followers valuing each other's roles in attaining these objectives that it transcends to institutional effectiveness. That said, the role of the leader cannot be understood without viewing it in the context of their relationship with their followers.

Moreover, power and authority were recognised as key factors of leadership where leaders have the power to influence followers and the authority to make them act. Fundamentally, authority indicates that leaders are superior as decision-makers and followers carry out these decisions. In terms of power, it is the resource that leaders draw on to influence followers to achieve organisational objectives. However, leaders' use power either to empower or weaken followers, and when negatively used, it refers to the "dark side" of leadership, as followers are manipulated and coerced. Nonetheless, power should not be used to rule followers but rather to lead them to achieve personal goals as well as organisational objectives.

Moreover, the study revealed that transformational leadership is follower-centred, transactional leadership is leader-centred and African leadership, through the values of *Ubuntu* aspires a shared leadership. It discovered that although transformational leadership is required for health reform, public health care services embraced transactional leadership.

Furthermore, the link between transformational leadership and institutional effectiveness was explored. This is because transformational leadership positively influences employee commitment, employee performance, employee well-being and job satisfaction. In addition, transformational leadership, empowers subordinates to perform their duties effectively, thereby enhancing overall productivity and institutional effectiveness.

6.3.3 Chapter three

This chapter firstly contextualised PPHCS with specific reference to South Africa. Public health care services came under spotlight with the Covid-19 pandemic as it became clear that health care services were not prepared to deal with this pandemic.

South Africa’s health system has always been perceived as delivering poor standard health care services. Moreover, the study revealed that it is still faced with inequalities such as access. Given that most of the South African population are unable to afford private health services, public health services are strained and challenged to provide equitable health services.

Furthermore, challenges such as the shortage of staff and inadequate funding were highlighted. Human resources are the most essential health care resource, and the shortage leads to long waiting times and a low patient satisfaction. This study discovered that the lack of capacity further leads to burnout of employees as they are overworked. Moreover, it revealed that there is an uneven distribution of health care workers and therefore strategies should be proactive to attract health care workers to rural areas.

Thereafter this chapter discussed the mechanisms to enhance institutional effectiveness. This included the development of health care leaders, employing the right people with the right competencies in the right positions at the right time, adopting a quality health care approach and the implementation of COPC. Lastly, it was important to discuss the public health care leadership response to the Covid-19 pandemic. It highlighted that this pandemic brought on a “new normal” and therefore transformational leadership should be adopted.

6.3.4 Chapter four

Chapter four explained the appropriate research methodology for this research. It provided the rationale behind the conceptual study as the leadership phenomenon has a wealth of empirical research. This reflection on past research studies, allowed the researcher to gain insight and knowledge of the phenomenon under investigation. The framework it provided in section 4.2 was followed meticulously and provided a logical order for the methodology.

Moreover, the research design was selected to provide proper structure and logic. Hence, a SLR set the standard for the researcher to search and extract data. Specific inclusion and exclusion criteria for the study were highlighted. This chapter also discussed the methodological quality of the study as the criteria of validity and

transparency were explained and concluded with the ethical considerations that were adhered to.

6.3.5 Chapter five

Chapter five presented the data analysis and interpretation and aimed at answering objective 3. Searches were conducted using specific keywords in various databases as well as journals. After the initial searches were concluded, articles' titles and abstracts were screened for relevance. Thereafter, specific articles were selected and retrieved for data extraction based on the inclusion criteria.

Furthermore, the review was refined and included a total of 53 articles in the study. Data was analysed through content analysis and subsequently five prevalent themes emerged. These themes were discussed comprehensively, and the researcher accordingly compiled a table comparing transformational, transactional, and African leadership.

6.3.6 Chapter 6

Chapter six provided the findings, recommendations, and conclusions of the study on the case of PPHCS, and more specifically Mitchell's Plain CHC in the Western Cape Province. Chapter 2 and 3, as well as the analysed data in chapter 5, formed the findings for the study. Moreover, this chapter presented recommendations as well as the limitations of this research and concludes with a conceptual model aimed at improving service delivery at the Mitchell's Plain CHC.

6.4 FINDINGS

In this section, the findings of the study are discussed in relation to the objectives of the study.

Objective 1: Transformational leadership motivates employees to transcend personal goals

In line with objective one, literature revealed that employee motivation is integral, especially in a complex environment such as health care services. Given the current pandemic, where employees are stressed and overworked, it was discovered that

when transformational leaders motivate employees, they feel inspired to still achieve personal goals. Furthermore, employees reflected love and passion for their jobs.

Moreover, transformational leaders are charismatic and visionary, and motivate employees to accomplish the institution's strategic goals. This fits in with the inspirational motivation component of transformational leadership. In addition, transformational leaders have greater job satisfactions and are committed to achieve these mutually set goals. Other attributes that were identified in transformational leaders include good communication skills, innovation, empathy and embracing change.

This research also discovered that the individualised consideration component of transformational leadership allows for leaders to understand individual differences of employees and treat employees as individuals. Leaders are then able to boost employees' morale and guide them individually. Subsequently, employees feel respected, valued, and motivated to achieve personal goals.

Objective 2: Transformational leadership increases employees' performance

The second objective links with the first objective. When employees are motivated, they are set on achieving personal goals and subsequently their performance increases, which in turn enhances institutional effectiveness and productivity. Similarly, the individualised consideration component of transformational leadership, identifies individual differences, hence leaders provide support to reduce these differences and allow employees to achieve their maximum potential.

Furthermore, the idealised influence component recognises that employees admire leaders as strong role models. They are inspired by the vision of transformational leaders, and therefore express good followership behaviours. They also trust leaders and want to increase their performance. As leaders build positive relationships with employees, the level of performance increase.

This research also discovered that transformational leaders encourage lifelong learning and training of employees, thereby equipping them with necessary capabilities to enhance employee performance.

Objective 3: Transformational leadership enhances institutional effectiveness of the PPHCS

This research revealed that transformational leadership is highly effective when dealing with a major crisis such as Covid-19. Transformational leaders encourage subordinates to minimise self-interest and work towards attaining institutional goals. By minimising self-interest, employees develop a collective interest and accordingly attain mutual strategic goals.

In addition, transformational leaders involve employees with decision-making, making employees feel their contributions are valued and appreciated. This in turn increases employee self-confidence and employees are committed to the organisation. More importantly, when employees feel like they fit in, they are more determined and more productive in their work, and this enhances institutional effectiveness.

Pertaining to PPHCS, this research revealed that without the necessary support, health outcomes and service delivery are negatively influenced. Therefore, transformational leaders are expected to lead beyond expectations and blend new leadership skills with leadership ethics and professionalism.

Interestingly, this research revealed common findings for African and transformational leadership. Both focus on a collective will and teamwork to attain mutuals goals. In addition, African leadership is Africa-centred and should honour African human values. When people adopt the values of *Ubuntu*, they are at their best as they also ensure others are their best. Likewise, through the need to achieve common good, it also revealed that organisations can only be as strong as its participating individuals and vice versa.

In essence, this research revealed transformational leadership not only motivates employees to achieve personal goals; but also impacts the performance of employees positively and thereby transcends to institutional effectiveness and productivity.

6.5 RECOMMENDATIONS

The researcher makes the following recommendations in response to the above findings:

Objective 1: Transformational leadership motivates employees to transcend personal goals

- Treat employees as individuals and acknowledge individual differences, growth and performance. This can be achieved through recognising individuals' uniqueness and abilities such as the different generations uniqueness. Transformational leaders should embrace a person-centred approach by recognising and respecting individuals' culture.
- Institute a mentorship structure for the health workforce to encourage personal goal setting. Such a mentorship structure will enable mentors to guide mentees through their expertise to successfully achieve goals. This can be implemented as a key performance area (hereafter referred to as KPA) for leaders. KPA's are crucial outcomes and should be monitored to ensure that it is achieved.
- Align employees' personal development plan (hereafter referred to as PDP) with overall organisational objectives. Managers should ensure that realistic and achievable objectives are agreed to in line with organisational objectives.

Objective 2: Transformational leadership increases employees' performance

- Continuous training for the health workforce to improve and deliver quality health care services. Training should not be limited to leadership but should include all the disciplines of the health workforce to enhance employee performance. Training should be indicated in the PDP of employees and according to each employee's needs.
- In addition, special training programmes entailing transformational leadership to ensure leaders are able to apply transformational leadership. Official documents of the Western Cape Department of Health such as Healthcare 2030 which adopts transformational leadership should be introduced to employees in training programmes.
- Develop a leadership manual to guide health care leadership to ensure that leaders reach their full potential and enhance leaders' performance. A

leadership manual would prove significant in guiding leadership effectiveness by providing a structural document to follow.

Objective 3: Transformational leadership enhances institutional effectiveness of the PPHCS

- PPHCS leaders adopt transformational leadership to transform health care service delivery. Radical transformation through adopting the attributes of transformational leadership, would enable leaders to lead beyond expectations and achieve mutual strategic goals with employees.
- Regular team building sessions to create opportunities for team cohesion and encourage collective interest that transcends to institutional effectiveness. Team building sessions should be scheduled at the beginning of the year to block out calendars to ensure that employees are able to attend. These sessions can be arranged by individual departments allowing each department an opportunity to demonstrate innovation.
- Transformational leaders embrace the values of *Ubuntu* such as integrity and compassion to encourage shared decision-making and leadership at PPHCS. These values of *Ubuntu* in the workplace are crucial as it stimulates interconnectedness, loyalty, and most importantly TRUST. Just as the greatest South African leaders, Nelson Mandela and Archbishop Desmond Tutu espoused *Ubuntu,* health care leaders who understand that "a person is a person through other people", will be able to lead health care services to the best public services.

6.6 CONCLUSIONS

As evident in the findings of this research, transformational leaders motivate employees to attain not only institutional goals, but also personal goals. Furthermore, when employees achieve personal goals, their performance increases and this in turn enhances institutional effectiveness. This is because transformational leaders treat employees as individuals and acknowledge individual differences. In addition, these leaders value and respect employees, and in turn employees admire and trust leaders. This research also revealed that when employees feel like they fit in, they are committed to the organisation. Through this individual commitment, a shared commitment aspires. This also proved a common finding with African leadership.

6.7 LIMITATIONS

As mentioned in section 1.10, this research was amended from the original empirical study to a conceptual study. This was due to the impact of the Covid-19 pandemic. Although the researcher aimed to include a comprehensive sample, there was a lack of research focussing on leadership styles in PPHCS in the Western Cape Province. Therefore, the researcher recommends an empirical study as a follow-up to this research to assist and guide future research on leadership styles.

6.8 CONTRIBUTION TO BODY OF KNOWLEDGE

Emanating from the interpretation provided in the previous sections, a conceptual model is presented. Figure 6.1 illustrates this model and conceptualises the relationships between leadership styles and institutional effectiveness.

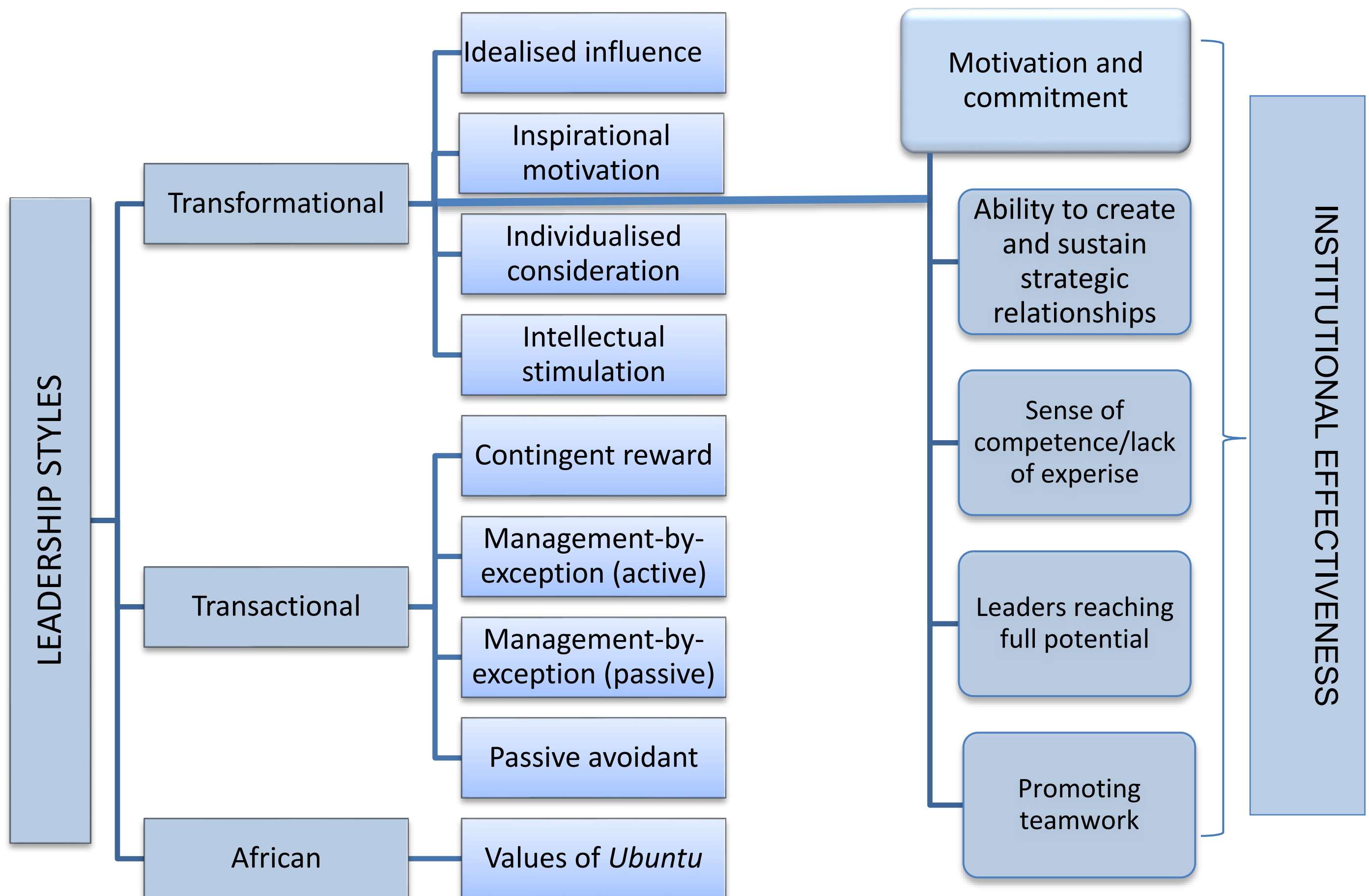
Firstly, African leadership is an embodiment of African values, namely *Ubuntu*, with its norms and traditions anchored in Afrocentric philosophies. Qualities and characteristics common to both African and transformational leadership include a collaborative vision, inspires and motivate employees, mutual trust, shared commitment, shared decision-making and shared goal setting (Eyong 2019:1; Elkington 2020:48; Adebisi *et al*., 2020:449).

Secondly, transactional leadership through the four subcomponents and its attributes, namely contingent reward, management-by-exception (active), management-by-exception (passive) and passive-avoidant require constant monitoring of employees' tasks and offer rewards for successful completion. However, teamwork is neglected as leaders encourage individualism to attain these rewards (Por Pan *et al*., 2020:193; Poels *et al*., 2020:2).

Lastly, transformational leadership through the four components and its attributes, namely idealised influence, inspirational motivation, individualised consideration and intellectual stimulation combine with the themes, allow transformational leaders not only to motivate, but also to inspire employees to transcend personal goals in order to achieve institutional effectiveness and productivity (Almohtaseb *et al*., 2021:1231); Van Digelle *et al*., 2020:3; Almohtaseb *et al*., 2021:1233). This is essential in dealing with the continuous Covid-19 pandemic. Transformational leadership is also enshrined

in the Constitution (section 195) and underscored by the White Paper on the Transformation of the Public Service, 1995 (RSA, 1996; RSA 1995).

Figure 6.1 Transformational leadership enhances institutional effectiveness



Source: Researcher's own compilation

6.9 CONCLUSION

This chapter concludes the research. It presents the key findings and recommendations to improve the effectiveness of the PPHCS at the Mitchell's Plain CHC. Lastly, it highlights the conclusions.

REFERENCES

Abasilim, U., Gberevbie, D. & Osibanjo, O. 2019. Leadership styles and employee commitment: Empirical evidence from Nigeria**.** *SAGE Open***,** 9(3):1-15.

Abay, S., Dibaba, A., Gebregohannes, Y., Ararso, D., Mengistu, F. & Hadis, M. 2018. Improving the Health Workforce Distribution in Remote and Rural Areas of Ethiopia: An Evidence-Based Policy Brief. *Journal of Investment and Management*, 7(2):45-52.

Abbassi, S., Tahir, M., Abbas, M. & Shabbir, M. 2020. Examining the relationship between recruitment and selection practices and business growth. An exploratory study. *Journal of Public Affairs*, 1-5. DOI:10.1002/pa.2348.

Abd-Elrhaman, E. & Abd-Allah, N. 2018. Transformational leadership Educational Program for Head Nurses and its effect on Nurses' Performance. *American Journal of Nursing Science*, 7(4):127-136.

Adams, S., Seedat, J., Coutts, K. & Kater, K. 2021. "We are in this together" voices of speech-language pathologists working in South African healthcare contexts during level 4 and level 5 lockdown of Covid-19. *South African Journal of Communication Disorders*, 68(1):1-12.

Adcock, J., Sidebotham, M. & Gamble, J. 2021. What do midwifery leaders need in order to be effective in contributing to the reform of maternity services? *Women and Birth*,1274:1-11.

Adebisi, Y., Ekpenyong, A., Lucero-Prisno, D. 2020. Covid-19 highlights the need for inclusive responses to Public Health Emergencies in Africa. *American Journal of Tropical Medicine and Hygiene,* 104(2):449-452.

Adeniji, A. & Mash, B. 2016. Patients' perceptions of the triage system in a primary healthcare facility, Cape Town, South Africa. *African Journal of Primary Health Care & Family Medicine*, 8(1):1-9.

Adomah-Afari, A. 2015. The challenges to performance and sustaining mutual health organisations/health institutions. *International Journal of Health Care Quality Assurance*, 28(7):726-745.

Afegbua, S. & Adejuwon, K. 2012. The challenges of leadership and Governance in Africa. *International Journal of Academic Research in Business and Social Studies*, 2(9):141-157.

Aghalari, Z., Dahms, H., Jafarian, S. & Gholonia, H. 2021. Evaluation of organisational and social commitments and related factors during the coronavirus pandemic of healthcare workers in Northern Iran. *Globalisation and Health*, 17(1):1-9.

Aiello, A., Tessi, A., Pratto, F. & Pierro, A. 2018. Social dominance and interpersonal power: Asymmetrical relationships within hierarchy-attenuating work environments. *Journal of Applied Psychology*, 48: 35-45.

Aigbavboa, S. & Mbohwa, C. 2020. The headache of medicines' supply in Nigeria: an exploratory study on the most critical challenges of pharmaceutical outbound value chains. *Procedia Manufacturing*, 43(1):336-343.

Ajayi, O. & De Vries, M. 2019. Diagnostic assessment of service delivery health in South Africa: A systematic literature review. *South African Journal of Industrial Engineering*, 30(1):24-36.

Akintola, O., Lavis, J.& Hoskins, R. 2015. Print media coverage of primary healthcare and related research evidence in South Africa, *Health Research Policy and Systems*, 13(68):2-18.

Akua, C. 2020. Standards of Afrocentric Education for School Leaders and Teachers. *Journal of Black Studies*, 5(2):107-127.

Alapo, R. 2018. Organisational power politics and leadership experiences on the view and use of power in organisations. *Management studies*, 6(1):30-36.

Alegbeleye, I. & Kaufman, E. 2020. Relationship between middle managers' transformational leadership and effective followership behaviours in organisations. *Journal of Leadership Studies*, 13(4):6-19.

Al Eid, N., Arnout, B. & Almoied, A. 2020. Leader's spiritual intelligence and religiousness: Skills, factors affecting, and their effects on performance (a qualitative study by grounded theory). *Journal of Public Affairs*, 1-9. DOI:10.1002/pa.2129.

Alfadhalah, T. & Elamir, H. 2019. Exploring leadership styles in government hospitals in Kuwait. *Leadership in Health Services*, 32(3):458-476.

Al-Hussami, M., Hamad, S., Darawad, M. & Maharmeh, M. 2017. The effects of leadership competencies and quality of work on the perceived readiness for organisational change among nurse managers. *Leadership in Health Services*, 30 (4):443-456.

Aliye, A. 2020. African Indigenous Leadership Philosophy and Democratic Governance System: Gada's Intersectionality with Ubuntu. *Journal of Black Studies*, 51(7):727-759.

Aljaroodi, H., Adam, M., Chiong, R. and Teubner, T. 2019. Avatars and Embodied Agents in Experimental Information Systems Research: A Systematic Review and Conceptual Framework. *Australasian Journal of Information Systems*, 23:1-37.

Allan, K. & Heese, K. 2020. Covid-19 affects the poor more than others, and even more so in SA. *Mail & Guardian*. [Online] 10 April 2020. Available at https://www.businesslive.co.za/bd/opinion/2020-04 [Accessed 16 September 2020].

Almohtaseb, A., Almahameed, M., Sharari, F. & Dabbouri, E. 2021. The effect of transformation on government employee satisfaction during Covid-19. *Management Science Letters*, 11(1):1231-1244.

Alorhiri, F., Giordano, R. & Borthwick, A. 2019. Relationship between Leadership Style and Organisational Culture with Intention to Leave Expatriates in Saudi Health Care System. *Journal of Organisational Studies and Innovation*, 6(3):1-12.

Amankwah, O. 2019. Modelling the influence of healthcare facilities management service quality on patient satisfaction. *Journal of Facilities Management*, 17(3):267-283.

Amzat, J. & Razum, O. 2018. *Towards a Sociology of Health Discourse in Africa.* Switzerland: Springer International Publishing.

Anderson, S. & Oakman, J. 2016. Allied Health Professionals and Work-Related Musculoskeletal Disorders: A Systematic Review. *Safety and Health at Work*, 7:259-267.

Andrade, C. 2018. Internal, External, and Ecological Validity in Research Design, Conduct, and Evaluation. *Indian Journal of Psychological Medicine*, 40:498-499.

Apore, G. & Asamoah, E. 2019. Emotional intelligence, gender and transformational leadership among nurses in emerging economies. *Leadership in Health Services*, 32(4):600-619.

Arnold, K. 2017. Transformational Leadership and Employee Psychological Well-Being: A review and directions for future research. *Journal of Occupational Health Psychology*, 22(3):381-393.

Asamoah, K. & Yeboah-Assiamah. 2019. “Ubuntu philosophy” for public leadership and governance praxis. Revisiting the ethos of Africa’s collectivism. *Journal of Global Responsibility*, 10(4):307-321.

Asiabar, A., Mehr, M., Arabloo, J. & Safari, H. 2019. Leadership effectiveness of hospital managers in Iran: a qualitative study. *Leadership in Health Services*, 33(1):43-55.

Asif, M., Jameel, A., Hussain, A., Hwang, J. & Sahito, N. 2019. Linking transformational leadership with nurse-assessed adverse patient outcomes and the quality of care: Assessing the role of job satisfaction and structural empowerment. *International Journal of Environmental Research and Public Health*, 16:1-15.

Asiri, S., Rohrer, W., Al-Surimi, K., Da’ar, O. & Ahmed, A. 2016. The association of leadership styles and empowerment with nurses’ organisational commitment in an acute health care setting: a cross-sectional study. *BMC Nursing*, 15(38):1-10.

Aspelund, A., Patel, M., Kurland, L., McCaul, M. & van Hoving, D. 2019. Evaluating trauma scoring systems for patients presenting with gunshot injuries to a district-level urban public hospital in Cape Town, South Africa. *African Journal of Emergency Medicine*, 9(1):193-196.

Ayatollahi, H. & Zeraatkar, K. 2019. Factors influencing the success of knowledge management process in health care organisations: A literature review. *Health Information and Libraries Journal*, 37(0):98-117.

Ayeleke, R., North, N. & Dunham, A. 2019. Impact of training and professional development on health management and leadership competence. A mixed methods systematic review. *Journal of Health Organisation and Management*, 33 (4):354-379.

Bailo, P. 2017. Multi-generational Differences in Perception of Coercive Power in the Workplace: Senior Executive Coercive Power. *Journal of Management and Innovation*, 3(1):1-17.

Baker, P., Friel, S., Kay, A., Baum, F., Strazdins, L. & Mackean, T. 2018. What Enables and Constraints the Inclusion of the Social Determinants of Health Inequalities in Government Policy Agendas? A Narrative Review. International *Journal of Health Policy and Management*, 7(2):101-111.

Baker, R., Honeyford, K., Levene, L., Mainous, A., Jones, D., Bankort, M. & Stokes, T. 2016. Population characteristics, mechanisms of primary care and premature mortality in England: a cross-sectional study. *BMJ Open*, 6:1-10.

Balio, C., Yeager, V. & Beitsch, L. 2019. Perceptions of Public Health3.0: Concordance between public health agency leaders and employees. *Journal of Public Health Management and Practice*, 25(2):103-112.

Baran, G. 2019. Social innovation living lab as a Methodology for Conceptual Design Research. *International Journal of Contemporary Management*, 19(3)7-25.

Barnard, A. & Simbhoo, N. 2014. South African managers in public service: On being authentic. *International Journal of Qualitative Studies on Health and Well-being*, 9(20630):1-12.

Barr, J. & Dowding, L. 2012. *Leadership in Health Care*. 2nd ed. London: SAGE Publications.

Bartsch, S., Webber, E., Buttgen, M. & Huber, A. 2020. Leadership matters in crisis-induced digital transformation: how to lead service employees effectively during the Covid-19 pandemic. *Journal of Service Management*, 32(1):71-85.

Begg, K., Mamdoo, P., Dudley, L., Andrews, G., Engelbrecht, J. & Lebese, L. 2018. Development of a national strategic framework for a high-quality health system in South Africa. *South African Health Review*, 5(9):1-10.

Belrhiti, Z., Van Damme, W., Belalia, A. & Marchal, B. 2020. Unravelling the role of motivation of health workers in a Moraccan public hospital: a realist evaluation. *BMJ Open*, 10 (1):1-17.

Benatar, S., Sullivan, T. & Brown, A. 2018. Why equity in health and in access to health care are elusive: Insights from Canada and South Africa. *Global Public Health,*13(11):1533-1557.

Bennett, R., Marcus, T., Abbott, G. & Hugo, J. 2020. Modelling cost benefit of community-oriented primary care in rural South Africa. *African Journal of Primary Health Care and Family Medicine*, 12(1):1-8.

Bhatt, H. 2018. Leadership styles and quality of work life in small and medium scale enterprises of Kumoun region of Uttarakhand. *Journal of Strategic Human Resource Management*, 7(1):23-32.

Blount, S. & Leinwand, P. 2019. Why are we here? *Harvard Business Review*: 134-139.

Boamah, S. & Lashinger, H. 2018. Effect of transformational leadership on job satisfaction and patient safety outcomes. *Nurs Outlook*, 66:180-189.

Bolte, K. & Bourke, L. 2017. Rural health workforce development: Student Placement project. *Australian Nursing & Midwifery Journal*, 25(5):40-41.

Bornman, D. 2019. Gender-based leadership perceptions and preferences of Generation Z as future business leaders in South Africa. *Acta Commerci,* 19(1):1-12.

Bostjancic, E. & Slana, Z. 2018. The role of Talent Management comparing medium-sized and large companies- Major challenges in attracting and retaining talented employees. *Frontiers in Psychology*, 9 (1750):1-10.

Bourgoin, A., Bencherki, N. & Faraj, S. 2017. “And Who Are You?” A Performative Perspective on Authority in Organisations. *Academy of Management Journal*, 4:1-64.

Boyle, T. & Mervyn, K. 2019. The making and sustaining of leaders in health care. *Journal of Health Organisation and Management*, 33(2):241-262.

Bradd, P., Travaglia, J. & Hayen, H. 2017. Leadership in Allied Health: A Review of the Literature. *Asia Pacific Journal of Health Management,* 12(1):17-24.

Bresick, G., von Pressentin, K. & Mash, R. 2019. Evaluating the performance of South African primary care: a cross-sectional descriptive survey. *South African Family Practice*, 61(3):109-116.

Briggs, D. & Isouard, G. 2016. The language of Health Reform and Health Management: critical issues in the management of health systems. *Asia Pacific Journal of Health Management,* 11(3):38-44.

Brink, H., van der Walt, C. & van Rensburg, G. 2018. *Fundamentals of Research Methodology for Health Care Professionals*. 4th ed. Cape Town: Juta and Company.

Brooke-Summer, C., Petersen-Williams, P., Kruger, J., Mahomed, H. & Myers, B. 2019. “Doing more with less”: a qualitative investigation of perceptions of South African health service managers on implementation of health innovations. *Health Policy and Planning*, 34:132-140.

Brown, C. & Flood, J. 2020. Exploring Teachers’ Conceptual Uses of Research as Part of the Development and Scale-Up of Research-Informed Practices. *Education Policy & Leadership*. 16(10): 1-18.

Brownson, R., Burke, T., Colditz, G. & Samet, J. 2020. Reimagining Public Health in the Aftermath of the Pandemic. *American Journal of Public Health*, 110 (11):1605-1610.

Brynard, D., Hanekom, S. & Brynard, P. 2014. *Introduction to research*. 3rd ed. Pretoria: Van Schaik.

Burger, R. & Christian, C. 2020. Access to health care in post-apartheid South Africa: Availability, affordability, acceptability. *Health Economics, Policy and Law*, 15(1):43-55.

Busalim, A. & Che Hussin, A. 2016. Understanding social commerce: A systematic literature review and directions for further research. *International Journal of Information Management*, 36: 1075-1088.

Bussin, M. & Brigman, N. 2019. Evaluation of remuneration preferences of knowledge workers. *South African Journal of Human Resource Management*, 17(0):1-10.

Cacciolatti, L., Lee, S. & Molinero. C. 2017. Clashing institutional interests in skills between government and industry: An analysis of demand for technical and soft skills of graduates in the UK. *Technological Forecasting and Social Change*, 119:139-153.

Campbell, L., Ross, A. & MacGregor, R. 2016. The Umthombo Youth Development Foundation, South Africa: Lessons towards community involvement in health professional education. *African Journal of Health Professions Education*, 8(1):50-55.

Chanana, N. 2021. The impact of Covid-19 pandemic on employees' organisational commitment and job satisfaction in reference to gender differences. *Journal of Public Affairs*, DOI:10.1002/pa.2695.1-12.

Chanana, N. & Sangeeta, 2020. Employee engagement practices during Covid-19 lockdown. *Journal of Public Affairs*, DOI:10.1002/pa.2508.1-8.

Chawane, M. 2016. The Development of Afrocentricity: A Historical Survey. *Yesterday & Today*, 16(1):78-99.

Chellan, J. 2020. Perceptions of nurse managers regarding clinical relicensing audits at private hospitals. *Africa Journal of Nursing and Midwifery*, 20(2):1-9.

Chinedu, E. & Onuorah, A. 2018. Africa and Leadership in the World of Change. *Journal of African Studies and Sustainable Development*, 1(4):69-75.

Chinhoyi, R., Zunza, M. & von Pressentin, K. 2018. The impact of family physician supply on district health system performance, clinical processes and clinical outcomes in the Western Cape Province, South Africa (2011-2014). *African Journal of Primary Health Care & Family Medicine*, 10(1):1-10.

Choi, S., Goh, C., Adam, M. & Tan, O. 2016. Transformational leadership, empowerment and job satisfaction: The mediating role of employee empowerment. *Human Resources for Health*, 14(73):1-14.

Cloete, B., Yassi, A. & Ehrlich, R. 2020. Repeat Auditing of Primary Health Care Facilities Against Standards for Occupational Health and Infection Control: A Study of Compliance and Reliability. *Safety and Health at Work*, 11 (1):10-18.

Coe, I., Wiley, R. & Bekker, L. 2019. Organisational best practices towards gender equality in science and medicine. *Lancet*, 393:587-593.

Cohen, K. 2017. Patient waiting times within public Emergency Centres in the Western Cape: Describing key performance indicators with respect to waiting times within Western Cape Emergency Centres in 2013-2014. MPhil Thesis. Cape Town, University of Cape Town.

Cohen, K. & Bruijns, S. 2018. Describing key performance indicators for waiting times in emergency centres in the Western Cape Province, South Africa, between 2013 and 2014. *South African Medical Journal*, 108(7):579-584.

Cosgrave, C., Maple, M. & Hussain, R. 2018. An explanation of turnover intention among early-career nursing and allied health professionals working in rural and remote Australia-findings from a grounded theory study. *Rural and Remote Health*, 18(4511):1-17.

Crawford, J. & Kelder, J. 2019. Do we measure leadership effectively? Articulating and evaluating scale development psychometrics for best practice. *The leadership quarterly*, 30:133-144.

Croucamp, P. 2019. A theoretical exposition of State Capture as a means of state formation: The case of South Africa. *Problems and Perspectives in Management*, 17(7):289-298.

Crosby, B. & Bryson, J. 2018. Why leadership of public leadership research matters: and what to do about it. *Public Management Review*, 20(9):1265-1286.

Daire, J. & Gilson, L. 2014. Does identity shape leadership and management practice? Experiences of PHC facility managers in Cape Town, South Africa. *The Health Policy and Planning*, 29: 2082-2097.

Daniel, C. & Ugochuku, N. 2020. Influence of Project Managers Leadership Style on Project Implementation. *International Journal of Business Marketing and Management*, 5(2):68-76.

Dawda, P. 2016. Primary health networks and leadership for quality improvement. *Australian Medical Journal*, 9(4):71-75.

De Gennaro. 2019. Transformational leadership for public service motivation. *Journal of Economic and Administrative Sciences*, 35(1):5-15.

Delaney, L. 2018. Patient-centred care as an approach to improving health care in Australia. *Collegian*, 25(1):119-123.

Delegach, M., Kark, R., Katz-Navon, T. & van Dijk, D. 2017. A focus on commitment: the roles of transformational and transactional leadership and self- regulatory focus in fostering organisational and safety commitment. *European Journal of Work and Organisational Psychology*, 26(5): 724-740.

Delport, D. 2020. Understanding and Interpreting Measures of Central Location, Dispersion and Confidence Intervals in Pandemics. The Case of the Novel Coronavirus (Covid-19). *Administratio Publica*, 28(4):21-40.

Department of Health. 2018. *Annual Report 2017/2018*. National Department of Health. Available at https://www.gov.za/documents/department-health [Accessed 14 November 2019].

Department of Health. 2021. *Health Department Budget Vote and Policy Statement 2021/22.* National Department of Health. Available at https://www.gov.za/documents/department-health [Accessed 23 July 2021].

Department of Public Service. 2018. *Annual Report 2017/2018*. National Department of Public Service. Available at https://www.gov.za/documents/department-health [Accessed 14 November 2019].

Deshpande, S., Sahni, S., Karemore, T., Joshi, J. & Chahande, J. 2018. Evaluation of the relationship between leadership style and job satisfaction amongst health care professionals. *MedEdPublish*:1-7.

Dinbabo, B. 2016. Transformational leadership and Health related NGOs in Ethiopia: Members perspectives of their leaders: A case study of Addis Ababa Network of PLHIV Associations (ANOPA+). MA Dissertation. Cape Town, University of the Western Cape.

Dolamo, B. 2018. Nurses: A voice to lead: Health is a human right- Tshwane District nurses. *Biomedical Journal of Scientific & Technical Research*, 8(4):1-6.

Donkor, F. & Zhou, D. 2020. Organisational commitment influences on the relationship between transactional and laissez-faire leadership styles and employee performance in the Ghanaian public service environment. *Journal of Psychology in Africa*, 30(1): 30-36.

Dreyer, G. & Snyman, L. 2020. South Africa's response to Covid-19: On the positive side. *Obstetrics & Gynaecology*, 2(1):1-2.

Ecvarria, I., Patterson, B. & Krouse, A. 2017. Predictors of transformational leadership of nurse managers. *Journal of Nursing Management*, 25:167-173.

Efron, S. & Ravid, R. 2019. *Writing the Literature Review. A Practical Guide*. New York: The Guilford Press.

Ekiyor, R. & Dapper, E. 2019. Leadership Styles and Entrepreneurial Orientation. *European Journal of Business Management*, 11(8):88-92.

Elkington, R. 2020. Ancient wisdom for ethical leadership: Ubuntu and the ethic of Ecosophy. *Journal of Leadership Studies*, 13(4):48-52.

Ellis, R. 2017. Millions of South Africans without healthcare cover. Get Savvi Health. Available at https://getsavvi.co.za/community/health/millions [Accessed on 10 October 2020].

Engelbrecht, B., Gilson, L. & Barker, P. 2021. Prioritising people and rapid learning in times of crisis: A virtual learning initiative to support health care workers during the Covid-19 pandemic. *International Journal of Health Planning Management*, 1-6. Available online, DOI:10.1002/hpm.3149. [Accessed 30 July 2021].

Eresia-Eke, C. & Mabasa, T. 2018. Prevalent leadership styles of Black-Top managers in South African State-owned Enterprises (SOE's). *African Journal of Public Affairs*, 10(4):1-20.

Eyong, J. 2019. Leadership for high performance in local councils in Cameroon and Nigeria: Examining deviant and concordant practices to the philosophy of Ubuntu. *Africa Journal of Management*, 1(0):1-24.

Fatoki, O. 2020. Ethical leadership and sustainable performance of small and medium enterprises in South Africa. *Journal of Global Business and Technology*, 16(1):62-79.

Ferreira, T., Simoes, A., Santos, F., Matos, J. & Moura, M. 2020. Methods of Conceptual Research in Clinical Behavior Analysis. *The Psychological Record*,1-8.

Fibitz, A. & Ulrich, P. 2018. Determining Success Factors for Business Model Innovation-a Systematic Literature Review. *The ISPIM Conference*.

Fidelis, O. 2017. Writing Non-Empirical Articles for Publication. International *Journal of Advanced Academic Research. Arts, Humanisties & Education*, 3(3):25-31.

Finkelman, A. 2016. *Leadership and management for nurses*. *Core competencies for quality care.* 3rd ed. United States of America: Pearson Education.

Fischer, S. 2017. Developing nurses' transformational leadership skills. *Nursing Standard*, 31(51):54-61.

Fitzgerald, P. & Latib, S. 2015. A model for assessing and shaping public service leadership development interventions. *Journal of Public Administration*, 50(2):249-261.

Fonn, S., Ray, S., Couper, I., Ezeh, A., Omigbodun, A., Morhason-Bello, I., Ngwena, G., Oyungu, E., Muchiri, L., Tumwine, J., Ibingira, C., Conco, D. & Blaauw, D. 2021. Acceptability and feasibility of inter-related activities to improve agency among African district health mangers: A four-country study. *Global Public Health*. Available online, Doi.org/10.1080/17441692.2021.1924220. [Accessed 3 July 2021].

Fourie, W., van der Merwe, S. & van der Merwe, B. 2017. Sixty years of research on leadership in Africa: A review of the literature. *Leadership*, 13(2):222-251.

Frances, U. 2017. Transformational and Transactional leadership styles among leaders of administrative ministries in Lagos, Nigeria. *Ife PsychologIA,* 25(2):151-164.

Francisco, C. & Nuqui, A. 2020. Emergence of a situational leadership during Covid-19 pandemic called new normal leadership. *International Journal of Academic Multidisciplinary Research*, 4(10):15-19.

Fusheini, A. & Eyles, J. 2016. Achieving universal health coverage in South Africa through a district health system approach: conflicting ideologies of health care provision. *BMC Health Services Research*, 16(558):1-11.

Gandolfi, F. & Stone, S. 2017. The emergence of leadership styles: A clarified categorisation. *Review of International Comparative Management*, 18(1):18-27.

Gandolfi, F. & Stone, S. 2018. Leadership, leadership styles and servant leadership. *Journal of Management Research*, 18(4):261-269.

Garg, A., Homer, C. & Dworkin, P. 2019. Addressing Social Determinants of Health: Challenges and Opportunities in a Value-Based Model. *Pediatrics*, 143(4):1-5.

Gegile, H. 2017. Transformational leadership and Marketing performance: The mediating role of Organisational learning and customer orientation. PhD Thesis. Pretoria, University of South Africa.

Genc, Z., Masalimova, A., Platonova, R., Sizova, Z. & Popova, O. 2019. Analysis of Documents Published in Scopus Database on Special Education Learning through Mobile Learning: A Content Analysis. *International Journal of Emerging Technologies*, 14(22):192-203.

Gercek, M. 2018. The Effects of Transformational and Transactional leadership on Psychological Contract: A Managerial Perspective. *International Journal of Economics and Management*, 12(2):393-405.

Giddens, J. 2018. Transformational leadership: What every nursing dean should know. *Journal of Professional Nursing*, 34(2):117-121.

Gilson, L., Elloker, S., Olckers, P. & Lehmann, U. 2014. Advancing the application of system thinking in health: South African examples of leadership of sensemaking for primary health care. *Health Research Policy and Systems,* 12(30):1-13.

Glenn, J., Chaumont, C. & Dintrans, P. 2021.Public health leadership in the times of Covid-19: A comparative case study of three countries. *International Journal of Public Leadership*, 17(1):81-94.

Goldfield, N., Fox, D., Nichols, L. & Rosenthal, E. 2020. Covid-19 crisis creates opportunities for community-centered population health. Community health workers at the center. *Journal of Ambulatory Care Management*, 43(3): 184-190.

Goodyear-Smith, F. & Mash, B. 2019. *How to do Primary Care Research.* London: CRC Press.

Govender, S. 2016. Community Oriented Primary Care: L2 primary health. African *Journal of Primary Health Care & Family Medicine*, 8(1):1-2.

Govender, S., Brysiewics, P. & Bhengu, B. 2017. Pre-licensure experiences of nurses performing compulsory community service in KwaZulu-Natal, South Africa: A qualitative study. *International Journal of Africa Nursing Studies*, 6:14-21.

Govender, S. Proches, C. & Kader, A. 2018. Examining leadership as a strategy to enhance health care service delivery in regional hospitals in South Africa. *Journal of Multidisciplinary Healthcare*, 11:157-166.

Graham, R. & Woodhead, T. 2021. Leadership for continuous improvement in healthcare during the time of Covid-19. *Clinical Radiology*, 76(1):67-72.

Greenberg, N., Doherty, M., Gnanapragasam, S. & Wessely, S. 2020. Managing mental health challenges faced by healthcare workers during Covid-19 pandemic. *BMJ Open*, 368:1-4.

Gregory, B. & Osmonbekof, T. 2019. Leader-member exchange and employee health: An exploration of explanatory mechanisms. *Leadership and Organisational Development Journal*, 40(6):699-711.

Grobler, A. & Flotman, A. 2020. The validation of the servant leadership scale. South *African Journal of Industrial Psychology*, 46(1):1-12.

Grodal, S., Anteby, M. & Holm, A. 2020. Achieving rigor in qualitative analysis: The role of active categorization in theory building. *Academy of Management review*, 1(0) 1-52.

Guimaraes, T., Lucas, K. & Timms, P. 2019. Understanding how low-income communities gain access to health care services: A qualitative study in Sao Paulo, Brazil. 2019. *Journal of Transport & Health*, 15:1-17.

Gupta, K. & Rokale, V. 2016. Importance of quality in Health Care Sector: A review. *Journal of Health Management*, 18(1): 84-94.

Gwebu, S. 2017. Nursing leadership: A looming crisis for Africa. *Professional Nursing Today*, 21(1):54-56.

Hahn, C. & Lapetra, M. 2019. Development and use of the leadership competencies for health care services managers assessment. *Public health*, 7(34):1-10.

Hamstra, M., Van Yperen, N., Wisse, B. & Sassenberg, K. Transformational and Transactional leadership and Followers' achievement goals. *Journal of Business Psychology*, 29:413-425.

Hanks, S., Cotton, D. & Spowart, L. 2020. Leadership in Dental Practice: A Three stage Systematic Review and Narrative Synthesis. *Journal of Dentistry*, 102(1):1-11.

Hanyane, B. & Naidoo, G. 2015. Municipal employees' perceptions of service delivery in Limpopo- South Africa: A critical need for good governance. *Journal of Human Ecology*, 51(3):241-249.

Haraida, B. & Blass, E. 2019. Recognising "True" leadership: The theory of Natural Born Leadership. *International Journal of Business and Social Science*, 10(4):1-8.

Harb, B. & Sidani, D. 2019. Transformational leadership for organisational change in the Lebanese Public sector. *Problems and Perspectives in Management*, 17(2):205-216.

Hardine, J. 2017. Factors that contribute to long waiting time for emergency centre patients: A waiting room case study of Paarl Hospital, Western Cape. MA Thesis. Cape Town, University of Stellenbosch.

Harrisberg, K. & Khan, G. 2020. The quiet front line battle of South Africa's rural nurses. *Mail & Guardian*. [Online] 14 October 2020. Available at https://mg.co.za/health/2020-10-14-the-quiet-front-line-battle-of-south-africa-rural-nurses [Accessed 28 October 2020].

Hartge, T., Callahan, T. & King, C. 2019. Leaders' behaviors during radical change processes: Subordinates' perceptions of how well leader behaviors communicate change. *International Journal of Business Communication*, 56(1):100-121.

Harvat, A. & Filipovic, J. 2017. Service quality and maturity of healthcare organisations through the lens of complexity leadership theory. *Journal of evaluation in clinical practice*, 24:301-307.

Hay, L., Duffy, A., Mc Teague, C., Pidgeon, L., Vuletic, T. & Grealy, M. 2017. A Systematic Review of Protocol Studies on Conceptual Design Cognition: Design as search and exploration. *Design Science*, 3(10): 1-36.

Hayry, M. 2021. The Covid-19 pandemic: Healthcare crisis leadership as ethics communication. *Cambridge Quarterly of Healthcare Ethics*, 30(1):42-50.

Hill, B. 2017. Do nurse-staffing levels affect patient mortality in acute secondary care? *British Journal of Nursing*, 26(12):698-704.

Hlokwe, J. 2019. The psychological, social and cultural experiences of undergraduate international students at the University of Limpopo (Turfloop Campus): An Afrocentric perspective. MA Thesis. University of Limpopo, Johannesburg.

Hong, Q., Pluye, P., Fabregues, S., Bartlett, G., Boardman, F., Cargo, M., Dagenais, P., Gagnon, M., Nicolau, B., O'Cathain, A., Rousseau, M. & Vedel, I. 2019. Improving the content validity of the mixed methods appraisal tool: A modified e- Delphi study. *Journal of Clinical Epidemiology*, 49-59.

Hopp, C. & Pruschak, G. 2020. Is there such a thing as leadership skill? A replication and extension of the relationship between high school leadership positions and later-life earnings. The Leadership Quarterly. Available at https://doi.org/10.101016 [Accessed on 15 March 2021].

Hulland, J. 2020. Conceptual review papers: revisiting existing research to develop and refine theory. *AMS Review* (10):27-25.

Huynh, H., Sweeny, K. & Miller, T. 2018. Transformational leadership in primary care: Clinicians' patterned approaches to care predict patient. *Journal of Health Psychology*, 23(5):743-753.

Ibrahim, S., Ibrahim, F. & Elghabbour, G. 2020. Teamwork effectiveness and its relation with transformational leadership as perceived by nurses at Port Said General Hospitals. *Port Said Scientific Journal of Nursing*, 7(3):25-41.

Jaakkola, E. 2019. Designing conceptual articles: four approaches. *AMS Review*, 10:18-26.

Jacobs, E. & Mafini, C. 2019. Transactional leadership, supply chain quality and business performance in the fast-moving consumer goods industry. *Journal of Transport and Supply Chain Management*, 13: 1-13.

James, C., Gmeinder, M., Rivadeneria, A. & Vammale, C. 2018. Health financing and budgeting practices for health in South Africa. *OECD Journal of Budgeting*, 17(3):95-127.

Jantan, A. 2018. *Perspectives in Organizational behaviour*. Malaysia: University Putra Malaysia Press.

Jefferis, J. & Hutchinson, H. 2020. A new perspective on the soft skills hospitality management students need to be successful in the hospitality industry: Meeting the gold standard and the soft skills Index. *Travel and Tourism Research Association: Advancing Tourism Research Globally*, 32(0):1-18.

Jensen, U. & Bro, L. 2018. How transformational leadership supports intrinsic motivation and public service motivation: The mediating role of basic need satisfaction. *American review of Public Administration*, 48(6):535-549.

Jensen, U., Andersen, L., Bro, L., Bolllingtoft, A., Eriksen, T., Holten, A., Jacobsen, C., Ladenburg, J., Nielsen, P., Solomonsen, H., Westergard-Nielsen, N. & Wurtz, A. 2019. Conceptualising and measuring transformational and transactional leadership. *Administration and Society*, 5(1):3-33.

Jeyaraman, M., Qadar, S., Wierzbowski, A., Farshiafar, F., Lys, J., Dickson, G., Grimes, K., Phillips, L., Mitchell, J., Van Aarde, J., Johnson, D., Krupka, F., Zarychanski, R. & Abou-Setta, A. 2017. Return on investment in healthcare leadership development programs. *Healthcare leadership development*, 31(1):77-97.

Jooste, K. 2017. *Leadership in Health Services Management*. 3rd ed. Cape Town: Juta.

Jooste, K. & Hamani, M. 2017. The motivational needs of primary health care nurses to acquire power as leaders in a mine clinic setting. *Health SA Gesondheid*, 22:43-51.

Jooste, K. & Scheepers, N. 2014. Production and deployment of professional nurses from three nursing schools from 2005-2010: Towards strategic change in the Western Cape. *South African Journal of Higher Education*, 28(6):1708-1731.

Jun, S. 2017. The mediating effect of social capital on the relationship between public health managers' transformational leadership and public health nurses' organisational empowerment in Korea Public Health. *Asian Nursing Research*, 11:246-252.

Kahn, S. & Louw, V. 2016. Maximising Generational Capacity for an Effective South African Public Service. *Journal of Public Administration*, 51(4):741-757.

Kahn, S. & Naidoo, G. 2011. Transformational leadership in the South African National Defence Force. *Administratio Publica*, 19(3):73-96.

Kammerhoff, J., Louenstein, O. & Schulz, A. 2019. Leading toward harmony-Different types of conflict mediate how followers' perceptions of transformational leadership are related to job satisfaction and job performance. *European Management Journal*, 37(2):210-221.

Kapata, N., Zumla, A., Ihekweazu, C., Ippolito, G. & Ntoumi, F. 2020. Is Africa prepared for tackling the Covid-19 (SARS-CoV-2) epidemic. Lessons from past outbreaks, ongoing pan-African public health efforts, and implications for the future. *International Journal of Infectious Diseases*, 93:233-236.

Kara, D., Kim, H., Lee, G. & Liysal, M. 2018. The moderating effects of gender and income between leadership and the quality of work life (QWL). *International Journal of Contemporary Management*, 30(3):1419:1435.

Karam, S., Nagahi, M., Dayarathna, V., Ma, J., Jaradat, R. & Hamilton, M. 2020. Integrating systems thinking skills with multi-criteria decision-making technology to recruit employee candidates. *Expert Systems with Applications*, 160:1-17.

Kariuki, S. & Tshandu, Z. 2014. Service delivery frameworks as instruments of citizen empowerment: A tale of two experiences, India and South-Africa. *Development Southern Africa*, 31(6):796-811.

Kartika, H., Budiarto, M. & Fuad, Y. 2021. Argumentation in K-12 mathematics and science education: A content analysis of articles. *International Journal of Research in Education and Science*, 71(1):51-64.

Katuu, S. & van der Walt, T. 2016. Assessing the legislative and regulatory framework supporting the management of records in South Africa's public health sector. *South African Journal of Information Management*, 18(1):1-7.

Kelly, G., Mrengquwa, L. & Geffen, L. 2019. "They don't care about us": older people's experiences of primary healthcare in Cape Town, South Africa. *BMC Geriatrics*, 19(98):1-14.

Kesari, B. & Verma, B. 2018. Does the leadership style impact on employee outcomes? A study of Indian Steel Industry. *Global Business Review*, 19(6):1602-1621.

Key-Poakwa, D. 2021. Restoring the Traditional Quality of African Leadership: Perspectives from the Diaspora. PhD Dissertation, Ohio, Antioch University.

Kezar, A. & Holcombe, E. 2017.*Shared Leadership in Higher Education: Important Lessons from Research and Practice*. Washington, DC: American Council.

Khan, N, A. & Khan, A.N. 2019. What followers are saying about transformational leaders fostering employee innovation via organisational learning, knowledge sharing and social media use in public organisations? *Government Information Quarterly*, 36(1):1-11.

Khan, I. & Nawaz, A. 2016. The leadership styles and the employees performance: A review. *Gomal University Journal of Research*, 32(2):144-150.

Khorsan, R. & Crawford, C. 2014. External Validity and Model Validity: A Conceptual Approach for Systematic Review Methodology. *Evidence-Based Complementary and Alternative Medicine*, 1:1-12.

Khoshhal, K. & Guraya, A. 2016. Leaders produce leaders and managers produce followers. A systematic review of the desired competencies and standard settings for physicians' leadership. *Saudi Medical Journal*, 37(10):1-8.

Kirby, L. 2020. Understanding leadership for newly qualified nurses. *Nursing standard*, 35(12):1-13.

Kluge, H. 2020. A new vision for WHO's European Region: united action for better health. *The Lancet*, 5 :133-134.

Kocak, R. 2019. Leadership without hierarchy and authority: Lateral leadership. *International Journal of Social Inquiry*, 12(1):657-680.

Kotze, K., van der Westhuizen, H., Loggerenberg, E., Jawitz, F. & Ehrlich, R. 2020. Doctors' Extended Shifts as Risk to Practitioner and Patient: South Africa as a Case Study. *International Journal of Environmental Research and Public Health*, 17 (5853):1-10.

Kredo, T., Cooper, S., Abrams, A., Muller, J., Schmidt, J. & Atkins, S. 2020. Building on shaky ground-challenges to and solutions for primary care guideline implementation in four provinces in South Africa: a qualitative study. *BMJ Open,* 10(1):1-11.

Krepia, V., Katsaragakis, S., Katelidou, D. & Prezerakos, P. 2018. Transformational leadership and its evolution in nursing. *Progress in Health Sciences*, 8(11):189-194.

Kumalo, M. & Scheepers, C. 2018. Leadership of change in South Africa public sector turnarounds. *Journal of Organisational Change and Management*, 34(1):137-157.

Kumar, R. 2015. *Research Methodology. A step-by-step guide for beginners*. 4th ed. London: Sage Publications.

Kumar, S. & Matheen, W. 2019. Facets of leadership. *Asian Journal of Interdisciplinary Research*, 2(2):14-78.

Lanzoni, G., Meirelles, B. & Cummings, G. 2016. Nurse leadership practices in primary health care: A Grounded theory. *Texto Contexto Enferm,* 25(4):1-9.

Lauring, J. & Jonasson, C. 2018. Can leadership compensate for deficient inclusiveness in global virtual teams? *Human Resource Management Journal*, 28:392-409.

Ledimo, O. 2014. The role of transformational leadership and organisational culture in service delivery within a public service organisation. *Journal of Governance and Regulation*, 3(3):44-51.

Lee, A., Thomas, G., Martin, R. & Guillaume, Y. 2019. Leader-Member Exchange (LMX) Ambivalence and Task Performance: The Cross-Domain Buffering Role of Social Support. *Journal of Management*, 45(5):1927-1957.

Lerutla, M. & Steyn, R. 2017. Definition of leadership in Africa within the Twenty-first century context: Emperical Research on Leadership in Africa. *Alternation Journal Special Edition*, 20:9-36.

Liebenberg, A., Coetzee, J., Conradie, H. & Coetzee, J. 2018. Burnout among rural hospital doctors in the Western Cape: Comparison with previous South African studies. *African Journal of Primary Health Care & Family Medicine,* 10(1):1-7.

Lituchy, T., Galperin, B. & Punnett, B. *LEAD: Leadership effectiveness in Africa and the African Diaspora*. New York: Palgrave Macmillan.

Liu, C., Liu, S., Yang, S. & Wu, H. 2019. Association between transformational leadership and occupational burnout and the mediating effects of psychological empowerment in this relationship among CDC employees: a cross-sectional study. *Dove Press Journal: Psychology Research and Behaviour Management*, 12:437-446.

Luke, R. & Heyns, G. 2019. Skills requirements in South African Supply Chains: A higher education perspective. *South African Journal of Higher Education*, 33(4):156-170.

MacGregor, R., Ross, A. & Zihindula, G. 2018. A rural scholarship model addressing the shortage of healthcare workers in rural areas. *South African Health Review*, 2018:51-57.

Mackworth-Young, C., Chingono, R., Mavodza, C., McHugh, G., Tembo, M., Chikwari, C., Weiss, H., Rusakaniko, S., Ruzario, S., Bernays, S. & Ferrand, R. 2021. Community perspectives on the Covid-19 response, Zimbabwe. *Bull World Health Organ,* 99:85-91.

Macnaghten, P. & Myers, G. 2007. *Qualitative Research Practice*. Seale, C., Gobo, G., Gubrium, J. & Silverman, D. (Eds). London: Sage Publications.

Magwaza, S. & Panday, S. 2019. An assessment of leadership styles and skills amongst public health specialists in South Africa: Leadership skills and Gaps. *The International Journal of Educational Organisation and Leadership*, 26(1):1-19.

Mahase, E. 2020. Covid-19: medical students to be employed by NHS. *BMJ online*. Available at http:www.bmj.com [Accessed on 14 March 2021].

Makaudze, G. 2017. African traditional leadership and succession in the post-colonial Shona novel. *Journal of the African Literature Association*, 11(2):210-222.

Makie, V., Jooste, K., Mabuda, T., Bok, T., Lourens, G., Van As, M., Chipps, J. 2021. Operational nurse managers' perceptions on the competence of community service nurses in public settings in the Western Cape. *Curationis*, 44(1):1-9.

Malakoane, B., Heunis, J., Chikobvu, P., Kigozi, N. & Kruger, W. 2020. Public health system challenges in the Free State, South Africa: A situation appraisal to inform health system strengthening. *BMC Health Services Research*, 20(58):1-14.

Malatzky, C., Cosgrave, C. & Gillespie, J. 2019. The utility of conceptualisations of place and belonging in workforce retention: A proposal for future rural health research. *Health & Place*, 62:1-6.

Mallin, M. & Ragland, C. 2017. Power-Base Effects on Salesperson Motivation and Performance: A Contingency View. *Journal of Business-to-Business Marketing*, 24(2):99-121.

Manabo, B. 2018. African Personality: An Anthropological perspective for leadership development in Africa. *Africology: The Journal of Pan African Studies*, 12(4):213-230.

Manderson, L. & Levine, S. 2020. Covid-19, Risk, Fear, and Fall-out. *Medical Anthropology*, 39(5):367-370.

Manyisa, Z. & van Aswegen, E. 2017. Factors affecting working conditions in public hospitals: A literature review. *International Journal of Africa Nursing Sciences*, 6:81-38.

Maphumulo, W. & Bhengu, B. 2019. Challenges of quality improvement in the healthcare of South Africa post-apartheid. A critical review. *Curationis*, 42(1):1-9.

Maphunye, K., Tshishonga, N. & Mafema, E. 2014. Analysing the quality of South-Africa's public services at the local government level through the Batho Pele Principles. *Journal of African & Asian local government studies*, 3(1):105-119.

Marcus, T., Hugo, J. & Jinabhai, C. 2017. Which primary care model? A qualitative analysis of ward-based outreach teams in South Africa. *African Journal of Primary Health Care and Family Medicine,* 9(1):1-8.

Masango-Mazindutsi, Z., Haskins, L., Wilford, A. & Horwood, C. 2018. Using an action learning methodology to develop skills and health managers: Experiences from KwaZulu- Natal, South Africa. *BMC Health Services Research*, 18(907):1-9.

Maseko, L. & Harris, B. 2018. People-centeredness in health system reform. Public perceptions of public and private hospitals in South Africa. *South African Journal of Occupational Therapy*, 48(1):22-27.

Mash, R., De Sa, A. & Christodoulou, M. 2016. How to change organisational culture: Action research in South Africa public sector primary care facility. *African Journal of Primary Health Care and Family Medicine,* 8(1):1-9.

Mash, R., Govender, S., Isaacs, A., De Sa, A. & Schlemmer, A. 2013. An assessment of organisational values, culture and performance in Cape Town primary healthcare services. *South African Family Practice Journal,* 55(5):459-466.

Mash, R., Howe, A., Olayemi, O., Makwero, M., Ray, S., Zerihun, M., Gyuse, A. & Goodyear-Smith, F. 2018. *BMJ Global Health*, 3:1-3.

Mash, B., Ray, S., Essuman, A. & Burgueno, E. 2019. Community-orientated primary care: a scoping review of different models, and their effectiveness and feasibility in sub-Saharan Africa. *BMJ Global Health*, 4:1-12.

Mash, R., Steyn, H., Bello, M., von Pressentin, K., Rossouw, L., Hendricks, G., Fouche, G. & Stapar, D. 2019. The quality of feedback from outpatient departments at referral hospitals to the primary care providers in the Western Cape: A Descriptive survey. *South African Family Practice*, 61(6):252-259.

Mastroianni, A., Kahn, J. & Kass, N. 2019. *The Oxford Handbook of Public Health Ethics*. United States of America: Oxford University Press.

Masuku, M. & Jili, N. 2019. Public Service Delivery in South Africa: The political influence at local government level. *Journal of Public Affairs*, 19(1):1-7.

Matambo, E. 2020. Democracy, Human Rights and Ubuntu in Post-Apartheid South Africa's Diplomacy. *African Journal of Democracy & Governance*, 7(2):115-144.

Materla, T., Cudney, E. & Antony, J. 2019. The application of Kano model in the healthcare industry: A systematic literature review. *Total Quality Management & Business Excellence*, 30(5):660-681.

Mather, P. 2020. Leadership and governance in a crisis: some reflections on Covid-19. *Journal of Accounting & Organisational Change*, 16(4):579-585.

Matjie, T. 2018. The relationship between the leadership effectiveness and emotional competence of managers in the public sector. *International Journal of Public Administration*, 41(15):1271-1278.

Matlakala, M. & Botha, A. 2016. Intensive care unit nurse managers' views regarding nurse staffing in their units in South Africa. *Intensive and Critical Care Nursing*, 32:49-57.

Matshabaphala, M. 2015. Leadership and good governance in the public service: Lessons from African philosophy. *Journal of Public Administration*, 50(3):496-504.

Matsoso, M., Hunter, J. & Brijlah, V. 2016. Embedding quality at the core of universal health coverage in South Africa. *The lancet*, 8:1153-1154.

Matthes, J., Davis, C. & Potter, R. 2018. *The International Encyclopedia of Communication Research Methods*. John Wiley & Sons.

Mauthner, N. S. & Doucet. A. 1998. Reflections on a voice-centred Relational Method of data analysis: Analysing maternal and domestic Voices. In J. Ribbens & R. Edwards (eds)., *Feminist dilemmas in qualitative research: Private lives and public texts*. London: Sage.

Mazzeti, G., Vignoli, M., Petruzziello, G. & Palareti, L. 2019. The hardier you are, the healthier you become. May Hardiness and engagement explain the relationship between leadership and employee's health? *Frontiers in Psychology*, 9(2784):1-9.

Mbemba, G., Gagnon, M. & Hamelin-Brabant, L. 2016. Factors influencing recruitment and retention of health care workers in rural and remore areas in developed and developing countries: An overview. *Journal of Public Health in Africa*, 7(565):61-66.

McKinney, E., McKinney, V. & Swartz, L. 2020. Covid-19, disability and the context of healthcare triage in South Africa: Notes in a time of pandemic. *African Journal of Disability*, 9(0):1-10.

McNabb, D. 2018. *Research Methods in Public Administration and Non-Profit Management*. New York: Routledge.

Mehdinezhad, V. & Sardarzahi, Z. 2016. Leadership behaviours and its relation with Principals' Management Experience. *New Approaches in Educational Research*, 5(1): 11-16.

Mehta, U., Heekes, A., Kalka, E. & Boulle, A. 2018. Assessing the value of Western Cape Provincial Government health administrative data and electronic pharmacy records in ascertaining medicine during pregnancy. *South African Medical Journal*, 108(5):439-443.

Metz, T. 2018. An African theory of good leadership. *African Journal of Business Ethics*, 12(2):36-53.

Meyer, E., Hugo, J., Marcus, T., Molebatsi, R. & Komana, K. 2018. Why high tech needs high touch: Supporting continuity of community primary health care. *African Journal of Primary Health Care and Family Medicine*, 10(1):1-6.

Meyer, J., Schellack, N., Stokes, J., Lancaster, R., Zeeman, H., Defty, D., Godman, B. & Steel, G. 2017. Ongoing Initiatives to Improve the Quality and Efficiency of Medicine Use within the Public Health Care System in South Africa: A Preliminary Study. *Frontiers in Pharmacology*, 8(751):1-16**.**

Meylahn, J. 2017. Post-colonial leadership between the Sovereign and the beast. *Verbum et Ecclesia*, 38(1):1-9.

Michel, J. & Ecarnot, F. 2020. The shortage of skilled workers in Europe: Its impact on geriatric medicine. *European Geriatric Medicine*, 11(1):345-347.

Michel, J., Obrist, B., Barnighausen, T., Tediosi, F., McIntyre, D., Evans, D. & Tanner, M. 2020.What we need is health system transformation and not health system strengthening for universal health coverage to work: Perspectives from a National Health Insurance pilot site in South Africa. *South African Family Practice*, 62(1):1-15.

Misra, A. & Srivastava, K. 2018. Team-building Competencies, Personal Effectiveness and Job Satisfaction: The Mediating Effect of Transformational Leadership and Technology. *Management and Labour Studies*, 43(1):109-122.

Mitonga-Monga, J. & Hlongwane, V. 2017. Effects on employees' sense of coherence on leadership style and work engagement. *Journal of Psychology in Africa*, 27(4):351-355.

Mkize, N. 2017. The elasticity of demand for public health expenditure in South Africa: A cointegration approach. *Perspective Economica*, 13(3):158-168.

Mofolo, N., Heunis, C. & Kigozi, G. Towards National Health Insurance: Alignment of strategic human resources in South Africa. *African Journal of Primary Health Care & Family Medicine*, 11(1):1-7.

Mohiuddin, Z. 2017. Influence of Leadership style on Employees Performance: Evidence from Literatures. *Journal of Marketing and Management*, 8(1):18-30.

Mohlin, A. 2019. Relations of Power and Democratic Accountability in Investor-State Arbitration. MA Thesis. Sweden, Stockholm University.

Mokomane, Z., Mokhele, T., Mathews, C. & Mokoae, M. 2017. Availability and accessibility of public health care services for adolescents and young people in South Africa. *Children and Youth Services Review*, 74:125-132.

Moosa, S., Derese, A. & Peersman, W. 2017. Insights of health district managers on the implementation of primary health care outreach teams in Johannesburg, South Africa: A descriptive study with focus group discussions. *Human Resource for Health*, 15(7):1-9.

Moosa, S. & Gibbs, A. 2014. A focus group study on primary health care in Johannnesburg Health Districts: "We are just pushing numbers". *South African Family Practice*, 56(2):147-152.

Morudu, P. & Kollamparambil, U. 2020. Health shocks, medical insurance and household vulnerability: Evidence from South Africa. *Plos One*, 15(2): 1-17.

Mothupi, C., Knight, L.& Tabana, H. 2018.Measurement approaches in continuum of care for maternal health: a critical interpretive synthesis of evidence from LMICs and its implications for the South African context. *BMC Health Services Research*, 18(539):1-9.

Motsepe, K.M. 2020. Investigating the relationship between leadership styles and organisational commitment in selected South African universities: The mediating role of Ubuntu. MBA Dissertation. North-West University, Potchefstroom.

Moyo, M., Ali, S. & Dudley, B. 2019. Situation, Background, Assessment, Recommendation: Competency Assessment for Agency Nurses in Radiology. *Journal of Radiology Nursing*, 38:119-122.

Mthembu, N. 2019. Possibility of a Novel Caliber of Leadership in the 21st Century: A Post-colonial Perspective. *Open Journal for Sociological Studies*, 3(2):67-78.

Mthethwa, R. M. 2012. Transformational leadership in the South African public sector. *African Journal of Public Affairs*, 5(3):107-114.

Mugomeri, E. 2018. The efficacy of infection prevention and control committees in Lesotho: A qualitative study. *American Journal of Infection Control*, 46 (1):13-17.

Mukiapini, S. 2017. Baseline measures of Primary Health Care Team functioning and overall Primary Health Care performance at Du Noon Community Health Centre. MA Thesis. Cape Town, University of Cape Town.

Mulaudzi, M. & Liebenberg, I. 2017. Planning and socio-economic interventions in a developmental state: The Case of South Africa. *Journal of Public Administration*, 52(1):29-51.

Muller, A. 2017. Scrambling for access: availability, accessibility, acceptability and quality of health care for lesbian, gay, bisexual and transgender people in South Africa. *BMC International Health and Human Rights*, 17(16):1-10.

Muller, H. & Van Esch, F. 2020. The contested nature of political leadership in the European Union: conceptual and methodological cross-fertilisation. *West European Politics*, 43(5):1051-1071.

Munshi, S., Christofides, N. & Eyles, J. 2019. Sub-national perspectives on the implementation of a national community health worker programme in Gauteng Province, South Africa. *BMJ Global Health*, 4:1-9.

Munyewende, P., Levin, J. & Rispel, L. 2016. An evaluation of the competencies of primary health care nursing managers in two South African provinces. *Global heath action*, 9(1):1-10.

Musinginzi, C., Namale, L., Rutebemberwa, E., Dahal, A., Nahirya-Ntege, P. & Kekitiinwa, A. 2018. The relationship between leadership style and health worker motivation, job satisfaction and teamwork in Uganda. *Journal of Healthcare Leadership*, 10(0):21-32.

Naher, N., Hoque, R., Hassan, M., Balabanova, D., Adams, A. & Ahmed, S. 2020. The influence of corruption and governance in the delivery of frontline health care services in the public sector: A Scoping review of current and future prospects in low and middle-income countries of south and south-east Asia. *BMC Public Health*, 20 (880):1-16.

Naidoo, M. 2017. Leadership challenges encountered by nurse unit managers in a private hospital in Gauteng Province. MA Dissertation. Pretoria, University of South Africa.

Naidoo, G. & Thani, X. 2011. The Critical Need for an Integrated Leadership Approach to Improve Service Delivery by the South African Public Service. *Journal of US-China Public Administration*, 8(1):1-15.

Nanjundeswaraswamy, T. S., 2021. Nurses quality of work life: scale development and validation. *Journal of Economic and Administrative Sciences*, 1(1):1-15.

Naranjee, N., Ngxongo, T. & Sibiya, M, 2019. Financial management roles of nurse managers in selected public hospitals in Kwazulu- Natal Province, South Africa. *African Journal of Primary Health Care & Family Medicine*, 11(1):1-8.

National Department of Health. 2020. *2030 Human Resources for Health Strategy: Investing in the Health Workforce for Universal Health Coverage*. Pretoria: Government Printers.

Navalta, J., Stone, W. & Lyons, T. 2019. Ethical Issues Relating to Scientific Discovery in Exercise Science. *International Journal of Exercise Science*, 12(1):1-8.

Nayak, T., Sahoo, C. & Mohanty, P. 2018. Workplace empowerment, quality at work life and employee commitment: A study on Indian healthcare sector. *Journal of Asia Business Studies*, 12 (2):117-136.

Neely, A. & Ponshunmugam, A. 2019. A qualitative approach to examining health care access in rural South Africa. *Social Science & Medicine*, 230:214-221.

Nell, I. 2017. Ubuntu and leadership? Some practical theological perspectives. *Scriptura*, 116(1):1-9.

Nene, S., Ally, H. & Nkosi, E. 2020. Nurse managers experiences of their leadership roles in a specific mining primary health care service in the West Rand. *Curations*, 43(1):1-9.

Nepomnyashchiy, L., Dahn, B., Saykpah, R. & Raghavan, M. 2020. Covid-19: Africa needs unprecedented attention to strengthen community health systems. The Lancet,396: 150-152. Available at https://www.thelancet.com [Accessed on 22 February 2021].

Newaz, M., Hemmati, M., Rahman, M. and Zailani, S. 2020. Do employees' attributes and capabilities matter the intention to become a supply chain manger? Structural model analysis. *Journal of Advances in Management Research*, 17(4):505-523**.**

Ngobeni, V., Breitenbach, M. & Aye, G. 2020. Technical efficiency of provincial public health care in South Africa. *Cost Effectiveness and Resource Allocation*, 18(3):1-19.

Ngqangashe, Y. 2020. "Jobs vs Health": What will shape public-health policies after Covid-19? Mail & Guardian. Available at https://mg.co.za/health/31-08-2020 [Accessed 15 September 2020].

Ngqwala, N. & Ballard, H. 2020. Leadership imperatives for Local Government Service Delivery. Case of a selected Local Municipality in the Eastern Cape, South Africa. *Administratio Publica*, 28(2):118-131.

Ngulube, P. 2015. Trends in Research Methodology Procedures used in Knowledge Management Studies (2009-2013). *African Journal of Library, Archives and Information Science*, 24(2):1-31.

Nguyen, T., Mia, L., Winata, L. & Chong, V. 2017. Effect of Transformational leadership style and management control system on managerial performance. *Journal of Business Research*, 70: 202-213.

Nicolaides, A. & Duho, K. 2019. Effective Leadership in Organisations: African Ethics and Corruption. *Modern Economy*, 10(1):1713-1743.

Nkwana, H. 2012. Leadership development for developmental local government. *African Journal of Public Affairs*, 5(3):155-165.

Noman, A. 2018. Africological Reconceptualization of the Epistemological crises in postcolonial studies. PhD Dissertation. Philadelphia, Temple University.

Normore, A., Javidi, M. & Long, L. 2019. *Handbook of Research on strategic communication, leadership, and conflict management in modern organisations*. USA: IGI Global.

Northouse, P. G. 2019. *Leadership Theory and Practice.* 8th ed. USA: Sage.

Nusari, M., Falasi, M., Alrajawy, I., Khalifa, G. & Isaac, O. 2018. The impact of Project Management Assests and Organisational Culture on Employee Performance. *International Journal of Management and Human Science*, 2(2):15-26.

Nxumalo, N., Goudge, J., Gilson, L. & Eyles, J. 2018. Performance Management in times of change: Experiences of implementing a performance assessment system in a district in South Africa. *International Journal for Equity in Health*, 17(141):1-15.

Nxumalo, N., Gilson, L., Goudge, J., Tsofa, B., Cleary, S., Barasa, E. & Molyneux, S. 2018. Accountability mechanisms and the value of relationships: experiences of front-line managers at subnational level in Kenya and South Africa. *BMJ Global health*, 3:1-14.

Nxumalo, W., Goudge, J. & Manderson, L. 2016. Community health workers, recipients' experiences and constraints to care in South Africa- a pathway to trust. *AIDS Care*, 28(54):61-71.

Nyalunga, S., Ndimane, J., Ogunbanjo, G., Masango-Makgobela, A. & Bogongo, T. 2019. Perceptions of community health workers on their training and practice: a cross sectional study in Tshwane district, Gauteng, South Africa. *South African Family Practice*, 61(4):144-149.

Nyasulu, J. & Pandya, H. 2020. The effects of coronavirus disease 2019 pandemic on the South African health system: A call to maintain essential health services. *African Journal of Primary Health Care & Family Medicine*, 12 (1):1-6.

Odonkor, S., Frimpong, C., Duncan, E. & Odonkor, C. 2019. Trends in patients' overall satisfaction with healthcare delivery in Accra, Ghana. *African Journal of Primary Health Care & Family Medicine,* 11(1):1-6.

Office of Health Standards Compliance. 2020. *Annual Performance Plan 2020/2021*. Available at https://ohsc.org.za [Accessed 30 January 2021].

Oh, S. & Han, H. 2020. Facilitating organisational learning activities: Types of organisational culture and their influence on organisational learning and performance. *Knowledge Management Research & Practice*, 18(1):1-15.

Okoroafor, S., Ongom, M., Mohammed, B., Salihu, D., Ahmat, A., Osubor, M., Nyoni, J. & Alemu, W. 2021. Perspectives of policymakers and health care managers on the retention of health workers in rural and remote settings in Nigeria. *Journal of Public Health*, 43(1):12-19.

Onyura, B., Crann, S., Tannenbaum, D., Whittaker, M. & Murdoch, S. & Freeman, R., 2019. Is postgraduate leadership education a match for the wicked problems of health leadership? A critical systematic review. *Perspect Med Educ*, 8:133-142.

Oreg, S. & Berson, Y. 2019. Leaders' impact on organisational change: Bridging theoretical and methodological chasms. *Academy of Management Annals*, 13(1):1-6.

Otieno, J., Sitienei, S. & Nicholas, S. 2016. In search of African leadership destiny: Revolutions, elections, or dialogue. *International Journal of Recent Advances in Multidisciplinary Research*, 3(2):1214-1220.

Palsdottir, B., Barry, J., Bruno, A., Barr, H., Clithero, A., Cobb, N., De Maeseneer, J., Kiguli-Malwadde, E., Neusy, A., Reeves, S., Strasser, R., Worley, P. 2016. Training for impact: The socio-economic impact of a fit for purpose health workforce on communities. *Human Resources for Health*, 14(49): 1-9.

Pamela, A., Umoh, G. & Worlu, G. 2017. Human Resource Planning and Organisational Performance in Oil and Gas Firms in Port Harcourt. *International Journal of Advanced Academic Research. Social & Management Sciences*, 3(9):110-129.

Papadimos, T., Soghoian, S., Nanayakkara, P., Singh, S., Miller, A., Saddikuti, V., Jayatilleke, A., Dubhashi, S., Firstenberg, M., Dutta, V., Chauhan, V., Sharma, P., Galwankar, S., Garg, M., Taylor, N. & Stawicki, S. 2020. Covid-19 Blind spots: A consensus statement on the importance of competent political leadership and the need for Public health cognizance. *Journal of Global Infectious Diseases*, 12(1):167-190.

Parakhina, V., Boris, O. & Streikowski, W. 2019. Self-leadership and leadership: the relationships of concepts. *Advances in Social Science, Education and Humanities Research*, 318:34-48.

Parker, A., Karamchand, S., Schreuder, N., Lahri, S., Rabie, H., Aucamp, M., Abrahams, R., Ciapparelli, P., Erasmus, S., Cotton, M., Lalla, U., Leisegang, R., Meintjies, J., Mistry, R., Moosa, M., Mowlana, A., Koegelenberg, C., Prozesky, H., Smith, W., van Schalkwyk, M. & Taljaard, J. 2020.Leadership and early strategic response to the SARS-COV-2 pandemic at a Covid-19 designated hospital in South Africa. *South African Medical Journal*. Available at https://journals.co.za [Accessed 20 March 2021].

Paulus-Mokgachane, T., Visagie, S. & Mji, G. 2019. Access to primary care for persons with spinal cord injuries in the greater Gaborone area, Botswana. *African Journal of Disability*, 8(0):1-9.

Phiri, M., Heyns, T. & Coetzee, I. 2020. Patient' experiences of triage in an emergency department: A phenomenographic study. *Applied Nursing Research*, 1-31.

Poels, J., Verschueren, M., Vlaeyen, E. 2020. Leadership styles and leadership outcomes in nursing homes: a cross-sectional analysis. *BMC Health Services Research*, 20 (1009):1-10.

Poncian, J. & Mgaya, E. 2015. Africa's leadership challenges in the 21st century: What can leaders learn from Africa's pre-colonial leadership and governance. *International Journal of Social Studies*, 3(3):106-115.

Por Pan, T., Trakulmututa, J. & Youravong, N. 2020. Self-perception of leadership style of dentists: heads of dental departments in community hospitals, Southern Thailand. *International Dental Journal*, 70(1):193-200.

Preiser, W. & van Zyl, G. 2020. Covid-19: Getting ahead of the epidemic curve by early implementation of social distancing. *South African Medical Journal*, 110(4):258.

Qu, Y., Dasborough, M., Zhou, M. & Todorova, G. 2017. Should authentic leaders value power? A study of leaders' values and perceived value congruence. *Journal of Business Ethics*, 156:1027-1044.

Rabie, T., Coetzee, S. & Klopper, H. 2016. The nature of community healthcare centre practice environments in a province in South Africa. *African Journal of Nursing and Midwifery*, 18(12):27-41.

Ramathuba, D. & Ndou, H. 2020.Ethical conflicts experienced by intensive care unit health professionals in a regional hospital, Limpopo province, South Africa. *Health SA Gesondheid*, 25(0):1-9.

Ramchunder, Y. & Martins, N. 2014. The role of self-efficacy, emotional intelligence and leadership style as attributes of leadership effectiveness. *South African Journal of Industrial Psychology*, 40(1):1-11.

Ramos, V., Francesco-Crespo. A., Gonzalez-Perez. L., Guerra. Y., Ramos.-Galarza, P., Pazmino, P. &. Tejera. E., 2019. Analysis of organisational power networks through a holistic approach using consensus strategies. *Heliyon,* 5: 1-23.

Ravitah, S. & Riggan, M. 2017. *How Conceptual Frameworks guide research*. 2nd ed. London: Sage.

Reid, W. & Dold, C. 2017. Leadership training and the problem of competency development. *Journal of Public Health Management and Practice*, 23(1):73-80.

Reid, S., Peacocke, J., Kornik, S. & Wolfaardt, G. 2018. Compulsory community service for doctors in South Africa: A 15-year review. *South African Medical Journal*, 108(9):741-747.

Republic of South Africa. 1995. *White Paper on Transformation, 1995*. Pretoria: Government Printers.

Republic of South Africa. 1996. *Constitution of the Republic of South Africa*. Pretoria: Government Printers.

Republic of South Africa. 1997a. *Green Paper on Public Service Training and Education, 1997.* Pretoria: Government Printers.

Republic of South Africa. 1997b. *White Paper on Transforming Public Service Delivery, 1997*. Pretoria: Government Printers.

Republic of South Africa. 1999. *Public Service Act 147 of 1999*. Pretoria: Government Printers.

Republic of South Africa. 2003. *South African Traditional Leadership and Governance Framework Amendment Act 41 of 2003.* Pretoria: Government Printers.

Republic of South Africa. 2007*. National Policy on Quality Health care, 2007*. Pretoria: Government Printers.

Republic of South Africa. 2008. *National Patients' Rights Charter.* Pretoria: Government Printers.

Republic of South Africa. 2011a. *National Core Standards.* Pretoria: Government Printers.

Republic of South Africa. 2011b. *National Development Plan*. Pretoria. Government Printers.

Republic of South Africa. 2020. *Human Sciences Research Council Responds to the COVID-19 Outbreak*. Pretoria. Available at https://www.hsrc.ac.za [Accessed 1 May 2020].

Republic of South Africa. 2021. Health Department Budget Vote 2020/2021. Available at https://www.gov.za/speeches/minister-zweli-mkhize-health-dept-budget-vote-202122-13 -may-2021 [Accessed 18 July 2021].

Reynolds, S. 2021. How to win friends and influence people-as a nursing leader. Available at https://www.nurseleader.com [Accessed online 22 March 2021].

Ribeiro, N., Yucel, I. & Gomes, D. 2018. How transformational leadership predicts employees' affective commitment and performance. *International Journal of Productivity and Performance Management*, 67(9):1901-1917.

Richter, A., Lornudd, C., Schwarz, U., Lundmark, R., Mosson, R., Skoger, U., Hirvikoski, T. & Hasson, H., 2020. Evaluation of iLead, a generic implementation leadership intervention: mixed-method preintervention-postintervention design. *BMJ Open*, 10(1):1-11.

Rispel, L., Blaauw, D., Chirwa, T. & de Wet, K. 2014. Factors influencing agency nursing and moonlighting among nurses in South Africa. *Global Health Action*. 7:1-11.

Rispel, L. 2016. Analysing the progress and fault lines of health sector transformation in South Africa. *South African Health Review*: 17-25.

Robertson, L., Maposa, I., Somaroo, H. & Johnson, O. 2020. Mental health of health care workers during the Covid-19 outbreak: A rapid scoping review to inform provincial guidelines in South Africa. *South African Medical Journal*, 110 (10):1010-1019.

Rossi, D., Gacenga, F. & Danaher, P. 2016. *Navigating the Education Research Maze: Contextual, Conceptual, Methodological and Transformational Challenges and Opportunities for Researchers (Palgrave Studies in Education Research Methods)*. Switzerland: Palgrave Macmillan.

Rossman, G. & Rallis, S. 2017. *An Introduction to Qualitative Research. Learning in the Field. 4th ed.* USA: Sage.

Sahoo, D. & Gupta, M. 2019. Impact of Transformational Leadership on Employees' Extra Effort and Leaders's Effectiveness: Moderating Role of Organisation Type. *Purushartha*, 12(1):87-101.

Saleem, H. 2015. The impact of leadership styles on job satisfaction and mediating role of perceived organisational politics. *Procedia- Social and Behavioral Sciences*, 172: 563-569.

Salovaara, P. & Bathurst, R. 2018. Power-with leadership practices: An unfinished business. *Leadership*, 14(2):179-202.

Samanta, I. & Lamprakis, A. 2018. Modern leadership types and outcomes: The case of Greek public sector. *Journal of Contemporary Management Issues*, 23(1):173-191.

Samatar, A. 2020. SA and Covid-19: Is this an opportunity for transformation? Sunday Times. Available at https: www.timeslive.co.za [Accessed 17 September 2020].

Samirah, A., Rohrer, W., Al-Surimi, K., Da'ar, O. & Ahmed, A. 2016. The association of leadership styles and empowerment with nurses organisational commitment in an acute health care setting: A cross-sectional study. *BMC Nursing*, 15(38):1-11.

Saravo, B., Ntezel, J. & Kieswetter, J. 2017. The need for strong clinical leaders- Transformational and transactional leadership as a framework for resident leadership training. *Plos One*, 12(8):1-13.

Sayyadi, M. 2019. The transformational leader's role in organisational design and knowledge management performance. *International Leadership Journal*, 11(3):62-82.

Scheffler, E., Visagie, S. & Schneider, M. 2015. The impact of health service variables on health care access in a low resourced urban setting in the Western Cape, South Africa. *African Journal of Primary Health Care & Family medicine*, 7(1):1-11.

Schneider, M. & Schneider, H. 2017. *Introduction to Public Health*. United States of America: Jones & Bartlett learning.

Schwerdtle, P., Morphet, J. & Hall, H. 2017. A scoping review of mentorship of health personnel to improve the quality of health care in low and middle-income countries. *Globalization and Health*, 13(77):1-8.

Scott, B.A. & Moosa, S. 2019. Exploring the sorting of patients in community health centres across Gauteng Province, South Africa. *BMC Family Practice*, 20(5):1-8.

Scott, V., Schaay, N., Schneider, H. & Sanders, D. 2017. Addressing social determinants of health in South Africa: the journey continues. *South African Health Review*: 77-87.

Serapelwane, M. & Manyedi, M. Operational Managers' Experiences Regarding Supportive Supervision at Primary Health Care Facilities in the North West Province, South Africa. *Africa Journal of Nursing and Midwifery*, 22(2):1-19.

Setlhodi, I. 2019. Ubuntu Leadership: An African Panacea for Improving School Peformance. *Africa Education Review*, 16(2):126-142.

Sevinc, D., Green, A., Bryson, J., Collinson, S., Riley, R. & Adderley, S. Ensuring skills are available in the right locations: are we there yet? A regional analysis of qualification gaps. *Regional Studies*, 54(8):1149-1159.

Seymour, L., Mwalemba, G. & Weimann, E. 2019. Applied business process management: An information systems approach to service delivery in public hospitals of low- and middle0income countries. *Electronic Journal of Information Systems in Developing Countries*, 85:1-15.

Sfantou, D., Laliotis, A., Patelarou, A., Sifaki-Pistolla, D., Matalliotakis, M. & Patelarou, E. 2017. Importance of leadership style towards quality of care measures in healthcare settings: A systematic review. *Health Care*, 5(73):1-17.

Shaughnessy, M. & Griffin, M. 2018. Transformational leadership practices and work engagement among nurse leaders. *The Journal of Nursing Administration*, 48(1):574-579.

Shava, E. & Chamisa, S. 2018. Cadre Deployment Policy and its effects on Performance Management in South African Local Government: A Critical Review. *Politeia*, 37(1):1-19.

Shipalane, E. 2018. Experiences of Community Service Health Professionals working in Rural Hospitals of Limpopo Province, South Africa. MA Thesis. University of Limpopo, Johannesburg.

Silva, K. 2016. What is leadership? *Journal of Business Studies Quarterly*, 8(1):1-6.

Simon, N. 2017. Effective leadership: It's Impact on Business Organisations. *International Journal of Development Research*, 5(1): 68-95.

Sithomola, T. 2019. Leadership Conundrum in South Africa's State-Owned Enterprises. *Administratio Publica*, 27(2):62-79.

Smith, P. 2015. Leadership in Academic Health Centres: Transactional and Transformational leadership. *Journal of Clinical Psychology Medical Settings*, 22:228-231.

Sobocan, A., Bertotti, T. & Strom-Gottfried, K. 2019. Ethical considerations in social work. *European Journal of Social Work*, 22(5):805-818.

Sola, G., Badia, J., Hito, P., Osaba, M. & Garcia, J. 2016. Self-perception of leadership styles and behaviour in primary health care*. BMC Health Services Research*, 16(572):1-12.

Solichin, E. 2019. Analysis of the effectiveness of using power in leadershi*p. Dinasti International Journal of Management Science*, 1(1): 1-5.

Sonnino, R. 2016. Health care leadership development and training: progress and pitfalls. *Journal of Healthcare Leadership*, 8:19-29.

Sorsdahl, K., Sewpaul, R., Evans, M., Naidoo, P., Myers, B. & Stein, D. 2016. The association between psychological distress, alcohol use and physical non-communicable disease in a nationally representative sample of South Africans. *Journal of Health Psychology*, 23(4):618-628.

Srivastava, V. & Kunwar, R. 2018. Leadership in Public Health. *Indian Journal of Public Health*, 62:162-166.

Statistics South Africa. 2019a. *General Household Survey.* Pretoria. Statistics South Africa. 2019*a*. Available at http://www.statssa.gov.za [Accessed 17 February 2021].

Statistics South Africa. 2019b. *Inequality trends in South Africa. A multidimensional diagnostic of inequality. 2019b*. Pretoria. Statistics South Africa. Available at http://www.statssa.gov.za [Accessed 1 October 2020].

Statistics South Africa. 2019c. *Quarterly Labour Force Survey. 2019c*. Pretoria. Statistics South Africa. Available at http://www.statssa.gov.za [Accessed 18 September 2020].

Statistics South Africa. 2020. *Mid-year population estimates. 2020*. Pretoria. Statistics South Africa. Available at http://www.statssa.gov.za [Accessed 10 March 2021].

Statistics South Africa. 2021. *Municipalities: service delivery, bucket toilets and gender representation.* 2021. Pretoria. Statistics South Africa. Available at http://www.statssa.gov.za [Accessed 5 April 2021].

Stellenberg, E. L. 2015. Accessibility, affordability and use of health services in an urban area in South Africa, *Curationis*, 38(1):1-7.

Stewart, J. & Wolfaardt, G. 2019. Hospital management and health policy-a South African perspective. *Journal of Hospital Management and Health Policy*, 3 (14):1-7.

Sunarsih, E. 2019. Creativity and Transformational leadership on Public Sector Employee Performance. *Academy of Entrepreneurship Journal*, 25(3):1-13.

Sundahl, C., Larsson, G., Lundin, J. & Soderhjelm, T. 2019. The experiential understanding group-and-leader managerial course: long-term follow-up. *Leadership and Organisation Development Journal*, 40(2): 151-162.

Swart, A., Muller, C. & Rabie, T. 2018. The role of triage to reduce waiting times in primary health care facilities in the North West province of South Africa. *Health SA Gesondheid*, 23(0):1-6.

Szabo, S., Nove, A., Matthews, Z., Bajracharya, A., Dhillon, I., Singh, D., Saares, A. & Campbell, J. 2020. Health workforce demography: A framework to improve understanding of the health workforce and support of achievement of the sustainable Development Goals. *Human Resources for Health*, 18(7): 1-10.

Tam, H., Chung, S. & Lou, C. 2018. A review of the triage accuracy and future direction. *BMC Emergency Medicine*, 18(58):1-7.

Tamene, E. 2016. Theorizing Conceptual Framework. *Asian Journal of Educational Research*. 4(2):50-56.

Terreblance, M., Durrheim, K. & Kelly, K. 2006. *Research in Practice. Applied methods for the social sciences*. Terreblance, M., Durrheim, K & Painter, D. (Eds). 2nd ed. Cape Town: UCT Press.

Tetteh-Opcu, A. & Omoregie, P. 2015. Influence of Transactional Leadership Styler on Administrative Effectiveness in Sport Organisations in Ghana. *Ife PsychologIA*, 23(2):64-70.

Thanh, D. & Anh, N. 2015. Factors Affecting Effective Leadership - An Empirical study in Vietnam Logistics Enterprise. *Danang-Vietnam*:1-15.

Torlak, N. & Kuzey, C. 2019. Leadership, job satisfaction and performance links in private education institutes in Pakistan. *International Journal of Productivity and Performance Management*, 68(2):276-295.

Tsakok, I. 2020. Food security in the context of Covid-19: The public health challenge. The case of the Republic of South Africa. Policy Brief. Policy Center for the New South. Available at https://www.policycenter.ma [Accessed on 22 February 2021].

Tse, H., To, M. & Chiu, W. 2018. When and why does transformational leadership influence employee creativity? The roles of personal control and creative personality. *Human resource management*, 57: 145-157.

Tshilongamulenzhe, M., Coetzee, M. & Masenga, A. 2013. Development of the learning programme management and evulation scale for the South African skills development context. *South African Journal of Industrial Psychology*, 39 (1):1-14.

Turner, K. 2021.Covid-19 highlights need for universal health coverage, says Mkhize. *Cape Times.* [Online] 7 April 2021. Available at https://www.msn.com/en-za/news/national/covid-19-highlights-need-for-universal-health-coverage [Accessed on 8 April 2021].

Twala, S., Blaauw, D. & Ssengooba, F. 2019. It needs a complete overhaul…district manager perspectives on the capacity of the health system to support the delivery of emergency obstetric care in an urban South African district. *Global Health Action*, 2:1-10.

Tziner, A. & Shkoler, O. 2018. Leadership Styles and Work Attitudes: Does age Moderate their Relationship. *Journal of Work and Organisational Psychology*, 34(3): 195-201.

Vaishnavi, V., Suresh, M. & Dutta, P. 2019. A study on the influence of factors associated with organisational readiness for change in health care organisations using TISM. *Benchmarking: An International Journal*, 26(4):1290-1313.

Van der Berg-Cloete, S., Olorunju, S., White, J. & Buch, E. 2019. The Albertina Sisulu Executive Leadership Programme enhancing the competencies and performance of public health service mangers in South Africa. *Leadership in Health Services*, 33(2):163-183.

Van der Westhuizen, E. 2021. *Human Resource Management in Government: A South African perspective on theories, politics and processes*. 2nd ed. Cape Town: Juta and Company (Pty) Ltd.

Van der Westhuizen, H. & Hewitt, L. 2021. Leadership development process maturity: An Afrocentric versus Eurocentric perspective. *SA Journal of Human Resource Management*, 19(0):1-10.

Van Digelle, C., Burgess, A., Roberts, C. & Mellis, C. 2020. *Leadership in health care education. BMC Medical Education*, 20(2):1-6.

Van Dijke, M. 2020. Power and leadership. *Current Opinion in Psychology*, 33(1):6-11.

Van Hala, S., Cochella, S., Jaggi, R., Frost, C., Kiraly, B., Pohl, S. & Gren, L. 2018. Development and Validation of the Foundational Health Care leadership self-assessment. *Family Medicine*, 50(4):262-268.

Van Jaarsveldt, L. J. 2018. Knowledge and skills required by public servants in a fast-changing world of work. *Administratio Publica*, 26(2):43-64.

Van Ryneveldt, M., Schneider, H. & Lehmann, U. 2020. Looking back to look forward: A review of human resources for health governance in South Africa from 1994 to 2018. *Human Resources for Health*, 18 (92):1-10.

Van Zyl, E. 2016. *Leadership in the African context*: Lansdowne: Juta & Co Ltd.

Vasconcelos, P., Freitas, C., Jorge, M., de Carvalho, R., Freire, V., Arajo, M., de Aguiar, M., de Oliveira, G., dos Anjos, S. & Oliveira, A. 2019. Safety attributes in primary care: understanding the needs of patients, health professionals, and managers. *Public Health*, 171:31-40.

Vaughn, K. R. 2016. Leadership: Three key questions. *Tennessee Law Review*, 83(3):803-812.

Vedaa, O., Pallesen, S., Erevik, E., Svensen, E., Waage, S., Bjorvatn, B., Sivertsen, B. & Harris, A. 2019. Long working hours are inversely related to sick leave in the following 3 months: a 4-year registry study. *International Archives of Occupational and Environmental Health*, 92:457-466.

Verschuren, S., Buffel, C. & Stichele, G. 2019. Developing Theory-Driven, Evidence-Based Serious Games for Health: Framework Based on Research Community Insights. *Journal of Medical Internet Research Serious Games*, 7(2):1-16.

Vilakati, V. & Schurink, W. 2021. An explorative-descriptive qualitative-constructivist study of three African leaders' experiences and perceptions regarding the translation of shared African human values into leadership and business practice. *SA Journal of Human Resource Management*, 19(0):1-12.

Vincelette, C., Thivierge-Southidara, M. & Rochefort, C. 2019.Conceptual and Methodological challenges of studies examining the determinants and outcomes of omitted nursing care: A narrative review of the literature. *International Journal of Nursing Studies*, 100: 1-14.

Violanti, M. 2020. A Seat at the table: addressing validity from critical perspective. *Annals of the International Communication Association*, 44(3):248-257.

Voegtlin, C. & Greenwood, M. 2016. Corporate social responsibility and human resource management: A systematic review and conceptual analysis. *Human Resources Management Review*, 26:181-197.

Vyhrystyuk, M., Rogozhnikova, T., Semenova, G., Shusharina, I., Savelyeva, E. & Kunygina, O. 2017. The Evolution of the concept of public health in Modern Youth Discourse. *Journal of Social Sciences and Humanities*, 25:151-164.

Wang, S., Schneeweiss, S., Berger, M., Brown, J., De Vries, F., Douglas, I., Gagne, J., Gini, R., Klungel, O., Mullins, C., Nguyen, M., Rassen, J., Smeeth, L. & Sturkenboom, M. 2017. Reporting to Improve and Facilitate Validity Assessment for Healthcare Database Studies V1.0. *Value in Health*, 20:1009-1022.

Washington, M. 2021. Look for Me in the Whirlwind: A new perspective on the leadership of Jocelyn Elders in Medicine and Healthcare. *Journal of Health and Human Experience*, 4(2):88-103.

Watkins, J. 2020. Preventing a Covid-19 Pandemic. *BMJ Global Health*, 368:1-2.

Werdhani, R., Sulistomo, A., Wirawan, I., Rahajeng, E., Sutomo, A. & Mansyur, M. 2018. Correlation of leadership and care coordinator performance among primary care physicians. *Journal of Multidisciplinary Healthcare*, 11(1):691-698.

Wessels, J. & Visagie, R. 2017. The eligibility of Public Administration research for ethics review: A case study of two international peer-reviewed journals. *International Review of Administrative Sciences*, 83:156-176.

Western Cape Department of Health. 2018/19-2020/21. *Cape Metro District Health Plan*. Cape Town: Department of Health. Available at https://www.westerncape.gov.za [Accessed 20 January 2020].

Western Cape Government: Health, Circular H102/2020: Population Data. Western Cape. Available at https://www.westerncape.gov.za [Accessed 18 August 2021].

Western Cape Province. 2003. A Framework for Developing Human Resources and Skills Development Strategy in the Western Cape. Available at https://www.westerncape.gov.za [Accessed 20 July 2021].

Western, S. 2019. *Leadership. A critical Text*. 3rd ed. London: Sage Publications.

Wilkins, C. 2018. Effective engagement requires trust and being trustworthy. *Medical Care*, 56(10):6-7.

Wilkinson, A., Pettifor, A., Rosenberg, M., Halpern, C., Thirumurthy, H., Collinson, M. & Kahn, K. 2017. The employment environment for youth in rural South Africa: A mixed-methods study. *Development South Africa*, 34(1): 17-32.

Williams, D., Mossey, P. & Marthur, M. 2019. Leadership in global oral health. *Journal of Dentistry*, 87(0):49-54.

Willis, S., Clarke, S. & O'Connor, E. 2017. Contextualising leadership: Transformational leadership and Management-By-Exception- Active in safety-critical contexts. *Journal of Occupational and Organisational Psychology*, 90:281-305.

Wishnia, J., Strugnell, D., Smith, A. and Ranchod, S. 2019. *The supply of and need for medical specialists in South Africa*. Cape Town: Percept.

Wong, A., McKey, C. & Baxter, B. 2018. What's the fuss? Gender and academic leadership. *Journal of Health Organisation and Management*, 32(6):779-792.

World Health Organisation (WHO). 1946. WHO Basic Document: *WHO Constitution*. Geneva: WHO. Available at https://who.int/who-we-are [Accessed 6 January 2020].

World Health Organisation (WHO). 2016a. *Global strategy on human resources for health: Workforce 2030*. Geneva: World Health Organisation.

World Health Organisation (WHO). 2016b. *Working for health and growth: investing in the health workforce. Report of the High-Level Commission on Health Employment and Economic Growth.* Geneva: World Health Organisation.

World Health Organisation (WHO). 2017. *Framing the health workforce agenda for the Sustainable Development Goals: Biennium report 2016-2017 WHO health workforce.* Geneva: World Health Organisation.

Wulandari, V., Hertati, L., Antasari, R. & Nazarudin, N. 2021. The Influence of the Covid-19 Crisis Transformative Leadership Style on Job Satisfaction Implications on Company Performance. *Ilomota International Journal of Tax & Accounting*, 2(1)17-36.

Xiao, Y. & Watson, M. 2019. Guidance on Conducting a Systematic Literature Review. *Journal of Planning Education and Research*, 39(1):93-112.

Yahaya, R. & Ebrahim, F. 2016. Leadership styles and organisational commitment: Literature review. *Journal of Management Development*, 35(2):190-216.

Yin, R. K. 2018. *Case Study Research and Applications: Design and Methods*. London: Sage Publications.

Young, H., Glerum, D., Joseph, D. & McCord, M. 2021. A Meta-Analysis of Transactional Leadership and Follower Performance: Double-Edged effects of LMX and Empowerment. *Journal of Management*, 47(5):1255-1280.

Yeboah-Assiamah, E., Asamoah, K. & Adams, S. 2019. Transdisciplinary public leadership theory: Between the extremes of “traditional public administration” and “new public management”. *Journal of Public Affairs*, 19:1-10.

Yoon, D. & Farmer, S. 2018. Power that builds others and Power that breaks: Effects of power and humility on Altruism and Incivility in female employees. *The Journal of Psychology*, 152(1):1-24.

Zerbo, A., Delgado, R. & Gonzalez, P. 2020.Vulnerability and everyday health risks of informal settlements in Sub-Saharan Africa. *Global Health Journal*, 4 (2):46-50.

Zurn, P., Zapata, T. & Okoroafor, S. 2021. The importance of strengthening the health workforce in Nigeria to improve health outcomes. *Journal of Public Health*, 43(1):1-3.

Zweigenthal, V., Pick, W. & London, L. 2019. Career Paths of Public Health Medicine Specialists in South Africa. *Frontiers in Public Health*, 7(261):1-17.

ANNEXURES

ANNEXURE 1: UNISA ETHICAL CLEARANCE CERTIFCATE

COLLEGE OF HUMAN SCIENCES RESEARCH ETHICS REVIEW COMMITTEE

11 December 2020

Dear Mrs GAIL LYDIA ABRAHAMS

NHREC Registration #:
Rec-240816-052
CREC Reference #:
2020-CHS -50746332

Decision:
Ethics Approval from 11 December 2020 to 31 November 2023

Researcher: Mrs GAIL LYDIA ABRAHAMS (abrahgl@unisa.ac.za)
Supervisor: Dr XOLILE CAROL THANI (thanixc@unisa.ac.za)
: Prof SINVAHL KAHN (Kahnsb@unisa.ac.za)

Title: ***TRANSFORMATIONAL LEADERSHIP: A CASE IN PRIMARY HEALTH CARE AT THE WESTERN CAPE PROVINCE HEALTH DEPARTMENT***

Degree Purpose: Master of Administration in Public Administration

Thank you for the application for research ethics clearance by the Unisa College of Human Science Ethics Committee. Ethics approval is granted for three years.

The ***Low risk application*** *was* ***expedited*** by College of Human Sciences Research Ethics Committee chairperson, on **11 December 2020** in compliance with the Unisa Policy on Research Ethics and the Standard Operating Procedure on Research Ethics Risk Assessment.

The proposed research may now commence with the provisions that:

1. The researcher(s) will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.
2. Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study should be communicated in writing to the College Ethics Review Committee.
3. The researcher(s) will conduct the study according to the methods and procedures set out in the approved application.

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4. Any changes that can affect the study-related risks for the research participants, particularly in terms of assurances made with regards to the protection of participants' privacy and the confidentiality of the data, should be reported to the Committee in writing, accompanied by a progress report.
5. The researcher will ensure that the research project adheres to any applicable national legislation, professional codes of conduct, institutional guidelines and scientific standards relevant to the specific field of study. Adherence to the following South African legislation is important, if applicable: Protection of Personal Information Act, no 4 of 2013; Children's act no 38 of 2005 and the National Health Act, no 61 of 2003.
6. Only de-identified research data may be used for secondary research purposes in future on condition that the research objectives are similar to those of the original research. Secondary use of identifiable human research data require additional ethics clearance.
7. No fieldwork activities may continue after the expiry date **(31 November 2023).** Submission of a completed research ethics progress report will constitute an application for renewal of Ethics Research Committee approval.

Note:

The reference number ***2020*-CHS-50746332** *should be clearly indicated on all forms of communication with the intended research participants, as well as with the Committee.*

Yours sincerely,

Signature:

Dr. K.J. Malesa
CHS Ethics Chairperson
Email: maleskj@unisa.ac.za
Tel: (012) 429 4780

Signature: PP

Prof K. Masemola
Executive Dean: CHS
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ANNEXURE 2: UNISA ETHICAL CLEARANCE CERTIFICATE (AMENDED)

UNISA COLLEGE OF ECONOMIC AND MANAGEMENT SCIENCES RESEARCH ETHICS REVIEW COMMITTEE

December 2020 **(Date of issue)**

27 July 2021 **(Date of amendment)**

Ref #: 2020-CHS -50746332

Student No # 50746332

Dear Ms Gail Lydia Abrahams

Decision: Ethics Approval Extended to 30 November 2023

Working title of research:

Transformational Leadership in Public Primary Health Care

Qualification: Master's Degree

Thank you for the application requesting **amendments** to the original research ethics certificate issued by the Department of Public Administration and Management for the above mentioned research in December 2020. The approval of the requested amendment is granted/extended for the study for the period 27 July 2021 – 30 November 2023.

*The **low risk application** was reviewed by the departmental CRERC in compliance with the Unisa Policy on Research Ethics by the University of South Africa using the expedited method.*

The proposed research may now continue with the proviso that:

1. *The researcher/s will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.*
2. *Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study, as well as changes in the methodology, should be communicated in writing to the UNISA Research Ethics Review Committee. An amended application could be requested if there are substantial*

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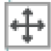
changes from the existing proposal, especially if those changes affect any of the study-related risks for the research participants.

3. *The researcher will ensure that the research project adheres to any applicable national legislation, professional codes of conduct, institutional guidelines and scientific standards relevant to the specific field of study.*

Kind regards,

Prof Nisha Sewdass
CRERC Chair
012 429-2795
sewdan@unisa.ac.za

ANNEXURE 3: EDITOR'S LANGUAGE AND TECHNICAL EDITING CERTIFICATE



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13 October 2021

To Whom it May concern

RE: EDITING OF DISSERTATION

TRANSFORMATIONAL LEADERSHIP IN PUBLIC PRIMARY HEALTH CARE

Author: GAIL LYDIA ABRAHAMS

For: MASTER OF ADMINISTRATION

This serves to confirm that the above-named document has gone through the process of copy-editing, proof reading and coherence of language. No factual content or authorial intention have been disrupted during editing.

The editor is suitably qualified and experienced, and holds a Masters Degree in Linguistics.

Dr Carol Ashley

Academic Author/Developer/ Editor/ Linguist: On Editorial Board: Science Publishing Group