LEADERSHIP AT PUBLIC HOSPITALS:

A CASE STUDY OF THE MATLALA DISTRICT HOSPITAL

by

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13 JULY 2020

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DECLARATION

I declare that the LEADERSHIP AT PUBLIC HOSPITALS: A CASE STUDY OF THE MATLALA DISTRICT HOSPITAL hereby submitted to the University of South Africa, for the degree of MPA in Public Administration, has not been submitted for any other degree at any organisation, and that it is my own work and all the sources that I have cited, have been used and acknowledged by means of complete references.

Peter Mafora 13 July 2020

SIGNATURE DATE

LEADERSHIP AT PUBLIC HOSPITALS: A CASE STUDY OF THE MATLALA DISTRICT HOSPITAL

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Abstract

The purpose of the study was to explore and describe leadership at Matlala District Hospital in Limpopo, a province of South Africa. The study was critical for a better understanding of leadership styles adopted in different situations (hospital, district or province) at Matlala District Hospital in the Sekhukhune district.

The main objectives of the study were described in chapter 1 on leadership styles (transformational and transactional), to determine how best to investigate leadership styles at Matlala District Hospital, to determine what the current leadership style at Matlala District Hospital is and to propose the most appropriate leadership style for Matlala District Hospital.

A mixed-methods approach was used with an exploratory and descriptive design. In terms of the qualitative methodology, purposive sampling was used as the managers were selected on their knowledge of the issues under investigation. Firstly, an interview schedule was developed and used to collect data at Matlala District Hospital.

The sample size was 82. Interviews were conducted with 12 members of the executive committee who were regarded as senior managers of the hospital. Secondly, the researcher distributed the questionnaires to participants of the hospital that met the inclusion criteria. Seventy participants completed questionnaires, which were collected upon completion. A 100% response rate was reached.

Thematic analysis was used to assess the qualitative data. With regard to quantitative data analysis, descriptive, frequency tables and charts and inferential statistics were used. According to the results, those managers who felt that resources had be provided felt strongly that leadership at the hospital should be improved. Accordingly, guidelines for improving leadership at Matlala District Hospital have to be developed to ensure that mitigating factors are in place for the improvement of the situation at the hospital.

Keywords

Transformational leadership; transactional leadership; leadership; research; transparency; communication; courtesy; attitudes; beliefs; recognition and acknowledgement; Likert-type scale.

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AL	Active leadership
ANC	African National Congress
ANOVA	Analysis of variance
BLSA	Business Leadership SA
CEO	Chief executive officer
COGTA	Cooperative Governance and Traditional Affairs
CR	Contingent reward
CSIR	Council for Scientific and Industrial Research
CSS	Consultation Statistical Services
CV	Coefficient of variation
DHIS	District Health Information System
DoH	Department of Health
ESKOM	Electricity Supply Commission
EXCO	Executive committee
FPD	Foundations for Professional Development
FREQ	Frequency
HPCSA	Health Professions Council of South Africa
HR	Human Resources
IC	Individual consideration
IDC	Integrated development planning
IIA	Idealised influence attributed
IIB	Idealised influence behaviour
IM	Inspirational motivation
IS	Intellectual stimulation

MBEA	Management-by-exception active
MBEP	Management-by-exception passive
MDR	Multi-drug resistance
MDH	Matlala District Hospital
MEC	Member of executive council
MLQ	Multifactor Leadership Questionnaire
MTT	Ministerial task team
NDoH	National Department of Health
NHC	National Health Council
NHS	National Health Systems
NPA	New Public Administration
NPM	New Public Management
NQF	National Qualifications Framework
OHS	Occupational health & safety
OL	Outcomes of leadership
OPD	Out-patient Department
PAB	Passive avoidant behaviour
PFMA	Public Finance Management Act
PI	Participant number 1
PMDS	Performance Management Development Systems
RSA	Republic of South Africa
SANC	South African Nursing Council
SAT	Satisfaction with leadership
SCM	Supply chain management
SD	Standard deviation

SONA	State of the Nation Address
TL	Transformational leadership
TXL	Transactional leadership
UNISA	University of South Africa
WHO	World Health Organisation

CHAPTER 1: PRESENTATION OF LEADERSHIP STYLES AND BACKGROUND TO STUDY

1.1 INTRODUCTION

The Matlala District Hospital is in a rural setting in the Greater Marble Hall Local Municipality, namely in the Sekhukhune District, which is in the far south-west of the Limpopo province in South Africa. The Greater Marble Hall Local Municipality is a part of the presidential nodal point (relating and situated at a central point of economic activities). The hospital is situated near small towns, such as Groblersdal and Marble Hall, as well as the Flag Boshielo Dam, which is part of the Olifants River. This hospital is located in an area predominantly composed of rural tribal land, surrounded by farming areas, especially in areas bordering these towns, mostly along the Olifants River. The hospital serves 56 villages and has seven clinics. The hospital is surrounded by gravel roads, which are impassable during the rainy season (November to January), making it difficult to transport patients and deliver goods, such as medical equipment. In addition, the condition of government-owned vehicles is severely affected; hence, the need for special types of vehicles suited to such roads. According to the Department of Health (DoH) (2009: 38), since 1958, leadership has been seen as an important skill that should be acquired by qualified health professionals, and this an area that needs to be studied further in the future.

The leadership construct has changed with time, and therefore it is imperative to note that leadership is a particular course of action aimed at achieving results through which influence, and power are acquired and exercised to ensure that followers achieve specific goals and objectives by persuasive means (Simmonds, 2015: 365). Within the Matlala Hospital, the process of social influence is profoundly established

in the field of leadership as regards the recurring healthcare delivery problems. Innovative skills and strategic capacity are used as a bottom-up strategy and constructive leadership to ensure followers are motivated in their workplace regarding the execution of their duties (Simmonds, 2015: 365). Nohria and Khurana (2011: 269) recommend that the hospital leadership body should invite healthcare professionals to their health conferences to share ideas and find solutions in the daily activities associated with providing a high-quality service, so that community health can be improved, and a favourable working environment can be created. Healthcare workers need to be professional and respectful and should ensure that they deal with their clients honestly and transparently. In addition, they must always offer a high-quality service (Petersen, 2010: 36). The communities within which the hospital is located need to be put first and should be cared for, especially those families or communities, as they are catered by Matlala District Hospital in terms of demarcation who cannot do anything on their own. When adequate high-quality customer service is rendered in public hospitals, the number of patient grievances will certainly be reduced. Nevertheless, other factors, such as organisational skills that are lacking in public hospitals, hinder the provision of high-quality hospital-required services. Accordingly, amongst other, the staff are demoralised, resulting in poor working relationships among them. Consequently, quality assurance has been introduced by hospitals to ensure compliance with the procedures and policies regarding skills development for future leaders (Dalglish, 2009: 1).

It is evident that the problems in public hospitals in South Africa are due to a lack of leadership in hospitals (Lussier & Achua, 2011: 201). Because of the problems in terms of how such hospitals are run, hospitals are facing a great deal of strain. When hospital leadership is unable to achieve the desired outcomes, major responsibilities are ignored, resulting in inadequate care and poorly run hospitals. Accordingly, health professionals are demoralised and are not committed to the way they do their work, namely to provide the organisation with a high-quality service. Not surprisingly, strikes crippled the South African public service in June 2014 (Hannam, 2014: 26), especially at public hospitals. One such incident occurred when –

> Polokwane Provincial Hospital staff members protested and participated in a demonstration at the College Street offices of the department. The staff members indicated that the department's management did not tell the truth about their payment in terms of their performance bonuses and asked the department to listen and respond positively to their demands (Hannam, 2014: 26).

Not only does this first chapter focus on the problems experienced due to a lack of leadership at Matlala District Hospital, but it also focuses on transformational and transactional leadership styles (see section 1.8.2.1) and on the potential effect of service delivery, especially at Matlala District Hospital (see section 1.8.2.2). The above types of leadership must be tailored to local cultural needs and should involve interpersonal expectations and the way in which officials conduct themselves in the field.

The basic research question, background and rationale discussed in 1.2, problem statement under 1.3, research questions defined under 1.4, and objectives of the study outlined under 1.6 are discussed next. In addition, this chapter addresses the definition of the terminology used in the present study (see section 1.8), the ethical principles (see section 1.16) and the limitations and delineations of the research (see section 1.17).

1.2 BACKGROUND AND RATIONALE

Hughes (2009: 89) comments on the state of imbalance regarding health sector personnel and notes the importance of creating a spirit of unity as health professionals and administration staff work together to prevent a potential crisis in the sector by recruiting workers with the necessary skills (Hughes, 2009: 187). Leaders thus need the ability to perform and to lead to the best of their ability (Hillis, 2013: 28). They should also allow employees to access their offices and should be willing to volunteer to teach health professionals and administration staff (Rashotte, 2010: 207). Furthermore, the available tools at the disposal of leaders should be used properly and to the good of the hospital and should encourage their followers to reach the set goal. Leaders at the hospital need to consider their subordinates honestly and listen to their concerns in terms of executing their duties and what they should do. In

addition, “if followers do not trust or lack confidence in their leader, then they’ll be uninspired. You have to persuade your followers, not yourself or your superiors, to be successful, that you are worthy of being followed” (Lussier & Achua, 2011: 201).

The National Health Act (No. 61 of 2003) (RSA, 2003) “stipulates a need for all people to be provided with health and wellness services. The DoH has published an integral part of an action plan from 2012 until 2017 in this regard” (Whitaker, 2017: 59). Based on what is listed below, a few demanding situations have been recognised:

- the need to re-apply and professionalise healthcare systems and to improve leadership;
- the need to achieve results and to monitor continuous improvement in the quality of healthcare delivery;
- planning, recruitment and creation of more robust and motivated personnel;
- revitalisation of the physical infrastructure of the hospital;
- the need to mobilise and lobby community members and improve public health; and
- reinforcing research and development skills (Wolfaardt, 2018: 7).

Matlala Hospital is categorised as a **district hospital** by the National Department of Health (2010). Another category comprises **regional hospitals**, where cases that cannot be handled at the district hospital are referred. Still another category is **hospitals where there are specialists** available. Complex cases are referred to these hospitals. Services in district hospitals are rendered in –

- the reception area where admissions and administration take place;
- the in-patient and out-patient care units;
- surgical wards;
- medical wards;
- men’s and women’s wards;
- a paediatric ward;
- a psychiatry ward; and
- by paramedics who act in an emergency.

Therefore, it is important to make productive use of the resources by having both a senior clinical manager and a chief executive officer (CEO). While the CEO is the head of the district hospital, the senior clinical manager is the head of all the doctors, professional nurses, pharmacists, occupational and physiotherapists, psychologists and dentists at the hospital, and reports directly to the CEO. It should be mentioned, "[h]ospitals shall have as compulsory a CEO who is well qualified in medicine and who has administrative experience" (Hillis, 2013: 28).

In accordance with the National Health Amendment Act (No. 12 of 2013) (RSA, 2013), the job of the CEO is to perform his or her tasks, such as being the person at the helm of the hospital and being responsible for the implementation of the Public Finance Management Act (PFMA) (No. 1 of 1999) (RSA, 1999a). Regarding section 38 of the Act, the CEO is the accounting officer of the establishment and has to ensure that there is no illegal, unauthorised, fruitless or unnecessary expenditure. In addition, the CEO should ensure that the officials appointed at the hospital have the relevant skills and knowledge, and that such appointments are officially accepted by the accounting officer, the Minister of Health in this case (Ngambi (2011: 762)). The CEO is responsible for the staff compliment and management of the whole hospital, human resources within the organisation, as well as adherence to and compliance with the procedures, policies and code of conduct of the hospital (Marais, 2011: 189).

First, the hospital board, the CEO and commissions appointed within the hospital should meet weekly to discuss the progress of the hospital. The CEO will assign duties to the executive committee members and ensure the recruitment of professional expertise to assist in the execution of the duties where necessary (McNatt *et al.* (2014: 178). The CEO may assign duties to executive committee members should manage negative influences in carrying out an action (Koopmans *et al*. 2012: 25). McNatt *et al.* (2014:178) argue that delegation of duties shall be made in writing, and what needs to be done, should be clearly specified. Significantly, Spurgeon (2008: 438) contends that it has not been easy for the United Kingdom's National Health System (NHS) to promote and empower doctors over the past sixty years; however, in coordination with the committees, the doctors were required to run the hospitals. Members of the

hospital administration, that is those rendering support services, were unable to follow and understand the technical language of the medical profession. It was therefore the responsibility of the health professionals to take the minutes during meetings (Van Rensburg, 2012: 258).).

In South Africa, the CEO is usually at the forefront of the organisation when one considers the organogram of public hospitals, followed by the chief clinical officer, who is an integral part of the executive committee of the hospital, followed by a nurse manager and the administrators of other divisions of public hospitals. It should be noted that there are shortages of medical doctors and other staff or health professionals at Matlala District Hospital, as these professionals tend to work in more developed and urban areas because Matlala District Hospital is in a rural area (Meyer, 2009: 106). The Department of Health (2011a) indicates:

> [H]ospital managers have a responsibility to have acquired a few years of with regard to training and experience, qualified staff able to establish a project plan and policy on achieving hospital targets. The hospital should sometimes render a service with extreme resource shortages, and ensure that it does not expose the services that must be rendered to people in different societies to danger.

In addition, healthcare organisations face unprecedented challenges and rapid changes in technology, and patients who put pressure on healthcare leaders to perform satisfactorily in accordance with the rules and regulations that change from time to time, the policies and legislation (Sanford, 2010: 21). Healthcare organisations are not the only organisations facing this problem, which is compounded by employees' early retirement due to the stress, pressure and strenuous situation within which they find themselves (National Center for Healthcare Leadership, 2012: 2852).

The researcher became aware of the leadership problem at the hospital after quarterly audits at Matlala District Hospital indicated that training, leadership and management were not provided to health professionals and other staff members. Van Rensburg (2012: 258) says that, at the time research, approximately five litigations had been instituted against the hospital by patients for both negligence and poor performance

by health professionals. In addition, because doctors had conducted failed procedures in the theatre, patients reported the matter to the Provincial Department of Health, and action was initiated in 2012 against the hospital (Van den Heeven, 2016: 279). Additionally, the night shift nurses were inefficient (Van Rensburg, 2012: 258). With regard to the 2017–2018 Annual Financial Report, the DoH (2017a) found that the cause of the hospital conflict was the interference of tribal authorities or community leaders in hospital affairs and management. The CEO was unable to do his job properly as the tribal leaders and organised labour dictated what he had to do, forgetting that the CEO was guided by policies laid down by the health department. The tribal leaders and organised labour did not have the patients' needs at heart, and this had a negative effect on the hospital (Fatsha, 2012: 45). Furthermore, management of the premises, buildings and equipment was poor due to the bureaucracy involved in obtaining funds from the district office (Cele, 2015: 233). The relationship between resource allocation, equipment and bureaucracy was such that the provincial office management took five years to allocate funds for equipment maintenance and building renovation (Cele, 2015: 233).

Budgetary constraints compel the provincial health department to spend the available funds sparingly, both on staff and on working conditions. This has been negatively affected by the act of getting recruits (health professionals, namely, doctors and professional nurses), as the funds were not available for wages and salaries. The quality of not being adequately qualified – particularly regarding scarce skills, such as doctors and professional nurses – should be addressed as a priority, and the recruitment of competent personnel should be ensured.

> You'll also find a division of government that has an organogram that says there should be six employees in one directorate, but they will have only two, meaning there are capacity constraints in terms of staff. Employees will, therefore, be overloaded, leading to problems with retention of personnel (Sanford, 2010: 64).

Poor leadership can be reflected as the following aspects, according to Ngambi (2011: 762):

- a lack of communication;

- not working with followers to communicate the overall business strategy and the way they can contribute to the achievement of key business goals;
- a lack of probity of leadership and the principles to empower, educate and prepare future leaders better; and
- inadequate training, which could result in a new leader spending most of his or her time solving tactical problems, rather than strategic decision-making and policymaking.

Hospital managers, who are patient-driven, will always take heed and analyse patients' needs and ensure that high-quality services comply with standards. Alternatively, a 'people first' service poster may be displayed in the wards and administration block so that staff members may start and stick with the principles. Such poster could also describe victims of circumstances, informs and shares information to patients for the quality of service they have receive (Wart, 2011: 114). Hospital managers and employees will be inspired to make progress in everything they do when most of the patients are discharged from the hospital. If the right sort of leadership is given, the employees' morale and efficiency will be high (Van Rensburg, 2012: 43).

According to the DoH (2013a), the management team at Matlala District Hospital will need to look for ways to ensure that they address the following challenges:

- in district hospitals, the referral system does not work well, as most of the patients are supposed to start at primary health care centres before they can be referred to a hospital;
- district hospitals do not endorse and/or offer transformative leadership to primary healthcare clinics that fall directly under the jurisdiction of that specific district hospital; and
- patients with minor problems are not treated at district hospitals without contacting the clinics first.

The outpatient facility at a clinic refers patients to the hospital depending on their relative proximity, whether it is a district, regional or tertiary hospital (DoH, 2013a: 33).

According to Kennedy (2009: 14), the course of action when deciding which patients should first be treated depends on how sick or critically wounded such patients are. According to the standard operating procedures at Matlala District Hospital, they only see outpatients who are referred either from primary healthcare or by community-based health professionals. According to Barasa, Molyneux, English & Cleary (2014: 11), emergency cases will be given priority, regardless of whether or not a patient has been referred. With respect to services that are not readily available at primary healthcare centres, patients will be seen in the hospital's ambulatory department (Van Rensburg, 2012: 368).

1.3 PROBLEM STATEMENT

Limpopo reflects a clear example of an interdependent public service that was merged with former homelands and is an example of a public service broken into different sections (Sithole & Mbele, 2013: 16). The merger "was called the integration of the different administrations from the former independent Venda homeland, in contrast to the former control of the Transvaal province and two other autonomous regions" (Van Rensburg, 2012: 368). In addition, a Polokwane provincial hospital patient complained during an interview with Joubert (2014: 3), who was the spokesperson for the hospital, about the filth and garbage collected on the hospital premises. It is everyone's expectation that a hospital should always be kept clean, and that hygiene should always be maintained. Maponya (2014: 2) reported that the *Sowetan* newspaper –

> [L]earned from internal officials who have access to private information and those requiring medical attention where a lot of the newly born premature babies had died, the hospital operated without adequate equipment to take care of them and ensure they thrived well. The Sowetan newspaper was told of the three babies that had passed on at the hospital on the same day when a visit was made. Furthermore, from their own investigations, the *Sowetan* established that the maternity section, as the doors were always open, was not properly secured. It is still happening, as the hospital is still trying to take precautionary steps at an incredibly remarkable pace.

At the time of this research, the Matlala District Hospital did not have the facilities to develop leaders who work to acquire the necessary skills and behaviours or to participate in long-term commitments, policies and decisions that directly affect them (Ruigrok, 2010: 1083). It is appropriate that experienced leaders should impart their knowledge to those who need it and enforce and specify the implementation of a skills audit and define the training, which the organisation should be providing (Kennedy, 2009: 7). Public hospitals should provide empowerment, capacity building, develop future leaders and ensure an essential and distinctive attribute of health services (Kennedy, 2009: 7).

Public hospitals work closer with the communities and society at large than does the national government. Everything happens at local government level (Sithole & Mbele, 2013: 16). Public hospitals work are also more in touch with a sense of community than the national government. Consequently, they are intermediaries between communities and the state (RSA, 2000: 4.2). In a different vein, Booysens, Jooste and Sibiya (2015: 76) point out, "[c]ertain tribal leaders have a say in the budget implementation of the hospital." It is important to remember that, due to the insufficient training, hospital administrators are missing the instruction and guidance on how to run a hospital. They also lack the education that could enable them to function in accordance with democratic values, especially as regards their position in development planning (Mabelebele, 2005: 67). The implementation of development programmes or projects is therefore necessary for the training and empowerment of staff members (Mabelebele, 2005: 67).

It appears that staff working at the Polokwane headquarters (those housing the provincial office of the DoH) have a limited range of expertise and understanding of complex operations involving broad hospital administration. Moreover, hospital leaders do not have the privilege of exercising their powers regarding hospital management, as most of the activities are controlled at the level of the district bureau. Another problem is that the bureaucracy involved leads to excessively long and slow procedures for completing activities in a timely manner, as everything must first be reported to the district office. In addition, accountability lines to the highest authorities

are not clear (Von Holdt & Murphy, 2007: 276). Leaders must be trained, and should have the skills and qualifications critical for the retention of staff. There is also the possibility of an employee leaving the organisation and looking elsewhere for greener pastures. From time to time, health centres hire health professionals who, due to resources at other organisations, ultimately leave the organisation (Von Holdt & Murphy, 2007: 276).

If these issues are not addressed, it will cost the Matlala District Hospital and the primary healthcare centres in the Limpopo health department a considerable amount of litigation money (Ruigrok, 2010: 1083). Patients' lives will be lost, and people will be harmed, as they will be mistreated or neglected. Additionally, the credibility of the hospital would suffer if the newspapers publish stories about adverse incidents at the hospital (George, Gow & Bachoo, 2011: 7).

1.4 RESEARCH QUESTIONS

Analysis refers to a systematic enquiry that seeks answers to questions or problems (Heath, 2015: 213). Hence, the research process should start with well thought-out questions or hypotheses. The research questions for the present study were based on the above-mentioned research problems.

Key research question:

> Which leadership style is best suited to enhance the quality of service delivery at Matlala District Hospital?

Research sub-questions were the following:

- What has been published so far on transformational and transactional styles of public service leadership?
- How can leadership styles best be investigated at Matlala District Hospital?
- What is the current leadership style at Matlala District Hospital?
- Which leadership style at Matlala District Hospital is most appropriate?

1.5 PURPOSE OF THE STUDY

This study was considered essential for a better understanding of how leadership styles have been used in different hospital contexts, namely at district or hospital level, and at organisational level, especially at Matlala District Hospital in the district of Sekhukhune. The hospital context refers to a unique unit where there are administrators, senior managers and district managers, a CEO, senior clinical managers and deputy managers at organisational or local level to manage the same organisation (Koelbie, 2015: 114). At the district offices, operations are concentrated, which makes it difficult for the hospital's leadership to work effectively, due to hospital activities such as procurement of services are centralised. District hospital personnel plan their itemised budget, and forward these to the district office to distribute and execute what the district hospital has procured (Koelbie, 2015: 114).

1.6 OBJECTIVES OF THE STUDY

The objectives of this research were as follows:

- to review what has been published on the transformational and transactional leadership styles;
- to determine the best methods of investigating leadership styles at Matlala District Hospital;
- to determine what the current leadership style at Matlala District Hospital is; and
- to propose the most appropriate leadership style for the Matlala District Hospital.

1.7 RATIONALE

The rationale for this study was that the issues associated with management at the Matlala District Hospital needed to be investigated, and suggestions needed to be made to improve the situation.

1.8 DEFINITION OF TERMS

For study purposes, the following terminologies are clarified and described.

1.8.1 Leadership

The term ‘leadership’ is perceived by many people in distinct situations in different and unfamiliar ways in terms of the designation.

An individual who leads followers or groups, and who motivates how people should think, is a leader, according to Northouse (2010: 114). Additionally, leadership focuses on achieving objectives and goals under the direction of a leader (Northouse, 2010: 3). In turn, Huczynski and Buchman (2010: 596) define the concept of leadership as:

> [T]he ability to be at the forefront or to lead a group of people or an organisation involving the provision of information, knowledge, sharing of vision and experiences so that they follow without being pushed and ways of being fully aware of the visual modality, bringing about common action, ensuring equality of distribution when an organisation exploits official capacity. Being trustworthy, optimistic and compassionate is a specific course of action.

Leaders provide guidance within the organisation to improve effectiveness, efficiency and staff focus in order to have a good chance of executing duties, the necessary skills and the technical expertise to fulfil what is required by the job. Afterwards, the organisation could perform its functions accordingly (Daft, 2005: 107). Anderson and Mayo (2008: 40) highlight the qualities followers expect of a leader, namely the ability to communicate and to value, consider and help each other. In addition, fairness and the quality of being honest are of great importance to managers, irrespective of the situations within which they find themselves. Daft and Lane (2005: 107) argue that followers should take orders from their leaders under any circumstances, especially not when they have no trust and confidence in them. This could lead to destabilisation in matters to be addressed between the followers and the leader by virtue of no favourable relationship between them. It is clear, however, that leadership embraces openness, transparency, communication and courtesy (Schafer, 2009: 238).

The Republic of South Africa is recovering from previous behaviour and experiences resulting from population inequality and division, where the government’s high-quality service levels benefited the white minority (Fatsha, 2012: 3). As the black majority is

currently in control, they run the government and have jurisdiction over government processes, such as tendering processes. According to Naidoo (2013), the rise of criminal activities – such as fraud, corruption, the embezzlement of funds, the mismanagement of funds and the lack of leadership – has had a significant effect on the level of services provided to people after the general elections of 1994. This emphasises the gap in the necessary qualities, knowledge, experience and skills with regard to leadership skills required for the management of hospitals. Undoubtedly, quality service delivery to all citizens – irrespective of colour, race, gender, association and religion – is of critical importance. Service delivery protests are rife in public hospitals in South Africa, creating volatile situations, which are becoming increasingly violent. There is evidence that this is due to the growing confusion in society and the population because of a lack of service delivery resulting from poor leadership (Van Rensburg, 2015: 44). It is clear that, even after more than twenty years after the end of the former official South African policy, there are serious shortcomings in the provision of services in public hospitals (Fatsha, 2012: 3).

Cakata (2011: 6) points out, "[a] lack of service quality" is a problem that has plagued divisions of the public service not only because of weak leadership, but also due to the organisational culture. Government performance studies, such as those by the Department of Performance Monitoring and Evaluation (DPME) (2013: 3), indicate that approximately 80% of government agencies do not adhere to the standards and criteria of service delivery, while 76% of agencies do adhere to "the ethics and values that are considered in order to facilitate sound policies and resounding structures". Therefore, strong and decisive leadership is required as a mechanism involving encouraging and empowering followers to determine ways and means to achieve the set goals of an organisation. In this regard, Zenger and Folkman (2009: 708) point out that errors will be made by followers, and it is the duty of leaders to make sure they change the situation, so that the followers can deliver what is required by the leader.

In other words, leadership is the process of acquiring and exercising power and control, and the process of manipulating people through persuasion (Rotberg, 2014: 9). This is a course of action that will be appropriate for keeping followers up to date

and for making sound and timely decisions. Furthermore, the leader “is an inspirer and someone who displays demeanour flexibility, an individual who has the ability to guide and motivate ordinary people to learn from each other” (Rottinghaus, 2009: 139). In addition, ‘leadership’ refers to the process of facilitating collaboration between leaders and followers with the aim of producing results and changes that show the shared purpose (Russel, 2011: 368). In addition, a leader is a person who has the ability to inspire trust in the correctness of his or her purpose and the courage to carry out his or her tasks. A leader should be inspired to lead and give positive directives to followers in order to achieve goals, and when things do not go according to plan, the blame will not be attributed to others (Houglum, 2012: 27).

1.8.2 Leadership styles

In this study, the independent variables were styles of transformational and transactional leadership. A review of the literature presented various aspects of leadership styles, such as approaches to and theories of leadership. Organisations can only achieve their priorities, goals and objectives through the efficient and effective management of all available human, technological and financial resources (Babbie, 2015: 89). Managers (individuals in the organisational hierarchy who have followers or subordinates) need to possess leadership qualities, such as awareness, determination, empathy, accountability and trust in order to become leaders when managing people (Bass, 1990: 231).

According to Bass (1990: 272), there are many definitions of leadership because there are many researchers who have different interpretations and who have researched this concept. Many of these definitions are ambiguous, and varying social influences often blur their meaning (Bass & Riggio, 2006: 56). This uncertainty has led to situations in which the importance of leadership is almost always derived from the essence of the organisation within which it is found (Bateman, 2010: 18).

1.8.2.1 Transformational leadership

Four forms of change are characteristic of transformational leadership behaviour, namely “idealised influence, inspirational motivation, intellectual stimulation and individualisation” (Botting, 2011: 14). A transformative leader encourages his or her followers, elevates the organisation, and gains general respect in the eyes of the world (Fallon, 2013: 80).

1.8.2.2 Transactional leadership

The approach of transactional leaders entails the idea of exchanging one thing for another (Bass & Avolio, 2004: 198). Such leaders inspire their followers through an exchange of incentives for the services rendered (Bass & Avolio 1990: 8). Thus, the transactional leader can be defined as someone who:

> Knows that subordinates want to achieve success and guarantees that what they want is achieved when they are productive; shares bonuses and offers incentives for the contributions of subordinates; and recognises and responds to the self-interest of followers if acknowledging these self-interests while getting the job done (Bass, 1985: 32).

Transactional leaders are concerned with the everyday transactions involved in the administration of an organisation, according to Northouse (2010: 18). Northouse also says that, based on the ability of the leader to communicate effectively, a transactional leader has the capacity to understand the reality regarding where the organisation is going. The discussion on transactional leadership presented in this section clearly demonstrated that transactional leaders are oriented towards organisational outcomes.

1.9 Research design

A study design is an arrangement scheme that can be followed to differentiate some participants from others, and to ensure that data are interpreted and knowledge is imparted to the community (Thomson, 2010: 134). The two principal research designs to be discussed are the quantitative and qualitative research designs.

A **quantitative** approach refers to research requiring the use of numbers and utilises an analysis method to gather primary data and to achieve research goals (Brink & Wood, 2009: 52). It is an approach that represents the first step in developing a comprehensive design framework and a theoretical model of how data should be collected. Importantly, quantitative methods involve the generalisation of statistics to a population and knowledge (Yin, 2009: 17). In addition, quantitative research measures variables, and shows the results of the data from the sample to interested individuals. The investigation is focused on testing theory and measuring and evaluating responses of participants using statistical methods to assess whether or not the predictive generalisation of the hypothesis is accurate (Wurtz, 2015: 195). In a quantitative approach, a literature review is used by the researcher prior to the actual data collection to identify questions and variables relating to a general causal explanation or interrelationship. The researcher should remain uninvolved when using a quantitative approach, should seek to suppress bias, and should be impartial when analysing a situation or phenomenon (Creswell, 2012: 55).

In addition, according to Creswell (2012: 79), quantitative research provides ample detail about a study to replicate it for verification and reassurance. Therefore, this type of research methodology is based on an approach to sociological research, which postulates that there are multiple views of reality influenced by the social context (Creswell, 2012: 79). The specific survey approach of the present study can be classified as descriptive and exploratory in terms of the leadership styles found at Matlala District Hospital (see Rasool & Botha, 2011: 12). The method adopted was theoretical and philosophical, and made use of a procedural perspective on data analysis, as recommended by Yazan (2015: 134).

The **qualitative** part of the study began in 2018 with consultation with the executive committee of the hospital and with the study population. Matlala District Hospital agreed to allow the use of their information. All the data collected for this research were returned to the hospital, so that senior management could access it when the need arose (Fink, 2010: 47). The study aimed to expose vulnerabilities by using in-depth interviews, as recommended by Yin (2011: 104). The interviews, which entailed

one or more sessions with the selected participants, presented a perfect way of collecting detailed feedback for the primary research project (Creswell, 2012: 174).

In this section, the researcher provided information on how to conduct a successful interview (see section 1.13.6), such as choosing the right participants, applying effective interviewing techniques, recording the interviews, and finding suitable locations (Botha & Leibbrandt, 2014: 329). Face-to-face interviews enable both testing and follow-up and makes effective non-verbal communication regarding posture and gestures of the participants possible. Individuals express themselves better in a one-on-one interview than in an email (Creswell, 2012: 174).

1.10 RESEARCH METHODOLOGY

Research methodology refers to "approaches used to tackle research problems, including methods used to collect, evaluate and organise data" (Polit & Beck 2008: 328). It also entails the systematic and logical analysis of the inquiring mind. Most importantly, research methodology involves the processes by means of which researchers define, interpret and predict events (Polit & Beck 2012: 107). "It [research methodology] is also defined as the study of methods used to acquire knowledge" (Mouton, 2009:74). Aday and Cornellius (2012: 172) state that the methodology "may include research on literature, interviews, research, other research methods, and may present and historical information". Leedy and Ormrod (2010: 149) declare, "research methods have several structures that separate artefacts or persons and a way of doing research that involves the design and methodology for a study". In contrast with the research methods, the context of a research design and methods is found or distributed over a large area or number of people (Braun, 2013: 79).

In addition, when choosing the research method, the researcher takes into consideration the fact that the research should be insightful, interesting and educational, as explained by Martins (2016: 87). Consequently, the researcher decides what to study, considers specific questions to be asked, collects data from specific participants or participants, analyses data using specific software or statistics, and conducts an inquiry in an unbiased and objective manner (Leedy & Ormrod,

2010: 149). The research results are interpreted and analysed either by the researcher or by statisticians. The researcher should be able to make suggestions after the data review of all the problems that had been faced during the data collection (Leedy & Ormrod, 2010: 149).

Regarding the research methodology, Thomas and Wolffe (2013: 44) point out:

> Determining how the research analysis was performed, how the research question was described, how and why the hypothesis was developed, what data was collected and what approach was implemented, why different techniques were used to evaluate the data, as well as many other issues with the same characteristics, a solution is always found when speaking of research methodology problems that focus on research problems or studies.

1.11 Triangulation

Triangulation refers to the application and combination of one or more of the research methods to study the event and to use both qualitative and quantitative research methods (Thurmond, 2001: 253). Triangulation can therefore provide a clear understanding of a phenomenon. The rewards of triangulation are increasing feelings of trust in the study data, expanding an understanding of a phenomenon, showing unique data, and integrating theories. Olivier (2014: 92) explains, “the research method in this study has made use of both triangular data between qualitative measures, method triangulation between quantitative methods and quantitative methods”. According to Skeepers and Mbohwa (2015: 1016), “triangulation allows the researcher to understand a phenomenon of interest through validation or supplementation of data”. Data triangulation involves comparing, looking at opposing sources, and equating data from different sources at different times using different methods (Patton, 1990: 19). The present study compared data from qualitative interviews with leaders in the public sector as well as hospital data obtained via the quantitative questionnaire. According to Youngs and Piggot-Irvine (2012: 185):

> [T]he triangulation method involves the use of qualitative and qualitative data collection methods. For the purpose of conducting this [triangulation] research,

> the data are obtained through a combination of methods and techniques, for example, query analysis can be combined with data from a qualitative method through interviews.

A mixed-methods design is an approach that combines the collection and analysis of data with both quality and functionality components (Wurtz, 2015: 195). In this study, a mixed-methods approach was used with a combination of the qualitative and quantitative methods, as suggested by Cameron and Molina- Azorín (2011: 32). It was especially successful research, as the researcher first carried out the survey of the participants, followed by qualitative research. The researcher considered it appropriate to start with the quantitative phase regarding transformational and transactional leadership and improved service delivery. According to Molina-Azorín (2012: 38), mixed-methods methodology could help to improve the results of research and address the challenges identified during the evaluation of the data. Similarly, Waterman (2011: 24) suggests that this is the best way to measure how the researcher determined the quality, namely by adhering to the systematic integration.

In this study, a case study was utilised, which is considered a way of conceptualising human behaviour. The value of a case study lies in the fact that it focuses energy on what can be learned and proven to be true in the study. In the present research, this implied considering leadership in a public hospital. Wang (2011: 270) explains:

> [T]he teaching of history includes deep rooted explanations involving real situations in this important human contact with many [participants] and faced a problem with one or more decisions. Some recorded abundant occurrences while others experienced challenges in terms of being involved in prolonged engagements and the real value of learning provides an opportunity to explain some of the outcomes that may happen.

A case study is grounded in a situation in a natural setting, and forms the basis of research, as it is usually something used or analysed in order to illustrate a principle which is deemed to understand the introduction of discussion (Heath, 2015: 82). It is a naturally occurring phenomenon, and exists before the project of research commences, and once the research has finished, it will continue (Olivier, 2014: 14).

Importantly, Gill and Caza (2015: 184) explain, “case studies focus on one idea or number of events in order to provide a detailed report of serious events occurring” (Salkind, 2012: 72). A case study also involves the choices that the researcher will have to make regarding how many cases are to be investigated, and which are to be selected. Hermann and Felfe (2014: 209) point out:

> [I]t is a strategic decision to use an approach of research into the development of a particular person, group or situation over a period of time. Indeed, the method to study the case allows the use of different methods according to the circumstances and unique needs of the situation.

In this research study, the Matlala District Hospital was used as a case study.

1.12 Descriptive study

According to Mouton and Marais (2011: 80), **descriptive research** explains the essence of the study topic, and how things are. The information provided is accurate and complete and is achieved through observations. A descriptive study describes a situation, problem, phenomenon, service or programme and the provision of information about living conditions in the community systematically (Mujtaba, 2014: 44). For example, it may attempt to describe the services the organisation provides – in this case, the Matlala District Hospital – and the perceptions of the management and employees of the organisation. Accordingly, a descriptive study was adopted to determine the level of work done as well as the average level of service delivery, and to predict the characteristics of a distinct quality in terms of a leader marked by favourable results in a public hospital. The primary purpose of this research was to explain what was prevalent at Matlala District Hospital at the time of this research in relation to the issue or question under research, which was leadership.

1.13 Research population

The **research population** is characterised as a set of individuals or artefacts known to have the same characteristics and unique qualities (Hox, 2010: 152). Since data are gathered from a predetermined group of individuals, the researcher is guided by

his or her desire to select a sample (Hox, 2010: 152). All individuals or objects within a given population usually have the same characteristics and aspects of attributes. According to Tesfaye (2012: 127) –

> [T]he description of the population and the common binding character of its members is the same. Government officials are a well-defined category of people that can be counted as a nation, and all of them are acting in an official capacity for or on behalf of any such government, department or agency.

Welman, Kruger and Mitchell (2009: 52) indicate, "a population includes all individuals or units of interest; usually a set of similar items or events which is of interest for some question or experiment". In addition, a research population comprises a number of inhabitants in a given place – a country or a town. It is also the entire set of objects from which to draw samples, which is an approximation of the population mean (Hammond & Wellington, 2013: 25). However, with regard to the extent of population size, it is difficult for researchers to test and measure each individual in the population, because it is expensive and time-consuming. This is why researchers rely on sampling techniques (Welman *et al.* (2009: 52).

Waters (2009: 7) explains that a population may consist of different individuals or humans, teams, organisations or events to which people are subjected. Waters (2011:371) further defines a population as all the individuals who are research participants who will provide information. In the present study, the population comprised all managers at all South African hospitals.

1.13.1 SAMPLING

Hox (2010: 152) states, "sampling is a process used in statistical analysis in which a predetermined number of observations are taken from a larger population". The concept of a sample stems from the researcher's inability to test all the individuals within a given population. However, "the sample must be representative of the population" from which it is derived, and it must have a good size to warrant a statistical analysis (Hox, 2010: 152). Polit and Beck (2012: 339) affirm this point:

> The main role of the sample is to allow researchers to perform the analysis among population individuals, so that the results of their analysis can be used to draw conclusions that apply to the entire population. It is much like a process of give and take. The population 'gives' the study, and then the results are taken from the results obtained from the sample.

The individuals or participants to be selected should be taken into account when determining the sample. This will depend on whether participants are selected randomly or whether another method is used to conduct the research. It is imperative to record that an item from a population refers to a small percentage of units and is a small fraction of the items that are meant to represent the population (Waters, 2011: 371). The present study was conducted among staff of the Sekhukhune district in Limpopo, a province of South Africa. A total of 82 employees at the Matlala District Hospital took part as shown below in Table 1.1. According to sample rate, the division was as follows: of the listed participants, 12 were senior executives and 70 were junior and middle managers. The sample was taken from the Matlala District Hospital, comprising the case study of all senior executives, junior and middle managers.

1.13.2 Sampling method

A **probability sampling method** "is one where the selection probability (every member of the population has a chance of being selected) of social objects is given, A system selected for this study is an unknown and purposeful selection of a suitable sample for study" (Schutt, 2009: 156).

Purposive sampling is based on participant selection. It can inform the understanding of the research problem (Creswell 2014b) and is used for the choice of questions.

Burns and Grove (2009: 355) further clarify that **purposive sampling** is focused on selecting participants who possess rich knowledge about the phenomenon under discussion, and who can shed light on the matter. Purposive sampling is the process of producing a sample in which the researcher logically selects a sample that can be representative of the participants, either because they are experienced in terms of "the

phenomenon of interest or because they are knowledgeable about the subjects under investigation and they are often used by the researcher as it requires a sample of participants with experience and knowledge of the events of the study" (McMurry, 2006: 15). There was a need to pick experienced study participants who had experience of working at the Matlala District Hospital, specifically those who were members of the executive committee, that is, senior managers of the respective hospital sections.

The researcher already knew and had information about the specific persons and events (the day-to-day activities of the hospital) and selected senior management of the hospital, which consisted of 12 senior managers representing services, such as healthcare, dentistry, occupational therapy, nursing care, clinical and general administration of the hospital. This included the CEO. The unit of analysis was South African public hospitals, the method used was purposive sampling, and the study population referred to managers at South African public hospitals.

1.13.3 Sample size

The method of random sampling is based on the fact that random sampling is a sampling technique in which each unit has an equal probability of being chosen. According to Kim and Kim (2013: 139), "the entire course of action for sampling is carried out once in terms of the individuals chosen or other inhabitants". The researcher followed an example of guiding principles, which led to a specific point until questions had been answered.

The criteria used to nominate participants were that participants had to have worked at the same hospital for at least a year, and that, in the case of nurses, they had to be licensed by the SANC (South African Nursing Council) as they were in the healthcare profession. The participants were therefore randomly selected by using the labour distribution ratio on the day the field was visited, and the statistical analysis varied by hospital units.

The sample was drawn from the Matlala District Hospital (as case study), and the researcher selected 82 participants. The hospital management team (70) comprised the questionnaire participants (to collect quantitative data), while the rest of the staff members (12) were the interviewee participants (providing qualitative data).

The sample size is shown in Table 1.1, where the specific number of participants from each unit within each group is shown:

Table 1.1: Numbers of participants in the selected units

Matlala District Hospital

NUMBER OF STAFF

Hospital management team

Senior managers	12
Clinical care	10
Nursing staff	30
Allied staff	20
Administration	10
Total	**82**

1.13.4 Data collection approach and methods

Qualitative data are data that take the form of descriptive accounts of observations, whereas **quantitative** data are described as numbers or by numerical values (Crowther & Lancaster, 2009: 79). Adams, Khan, Raeside and White (2007: 26) explain that qualitative research uses data collection and analysis methods "to explore social relationships and to describe reality as the participants indicated". In turn, Davies (2007: 10) notes, "qualitative research involves conversation recording, field notes, interviews and conversations".

Davies (2007) argues that using a mixed-methods approach may imply a deeper understanding of how things are done or not done, referring to behaviour, according to Wurtz (2015: 56). Most importantly, research on mixed methods can inculcate a

"culture in the form of giving a voice to all who apply the behaviours under consideration" (Wurtz, 2015: 195). Taket (2013: 98) further states that such mixed approaches will encourage and allow research participants to decide whether or not to participate. "For example, a self-completion questionnaire excludes those who are not able to read or write" (Taket, 2013: 99); however, if the methodology also includes an interview, all participants will be able to take part more individually (Liamputtong, 2013: 326).

Adams et al. (2007: 26) explain, "quantitative research employs statistical analysis and quantitative measurements". In turn, Davies (2007: 9) observes:

> Quantitative research is used by the application of scientific procedures to obtain answers concerning the questions. These processes increase the likelihood that the information gathered is relevant to the questions asked, and also increases reliability and impartiality.

Importantly, Du Plooy (2001: 81) points out, "qualitative and quantitative techniques should be viewed as a combined section, the characteristics of both qualitative and quantitative research may be included in a research design." This method is called a **mixed method** and provides the best way of answering a research problem (Manser, Brosterhaus & Hammer, 2016: 47). This study, therefore, employed a qualitative–quantitative methodology. Accordingly, the research was conducted using one-on-one interviews, questionnaires, as well as a literature review. This means that a mixed-methods research approach was adopted for this study. Creswell (2014a) explains, "the results were presented in narration using a qualitative technique, while the data were presented in numbers and percentages on the graphs using a quantitative technique". Although mixed methods were used in this study, this advances the systematic integration of qualitative and quantitative data within a single investigation (see Spurgeon, 2008: 48).

1.13.5 Questionnaires

According to Waters (2011: 93):

> [A] questionnaire consists of a list of questions that are set up for people for statistical information gain and benefit. The questionnaire focuses on collecting information from participants about participants' credentials, age, experiences and skills in their job situation.

Questionnaires rely mostly on information that is written and provided directly by participants to the researcher's questions. In this respect, the kind of information that could be obtained from the documents, observations and interviews is not being the same.

The researcher used a closed-ended questionnaire tool to elicit all the research participants' ideas and views, which they shared on how information influences leadership as a construct (O'Sullivan, Rassel, De Vance & Taliaferro, 2011: 64). The leadership variables were measured using the Multifactor Leadership Questionnaire (MLQ) (Form 5X) as adapted (Bass & Avolio, 1997). However, in this study, a number of manuscript (generic term for a number of handwritten, drawn, printed or electronic displays, which a team places in a highly visible location) (Bass & Avolio, 2004: 85) were used, and only the values of bringing things together (Tsuchiya, 2016: 70) were used. The (MLQ) (Form 5X) consists of 45 questions that usually use a five-point scale ranging from 0 to 4. It is a 45-point indicator of leadership styles measuring behaviours of transformational and transactional leadership (see Bass & Avolio, 2004: 85).

The questionnaire (using a mathematical model) was used to collect information about race, gender, age, education, years of experience and management status from the participants. Some of the structures were the "leaders' ability to foster trust, leaders' ability to influence subordinates, leaders' ability to monitor employee well-being against the data collected and willingness to support subordinates" (Kumar, 2011: 62).

1.13.6 Interviews

The aim of collecting data through interviews, questionnaires, a literature review and observations was to gather data from various sources of information. The combination of different data sources enabled the researcher to explore these sources in order to

gain insight into the role of leaders in hospital management (Johnson, 2010: 102). Senior hospital administrators and supervisors were interviewed.

Accordingly, the second method of data collection was interviews with the managers, conducted at the Matlala District Hospital where the managers were based. The interviews were conducted with twelve participants to collect information from them first-hand as they were representatives of the hospital management and could provide knowledge about the hospital management. In Waters' (2011:148) study, he reports:

> The senior managers have been alerted about the significance of the actions and activities assigned to them in terms of enforcing engagements with people who are often with patients and developing their quality of being intellectually adequate to achieve an established model of authority and promoting the hospital's satisfactory reputation.

In this study, the researcher conducted the interviews using structured questions. The data collection process proceeded smoothly, as the researcher provided all the participants with the interview schedule in advance, as recommended by De Vos, Strydom, Fouché and Delport (2005:169).

1.14 Data analysis

Data analyses were conducted of the responses to the questionnaires and interviews.

1.14.1 Review of data from the questionnaires

In this study, the data analysis involved examining the contents of the responses consistently to register the absolute frequency of occurrence of themes and the way these themes were portrayed (Swift, 2006: 43). The data analysis in the present study entailed separating certain information or data into their components. The researcher needed to capture information as it appeared in the responses provided by the participants, analysed it using specific software, and eventually generated a report.

The data were taken apart to look at the individual responses, and are represented in figures, tables and pictures in this report. The data were also used to draw conclusions

from the data collected, which addressed the research questions. The ANOVA test was used for the analysis and statistical analysis of the data, as recommended by Yin (2010: 104).

1.14.2 Analysing interview data

Data analysis is defined based on the statistical tools used by the researcher (Yin, 2011: 297). According to Johnson (2010: 142), the analysis process shows that the researcher was looking for words, themes and patterns familiar to him or her. For data collection, this type of analysis uses questionnaires, interviews and observations. According to Koshy (2010: 86), “data analysis is the process of inspecting, transforming, modelling data, supporting decision making, composition and message intended for the widely collected data”. The following ‘themed analysis’ steps were followed, as outlined by (Green & Thorogood, 2014: 210).

1.14.3 Inform yourself about the data

The researcher listened to the interview recordings and downloaded recordings on his computer from the digital recorder (see Mills & Birks 2014: 37; Yin, 2011: 183). Files of all recordings were produced and appropriately labelled (De Vos, 2011: 408; Robson 2011: 476). All the interview data transcriptions were carried out by the researcher, which gave him the opportunity to work with the data and to ensure familiarity with the collected data (Yin, 2011: 183). In the case of computer problems developing, electronic backup copies of all transcriptions were made (De Vos, 2011: 408).

1.14.4 Determining the codes

Hammond and Wellington (2013: 22) describe coding as “the process by which labels, names and tags are applied to data items”. Identifying the main concepts and adding a mark to them is a method of dealing away with the misconceptions into smaller pieces (Creswell, 2014a; Hammond & Wellington, 2013: 9). Robson (2011: 467)

further explains that assigning a code to something is not linked to any particular theoretical perspective and all parts of the data should be identified and labelled (Green & Thorogood, 2014: 211).

In the present study, the researcher ensured that the information that could identify participants, as well as the place or facility was removed from the transcript. This was replaced by a transcript identifier, which was placed as a footer on duplicate copies corresponding to the master list, for example, P1 (participant number 1) and the date. Once the coding had been done, and before the researcher could begin removing the codes, a master copy of the transcript coded was produced and filed (De Vos, 2011: 408).

1.14.5 Organising themes

Green and Salkind (2009: 754) further explain that themes are used to collect data that are embodied in the statements as well as categories from other literature, in a way that will be useful for structuring the discussion. Further reading was done during this process, and similar codes were clustered to make up the themes. Creswell (2014b) states that themes are categories that appear in the finding sections as one of the “findings in qualitative studies and are often used as captions”. The present research focused on a process of grouping codes with the same label as the themes and finding descriptive words to represent the themes. The researcher’s method was to set out pieces of paper for taking notes on a table. Themes and categories that were conceptually identical, were read together. The researcher reflected and pondered the meaning of the data during this process and gave participants a direction. The different themes were interconnected to form a storyline and to provide an explanation of the phenomenon under study (Creswell 2014aa) using relevant quotes from the interviews.

1.15 RELIABILITY AND RESEARCH VALIDITY

The **reliability** of an instrument refers to the degree to which an instrument is internally stable, which measures characteristics. **Validity** refers to the ability of the tool to measure what it is intended to measure.

1.15.1 Reliability

Reliability "explores consistent measurement and has three constructs, such as consultancy, equality and internal logic" (O'Sullivan *et al.*, 2011: 17). Furthermore, reliability refers to the confidence and probity we may have in a test, based on something or a characteristic of being trustworthy with respect to a test, objectivity or credibility factor of a test (Privitera, 2014: 84). A reliable data collection method is one that is free of errors, which is used in the act of the measuring process (O'Sullivan *et al.* (2011: 17). Because of such errors, individual scores may be requested, which might be "different from and the overall results requested of the measures taken. The measures are subject to a random variable, systematic mean adjustment, detailed critical study and the act of undergoing examination, medical registry evaluation, and medical diagnosis" (Fink, 2010: 115). Reliability is often categorised into four types: test-retest, comparability, uniformity, consistency of internal and external raters (Creswell, 2014b). In the present study, the test–re-test method was used to determine reliability.

1.15.2 Validity

According to Bulsara (2015: 34b), "validity refers to how accurately a method is capable of measuring the variables (leadership styles and challenges in service delivery)", which is intended to express and delineate variables as a quantity consistently. The researcher also determined the essence of quality as a point on an intensity scale (assessment tool that measures an individual support needs in personal and work-related activities),[1] where he quantifies what he had intended to

measure (Kumar, 2011: 178). If a model of validity is well rooted and acceptable, then the reason for making a reasoned decision and the final settlement, which is the last part of the data collection instrument, is a detailed account of research activity. Validity is tailored uniquely to the climate of science (Bryman & Bell, 2015: 63). An instrument can therefore be legally acceptable in each context, but not legally acceptable in another context, since the accuracy of the test depends on whether the test produced results that correspond to real characteristics and variation ion the physical or social world and on the overall purpose for which it is being organised (Bryman & Bell, 2015: 63). Collingridge (2014: 83) declares:

> Validity refers to the extent to which a measure measures what it claims to do and the quality of being logically sound. An attempt to ask students to recall information, for example, would be considered an ineffective measure of their ability to think. Similarly, opinion polls will not be considered effective unless you can prove that the answers are based on the measurements that are well-founded of participant's analysis that they could not present a clear interpretation of data and recommendations thereof.

This also refers to how well it determines what the questionnaire asks in order to use or a piece of science, which it sets out to study, or how well measurement defines the fact it seeks to portray.

- **Internal validity**

Internal validity refers to:

> [T]he quality of being logically valid and of having legal force or efficacy. It is also significant in reflecting results within the analysis, ample proof that changes observed were triggered by a system or action. Explanation derived from the results of the study is made using descriptive analysis (O'Sullivan *et al.* (2011: 22, 178).

- **External approval**

Burns, Grove and Gray (2011: 23 & 178) conclude:

> External validity refers to the sufficient evidence applied by the research findings to case studies, interviews, data obtained and analysed from questionnaires and indicates isolation to a point where the outcomes of the subject area can be distributed among the selected individuals included in the study field. Upon receiving the data, compiled and explained by the researcher, he was able to ascertain the interconnectedness between service delivery and leadership styles. It is only when the researcher knew that the results could be generally or widely distributed to the state of the environment in which the situation exists for the Matlala District Hospital.

1.16 ETHICAL PRINCIPLES

When conducting research, the researcher should consider the crucial principles in order to conform to accepted standards. Polit and Beck (2010: 20) note:

> These ethical principles advocate that good is being done by the cardinal ethical principle as an essential component in research, where researchers are responsible for mitigating pain and gaining benefits for participants, as well as some parts of society as a whole.

The researcher trusts that the present study will help healthcare professionals or hospital staff to improve the lives of all members of staff at Matlala District Hospital and to establish a better relationship between management and staff than before.

Participants were invited to discuss the ethical principles before questionnaires were distributed and interviews conducted (Polit & Hungler, 2009: 31). Permission to conduct this study was granted by the organisation under study, namely the Matlala District Hospital, and by the University of South Africa (Unisa) and by the relevant health authorities, namely the Provincial DoH in Limpopo. Formal letters with requests to secure appointments and to clarify the purpose of the study in detail were sent to the CEO and participants. All information about participants' identities was kept private participants were not allowed to give or sign a name anywhere on the questionnaire, they were at liberty to step back at any moment they wished to do so. The data collected were kept confidential and will be stored for the required five years, and were

only made available to the supervisor and co-supervisor of research. There is the possibility of the research results being published as articles in professional journals, and the researcher will be committed to safeguard confidentiality at all times. In addition, the participants were told they might contact the researcher at any time to clarify any details if required. In addition, the participants' rights were respected, requests and restrictions regarding the research site were honoured, and the participants were fully informed of the research.

1.17 LIMITATIONS OF STUDY

In terms of physical magnitude, the Matlala District Hospital was chosen as the location or place where the research would be conducted. At the time of this research, Matlala District Hospital employed about 500 staff members. In addition, the Greater Marble Hall Local Municipality, which falls directly under the jurisdiction of the Sekhukhune District Municipality based in Limpopo, a province in South Africa, has faced some leadership challenges in 2017.

1.18 CHAPTER OUTLINE

The purpose of this section is to outline and discuss the chapters comprising the dissertation.

Chapter 1

This chapter reflected a comprehensive collection of behaviours (see section 1.2.) and values (see section 1.2.) and the study context, i.e., 1.2. The chapter further provided an overview of the research objectives (see section 1.5.) and the research questions (see section 1.4.), a clarification of key ideas (see section 1.8.) and a brief summary of the nature of the study (see section 1.18.). It further highlights the limitations and delineations of the research (see section 1.17.).

Chapter 2

This chapter presents a summary of the conceptual framework of the study. It shows the relationship between public administration, leadership, South African public hospitals and South African public district hospitals.

Chapter 3

In this chapter, the researcher presents a review of what has been published about the research problem.

Chapter 4

In this chapter, the methodology and research design are discussed.

Chapter 5

The study results and conclusions are reported, and conclusions are drawn and discussed. The empirical study or field research was conducted at the Matlala District Hospital in order to determine how leadership at the hospital was done at the time of this research.

Chapter 6

This chapter presents the limitations and a summary of the conclusions drawn from the findings. The researcher further make recommendations for improving the gaps identified based on the research findings, and these are offered.

CHAPTER 2: CONCEPTUAL FRAMEWORK: RELATIONSHIP BETWEEN PUBLIC ADMINISTRATION AND LEADERSHIP

2.1 INTRODUCTION

In this chapter, the researcher reflects on the actions and activities assigned to leadership via official government decisions as experienced by employees at the Matlala District Hospital. Public managers should be regarded as leaders working together with their followers in terms of fulfilling the duties and responsibilities of leadership in public organisations. The reform of New Public Management (NPM) has minimised the pressure of workload on leaders by ensuring that there is sufficient capacity and the capability of performing the tasks of launching and putting reform into effect (Auriacombe, 2012: 99). Because of the disagreements of public service, it is frequently unavoidable to adopt private service improvement and changes in South Africa as beliefs are passed on from generation to generation (Cheng, 2012; Haque, 1996; Wong, 2013). The significance of the public sector can be assessed for the effective development of the entire economy. This is underscored by Koźmiński (2010: 226), who asserts, “a poorly organised, inefficient and unstable public sector is a fundamental obstacle to further modernisation of the country”. As Kieżun (2013: 308) notes, this path “encounters many uncertainties and statutory inconsistencies, but it is possible to create a control model to improve its functioning and effective implementation of tasks”.

In this dissertation, the above is viewed in conjunction with the perspective of public administration while the context of the hospital consideration is leadership. In Chapter 3 of the dissertation, leadership is outlined in detail. The public administration perspective – from which leadership in the context of the hospital is considered in this study – is set out in this chapter. This is important to give the study a disciplinary grounding basis and focus, as recommended by Maserumule (2010: 77). The objective of this chapter is to clarify the public administration approach adopted by this

study for disciplinary contextualisation considering good leadership at the Matlala District Hospital. This was done in an attempt to answer the questions posed in Chapter 1 of the dissertation on the meaning of the leadership at the public hospital under study with regard to public administration.

Public administration, as a branch of knowledge, studies the practices of training people in the fields of regulation, science of the consumption of goods and services, social problems (such as political environment and transparency), and political science. According to Thornhill and Van Dijk (2009: 1), public administration depends on the fields of education, health care and finance to elucidate, guide and notify policy studies (Thornhill & Van Dijk, 2009: 1). Public administration is diverse in the sense that it works in areas related to public service and non-profit as opposed to other fields in the environment of politics. Woodrow Wilson conceived that there is a distinction between public administration and politics (Thornhill & Van Dijk, 2009: 6). The political environment lacks stability, and, public administration can therefore be perceived in a positive manner or be affected negatively by the act of combining authority and discipline into an integral function. The field of public administration is a process of being multidisciplinary in character, that is directly under the responsibility of government or in the public service (Cheng, 2012: 56). The researcher agrees with this, because even in the old Greek cities, for instance, public administration by the body serving in and administrative capacity and taking part in the 'Forum' at the time was relating to and responsible for administration (Maserumule, 2011: 101).

2.2 Public administration

This research was dependent on a variety of factors including public opinion and economic conditions of the discipline of public administration. Public administration refers to a process that is achieving maximum productivity, it is well planned, and reflects a competent way for management of services, such as people on the employment system of government agencies. Each specialisation or profession has its own firm basis in reality and important set of objectives, and therefore its reasoning or a logical basis largely on a clear appreciation of its surrounding social, political, economic and cultural environment (Wachhaus, 2014: 59). Furthermore, it refers to

the study of the work of government employees and other officials (including their interaction with politicians who promulgate legislation and set public policies) (see Bovaird, Tony, Sophy, Elke & Osborne, 2017). Therefore, public administration has many different aspects or features, the art, involving skills as a science and attempts to comprehend government in public as well as the broad interactions between those who rule and those who are ruled (Raadschelders, 2011: 52). The focal point of this study was on senior management or the basic support staff services (such as budgeting, organisation, methods analysis, planning, human resource and buying resources needed). The reasoning of Public Administration is always in terms of better management of more efficient management or more economical management (see Mabasa, 2015: 52). A conclusive and outstanding public administration seeks to answer, one of these two questions:

- how can more or better services be provided with the limited available resources?
- how can the level of services be improved at the public service while spending less money?

New Public Administration (NPA) support this question: Does the service increase active commitment to fairness, justice and equality? (Szczupaczyński, 2014: 22).

Social equity means active commitment to fairness, justice and equality in the formulation of public policy and distribution of services (Vyas-Doogapersad 2011: 235). The term is used in a variety of institutional contexts, such as education and public administration to summarise the following set of transactional circumstances found in the public service that may be applicable to the subject valuation. Social equity as one of the pillars of public administration, ensures implementation of public policy and management of all institutions serving the public directly. Policies that promote equity in government, can bolster social cohesion and reduce political conflict (Bevir, 2009: 199). Interaction of the different levels of government, such as local, provincial and national have emerged to have an upper hand in the political process in providing universal public services for fair treatment and the field of public administration has served, at least in part, to provide the philosophical support for the

promotion of social development. As a result, Fox and Meyer (1995: 104) argue that the first step in transcending the conditions of fairness is to acknowledge that variables, such as hierarchical bureaucracy, are socially created rather than being susceptible to change as part of the natural world (Fox & Bayat, 2011: 51).

The role of public administration is to assist in the creation and maintenance of authentic discourse, through which the values of a multitude of public citizens will be heard and attended to (see Ndulula, 2013: 7). Viewpoints must confront one another and there might be a clash of ideas (Van Jaarsveldt, 2010: 25). Forums built around norms of inclusion, attentiveness and understanding argue about the possibility of reasserting the norms of democracy (Koma, 2015: 451). In contrast, Farmer (2013: 244) argues that means of reasoning about public administration and about multi-layered systems can work to transcend the limits of current thinking and open new avenues for an improved public service. Specifically, Farmer (2013: 244) recommends a 'reflexive' theory. Reflexive interpretation seeks to single out and use our understanding of public administration by examining the results of the language skills of the field having efficiency in character (Andrews, 2017: 78). Reflexive interpretation is an application of human creative skill that scrutinises the set of presumptions and social constructions, which constitute the theoretical lens through which visibility is available. Furthermore, reflexive interpretation speculates about an alternative set or sets of socially constructed suppositions, which form another set through which people can see (Benington, 2011. 31). The focus is on the theoretical lens and on alternative ways, rather than on the objects that are seen through the work of the organisation. More heed is paid to the act of visibility and the options of seeing (Boseman, 2008: 36).

For public administration, challenging the notion of "the People" reveals that many of the concerns that have occupied public organisation theorists are in fact, symptoms of an underlying pathology – a unified view of "the People" (Gillespie, 2014: 167). According to Catlaw (2014: 10), "by tracing the logic of the People, we will begin to see how governing exceeds our traditional political organisations and patterns of social organisation and interaction" (Boseman, 2008: 36). In turn, the formulation of

the New Public Administration moves the field past concerns such as politics administration. “Governing” becomes located in every space, actualised through every interaction. Exercise authority, regulations for governing of various departments having the power to direct and control the actions, affairs, policies and functions (Boseman, 2008: 36).

Finally, in the analysis of the basic narrative of public administration, Van der Westhuizen (2013) argues for a unitary (non-dualistic) conception of governance, which he argues might include the following features:

- collaborative experimentation involving policy makers and administrators;
- embracing uncertainty as a cardinal feature of social life;
- facilitating the process of social interaction; and
- being a concept of democratic equality that recognises the legitimacy of individual differences

When people act as customers, they appear to follow one method; when they act as citizens, they follow a different route (Head, 2015: 71). Basically, customers should direct their desires and wishes and how they can be satisfied with speed and efficiency. Citizens on the other hand, concentrate on the common good and the long-term outcomes to the community (Thornhill & Van Dijk, 2009: 10). The idea of “Citizens First” is to inspire more and more people to be able to execute their roles and responsibilities as citizens and so that the government is particularly sensitive to the voice of citizens. “Citizens First” is a situation involving reciprocal action in which a proper rule is consisted of a partnership with the individuals involved, and citizens collectively leverage an efficient governance. “Citizens First” promotes mutual responsiveness (Denhardt & Robert, 2000: 549). With the advent of globalisation, public administration is facing a sort of identity crisis. Farazmand (2010: 352) is of the view that currently the public service image is completely tarnished by the globalisation enterprise, which is a stalemate targeted against the public service domain, services rendered in the public interest and contributing to the bonding between the state and citizens.

2.2.1 NEW PUBLIC ADMINISTRATION

The New Public Administration and the New Public Management, were developed for the continuous improvement of Public Administration (PA) scholars to adapt researchers to the appropriate theories and demands of the field or art (Thornhill & Van Dijk, 2009: 10). Such a theory emerges due to “political associations which believe that the organograms, structural composition and bottom-up approaches to the implementation of the policy will no longer resolve difficult situations faced by decision and policy-makers” (Marume, 2016:52). Fundamentally, public administration needs to adjust to evolution of a global community and find new creative ways to the field in order to remain well known or appropriate to the current time within the social sciences (Keter, 2017: 155).

The New Public Administration (NPA) was developed at the Minnowbrook Conference in 1968, and asked researchers who were below the age of 35 for their contributions in public administration, and the New Public Administration came into being (Hanyane, 2005: 40). Different themes and categories were developed during the Minnowbrook Conference, such as Consistency, Appropriateness, Equality and justice and Customer Focus (Taplin, 2017:98). The NPA should be conversant of transformational process from one field to another and to be in a position to adjust to a domain that is constantly changing, a positive influence on public administration and efficiency has the potential of adapting to the new environment. The NPA should be based on the customer rather than focus on making decisions; it should be open and free (Turing, 2017: 43). The NPA should focus on policy matters, review, revision and development of policies as well as approval thereof (Frederickson, 1997: 41). The functioning of public administration in the knowledge-based society results from the widely understood idea of public service, more especially in the areas of dynamic changes in the environment of knowledge sharing and adaptation (Szczupaczyński, 2014: 22).

In the face of crisis of principles and ethics of the traditional Old Public Administration (see Botes, 1998: 34), the 1980s proved to be a breakthrough in the theory and practice of public service functioning across the world and launched the New Public Management (Cloete, 1997: 195). Improved in the 1990s, it brought the expectation

that managers in administration would expand their leadership influence on followers to improve work efficiency and service quality (Johnson, 2010: 84). This resulted in the adaptation of leadership models developed in the field of business, as well as the implementation of management through objectives, outsourcing, process management, measurement of effects, and achievements of the organisation (Szczupaczyński, 2014: 19).

According to New Public Management, leadership was implemented to the doctrine and introduced to public administration in the 1980s, both in its managerial version and its improved participatory version. Functioning since the mid-1990s, this carries some risks in the three spheres such as, self, intimacy and achievement (Kaboolian, 2012: 58). Managers of an existing traditional bureaucratic public organisation face a new challenge, that is, they must find themselves as managers and then as leaders (Mitchell, 2012: 67). Bugdol (2008: 156–160) notes that, in order to meet this challenge, there is a temptation to use simple centralised planning instead of working to become a person who should attract workers or residents. Not every person acting as mayor or president can find himself or herself in such a reality and become a leader (Blessan, 2012: 43).

Similarities between the groups of the 1960s and the 1980s were that the same categories manifested themselves, such as commitment to justice and equality, relations of people, and the government of the people (Frederickson, 1997: 42). Public Administration is characterised by 3Es, namely efficiency, effectiveness and economic (see Dahl, 2014: 196), whereas New Public Administration is characterised by the 3Es, but has social equity as a fourth component (see Head, 2017: 711). The most acknowledged ideas or philosophies from NPA are impartiality, justice and equality, non-governmental organisation and the approach for putting customers' needs first. An action or system by which a result is achieved means that the NPA is all about the public domain and how the government looks after its own people in all sectors of society. In many communities (especially on the African continent), there is poverty and governments should focus on providing assistance to the needy and afford them

a fair chance and equal opportunity as resources are not available, such as education, finance and performance management key areas (Kalimullah, 2012: 2).

According to Ndulula (2013: 7), public administration does not have a generally accepted definition, because the learning area of the subject is so broad and subject to discussion, that it is easier to describe than to define. **Public administration** refers to the management of government affairs (Khan, 2008: 1). Furthermore, public administration is the process of ensuring that government policy is implemented. It is further a field that studies responsibility for determining the policies application of government programmes and prepares public servants to work in public services. Public administration is an aspect of the larger domain of administration (Marume, 2016: 52).

2.2.2 Is the NPA feasible in South Africa?

Because of equality and justice, social equity is a significant situation in a state of development, such as South Africa, which has outlined a set of broad social goals, including economic efficiency, equity, freedom, growth, security and stability (Thornhill & Van Dijk, 2009: 10). South Africa is a democratic state, constituted of its citizens and engaging them in all phases of governance. The effects of the predominance of the Constitution and the democratisation of the state have become of particular practical administrative significance previously they deserved in all aspects of society. Policies and best practices are needed to give effect to constitutional provisions and must also acknowledge international requirements with the acceptance of South Africa into the world of nations both in Africa and beyond (Bovaird *et al.*, 2017).

Leadership is motivated by the state of affairs and types of legislation, such as the Employment Equity Act (No. 55 of 1998) (Tambini, 2017: 37) and the Broad-Based Black Economic Empowerment Act (No. 46 of 2013 as amended) (see McGregor,2014: 1319), among others. It is important to make sure that people are fairly treated; they deserve to be part of all facets of the society. One of the goals of the South African National Qualification Framework (NQF) deals with the redress of past and unfair discrimination in education. Training is vital to consider people when

spending money and job opportunities, and therefore, the NQF should be implemented through social justice and equality.

2.2.3 NEW PUBLIC MANAGEMENT

The New Public Management (NPM) was launched by Christopher Hood in 1989 (McCleskey, 2014: 117). The NPM should be referred to as a "Government Institution", which focuses on economy, efficiency and effectiveness (the popular 3Es of Public Administration) (see Angwin, 2016: 80).

The NPM was established to realign the relationship between public service managers and their political supervisors by making a parallel relationship between the two and therefore needed to evolve over time and be more goal-driven and quantifiable (Drezner, 2017: 23). Because public administration is a new approach used in government and public service, the NPM highlights the failures of the public service performance over time and the problems that are always experienced, the processes of public service activity and of customary public administration (Kalimullah, Alam & Nour, 2012: 1). Kalimullah *et al.* (2012: 1) shows that this is a way of rebuilding public service organisations to introduce their management methodologies closer to the business processes.

Gaebler and Osborne (2012: 153) established ten principles of the NPM, namely government –:

- has moving parts that perform some functions for service providers;
- should capacitate its citizens;
- performance should be effective, efficient;
- should focus on goals;
- should be customer-driven;
- should enforce a better situation in terms of public value;
- should be able to predict trouble in advance and avert it;
- should focus on spending money sparingly;
- should decentralise activities; and

- should compete with the outside world and establish economic ties (Moynihan, 2016: 125).

According to Hood (1995), the tenets of the NPM are as follows:

- prominence should be given to quantifiable performance and not prescripts;
- pay attention to the resource and move away from bureaucracies;
- pay attention to cost reduction of resources;
- provide managers with the freedom to manage human resources; and
- manage disruptive emotions and behaviour of staff members.

Polit (1993) and Walsh (1995) refer to two more principles for the NPM, namely belief in using professional managers, and improper control should be averted and restore good principles. When administering an activity, professional managers try to enhance effectiveness by using advanced scientific knowledge, productivity, vivid management responsibilities and the authority that accompanies management (McConnell, 2018: 165). Positive attitude and spirit of togetherness to ensure continuous improvement, the representation of customers, best information technology, contractual obligations are needed for an effective public service (Kolthoff, Huberts & Van den Heuvel, 2007: 201).

Nicholas Henry (2004) presents six ideas that underline the NPM:

- the executive needs to be business-oriented and should strive to improve the performance of service;
- the government especially an authoritarian one should be in contact with other government and attain service delivery goals;
- administration of authorities should have quantifiable outcomes for better performance;
- the authority should improve answerability of staff members;
- government should empower citizens; and
- Public administration should tackle the problems and challenges head-on.

The NPM focuses on the customers and the way they are handled as they need quality of service. It is imperative that the approach of NPM can be targeted with key indicators to get positive outcomes in ensuring improvement on poor service delivery (Raadschelders, 2011: 52). Government should spend money sparingly and not become extravagant in terms of what would not be useful to customers. It is vital to put people first when money is spent. People live in a world that is scientifically and technologically advanced and they play a leading role in it. It is imperative that government be advised of the latest technological innovations and creativity in order to ensure a dynamic external system in which a business competes, functions and acknowledges problems in time to resolve them (Fox & Bayat, 2011: 51).

2.3 Public management as integral component of public administration

Public managers carry out the managerial functions of public organisations (Moore, 2013: 56). In practice, public management is meant to improve the quality and efficiency of services delivered by public organisations (Pollitt, 2012:67). Managers interpret public policy to implement public services in ways that are expected to achieve the most desirable outcomes in the interest of the people they serve (Du Toit, 2003: 8).

In this regard, Smit and Cronje (2003: 92) state that public managers can function in two different areas, namely the internal and external management of public organisations.

Internally, public managers must understand how to manage risk and change within their respective organisations (Lee, 2012: 169). This requires that they stay informed of societal conditions that might affect the ability of their organisation to function optimally (Szczupaczyński, 2014: 19). By acknowledging those risks, managers could act accordingly, take pre-emptive measures to diminish identified risks and prepare their staff to adapt to the instability adverse conditions might have on the organisation.

Externally, public management entails leading efforts to collaborate with private groups to support the adoption of public policy (Adanri, 2016: 15). In this capacity, public managers work with private citizens and public organisations to keep public

programmes running smoothly. To do this, managers perform tasks, such as coordinating public human resources, assisting with specific projects or helping certain communities to secure the necessary funds to implement public programmes (Bugdol, 2008: 156–160).

Public administration refers to the field of command in terms of the function or task allocated to public administration and public servants (Coetzee (1991: 44). Kent-Brown (2016: 33) believes that one teaches public administration, and executes the duties and responsibilities. Public administration is further defined as a science that continues to bring about knowledge that can be interpreted and implemented worldwide for the enhancement of content and theories (Ferlie, 2012: 237).

Government is reliant on the generic administrative processes, as this is the part of an economy that is controlled by the state (Cloete, 1991: 5). The role and function of the public sector, which is a portion of the economy composed of all levels of government and government-controlled enterprises, are to put into effect government policies. Roux, Brynard, Botes and Fourie (2009: 21) used a source of information by the name of Fallons (2013: 53) which was extremely thorough and careful to deal with people in order to achieve goals, which is not different from the way control is exercised in the set-up of the civil service, which is a system of government in which most of the important decisions are taken by state officials. A number of principles of management in a formal set-up are indicated as follows:

- spread of work;
- power and influence;
- order;
- power of authority; and
- well-ordered structure.

The state cannot become successful in terms of achieving its goals without people with the capabilities and the proficiency of having administrative authority. Cloete (1991: 6) indicates that the state consists of different levels of government. These departments work together and are dependent on each other for the continuous

improvement of the standard of living of the citizens. Dobson (2002: 23–24) argues that the system relating to several state variables is to ensure progress in the facilitation and application of policies to be able to achieve its vision and objectives.

2.4 Relationship between public administration and leadership

In this section, the researcher refers to changes that developed in the setting of plan and collection of written work pertaining to leadership, to indicate the significance and appropriateness of leadership of public organisations. The two concepts – public administration and leadership – could recognise and consider the gap between the typical leadership, and the implementation and prepares government employees for working in the public service (Frederickson, 1997: 817). In addition, it will be shown that governorship and public administration do split and have some concerns that will ensure continuity within their parameters of study. However, the promotion of public management, which deals with public administration, stays aloof from beliefs and values related to bureaucracy, a notion wanting to engage in the expansion of public administration. This is bringing the discipline nearer to authority and the inputs were invited for the multidisciplinary academic field of study (Barzelay, 1992).

Public Administration is a great fit for those who want to make a difference to the public and society in terms of using the new name of ‘public management’ in the revitalisation and reform of public organisations for exceptional execution of duties (Kaboolian, 1998; Kettl, 2005). To this end, public administration is actually recognised and determining public awareness of new laws through planning and implementation of media information efforts, the duty of a public manager as a leader in transforming organisations to ensure excellent performance. Recognising the state of being of great value and appropriateness of leadership in the public organisation has never been the same again since there is a distinction between private sector leadership as opposed to the public sector. Allison (1992) indicated in the initial stages of the growth of public administration – in which the implementation of government policy and the study of management of public agencies should not be specific but generalised – that distinct areas are not important. This view has not been accepted by scholars (Allison, 1992: 214).

If leadership is indeed taken into consideration in driving organisational capability, it does not necessarily mean that the leadership style can be utilised both in the private and public sectors (Johnson, 2010: 95). The reasoning is not difficult to understand with a few examples, such as being positive and proactive as well as the analysis in terms of showing the similarities between listening and learning from others. Each human being may need different types of biographical information in relation to various necessities and attributes, such as age and gender. Similarly, a good leader possess a clear vision, is courageous, has integrity, honesty, humility and a clear focus. Some basic rules of leadership should be implemented in all types of organisations, and leadership application may vary due to organisational traits that are not the same, which should incorporate the distinct areas (Teelken, Ferlie & Dent, 2012). Consequently, it was found that similarities as opposed to differences have been seen with regard to the study of leadership and the field of Public Management. In essence, if researchers are of the view that public management is a study of major concern in driving organisational production in the public sector, as a result the study of leadership is still conceptualised (Khan, 2008: 68). Leadership should be considered one of the quantities that might change within the context of it that should be important in driving and describing the organisational performance of public organisations (Belias, 2014: 187). The distinction that currently occurs between public sector leadership and public management reform is more about a particular approach that needs to be followed-up in terms of theoretical and methodological considerations, which have contributed and shown systematic exercise of public management reforms (Marume, 2016: 2).

The problem currently existing with regard to the theory and practice of public management reform is that it shows the disadvantages of what will suppress and not allow the significance of the leadership in public management evolution (Maserumule, 2011: 82). With the exorbitant amount of research and evidence gathered from the leadership studies, it would be meaningless to be under the impression that leadership is not important to organisational execution. It would be more fruitful in producing helpful results to establish a static and clear comprehension of public management change by putting together the respective perspectives and variables that should play

a role in instilling optimal execution of public organisations. The way forward is to correlate the study of leadership with theory of public management and change to close the void in theory and practice (Adeyemi, 2012: 183). Leadership can be defined as “the proficiency and capacity of a person (the leader) to lead and energise individuals in accomplishing their vision and mission (Bhat, 2013: 24”. Kouzes and Posner (2012), in their well-known book of leadership, *The leadership challenge*, further develop and conceptualise the leadership concept as a mutual connection between the leader and his or her followers who believe in values, customs and the mission of the organisation, and achieve special results together, which would not be possible without either of them. “Leaders will not attain great things on their own” (Moynihan *et al.*, 2012: 143). Leaders invite and mobilise others to strive for good working relationship and hope to achieve goals of the organisation which means that, fundamentally, leadership is a relationship, because one cannot lead without followers (Lee, 2012: 169).

Szczupaczyński (2014: 13) defines leadership in a most simplistic way as the administration of and putting into effect the functions of management in motivating employees, establishing organisational relationships and providing conflict resolutions. However, leadership is developed well in the way of economic and management sciences. The new content related to public governance is the result of dynamic global change and technological development (Michel, 2011: 493). Leaders require not only changes in the organisation, but above all a change of all the strategies in existence in terms of how staff members perceive things, not considering old things, solutions that are outdated. It is imperative to think independently and at the same time taking into consideration the inputs of other staff members (Raadschelders, 2011: 916).

Leadership is an interaction between those who direct one’s hopes to be in the forefront and those who prefers to follow suit (Kouzes & Posner, 2012: 30). What matters most is the quality of this interaction when engaged in ensuring that special things are done. A leader–integral component interaction that is constituted by fear and mistrust should never give rise to anything of a value that should last long

(Hamilton, 2013: 37). The relationship should consist of proper regard for dignity and credence, and should overcome the misfortunes in making a contribution to future generations of importance (Kouzes & Posner, 2012: 30). According to the above-mentioned definition and description, two critical points should be noted. Firstly, there is a difference between public managers and leaders or senior-level bureaucrats. A leader is seen as a person who transcends a ceremonial role and designation, and it is wrong to have an assumption that a person with organisational authority at the senior level should automatically function as a leader (Shabangu & Khalo, 2008: 324). If leadership is something crucial for achieving organisational prosperity, it means that public managers must work beyond the call of the organisational role to fulfil the responsibilities of a leader (Lambright, 2011: 782). Secondly, and to an equal degree or extent, leaders must possess leadership skills and attributes to be able to perform leadership roles optimally. Leadership should not simply be achieved by the exercise of organisational authority, such as the use of fear of penalty or the appeal of economic incentives. Character traits and interpersonal skills, informal communication and elements that are not considered to be part of either primary or secondary structural systems of the organisation, such as the objectives of the organisation and a statement of good values, are also important in leadership for bringing out the best performance (Shibru & Darshan, 2011: 686). Leadership also means creating the cultural identity of an organisation, which is an important element connecting the mission of the organisation with its human resources to be able to work out the best practices and standards of providing public services to the members of a given community (Malakian, 2015: 95).

In fact, Kouzes and Posner (2012) furthermore substantiate and justify the elements of strengthening the mission and vision of the organisation and deliberate on the process and procedures that must be adhered to in displaying great leadership. First and foremost, a leader must start by showing a way, by shedding light on declaring core values and leading the standards of behaviour by setting an example. Secondly, a leader should inspire and motivate a sense of shared purpose by envisaging the future, imagining the probabilities of finding the same intent in some action. A leader should also mention the support of other members of the organisation by asking for a

model conforming to an ultimate standard (Si & Wei, 2012: 299). A leader should be ready to tackle the process and make the actual positive change. By so doing, the leader should take the lead, initiate allocation of tasks and seek for opportunities. During this phase of making things happen and putting things into effect, demonstration of the roles and responsibilities should be made and risks would have to be undertaken (Northouse, 2016: 107). The purpose is to ensure progress to continue doing well in terms of change and to learn from experience in achieving future accomplishments of the aim or purpose. Kouzes and Posner (2012: 47) point out that, in achieving great organisational performance, a leader should not work in isolation and should enable others to act accordingly. A leader should enforce the spirit of working together by ensuring a situation conducive to trust and coordinating fruitful interactions. Capacitating staff members and ensuring that others enhance control of their own life. Developing capability, proficiency and self-confidence is also an important process (Sithole, 2013: 16). Furthermore, to finalise the value chain for changes and to maintain success on an ongoing basis, a leader should acknowledge contributions. A leader should look forward to the best of individuals and acknowledge the best performers who must be personalised (Polit, 2017: 56). Finally, to establish success and make it possible for the change to be maintained on a long-term basis, a spirit of togetherness in the community must be created by promoting the values, best practices and participation of all members of the organisation (Skeepers & Mbohwa, 2015: 10).

In reviewing the generic literature of leadership and correlating it with the development of the field by which power and influence are acquired, it is conspicuous that there has been a mutual relationship between leadership and public management (Schaubroeck, 2017: 203). Taking into account the comprehension of the significance of leadership for all organisations, including public organisations, there is no need to be doubtful about leadership, as it is one of the essential elements of the triumphant government administration (Van Jaarsveldt, 2010: 101).

2.5 Relationship between public administration and leadership in public hospitals

For the purpose of this study, heed was paid to public administration and its generic administrative processes as stated below (Cloete, 1991: 78):

- policy and policymaking;
- organising;
- financing;
- staffing;
- control; and
- work procedures.

The above-mentioned concepts were relevant to the study of leadership in Matlala District Hospital and related to its hierarchy, authority and control.

2.5.1 POLICY AND POLICYMAKING

Public administration has changed through the years, from being a discipline to a field approach that could assist government to achieve its goals as an active partner in the execution of policies of the elected officials and some tasks linked to the development of those policies. Younis (1990: 3) states that a lack of capacity for government to obtain the desired result of policy implementation would be negatively perceived in elections. Researchers suggest that public administration should consider public domain and education that takes place within the bureaucracy in ensuring the application of transparency and accountability as principles of public administration.

Cloete (1991: 79) agrees and states that in public administration, the policy continues ensure equity and access to services as stipulated in the constitution as the initial document that prescribes acceptable methods or behaviours. It is normally the most challenging part in arriving at a decision or reaching a consensus. The promulgation of a policy into an act is a practise of public administration (Doherty, 2014: 87). Du Toit and Van der Waldt (1999: 17) point out four administrative processes, namely:

- executive planning;
- directorial activities or operations;
- staff utilisation; and
- work procedures.

The actual application and implementation of policies in public hospitals refer to the administrative processes that involves all measures mentioned above. It remains the duty of the leaders to drive the process of managing, and they become accountable for the successes or failures of the process of implementation (Bateman, 2013: 705).

Policymaking forms part of the administrative processes. Kuye *et al.* (2002: 5) indicate that public administration is the study of chosen practices and the activities linked with how people are doing things as well as conducting etiquette and protocol of government affairs. The authors further indicate that the official political subdivision, such as government authority, cannot happen if goals and objectives have not been developed and set. The implementation of policies on leadership reflects executive regulators, which require engagement of all the above-mentioned administrative processes (see section 2.4.1). It therefore remains the responsibility of a manager at Matlala District Hospital to manage and become answerable in terms of the successes and failures of the implementation process of the projects taking place within the organisation.

2.5.2 ORGANISING

Cloete (1991: 112–114) refers to organising and planning functions to arrange and ensure units of the organisation. Organising comprises categorising and putting together functions for employees to be able to attain their goals and objectives. The vesting of the legislative, executive, and judiciary powers as referred to in section 40(1) of the South African Constitution (1996) indicates that, in the Republic of South Africa, the government comprises national, provincial and local spheres, which are distinctive, interdependent and interrelated. The implementation of policy through leadership in public hospitals creates opportunity and substance of the Republic of

South Africa will be efficient if all levels of government take charge (Magubane, 2013: 75).

Accounting officers at all levels of government will have to be held liable by their immediate supervisors, in this case, the executive authority in the public hospital owned by the DoH. In the absence of well-organised structures in terms of reporting at all levels, it will not be easy to validate and monitor the levels of prosperity (Mabasa, 2015: 28). A proper structural composition is one that makes it clear for accounting officers to report directly to their supervisors. This is the structure where the head of the DoH for instance, would not be reporting to the minister or the DoH at national level but to the Member of the Executive Council (MEC) (Van Holdt, 2010: 241). Van Niekerk, Van der Waldt and Jonker (2002: 65) indicate that the strength of government to act and render services is reliant on its structures. The composition of government, if well planned, would make it possible for government to attain its targeted goals. The transformational and transactional leadership styles at Matlala District Hospital thrive in an environment where roles and responsibilities are clearly defined (Pillay, 2010: 32). The implementation of leadership styles to create efficiency and effectiveness in the Republic of South Africa will be sufficient if all levels of government take responsibility (Wachhaus, 2014: 573).

2.5.3 FINANCING

Cloete (1991: 133) states that, in the same way that it is not easy for an individual to start trading without money, a public organisation needs money to function. The functionality of organisations relies on a system that permits each level of government to review acts at another level to preclude any other level from putting too much power at organisational level. Section 188(1)–(4) of the Constitution (1996) states that the auditor-general must audit and generate a report on the records or statements of financial expenditure of government departments and financial activities, such as procurement and utilisation of funds of the enterprise to all national departments, provincial departments and local administrations, and any other institution or accounting entity. According to the Public Finance Management Act (PFMA) (No. 1 of

1999) (South Africa, online), the powers and duties of the auditor-general are as follows:

- to evaluate and explore any state owned entitities' financial statements or parastatals;
- to retrieve or take back the money of the inspection conducted from the public hospital;
- to get an opportunity in carrying out the roles and exercising powers from the organisation providing services to the public on behalf the government;
- to report to parliament on an annual basis pertaining to explicit or definite reports and proposition findings with regard to the accountability of public hospitals.

As indicated previously, public hospitals require money to be able to operate. In executing its duties and responsibilities, it is vital for hospitals to handle public money in an accountable manner. The auditor-general plays a significant role in relation to financial policies that are legislated, such as the PFMA Public Finance Management Act, 1999 (Act No. 1 of 1999) (PFMA) (RSA, 1999a) (Van Rensburg, 2015: 72).

Fourie (2003: 32, cited in Kuye *et al.,* 2002: 101–102) states that, in the past, financial processes were controlled centrally by prescribed rules. The financial processes were further centralised within departments in terms of financial components managing the budgets for line managers. Today, the system in use in the public service is the zero-based budgeting system (see Harrison, 2010: 35), which helps effective prioritisation of objectives, programmes and activities. In the past, various other functions were seen in isolation. These are currently considered part of financial management.

Leadership styles thrive in the environment of sound controls and measures (Mabasa, 2015: 65). Where all these are lacking, corruption sets in as accountability on the part of personnel remains key to sound financial management (Mabasa, 2015: 65).

2.5.4 STAFFING

The resources in terms of staff utilisation are dependent on the money that is available and the strategic moves of the organisation (Magubane, 2013: 98). The government uses its functions associated with the routine operation of government to attain its authority granted by a constituency to act as its representative (Wachhaus, 2014: 573). . A challenge office-bearers in the public service might have to face is whether they are well empowered and capacitated to execute duties assigned to them. Cloete (1991: 151) indicates that once legislation has been promulgated to implement a specific policy, the arrangements of the organisation should have been completed, funds should have been made available, and officials should have been recruited to make the organisation functional. Cloete (1991: 151) further says that the staff utilisation is also a human resource function. With regard to the proper implementation and application of leadership policy, staffing becomes critical as it is the duty of human resources to control, observe and track the leadership programmes (Bateman, 2013: 71).

Officials in the public sector require training to carry out tasks that have been designed for service delivery (Anderson, 2010: 101). The state often relies on service providers from outside the public service for skills transfer (Mabasa, 2015: 65). Public servants are expected to be well capacitated to be held accountable for the management of financial and personnel resources (Blessan, 2012: 58). The use of consultants in the public sector often poses a serious challenge when quality rather than quantity is to be pursued (Mabasa, 2015: 65). The partnership between consultants and governmental departments should be that of capacity building and acquisition of skills. Dobson (2002: 17) refers to the cross-cutting issues that need to be taken into consideration for the future competitiveness of the economy of the country.

2.5.5 CONTROL

Roux *et al*. (2009: 75) indicate that the activities of controlling are the creation and development of a structural composition of designations. The area of activity and the number of functions or subordinates under the manager's direct supervision refer to

the restrictions in the physical and psychological capabilities of the leader to supervise a number of followers allocated to him. The previous section (2.4.4) on staff utilisation was associated with quality and justice in that it is the human resources department who are responsible for the processes and procedures of leadership (Auriacombe, 2012: 81).

Roux *et al*. (2009: 272) state that the process of transferring responsibility remains one of the challenges seeking control to avert the commission of an unlawful act, roles and responsibilities and unlawful violation of state. With regard to the fear of abuse of authority, control cannot be centralised to one person but likewise, government needs to be centralised to prevent fraudulent conduct and improper use of authority by someone holding public office. The PFMA (RSA, 1999a) indicates that the Auditor General's accounting board, which is responsible for the establishment of national or international accounting principles (see Hanyane, 2012: 14) must ensure that the organisation providing services to the public on behalf of government maintains proper, open and transparent systems of saving money on an investment or business venture, which include credit risk, liquidity risk and operational risk (Dartey-Baah, 2014: 47). The PFMA (RSA, 1999a) states that the responsible board should have to nurture and support a system of conducting investigations internally as well as risk assessments under the direction of an audit committee operating in accordance with the rules and regulations of the Auditor General's office, and the mandate stipulated in terms of the PFMA (Act No. 1 of 1999) (RSA, 1999a).

Quality processes should entail aspects of communication, culture and commitment (Bateman, 2013: 71). The need to observe the principles of Batho Pele ('People First'), which should permeate the entire work environment, cannot be undermined (Magubane, 2013: 98). The permeation of Batho Pele forms a culture of work that takes as its point of departure the notion of the customer being important. It is the culture that calls for commitment on the part of the supplier and the customer, with effective communication underlying this interface (Mabasa, 2015: 65).

2.5.6 WORK PROCEDURES

Roux *et al.* (2009:184) state that the project and the tasks performed by a technical institution established or fully maintained by government commands a proper, clear and systematic sequence of steps to make the best use of people, equipment and materials. Roux *et al.* (2009: 124) define procedure as a series of actions conducted in a certain order or manner in terms of a certain task. The application and facilitation of procedures rely on the different factors, such as –

- the exceptional potential for performing tasks of individuals through cognitive processes, for example, memory, reasoning and rate of learning;
- complications of a matter that is difficult to be comprehended;
- vigour and perseverance of individuals;
- subordinates being subjected to stress levels; and

The procedures to finish assignment of duties can be different from one organisation to the next within the same state or other political subdivision (Emuwa, 2017: 296). Often these procedures require considerable time and effort, or they cause upset because of an inability to change or achieve goals to the point where small activities of providing goods and services involve financial and commercial aspects, which rely on government to pay out in terms of the delivery of services. This could forfeit other opportunities due to a lack of resources (Thompson, 2010: 134).

At times, procedures for service procurement are so complex that they may require capacity building on the part of personnel to be able to make sense of what is required (Fiaz, 2017: 143). For lack of time and sufficient skill in the public sector, the use of consultants becomes an alternative to the dysfunctional public service (Henry, 2013: 47). In an executive committee arrangement, the private sector comes with the necessary equipment and skills, while the government provides other resources, such as infrastructure and finances (Ndulula, 2013: 25). All the above play an important role in managing administrative processes in that they presuppose a required level of planning, organising and control. These procedures are linked to the generic functions (such as planning, organising, staff utilisation and work procedures) as discussed in

(section 2.4.4) and they give meaning to the role that public administration plays in leadership styles (Van Rensburg, 2012: 58).

2.6 Relationship between public administration, public management and leadership in South African public hospitals

In an article titled “Research in public administration and management: A view on pragmatic research undertakings, Hanyane (2005: 48) postulates “the discipline of Public Administration and Management requires a process of forming an idea or principle in one’s mind and conceptualise again or in a new way”. Furthermore, Hanyane (2005: 48) argues that, for public administration to continue existing as a discipline, researchers in the field have to notice certain roles and act on the challenges presented in an economic or cultural state of society, which is said to exist after modernity. In addition, he is also of the view that “other formations of research inquiry (paradigms) must be taken to a higher position” (Hanyane, 2005: 48). In the *Public Administration Dictionary*, Fox and Meyer (1995: 2) define **administration** as “the implementation of tasks completed by persons assigned with common objectives” while **management** is “the function or measures taken for managing, doing something as a business in the way specified, particularly the executive function of planning, organising, coordinating, directing, controlling, and supervising any business project or activity with responsibility for outcomes” (Fox & Meyer, 1995: 77).

In the *Oxford English Dictionary of Current English,* Soanes and Stevenson (2003: 587) say –

> [P]ublic administration is concerned with course of action and conducting series of actions in a certain order and expressing the policy into action, while management has to do with attaining objectives set with limited resources but used to produce a given output including personal time and energy.

A planned activity at a certain time to various goods and services for distribution and consumption, which focuses on individual people and businesses that use their own funds, and public administration elements that use budgetary funds, it is not possible to replicate the trade solutions in public organisation strictly. As Koźmiński (2010: 226)

rightly points out, “to be able to achieve goals and meet the requirements, this sector should follow the same route of adapting and growing the management functions as the private sector is going through”. In other words, it is not only about implementing management functions for directing processes, but to be involved in a quest for managers – leaders who would be able to apply present and future assignments effectively and efficiently and engage their followers. Bittel (1998: 71) defines leadership as “a characteristic of management that permits a manager to motivate others to follow certain goals showing intense inspiration and eagerness”.

When confronted with the crisis of values of traditional Old Public Administration, the 1980s turned out to be a success in the theory and practice of public sector functioning across the globe, and the New Public Management was started (Thuynsma, 2012: 52). Improved in the 1990s, the expectation emerged that managers in the administration would develop their leadership influence on followers to improve quality of life with regard to the work that should be executed (Henry, 2013: 47). Consequently, in the conversion and adjustment of leadership models developed in the business field, as well as the application of management through objectives, contract from an outside supplier, process management, measurement of outcomes and organisational achievements (Szczupaczyński, 2014: 19).

Moving in a constant direction with the transfer of business solutions to the public sector, the culture of the organisation – which has been acknowledged in the effective and efficient functioning of public organisations – has been taken into consideration as a critical element in enhancing the success of public organisations (Fatima, 2010: 88). It is also vital that shaping the right cultural profile of officials, i.e. officials who are aware of and responsive to attitudes and behaviours resulting from the atmosphere of the public service, most importantly minimises the possibility of a lack of success in managing organisations. The purpose of this piece of writing in chapter 2 is to give a practical exhibition of:

- the way the South African public administration implements a globally tested solutions function within the basic structure of the New Public Management and representatives emanating from its stakeholders involved, particularly the

participants in a development programme – Public Governance (De Visser, 2010: 41), especially the representation of the general acceptance and implementation of new ideas, processes products or services based on the leadership role of a leader-manager (Fatima, 2010: 74);

- expression that cultural awareness is in continuance among managers of public organisations, the way it is moved from one follower to another to be able to put into effect internal processes in the organisation, and to establish good working relationships with the environment of other offices (Koma, 2010: 111).

"The South African Health System has been narrated as a two-level system divided along socio-economic lines" (Marume, 2016: 13, Free government healthcare services are offered to all citizens of South Africa; citizens may however choose to have private insurance to be treated at private hospitals and health clinics (Ndulula, 2013: 58). South Africa has three levels of hospitals: district, regional and tertiary. **District level** hospitals provide medicine that is kept within the hospital's dispensary, and usually they have five to ten clinicians within them (Thuynsma, 2012: 14). **Regional care** simply means a patient is referred to a healthcare professional who has specific expertise in whatever problem the patient has. A rehabilitation centre is an example of a regional level hospital. Specialties within the rehabilitation centre are allied sections, such as physiotherapy, occupational therapy, orthotics and prosthetics, speech therapy, dietetics, and podiatry. Regional level hospitals typically have 200 to 800 beds. **Tertiary level** hospitals offer highly specialised equipment and expertise in areas such as coronary artery bypass surgery, renal or haemodialysis, neurosurgeries, severe burn treatments, and other complex treatments and procedures (Baloyi, 2019: 75). Patients are transferred to tertiary level hospitals when district and regional level care are inadequate for their condition. Tertiary level hospitals range in size from 300 to 1 500 beds (Jamison *et al.*, 2006). There is a clear relationship between the three levels of the hospitals, and Matlala District Hospital is at the lowest level of the hospitals, namely district level.

2.7 Relationship between public administration and leadership in South African public district hospitals

The purpose of this relationship is to ensure the application of leadership at the level of district public hospitals in South Africa.

2.7.1 From public administration to leadership

Nicolas Henry (2004, cited in Thornhill, 2006: 793–806) is of the view that scholars of public administration should know that the discipline is not flexible but rigid, because a new direction has been taken with effect from the 1980s. This new direction implies the changes in politics and answers to the growing number of demands from the community. In making an effort to assemble a call for the shift away from public administration, it is vital to understand what a pattern or model is and how it correlates with public administration. The purpose of a model in the social sciences was introduced by Thomas Kuhn in 1970 in his project titled Structure of scientific revolutions (McNamara, 1979: 167). Kuhn's project encouraged scholarly discussions in the environment involving the person's ability to think and to understand ideas and information. According to Babbie and Mouton (2006: 6), a paradigm is the "power of a certain thing that as soon as it is done becomes decided, it may not in fact be true or exist in that way" and therefore a fundamental change in approach or underlying circumstances leads the initiatives of the scientists away from addressing the administrative problems that are there to the study of theories.

According to Schuyler (1976: 25, cited in Van Jaarsveldt, 2010: 28), "an important change occurs when the usual way of thinking about or doing something is replaced by a new or different way and difficulties begin to appear in functioning of existing patterns in that they cannot operate normally anymore". Van Jaarsveldt (2010: 28) is of the view that, in public administration, new models should be advanced to address newly emerging problems. Some of the scholars, such as Fox (2010: 29) and Thornhill, 2010: 95), announce publicly that public administration cannot be given the status of modelling governance due to not having universally accepted theories. This can be regarded as expression or application of human creative skill and imagination

rather than as a systematically organised body of knowledge on a particular subject (Sebola, 2012: 407). Gulick and Urwick (1937: 191) argue that the framework from which knowledge is constructed for a research study of public administration is not properly ascertained and established. It is the current researcher's opinion that Public Administration is indeed a science. This opinion is based on Pauw's (2001: 133) explanation of what a science is. According to Pauw, Public Administration indeed makes great efforts to find, plan, arrange and have a portion of new knowledge and insight regarding elements of the responsibilities of officials of the state that are not readily available, such as providing leadership and guidance.

According to Maserumule (2011: 4), "despite the acknowledgement of Public Administration as a vital variable in the model of governance occurring at the same time, it plays a crucial role in aiding government departments of teaching focus from lesson plans to approaches to reaching efforts to improve communication, even how the duties are executed". Maserumule argues that, as a philosophical field, public administration is restricted to administration, which merely studies government undertakings or responsibilities. Public Administration negates the proportions of budgetary deficits and unstable economy to the government study. According to Mthembu (2001: 2), a shift from public administration to public management is highly commendable, since South Africa is not protected, especially from an obligation to the effect of globalisation and changing technology, cultures and populations in the public service. In addition, public management shows that it is a plan of action directed at satisfying the challenges of the world's demographics, and at encouraging competence or skill expected of a professional, answerability by managers for ensuring transparency andopenness and an organisation that focuses on its customers and their requirements, and the needs of public service (Mthembu, 2001: 2).

2.7.2 Management of public hospitals

The National Department of Health (NDoH) (2010) *National Department Strategic Plan 2010/11–2012/13* - Pretoria: Government Printers (Theletsane, 2014: 836) has

confirmed its validity and obligation to all South African citizens with regard to service delivery of quality healthcare, in a way that achieves productivity and in a customer-friendly domain and surroundings. In its venture to improve the quality of service delivery, the DoH published its medium-term strategic framework, often referred to as the 10 Point Plan for the period 2009 to 2014 (see Nkuna, 2015: 19).

In alignment with strategic point number 4 of the 10 Point Plan on “overhauling the healthcare system and improving its management” (Qwabe, 2015: 21), the DoH identified key activities to be provided and to improve the management of hospitals (Motsepe, 2015: 14). While significant inroads have been made in addressing some of the key deliverables aligned to strategic point number 4, a number of challenges continue to hinder effective and efficient delivery of quality healthcare, such as providing the care the patient needs in an affordable, safe and effective manner (Pillay, 2010: 45). Some of the challenges identified were systematic in nature, for example, the lack of relevant and pertinent legislation and policies, while in other cases, the challenges related to capacity constraints, such as the competency levels of hospital CEOs, a lack of proper training, a lack of strategic support, and the lack of capability to deal with small operational issues (Maserumule 2011: 4).

According to (DoH, 2003b), a combination of services rendered by the district hospitals comprises deeply distressing and disaster care, in-patient care, out-patient visits, paediatric care and obstetric care. A limited number of level 2 (regional hospital) services can also be provided by the larger district hospitals to improve access and to facilitate easy reference to level 2 hospitals (Doherty, 2014: 92). The services are supplied by family physicians, general practitioners, and clinical nurse practitioners from primary healthcare (PHC). These hospitals may only recruit specialists just like clinicians who have received speciality training in the broad positions of healthcare professionals of primary care, paediatricians, obstetrician, gynaecologists and general surgery. The salary level of the post as manager of a district hospital will be level 12 (Pillay, 2010: 32).

Most probably, one of the most cited opinions pertaining to the two concepts of ‘managers’ and ‘leaders’, are a Warren Bennis summary statement, “[m]anagers are people who do things right, and leaders are people who do the right things” (Bennis &

Nanus, 1985: 21). They explain this as follows: there is intellectual depth, which "entails having an in depth understanding of the emotions of others, capability to respond to those emotions in a real understanding matter is an example of profundity" and there is a difference between 'management' and 'leadership', although both are crucial concepts (Bennis & Nanus, 1985: 21). Furthermore, managing entails having the necessary tools and equipment with regard to complete testing and measurement of key performance areas. In addition, managers have a particular skill, which puts the managers in a position where they will be able to in, instruct and choose the means to achieve the end goal that the leader has formulated. This leads to creating a vision to direct the organisation. In effect, the function of a leader is to instil inspiration in the followers to attain the expected results of teamwork in order to motivate other employees to achieve specific objectives, and to lead the organisation in the direction of productivity and profitability (Bebbies, 1989: 45).

Because of the broad nature of the terms **leadership** and **management**, they are at times used interchangeably, but showing distinctions as well. According to Bryman and Bell (2015: 120), these distinctions emanate from yardsticks, such as:

- **Legitimacy**: With regard to managers, performance mostly comes from leaders' results, or is based on "their [conformance to the rules set] position in the formal hierarchy of an organisation" and also pertains to the roles and responsibilities involved, whereas managers have a broader knowledge and more confusing and conflicting positions.
- **Positions in the organisation**: Managers can usually be seen in middle-level positions, while leaders can mostly be found at the top of the hierarchy.
- **Power**: Managers mainly derive their power from their formal positions and regulations, while leaders influence people through more informal methods.
- **Type of action**: Managers can be effective even if no change is involved "maintaining the *status quo* while leaders are usually associated with change transformational leadership" (Bennis & Goldsmith, 1989: 63).

Researchers, such as Zaleznik (2008: 128) –

> "[Have] put forward the distinction between the managers who rely more on their formal positions and leaders who rely more on their personal abilities. Accordingly, managers are using administrative matters, such as planning, budgeting, organising or controlling, as the tools or means to achieve the end goals, whereas the leaders rely on visions, coalition building, inspiration, feelings, and thinking. From this point of view, managers can either be only managers, or they can be managers and leaders.

As far back as the late 1980s, Bennis and Goldsmith (1989: 45) "have singled out that leaders mastered the set of facts that surround a situation or event than to give up to it".

2.8 SUMMARY

As a discipline and a practice, Public Administration has the power to have an important effect by many models and patterns, directed at improving the operations, success and regulation of public institutions for better service delivery (Nel & Haycock, 2005: 247). In future, if discussions on governance were to explore new avenues for addressing the current crisis of securing the necessities of life and capacity for directing, it would seem necessary to move –

- away from the available standard plans of controlling towards motivating the innovation and inventiveness of people in real social settings (see Magubane, 2013: 57);
- away from technology and technical methods of restructuring state institutions towards an open discourse on the needs and change in specific institutions and programmes (see Pillay, 2010: 33); and
- away from analysing and reviewing state institutions towards a clear acknowledgement of the interconnectedness between the three domains of government (see Anderson, 2010: 55).

The public sector is a significant part of the national economy, dealing with the supply of items and activities to the state and citizens in dynamically changing socio-economic conditions. According to Białas (2007), increased interest in the issue of

management of public entities, both from the government and practitioners, public managers and those including but not limited to a corporation or partnership who demand a modern view of public organisations. In spite of the fact that the experience of South African enterprises is vast in the implementation and application of the services rendered by the state owned entities, for example, controlling solutions that could be implemented in the public sphere is not common and impressive. Some experience can be successfully transferred to public entities about which data will be captured or stored.

What are the effects of functional social culture on leadership theory and how knowledge is produced? On condition that the survival of the subject Public Administration depends on its ability to meet the requirements of knowledge needs of government, it is imperative for scholars and researchers to ensure at least that the main variable, namely leadership is functioning in the best favourable way. However, it should be useful to formulate the core knowledge needs or priorities for the South African government.

The six generic administrative processes such as, policy and policy making, organising, financing, staffing, control and work procedures were also discussed in details and provided the functions of public administration. The above-mentioned concepts are relevant to the study of leadership in Matlala District Hospital and relates to its hierarchy, authority and control. The significant difficulty for scholars in any subject when producing knowledge that has practical use, rather than being concerned only with theory, is to unlock implicit knowledge, which is gained through incidental activities, or without awareness that learning is occurring in order to understand what is termed to be ‘unknown’, or to comprehend what should be known.

CHAPTER 3: THEORETICAL FRAMEWORK: LITERATURE REVIEW ON LEADERSHIP IN THE PUBLIC SERVICE

3.1 INTRODUCTION

The purpose of this review of the literature is to report on the studies relating to the subject under investigation. The transformational and transactional leadership styles practised at Matlala District Hospital are some of the issues that will be discussed in this chapter. The relevant theories relating to leadership roles were therefore explored in the current study. Kouzes and Posner (2012) note that much research has already been done on leadership interpretation and they describe it as the process of finding ways and means of achieving the necessary without the aid of others, that is to say on their own (Kouzes & Posner, 2012: 283). Bearing in mind that, over the years, change has taken place in terms of how leadership is perceived, and this progress is continuing in terms of improving leadership practices (Adegboyega, 2009: 63). Leadership theories analyse differences in understanding circumstances that are at the helm of the organisation in order to achieve success (Walker, 2013: 48). Leadership research shows what should be done in two ways, namely what occurs in the events of one's everyday life and in the work environment (McConnell, 2012: 168). In short, this study wanted to emphasise that leadership is necessary to ensure hospital service delivery and requires the cognitive skills that appropriately -gives leaders an opportunity to up skill staff and expand their capabilities to be able to achieve organisational goals (Kouzes & Posner, 2012: 63).

This chapter presents leadership styles for transformational and transactional leadership practices based on the literature review. These styles were adopted over the years. For the purpose of the study, it was argued that leadership styles might influence successful workplace management and partially determine employee satisfaction at work. This could also lead to increased productivity. In addition, this chapter reflects mathematical concepts and studies related to the philosophy of leadership and leadership characteristics that are most important in an organisation and also in public service (Bass, 1990: 21; Northouse, 2010: 33). The link between

mathematical concepts and leadership is theprocess of influencing others commitment towards realising their full potential in achieving a value added vision with integrity.

This chapter therefore outlines the theories of transformational and transactional leadership. **Transformational** leaders are successful leaders who direct change in an organisation so that people may feel revitalised and inspired about the work they are doing and where they are doing it (see DoH, 2012: 20). Additionally, transformational leadership involves creating a vision and mission to take the lead in the required changes through inspiration, identifying the changes, and executing change in conjunction with members committed within a group (Lee, 2012: 169). The expected results of transformational leadership are leadership that is original, autonomous thinking, and ensuring employees are content with their working situation (see Botting, 2011: 14–19). **Transactional** leadership involves negotiations, exchanges and appointments with elements of manager–employee agreements; hence, the name 'transactional' (Bass & Avolio, 2004: 33). Bass and Avolio (2004: 33) explain, "[t]hose that are labelled as transactional leaders, show more flexibility in monitoring followers to enforce rules of the organisation. In other words, although they are still likely to be transformational at times."

According to Doherty (2013: 32), the provision of service in terms of the challenges hospital managers face, is a basic unit which emanate from the World Health Organisation (WHO), is completely separated from finance, administration, pharmacy and sometimes doctors do not see patients as their client due to lack of resources in the hospitals. Many managers do not manage the gap doctor-patient relationship very well. Senior management team meetings, in particular, have to deal with obstacles to good clinical care (Magubane, 2013: 89).

Managers seem to focus on finance and human activities, or respond to internal communication from headquarters in terms of circulars forwarded (DoH, 2012). The lack of action by the DoH in Limpopo regarding the resource problems identified by hospital managers in meeting the project plans set by the district and provincial offices,

as well as health professionsls not focusing on patient care as a primary function of the hospital, and the use of judgement about what an illness is or test result proving that something is correct or not. One reason is the lack of training for general hospital administrators and the lack of specific training on critical areas in the hospital, such as high maternal mortality rates, that is, high rate of babies dying (Walker, 2013: 48). These are compounded by the weak administrative support for executives, which means they are unable to continue to solve problems arising from administrative functions. Head office staff frequently complain about hospital results, but fail to create an encouraging atmosphere or to take collective responsibility for problem solving (Doherty, 2013: 32).

Table 3.1: Conditions of medical care and supervision affecting the Matlala district hospital

DISTRICT HOSPITAL – LEVEL OF OVERSIGHT	PROBLEMS WITH OVERSIGHT
The hospital administrator was not compelled to be a health professional (unlike during the apartheid era up to the 1990s). The same is true of district hospitals despite the fact that tertiary hospitals have changed as they were provided with a lot of resources.	Where the hospital manager is not a health professional, it is difficult for him or her to engage in clinical management of situations. Some health professionals are no longer taking up the role of medical care directly. This is an issue where medical management is scarce.
The senior management team of the hospital comprises the hospital director, medical director, nurse manager, financial manager, system manager and human resources manager and has a keynote in the hospital.	This team is not always successful when it comes to solving problems affecting patient treatment, which clinical leaders could not address due to shortage of medicines.

DISTRICT HOSPITAL – LEVEL OF OVERSIGHT	PROBLEMS WITH OVERSIGHT
Health and medical administrators occupy key clinical governance roles. These managers are reported to the CEO by other doctors and health professionals at the hospital (except nurses). The medical director (or hospital administrator at the main hospital) reports to the hospital administrator, and joins the senior management team as well as nurses, staff, financial services and administrative services to work as a team and forms part of the hospital's workforce.	Major administrative burdens often impede medical careers. No one ever follows a patient record-keeping system or checks that a patient's treatment meets medical standards and is cost-effective (Van Rensburg, 2012: 10). If a medical examination is done, it is usually not done properly (Magubanew, 2012: 85). The clinical risk management plan is rarely available (DoH, 2015).
Clinical personnel are responsible for conducting clinical audits, ensuring clinical effectiveness and managing clinical risks.	Quality enhancement committees are often run by staff who lack the authority to effect change.

Source: Van Rensburg (2012, 2–14)

With regard to the problems encountered by hospital leaders, the expectation is that they should meet certain requirements, such as having the relevant qualifications, experience and competencies related to the health environment, so that they can bring continuous improvement to the organisation. The Department of Human Resource Development section should take responsibility for ensuring the development of skills as well as the identification and enhancement of skills. If the leaders cannot perform optimally, retraining should be arranged. This can be done by conducting a skills audit through the Department for Human Resource Development (Van Rensburg, 2012: 13). A lack of leadership or the CEO not promoting leaders to develop training, may lead to the selection of inexperienced leaders with no public hospital expertise and knowledge. This might lead to a lack of optimal performance among health staff (Puoane, Cuming, Sanders & Ashworth, 2010: 428). Furthermore, employees might become demoralised when they are not empowered in terms of being trained and might then not do the best they can.

Furthermore, hospital management Matlala District Hospital is involved in the strategic plan, which stretches over a five-year span. Selected senior managers must review and revise the action programme of Matlala District Hospital by incorporating new changes that have been identified on an annual basis throughout the different units before the lapse of the five years. The reason behind this is to ensure that –

- budgets with all the itemised activities that are linked to how much money is left are passed with sufficient funds;
- requests for funds are made; and
- the annual performance plans that reflect all the key performance areas and rargets of activities that have taken place, must be requested (Bateman, 2010: 17).

Thirdly, the structural composition of the health sector in the province, in particular, the way hospitals are established, for example, prevents managers from performing optimally, as there are no strategies and proper succession plans in place in the Limpopo health department (Harrison, 2010: 24–26). Health professionals prefer and expect to be rewarded, acknowledged and recognised for the great work they do (Magubane, 2013: 65).

Fourthly, non-visible, assertive and vigorous leaders also play an important role in preventing problems related to the provision of hospital services (DoH, 2013a: 5–14).

In 2015, the Minister of Health appointed a ministerial task team (MTT) to investigate allegations of mismanagement, poor service delivery and unacceptable conditions in various South African hospitals, including Matlala District Hospital. The task team was appointed by the Minister of Health on 14 July 2015; subsequently, the DoH completed this research phase of visiting public hospitals (DoH, 2019: 45). According to the MTT terms of reference, the purpose of this assignment was to visit well-known hospitals, including the Matlala District Hospital, and to investigate the state of affairs regarding allegations of members' incompetence, lack of service delivery, and poor quality of patient care (Gqirana, 2015: 15).

The task team was required to research the relevant hospitals, and to obtain the results and recommendations as follows:

- whether patients' rights have been violated;
- whether any healthcare professional adhered to the code of conduct;
- whether the management of the hospital in a way contributed to the situation at the hospital;
- whether the support services worked properly;
- whether there were procurement procedures in place by Supply Management section, and whether these complied with their regulations;
- whether the oversight role of the provincial health department and the district management of the hospital were adequately exercised;
- whether the role of the management was to bring the standard of the hospital to the attention of the provincial health department and the Health Professions Council of South Africa (HPCSA) (Moodley, 2015: 87).

Recommend corrective measures needed to deal with crime that could have been found in the Hospital Strategy Project Module 2and Strengthening Hospital Management document (Qwabe, 2013: 21).With regard to health and deprivation of hygiene and safety in South African hospitals. A large proportion of the population has no access to basic health services, such as safe and uncontaminated drinking water and sanitation, an adequate nutritional cycle, the right to inoculation, better schooling, childhood, adolescent nursing and decent housing conditions (Benatar, 2011: 24). Some of the recommendations made to hospitals are the separation of powers, the functioning between political office bearers and administrators, as set out in the relevant legislation, especially the PFMA, 1999 (RSA, 1999b) as amended, and the Public Service Act (No. 103 of 1994) (RSA, 1994) as amended, in conjunction with the applicable regulations. It is acknowledged that the challenge to improve hospital performance is not only for hospitals itself, but also for the provincial health sector. The relevance of political office bearers in terms of hospitals is that they play a critical

role in health affairs by examining how health problems make it into the political agenda (Qwabe, 2013: 26)

Many public healthcare facilities are in a state of crisis, particularly as regards deteriorating infrastructure (Motsepe, 2015: 18). Thanks to embezzlement and misappropriation of assets, negligence and underfunding, therefore, service delivery in terms of rendering healthcare services will collapse (Madue, 2013: 37). This was “a result of what occurred in the Province of Eastern Cape, but it also affects other regions within the country” (DoH, 201410).

Health professionals have played a vital role in public hospitals for a long time, particularly in the rural areas, where most of the medical doctors do not want to practice (Mbele, 2019: 17). According to the DoH (2013a), between 2003 and 2012, “the sum of individuals in the nursing section comprises health professionals that exceeded 40% in terms of the nursing register”. Health professionals serving in the communities are recognised for their dedication and determination to work in communities, and the majority of them are employed by non-profit organisations (DoH, 2011c:90).

3.2 CONTEMPORARY LEADERSHIP THEORIES

Literature discussing leadership styles mainly focuses on two main scopes of leadership, namely transformational and transactional leadership. These two styles of leadership have been of great interest to many researchers in the modern age. Adopting either transformational or transactional leadership behaviour helps in the success of the organisation (Laohavichien, Fredendall & Cantrell, 2009: 7). This might probably be the reason why different authors of the recent past (such as Bateman, 2012; Heywood, 2012 considered transformational and transformational leadership as affirming variables, such as performance and motivation of employees (see Malherbe, 2013) and explored their correlation with other principle variables, such as inspiration and confidence (see Matsoso, 2012. Both transformational and transactional leadership help in predicting followers’ satisfaction with their leaders (Bennet, 2009: 24). Furthermore, in some situations, neither of the two leadership types can provide

the ultimate satisfaction to their followers and partly contribute as illustrative variables (Rowe, 2013: 15). A study by Chen, Beck and Amos (2005) found that followers were satisfied with the contingent rewards dimension of transactional leaders and the individualised reflection of transformational leaders. In this way, transformational and transactional leadership styles contribute to job satisfaction and employee motivation by showing variable outcomes in various situations. Over time, new theories of leadership and the most recent characteristics of the present have evolved (Silvestri, 2007: 38). Additionally, the transformational and transactional leadership styles were described as two of the well-known leaderships of contemporary styles (Waterman, 2011: 26). “In health system operations, change and transactional leadership models are also used” (Shibru & Darshan, 2011: 686).

According to Wart’s (2003: 214) theory of leadership, it is claimed that the capacity and skill to lead is established through rigorous preparation and skills acquisition. Aspects were established, such as considering and implementing the structure. The factor of consideration here refers to “[m]ost of the leaders shows concern for the well-being of other team members” (Bass, 1990: 511). This includes the ability of the leader to express gratitude for good work done, treating subordinates as equals, putting the suggestions of employees into operation, and getting subordinates’ approval before proceeding (Bass, 1990: 512; Yukl, 1989: 225). Relationships, interaction, mutual confidence and emotional warmth are thus geared toward considerate members (Seggie, 2013: 433). Initiating a design process refers to “the degree to which its members start a virtual mechanism occurring in or created by nature, brings order and coordination together, and specifies how duties should be performed” (Bass, 1990: 512). This component considers to what extent the leader insists on maintaining standards and meeting deadlines, making detailed decisions about what needs to be done and how it should be done, establishing channels of communication and organising work (Bass, 1990: 513).

Lussier and Achua (2011: 6–7) add, “leaders are made by making sure that they are groomed with leadership intelligence from a tender age and are not born as the ability to effectively lead, requires a very complex set of skills, mostly acquired through

experience". They recommend that leaders' capabilities and leadership qualities need to be monitored for the sustainability of good leaders and good organisational performance, so that many followers can be involved in many activities (Lussier & Achua, 2011: 7). In addition, Straker emphasises the need to train leaders to deal with the difficult situations they face.

According to Bryman and Bell (2011: 45):

> Meetings of peers and colleagues are scheduled and held for dialogue and sharing of views where members and health practitioners come together to share thoughts, perspectives they have experienced, and to affirm their personal opinions. They share what they previously learned and how that can contribute to future improvements. The tasks, the work which leaders are obliged to carry out is to bring the organisations to the highest levels in terms of achieving the objectives of the hospital in terms of the development and improvement of services rendered; leaders promote and instil a culture and a spirit of unity among employees. It is also important for hospital leaders to have good relationships with community members and ensure that the organisation provides patient care. Healthcare sector staff members need to get their leaders' support to deliver better service to their clients. You have to prove you can do the work and do it well, and respect comes with that. Being a good manager means you have to do the job and manage effectively in ensuring the consistent support of the team followers.

Literature on leadership has shown a progressive pattern, which starts from focusing on the attributes and traits of a leader (see, for instance, Steenkamp, 2012: 45), then focuses on behaviour (see, for instance, Straker, 2012: 22 and afterwards emphasises the contextualised nature of leadership and terms of effects on followers (see, for instance, Seggie, 2013: 433. Riaz and Haider (2010) state that effective leadership always plays a vital role in the growth and performance of the organisation. Their outcomes showed that, when compared to career satisfaction, job success is more dependent on leadership styles activities of management. Leaders confer the chance to lead the followers, not because they are appointed by senior management but because they are perceived and accepted by followers as leaders (Boseman, 2008: 36).

The idea of leadership due to the attributes of superior intellect and extraordinary leadership abilities may very well have started with the focus on the theory of “the Great Man” (see Leenders, 2012: 13). The proponents of the “Great mMan” theory assume that leaders are born and have certain intrinsic qualities that help them become influential; therefore, leaders cannot be made (Madue, 2013: 54. Due to tradition and times, perhaps the word ‘Man’ was intentionally used to indicate the role of males only. Originally, leaders were thought to be those having success stories, which were largely linked to with military men (Bolden, 2004) and religious organisations. Existing literature on leadership styles has further substantiated the common characteristics of leaders, which distinguish them from followers (see Motsepe, 2015: 82. Another school of thought came with the idea of situational theories with the assumptions that the appropriate behaviours of leaders are those which are most inclined towards situational variables, such as noise and temperature (Griffin, 1999: 64). Related theories were presented later on with similar focus, such as contingency theory, which was related to environmental variables to figure out the leadership style concerned with a situation (see Motsepe, 2015: 25). No specific leadership style is the best fit for all situations as it depends on the characteristics of leaders (see Author, date), and the abilities of their followers (see Author, date), and the most critical is the complexities of the situations and problems on hand and the role of issues in overall organisational success (Griffin, 1999: 70).

3.2.1 Transformational leadership

According to Murphy (2008: 165), “transformational leaders are able to interact with the followers and take advice from them when addressing issues that are challenging to develop teamwork within the hospital”. The current study argues that transformational leaders facilitate new understandings by increasing or altering awareness of issues (see section 3.2). As a result, transformational leaders foster inspiration and confidence to put in extra work to achieve common goals (see Fiaz, 2017: 143). Transformational leaders serve as agents of change by awakening and changing the behaviour, quality and motivation of followers from low expectations to high (see Emuwa, 2017: 296). They have dreams, build emotional relationships with

followers, and to realise the more selfish objectives and believe in them (see Dartey-Baah, 2016: 328). Barling (2014) states that a transformational leader must participate in a lower level to higher level above his or her individual needs in order to accomplish the goals of the organisation first.

Transformational leadership is the latest leadership style propounded by leadership researchers (Dartey-Baah, 2015: 99). Burns (1978:48) presents and considers the initial construct of 'transformational leadership'. In 1985, Bass proposed his new theory, the Bass Handbook of Leadership theory, based on what Burns (1978: 49) had suggested. Burns' efforts focused on how hospital leaders managed the challenges experienced. xxxx. This led to the formal presentation of transformation leadership. The theory behind transformational leaders is based on the hypothesis that leaders can exploit a need of the follower (see Magubane, 2013: 14). These needs of individuals become associated with their internal satisfaction and motivation (see Northouse, 2017: 95). The purpose of the current study was to ensure that transformational leadership adds value to transactional leadership in relation to leadership at public hospitals, as it emphasises followers' personalities, attitudes and beliefs on performance outcomes, and results made positive and greater (see Dartey-Baah, 2015: 99). The foundation of the transformational leadership style is the leader's ability to motivate his or her followers to accomplish more than what the followers had planned to accomplish (Tsuchiya, 2016: 75). On the other hand, there are transformational leaders who strive to deal with greater need of followers by influencing them (Judge & Piccolo, 2004). It is the leader's duty and responsibility to motivate followers to be optimistic, regardless of how difficult it is to carry out their duties (Morgan, 2005: 27). The leader who introduces this kind of leadership has charm and can inspire his or her followers to be more successful and raise their ambitions and boost the services provided. Transformational leaders pass their skills on and share ideas to confirm followers' personal opinions to achieve exceptional goals (see Mbohwa, 2015: 925). The true leader puts in extra effort and takes the initiative by making an effort to fulfil the assigned duties. The transformational leader will share the psychological outcome of the perception and learning he or she has accumulated, and will communicate this to his or her followers in a language that

matches their vocabulary (see Marais, 2011: 190)). In a way, the traditional transformational leader pays attention to followers' interpersonal perceptions to change the way they think, the way they respond, the way they act against behaviour of individuals, and how things are done to others (see Kouzes, 2012: 92). The broader aim is to instil a culture of dedication and determination in the individuals, so that the mission and vision of the organisation can be understood, and be explained as required. Transformational leadership, in turn, "offers hope for a morally noble relationship between leaders and assistants" (Daft, 2014: 42).

Followers have awareness, experience and different abilities, and ongoing workshop preparation and attending conferences would have a positive influence on emerging leaders (see Taplin, 2017: 10). It is obvious that followers need a clear vision and goals when they accept a positive transformational leadership style approach. They are people with the confidence to instil trust in the organisation, and they are always regarded as transformational leaders with positive traits (see Turing, 2017: 64). They can also lead their team members from various divisions to be exceptional and achieve organisational goals (Dust, Resick & Mawritz, 2013: 413). Transactional leadership has been described as the process of exchange between the leaders and followers (see McCleskey, 2017: 117). An organisation that supports hospital managers will encourage them to apply techniques that will bring improvements to the organisation to comply with the prescriptions of the organisation (Bass & Avolio, 2004: 34).

Importantly, dynamic leaders empower their followers to function independently without being continually pressured or supervised, and do not allow anything to stand in their way to achieve their objectives (see Angwin, 2016: 82). Burns*,* Grove*,* and Gray (2011) note that, as a result, what managers expect to see from followers or employees can be the same as what followers also expect from leaders. Moreover, transformational leadership involves leading by example, and includes motivation, assigning roles and responsibilities, setting clear goals and priorities, and providing excellent directions to bring about change in the organisation. In turn, Zhu, Sosik, Riggio and Yang (2012) declare that leadership in transition "has an impact on the

work attitudes of followers and the performance at both the individual and organisational levels".

Furthermore, the current study argued that transformational leadership represents a leadership style in which the leader values the importance of teamwork highly (see section 3.2.2), collective tasks for helping managers use the approaches in the workplace (see section 3.2.2), and provides the ability to benefit from common experiences and transfers authority to followers to carry out work effectively (see section 3.2.2). Transformational leaders create a shared vision in which leaders provide a meaningful and creative basis from which to bring about change (Humphrey, 2012: 247). A leader in transformation "focuses on organisational processes and identifies management arrangements through which transformation leadership has deeper impacts" (Moynihan, Pandey & Wright 2012: 143). The deeply rooted argument is that the formalised best practices necessitate visions of leaders to be translated into proper actions and institutionalise their characters, in another respect, then the vision remains meaningless with no reality when employees do not engage and agree on the vision (see Moore, 2013: 25).

3.2.2 Elements of transformational leadership

Transformational leaders promote training and development involved in setting goals and qualities for followers and leaders, with the goals to be achieved within the organisation (see Lee, 2012: 173). Therefore communication between staff members and managers will be encouraged (Robbins & Anderson 2007: 234). Furthermore, transformational leaders promote the act of binding, and followers who fully share ideas and confirm personal opinions, inspire, infuse and inculcate a culture of confidence in asserting that employees have the ability to perform optimally to achieve goals (Rearick, 2007: 283). The most significant of these "transformational leadership elements ponder a course of action that brings transformation and involves idealised power, positive incentives, psychological incentives and reflections on the topic" (Bass, 1999: 12). Maslow's core needs and stages of growth by using self-actualisation capabilities. Transformational leaders believe that when managers are

not available, followers can step in front of others and make sure the organisation is taken to a different level.

- **Idealised influence**

Charisma is also referred to as an idealised influence (see Van den Heever, 2010: 21). A leader who exercises this kind of leadership gives followers an ideal role model of unusual abilities and determination with which they can identify. Such leader also displays some features of transformational leadership, and commitment between managers and staff should be made jointly (Russel, 2011: 368). In addition, an idealised effect is about ensuring that the organisation and its members are committed to integrity, dignity and representatives (see Van den Heever, 2012: 45). Followers who trust their leader to do many things and to be informed about many events, do not doubt that he or she could bring about positive organisational changes (Northouse, 2010: 151). It is imperative that leaders and followers behave in an ethical and professional manner and adhere to accepted social or behavioural standards (see Whitehouse, 2013: 9).

An idealised influence is often the way for participants to advance to higher-status positions in terms of their own personalities, which implies that transformational leaders often motivate people (see Lee, 2012: 173). A transformational leader promotes him- or herself to be where he or she is, that is, to achieve the success of elevating the organisation and a lot of people recognising the favourable duties done (Brown, 2013: 80). Transformational leaders and their followers can express their ideas to each other, such leaders allow their followers to come to their offices at any given time, as long as they are free and available, and are accessible (see Bateman, 2013: 706). Additionally, followers will have the opportunity to clarify their case from an emotional standpoint and offer suggestions for their participation in decision-making (see Magubane, 2013: 28). Followers should be given incentives and recognition for the roles they play, and should get the recognition they receive from their managers or leaders. Idealised influence is related to the leaders' behaviours with which followers can identify (Arnold & Feldman 1998: 201).

- **Inspirational motivation**

Inspirational motivation has a positive correlation with the dimension of idealised influence (see Northouse, 2016: 76).

> [The independent purpose of inspirational motivation is] to enable the emotional intelligence of followers and involve them in the actions taken by the organisational settings in formulating, adopting, implementing, exploring or transforming environmental policies, motivating and giving them the freedom to contribute immensely to the organisation, where they can be seen in their performance and participate in driving the organisation's goals, objectives and strategies (Bass, 1999: 35).

This type of leadership improves a spirit of solidarity, encourages followers to reach beyond what is expected of them, and increases productivity (Northouse, 2010: 178).

Importantly, a transformational leader gives his or her followers an opportunity to be creative and innovative in achieving their expected outcomes (see Polit, 2017: 54). A transformational leader encourages the work of the followers or team members to contribute to decision-making, and they take appropriate actions independently through self-management (DuBrin, 2013: 78). Followers are inspired to be think-tanks and to see the problems that arise the methods and techniques to solve them. Burke (2011: 256) explains:

> Transformational leadership: places expectations on the future leadership of the leaders and gives them the ability to attend meetings at different levels, such as low, middle and senior management. They encourage individuals to engage with the organisational culture in order to understand the situation they were placed in.

Transformation leaders ensure that their followers are given a report back or feedback in recognition of the good work they have done (see Lambright, 2011: 783).

- **Intellectual stimulation**

Intellectual stimulation requires a cycle involving interaction with other followers and consenting to the issues that may occur, as well as creating high-quality solutions (see Hamilton, 2013: 84). In one of the organisation's challenges, leaders are concerned with developing and implementing corrective action plans. They encourage people to have a reasonable chance of constructive problem solving based on their shortcomings and not to wait for a crisis to arise before they act (see Belias, 2014: 187). A corrective action plan will discuss the root causes faced in certain organisations and will establish mapping processes (see Olivier, 2014: 94). Organisations promote the extent to which the leader takes care of tasks and views, and depend how many followers are stimulated and foster innovation (Stone, 2010: 157).

The transformational leader does not chastise followers when they make make mistakes; however, such leader will call them in privately and talk to them in a pleasant manner, thereby motivating followers and letting them realise they were wrong. This may cause followers to acquire the ability to make a greater effort to enhance their performance (Burke, 2011: 256). Followers will be given challenges with high standards, which will inculcate moods of optimism about the future achievement of the goal and provide a meaningful task (see Whittaker, 2017: 73). Due to a favourable mix of circumstances with methods and resources, there is a possibility for followers to achieve their goals. Liu and Liao (2013: 41) note, "transformational leaders express a vision that is compelling and encouraging, guiding and leading by example, and when it is about time for work to be done and ensure that services are rendered even if the resources at that particular organisation are minimal".

- **Individualised consideration**

Individual organisational awareness is the focus of transformational leadership, and leaders recognise the needs of followers, act as mentors, and devote time and attention to listening to their concerns (see Posner, 2012: 71). Followers are regarded as members in accordance with the talents and analytical abilities they possess (see

Kouzes, 2012: 36). The leader looks at individual expectations and desires about the partial mediation of the relationship between transformational leadership and team performance; inspiration and confidence are based on the synergy between transformational leadership and helping employees (Shin & Zhou, 2003: 704). Evidence suggests transformational leadership in government organisations may be more effective than in the private sector (Burke, Lake & Paine, 2014: 201). The *Sowetan* newspaper (Maponya, 2014: 38) has shown that when spectators connect to people who are overwhelmed by their work, football coaches who are transformational leaders of change have strong goal outcomes. Pitso Mosimane, for example, who is the head coach of Mamelodi Sundowns (season 2016–2017), hires a technical team to motivate his players and allows his colleagues to share their professional experiences with the soccer players (Maponya, 2014: 38). The coach also assures what makes the followers fail or succeed, and can provide the help needed to perform tasks well and to execute duties optimally. Transformational leaders try their best to make sure their followers are trained as leaders of the future. They relate to followers' perceptions of key performance issues in leadership (see Botha, 2014: 329). "The principles of accuracy, reliability, accuracy and certainty have been adopted to form the core components of leadership capable of producing an intended result" (Salkind & Green, 2009: 754). Providing individualised support is a feature of a leader who honours and respects his or her followers and who is concerned with his or her followers' well-being, needs and personal feelings. If, for example, an employee is found to be suffering from occupational depression, finding ways to help him or her by offering individual support is critical (Si & Wei, 2012: 299).

Bennis and Nanus (1985) have contributed to the transformational leadership theory and have identified four specific approaches used by the leaders in an organisational change. First, transformational leaders express a clear vision from within the leaders of the organisation as well as the followers. Second, transformational leaders lead and transmit a path that changes the culture of the organisation through values and norms. Third, transformational leaders establish transparency, promoting trust and confidence in the organisation, through the power of morality. Finally, transformational

leaders use the commitment to express themselves better and have higher expectations and expectations because of their commitment to learning.

Essentially, *ubuntu* as a relational concept underscores the mutual respect and care that human beings should have for one another. This underpins transformational leadership in an age of dramatic global change. 'Transformational leadership' "is a term that arises from business literature and is now spreading into other fields of study of leadership" (Khoza, 2004: 27). It is an effective source of teamwork and provides the modern business with a shared vision for driving efficiency while it also spurs innovation (Wolfaardt, 2018: 29. The 'leadership community' concept has the potential to transform an organisation from the top down in terms of its structural composition and transforms command-style leadership into servant leadership, which is a form of consensus in which leaders exert influence, rather than issue commands Martins, 2016: 61. Through humanism, transformation has come to mean that the leadership of an organisation should be fully committed to serving stakeholder interests and should be dedicated to the principles of corporate citizenship, environmental care, and staff empowerment (Dust et al. 2013: 413).

Frick (2004:91) reports that the enduring values of *ubuntu* can be translated into a number of distinct transformational leadership characteristics:

- the roles and responsibilities of servant leadership are always at the forefront of the leadership hierarchy and imply that leaders derive their power from individual characteristics in collaboration with followers or servants;
- cohabitation refers to the propensity or desire to live harmoniously with others, not only in terms of sharing the same space but also in terms of accommodating the ideas of others and seeking to understand them before influencing them;
- 'social arbitrator' is a term used by a leader to meet conflicting demands and to ensure that his or her leadership decisions reward each stakeholder with submission;

- leaders do emotional intelligence introspection as they carry out their duties. This also refers to their positions as servants to be able to reward their followers;
- a paradox is an inherently nonsensical or contradictory argument that is often associated with leadership because of the contradictions that lead to self-contradiction of all sorts (Frick, 2004: 91).

These five features connect *ubuntu* principles, such as humanity, harmony, respect, honesty and integrity with the qualities of the leader in question (Olivier, 2014: 84). Successful fellowship has been recognised as one of the primary ingredients of leadership. Leaders are nothing without their followers; consequently, it is inevitable that a star-struck society should focus on leaders in analysing why organisations succeed or fail, but the longer one studies effective leaders, the more one becomes convinced of the undervalued importance of effective followers Andrews, 2017: 75). Bennis and Goldsmith (1989) summarise the most important points, namely, that a good follower's most important characteristic is his or her willingness both to tell the truth and to show dissent. There are few followers with the courage to do so, and this is why one mark of a good leader is that he or she encourages dissent and shows recognition for the person who steps out of line in the conscientious service of the truth (Khoza & Mohamed, 2005: 278).

3.2.2 Transactional leadership

A leader who practises transactional leadership tailors leader–follower exchange assignments, while followers accede to the leader's directives, and he or she rewards their efforts. With regard to transactional leadership the current study centred on leader–follower exchanges. Followers perform according to the will and direction of the leaders and positively be rewarded for their efforts. Followers who are constructive may be thanked and respected when they achieve objectives determined by the leaders. Followers could be positive, such as praise and appreciation, if subordinates meet the terms and conditions directed by leaders to achieve the assigned goals. (Gilani, Cavico & Mujtaba, 2014: 64). On the other hand, if followers either fail to obey

instructions or fail to stick to the rules and regulations, they will be admonished, however, positive measures will be implemented to motivate and inspire followers. In this regard, there is retribution for wrongdoing and penalties for employees. It has to be pointed out that transactional leadership is not the right fit for organisations where individual initiatives are encouraged (Whittaker, 2017: 64).

Transactional leaders identify the roles of the leaders, encourage followers to achieve their goals, and articulate the vision of the organisation (Auriacombe, 2012: 52). According to Northouse (2010), five major behaviours are related to transactional leadership characteristics, namely, the ability and capacity to –

- communicate and work with team members on a voluntary basis;
- create a partnership that comprises building cohesiveness;
- direct and lead productive and successful team meetings;
- develop capable project management skills; and
- communicate what to do and how to do it with the followers, and then monitoring them closely.

Followers perform reward-based activities, earn competitive bonuses for good performance, but are admonished for poor performance. Followers assume that reaching the predetermined criteria requires measures to adjust their actions in order to perform as directed (Northouse, 2010: 180). Transactional leaders clarify the role and job requirements, and provide both positive and negative rewards to followers based on successful performance. Unlike Burns (1978: 49), Bass (1990: 511) signifies that transactional leadership is the key to effective leadership, and argues that leaders need to exhibit transformational and transactional behaviour to some extent. Typical of management that displays transactional leadership is that it involves the setting of goals and targets while monitoring the results to ensure that resources produce the intended outcomes (Bell, 2014: 32). Bass considers this method of individual control to be successful, although restricted in scope, and points out that transformational leadership is required to take the process beyond achieving goals in order to achieve greater meaning and intent (Bass, 1999: 563).

Transactional leaders, according to Northouse (2010), are concerned with the day-to-day transactions involved in organisational governance. Based on Northouse's construct regarding a leader's ability to deliver good communication, a visionary leader has the ability to understand the direction that the organisation is taking. This type of leader often has good linguistic and verbal abilities, and is not afraid to use those qualities to manipulate subordinates. In addition, he or she works with the team members on a voluntary basis (McCleskey, 2014: 118). The leader who can develop symbols, possesses the ability to present his or her vision through symbols. Such symbolic leader is open-minded and motivated to accomplish his or her task as a leader and to establish a cohesive relationship with his or her subordinates (Lee, 2012: 173). An innovative leader is not over-sensitive, is eager to try new things, builds systems, and is not afraid of failing (Belias, 2014: 187). Innovators motivate their employees to be creative, and they trigger followers' self-actualisation processes and the ability to lead effective team meetings that make things happen in a hospital or any organisation (Doherty, 2013: 32).

In addition, such a leader may define which processes need to be followed, so that the goal set is reached at all levels within the working teams of the organisation. Leaders need strong and bold project management skills as well as the ability to build networks outside the organisation, and they can represent the organisation to stakeholders naturally (Northouse, 2010: 180). Followers regard transactional leaders more favourably when the leader respects the bartering or trade of goods and services, and their partnership grows deeper over long periods (Dartey-Baah, 2015: 99). When roles and job expectations are evident, and moral and ethical values are maintained, there is also an evident sense of direction and task assignments. Transactional leadership does well with a major change in the relationship between workers and leaders (Northouse, 2013: 63).

Transactional leadership further involves leaders clarifying the roles and responsibilities of employees or followers, and then giving punishment or rewards according to their performance (Hanyane, 2012: 64). Transactional leadership sees senior management as a transaction line in which they use incentives and coercive

powers to give orders and share compensation for the services provided (Hayward, Amos & Baxter, 2008: 18). Therefore, transactional leaders consult with their subordinates about what they will have to do and how they should do it, and then ensure that there is comprehensive follow-up.

Research through DuBrin (2006: 105) has identified three aspects of transactional leadership outlined as follows:

A contingent reward: Followers are always looking forward to receiving resources that help them do their work. Followers should be encouraged to meet their deadlines and work beyond the call of duty when leaders give rewards and monitor performance for disciplinary actions. This leads to a partnership for continuous learning between a leader and a follower and a greater understanding of followers' position in the organisation. Such employees feel more committed that they are able to carry out the organisational responsibility (Dartey-Baah, 2016: 73).

A contingent reward involves the leader clarifying expectations and acknowledging when he or she achieves goals. The leader's conduct should result in expected performance by individuals and groups (Bass, 2004: 217). A contingent leadership of rewards, that is power of a leader to confer rewards on employees to influence their behaviour is based on political, economic and emotional interactions, by defining the needs of the sector and rewarding the desired results, or praising them. It is a positive transaction, is fairly successful, "and adequately moralises followers, but to a lesser degree in some writers" in comparison with transformation leadership (Bass, 1998: 130).

Management-by-exception can be either active or passive: When management-by-exception is passive, the leader waits until something goes wrong and only then action is taken to resolve the situation and tackle problems (Emuwa, 2017: 313). These leaders wait on the sidelines until the followers have made mistakes and respond with negative punishment afterwards (Sebola, 2012: 407). The management-by-exception mechanism, therefore, simply ensures that "management focuses on policy plans and decisions, interacting with day-to-day operations only when there are

significant deviations" (Mujtaba, 2014: 25–42). Most importantly, the organisation needs to be able to set rules, regulations and standards to follow. Unless appropriate protocols are established and followed for ensuring enforcement, management-by-exception cannot be accomplished (Gqirana, 2015: 21). Guidelines and standards need to be circulated in various areas, and be included in the notice boards so that followers can ensure conformity with standard operating procedures and at the same time,. When it comes to aggressive management without guidance, the leader must always be in control of the situation and prepare ahead for problems that may occur. He or she must further ensure that processes are in place to cope with the situations they face. If the followers have made mistakes, the leaders must work hand in hand with the followers by creating a corrective action plan (Munaf, 2011: 134).

The management system is "accessible by a leader who defines the terms of the agreement, including those that do not work well, and may discipline the followers for not meeting those conditions. It involves follow-up results and taking clear steps when errors occur" (Bass & Avolio 2004: 218). It is a process that focuses on the negative effects. The leader monitors sub-standards or deviations from the norms and standards, and ultimately provides corrective actions.

Monitoring and evaluating deviations and non-conformances from criteria and standards: The community working for contingent incentives requires transactional leadership (Moodley, 2015: 37). A contingent reward programme is focused on meeting individual expectations and goals and on using ratings to encourage workers to obtain benefits, such as cash incentives or extra vacation days (Burke, 2011: 257). With regard to transactional leadership, money and rewards are all a true reflection of what individuals have accomplished, and how followers and leaders relate to them, will be conspicuous in terms of exchanging favours when carrying out their tasks (Van Eeden, Cilliers & Van Deventer, 2008: 253).

According to Bass and Riggio (2006: 76):

> Transactional leadership is, in essence, a style that focuses on the organisation's attained goals and relates to driving and guiding the organisation with respect to

> the individual's rank or role. The leader must prioritise workers in terms of defined priorities and objectives in the rendering of health and social care programmes. Local leaders comply with the appropriate action plans, approved conduct or action protocols, and standard operating procedures with a specified sequence of steps to ensure balance and consent of views in carrying out duties.

As far as transactional leadership is concerned, the current study argued that leaders have clear view regarding employee motivation, and can make the necessary changes to management where the followers are motivated by the recognition they receive and where followers are taken to a different level (Munaf, 2011: 134). It must be pointed out that change is inextricably linked to leadership, which is why the term 'transactional leadership' focuses on, enables and maintains effective and efficient management of the organisation (Jamaludin, 2011: 52). Bass (1985) points out that there is a serious weakness in the work of Burns, who argues that the two leadership styles are transactional (managerial) and transformation leadership (see Burns, 2011: 58). According to Ngatia and Kimotho, (2009: 146), Bass (1990: 273) asserts that there are two independent dimensions in reality, and an individual may exhibit either one or both. In 1985, Avolio and Bass (1990) developed a formal model of transactional and transformational leadership styles, which was subsequently refined to describe leadership behaviour on seven dimensions: four transformational dimensions, and three transactional dimensions or the absence of true leadership (Avolio & Bass, 1990: 231).

According to an article by Prish Govender in the *Financial Mail* (2018: 12), transactional leadership could lead to certain negative reciprocal gain-related consequences, such as those associated with the South African Electricity Supply Commission (ESKOM). In this regard, Business Leadership SA (BLSA) expressed "great shock and utter dismay" at the approval by the Minister of Public Enterprises of the Eskom Board's decision to re-appoint the head of power generation of the utility and the acting head of group capital, Prish Govender (Financial Mail, 2018: 14). At the time, the CEO of BLSA indicated that the acting head of group capital had to appear before a disciplinary committee in connection with the suspected conflict of

interest in awarding contracts worth more than R1 billion to Impulse International, a business where the acting head's stepdaughter was the CEO. The decision to reappoint showed both the minister's poor understanding of governance and of the role of Eskom in the economy, as well as the potential threat to any economy (Financial Mail, 2018: 20). The CEO of BLSA further suggested that, by authorising the reappointment of the two above-mentioned executives and retaining the Eskom chairperson, the minister had failed to meet Eskom investors' and regulators' high standards of governance. Consequently, BLSA reiterated its call in terms of referrals to the members and executives of Eskom board, which had been captured.

In addition, for the purpose of the current study, transactional leaders communicate with their followers what they should do and how they should do it and then monitor them closely. Transactional leaders observe performance based on their predetermined parameters and take actions to change followers' behaviours so that they perform as directed. When leaders offer rewards and observe performance for corrective actions, this leads to a relationship between the leader and his or her followers for continuous learning and a better understanding of the followers role in the organisation. Such employees feel more inspired and committed towards goals of the organisation (Zhu, Raggio, Avolio & Sosik, 2011).

3.3 SUMMARY

The two styles of leadership that were explored, namely transformational and transactional leadership, should be the styles used at the Matlala District Hospital to steer service provision. However, there are certain challenges that need to be addressed in this hospital with regard to service delivery improvement as well. According to the literature examined, the most important issue is that the managers and leaders must adopt the appropriate leadership style to render them effective, inspired and committed to the objectives of the organisation for optimal success according to the circumstances, values and qualities of the followers themselves. Studies have shown that both types of leadership have a positive effect on employees' morale. Undoubtedly, the style of transactional leadership has a significant effect on

employee motivation when transformational leadership has a central influence on employee motivation. The issues to be discussed further are the challenges facing hospital managers, the characteristics of hospital managers, and the level of district hospital supervision and oversight. The methodology for completing this literature review is outlined in Chapter 4.

CHAPTER 4: RESEARCH DESIGN AND METHODOLOGY

4.1 INTRODUCTION

Two leadership styles and theories were discussed in detail in Chapter 3. A summary of the research methods used in this study is presented in this chapter. The chapter focuses on the research and study design, the population sample, data collection, and the data presentation. In addition, this chapter also addresses the ethical considerations and measures to ensure the credibility of this study.

In particular, this chapter focuses on the research methodology used in this research study to investigate leadership practices at Matlala District Hospital, and the effect these leadership styles have on the hospital staff and service delivery. Teamwork in a public hospital reflects a positive relationship between hospital and managers, and how efficiently, effectively and appropriately resources should be managed to ensure the required results are delivered. In the current study, a survey was chosen for junior and middle managers, as they are responsible for the different sections or divisions within the hospital. Junior and middle managers were selected for their input on how they perceived the senior managers' leadership styles. In addition, interviews were arranged with senior managers as they were part of the executive committee of the hospital, and at the time of this study, they held meetings weekly to address problems affecting the hospital, while also striving to enhance the quality of service rendered by the hospital. These senior managers were also responsible for the hospital administration. Interviews with them were chosen as data collection method as only 12 were selected for the study.

Based on the attributes identified in the literature, the leadership styles in the hospital were found to be transformational and transactional. All the interview results were compared with questionnaire data results during the analysis, which led to comprehensive information of the leadership styles exercised by the interviewed managers.

4.2 RESEARCH DESIGN

In this study, the researcher adopted an appropriate research design for the qualitative and quantitative research approaches, as recommended by Olivier (2014: 84). A research design is a proposal to perform a study, and structures the analysis in order to improve the validity of the research findings (Burns & Grove, 2009: 195). A research design involves an equal collection of quantitative and qualitative data, guided by the use of a specific concept by the researcher, and a quantitative analysis of the collected data through questionnaires. A short research plan is used to describe the leadership position of senior managers by listing their attributes (see section 4.6.1).

This chapter provides a summary of the methodology adopted in this study. Furthermore, the chapter presents a discussion of the ethical considerations and measures to ensure that this study is trustworthy.

4.2.1 Descriptive study

The problem of collecting data is well understood in descriptive research study, and is also structured. The task of the researcher is to collect data and develop a research strategy on how the data are gathered (Yin, 2009: 143). This researcher collected the data using a survey study applicable to the circumstances where the researcher assumed that there were no data available to solve the problem (see Salkind, 2012: 78).

Both the survey and the interviews were conducted in different ways, so that the findings could be verified by variation in the data collected (see Tsuchiya, 2016: 73). The key characteristics of descriptive research relate to the structure of research methodsand precise rules and procedures, how to conduct the interviews and how to answer the questions (Polit & Beck, 2012: 226). Mouton and Marais (2011: 80) note that a study may include more than one variable, for example, the researcher may want to describe the leadership styles (xxxx variable) practised in a public hospital (xxxx variable). In descriptive research, the researcher has to scrutinise the situation, collect data, of the quantitative research analyse and interpret the data, and reach a solution (see Martins, 2016: 11). The procedures for collecting the data must therefore

be determined to produce the data needed for answering the research questions (see Wolffe, 2013: 411).

This research design means the expected results of the research could result in planned actions that can be achieved by eliciting detailed data that are accurate about what the questionnaires find about leadership in public hospitals.

In this research, involving the three elements of the data collection process – the analysis, integration and combination of quantitative and qualitative methods in one study – a mixed methodology was adopted to address the research questions. Bulsara (2015b) states that a mixed methodology is used to address a research question from different perspectives. The relevancy and completeness of data collected guarantees that there is no problem in the collected information. In addition, preconceptions on the part of the researcher are less likely to occur, the proposals made are stronger and the different methods may produce broader results since “the research mixed method may not be able to provide all the information necessary” (Bulsara, 2015b).

Firstly, qualitative methods were used using interviews conducted with the Matlala District Hospital senior managers. The qualitative methodology was chosen to ensure that respondents’ subjective views were elicited about their own styles of leadership. A non-random sample of officials and leaders of the Matlala District Hospital to be interviewed was identified in this respect. The boundaries pertaining to the data collection process due to government bureaucracy are also discussed in this chapter (see section 4.4.1) (see Polit & Beck, 2008:16; 763).

Secondly, in accordance with Hair, Black, Babin and Anderson (2014: 94), the study adopted a quantitative research approach, prescribing the three main steps recommended by the authors, namely model specifications, sample size determination, and data collection. The quantitative method related to the demographics of the selected sample, the data sources, the information collected, and the statistics were repeated from the participants. Regarding the quantitative study, a closed-ended questionnaire was used to elicit the views of middle and senior level managers working at the Matlala District Hospital. The survey instrument that was

used in this analysis, i.e. a questionnaire, was adequate in terms of its validity and reliability because this survey instrument was adapted from Bass and Avolio (2004: 63). In this regard, the Multifactor Leadership Questionnaire (MLQ) survey instrument (Bass and Avolio, 2004: 135) was used to examine the leadership styles of managers.

4.3 A CASE STUDY

According to Thompson and Hansen (2012: 351), “the case study is a research action intended to address a problem or situation, located in interval data that is capable of perceiving systematic arrangement of the research survey in terms of practical methods” and, ultimately, deriving conclusions throughout the whole process. A case study focuses on any study or exploration to investigate with the intention of realising that different positions and solutions could be valid to the same degree with respect to the case study (see Walsh, 2013: 245). The case study may apply to government-rendered individuals, a hospital block, an incident, the business sector, or services. The purposes of a case study are to develop problems-solving skills, to provide restful and exciting discussions for researchers to showcase their abilities. Researchers develops an appropriate way of enhancing the skills of making decisions that combine individual and group interviews with records, documents and observations (see Braun, 2013: 25).

In addition, a case study is sometimes referred to as a “case report” (see Creswell, 2012: 47) or “an examination unit” (see Creswell, 2014: 46). In the case of the Matlala District Hospital, for example, the case study comprised hospital staff. The case study should include the methods and procedures to help the researcher to understand incidents in a hospital environment, for instance (see DuBrin, 2013: 78). In addition, a case report is used to document all the relevant events (see Green, 2015: 101). Researchers extract and combine information from pamphlets, booklets, annual written documents and sales receipts from organisations, newspaper articles, magazine articles, direct observations with participant interview data (Nicholas, 2011: 638).

The Matlala District Hospital was selected as a case study, and the key task was to make contact with the hospital management to establish cooperation with them. This was the key moment in the entire research cycle and was done taking due care (Heath, 2015: 213). The intention of the initial meeting was to establish a mutual understanding with the hospital management. The researcher explained why he wanted to spend time with the hospital staff to carry out the research. The researcher had contacts inside the hospital; therefore, he approached the organisation personally. There was mutual confidence between people who were strangers to each other, which enabled the opening of the process to elicit confidential information from the participants (Naumes & Naumes, 2014: 14). The participants were interested in participating in this study when they realised that their input and experiences could help increase the knowledge of hospital staff members. In some cases, they were willing to volunteer to be part of the case study.

Researchers need to keep in mind that a case study is informative and valuable, and it cannot be published without the consent of the organisation (Guest, 2012: 141). The current researcher also wanted to include information about the participants involved in the situations being studied, as well as about the interviews that took place at the hospital and the conclusions that were being considered in the case study. According to Heath (2015: 215), the researcher depends on the sharing of information by individuals who have gained extensive knowledge of the circumstances under study.

It is important that the information collected is kept confidential. The researcher must obtain permission to publish or disseminate information about the case at large during the first contact session. The researcher should state explicitly that the details collected from the hospital will not be released publicly, and there should be assurances in this regard (Cellicci & Peters, 2013: 7). Case information comes from various sources, and should always be kept in mind when the researcher decides to become involved in a case study. Importantly, case studies are comprehensive, they generate detailed information and are interesting and relevant for readers as the researcher can describe both the situation and the surrounding environment in detail.

In addition, case studies may be related to the three key methods of research, namely descriptive, exploratory and explanatory studies. Furthermore, the case must shed light on a particular phenomenon, followed by an explanation of that case (Northouse, 2010: 301). A particular attribute must be identified for the existence of the case study. This attribute or trait must be observable and special attention must be paid to it. In the current study, this attribute or trait was open-ended, not limited to one correct answer and connected to previously learned knowledge.

In addition, a case study covers and discusses problems, such as finding solutions to a problem, and this can be achieved through different sources in relation to evidence that should have been collected during a certain period (Simmonds, 2015: 6). Researchers could use the following methods of data collection in case studies:

- interviews
- surveys and analysis of documents'
- observations or archival records as units of observation.

In addition, appropriate control measures should be developed with regard to a register that could serve as evidence when conducting research (Guetterman, 2016: 22).

A case study refers to a report that includes descriptions characterised by a high degree of intensity, which includes real-life situations where the partner interacts with multiple actors, and faces the same problem of gender or serious decisions (see Guion, 2013: 24). Some case studies are biographical, while others are mainly situational. The real value of a case study is that it offers an opportunity to explain certain results that could materialise, and to find out what those results are (Wang, 2011: 270). In addition, the researcher should gain the respondents' trust so that they could gain an understanding of how he or she is exploring the situation. The crux of this investigative method involves the extent to which a case study description has been explored (Bradley, 2012: 206). In addition, triangulation was adopted for this study, whereby audio-visual and other records and documents were reviewed, as recommended by Holiday (2012: 49). Furthermore, discussions and brainstorming

sessions were held with the relevant officials and managers to gather information related to the influence of leadership on the governance of the Matlala District Hospital.

It is important to note that a case study is based on the physical environment, and a case forms the basis for the investigation, which is the matter at hand (see Liamputtong, 2013: 93). Case study comprises a process that starts before the actual research project starts and persists until the task is complete (see McMillan, 2014: 52). Importantly, Hermann and Felfe (2014: 210) explain, “case studies focus primarily on a number of incidental events to provide a clear account of events”. A case analysis also covers the decisions the researcher may have to make and the number of cases chosen to be examined. In addition, in this analysis, the researcher need to check the hypothesis, and, at the same time, he or she should aim to incorporate the research design. Hermann and Felfe (2014: 210) further note, “the use of a strategy and case study is to make strategic choices related to the size of the search and the scope, and, at least in principle, it does not dictate which methods should be employed”. The intensity of the case study approach, in addition, accommodates the needs of a specific community and the use of various approaches depending on the circumstances (see Mouton, 2011: 62).

Moreover, a case study should reflect realities that represent the real experiences of the individuals in a particular organisation where the research is being conducted as part of the case study and could lead to a simple solution (Gronn, 2013: 437). According to Gronn (2013: 454), in order for the case study to be true:

> [I]t should be focused on the field and the primary data obtained by the organisation’s personal visit, interrogation to interview members of the Executive Committee and other stakeholders involved in the event described, or directly observing certain events and situations.

Case studies should be authorised for release by the organisation concerned after the study had been completed. The sources of the case study differ. Case studies could be classified as field investigations, as well as armchair and desk-top investigations

(Heath, 2015: 210). It is therefore important for the researcher to formulate a preliminary research plan that identifies information sources as well as strategies to gain access to them (see Northouse, 2013).

A case study is specifically structured for a contextual and in-depth analysis of the incident (see Privitera, 2014: 81). Research in a case study does not control the research context (see Smeyers, 2011: 691). In essence, in a case study, the research problem and questions are usually described, explored, explained and understood (Yin, 2009: 13). The researcher may have an in-depth perspective or may have made assumptions on a particular problem and its meaning. When the researcher reads about a case study, he or she believes the strategy involves providing an efficient and effective way of addressing research questions or problems (see Taket, 2013: 31). The plan should also provide the type of data that will be collected in accordance with the general education policy. A case study strategy involves creating a pillar on which the entire research study rests, allowing the researcher to be consistent with what he or she is trying to accomplish (see Magubane, 2013: 87). The strengths of the case study are that both quantitative and qualitative data can be used; however, data need to be structured in accordance with the research-based realities (Yin, 2009: 118). The current researcher tried to understand the leadership styles used at the Matlala District Hospital by using a case study (Stake, 1998: 32), which conceptualised human behaviour. The value of the study was based on the researcher's ability to focus on what can be learned in a single case.

4.4 RESEARCH METHODOLOGY

This section discusses the study population as well as the sample selected. The research was designed to examine the prevalence of transformational and transactional leadership styles of leaders at Matlala District Hospital and to determine significant relationships between the two styles and their sub-factors.

4.4.1 Research population or sampling

Waters (2011: 371) defines a population as all the individuals in a particular environment that can supply the data required. In this case, all the professionals

connected to the hospital formed the population, namely the nursing staff, especially the nursing managers responsible for wards or units, the clinicians, the allied staff and senior management. The leaders were selected and asked to volunteer to participate in this study.

The DoH (2011a) and Statistics South Africa (Stats SA) (2012: 16) "indicate that South Africa has about 4 776 public healthcare facilities (hospitals and clinics)". The present study involved leaders in the public service, drawn from an accessible public service worker population working as employees in the government system of the Matlala District Hospital. Accordingly, a sample from the Matlala District Hospital executive committee, as well as from all the business units was selected comprising middle and junior managers at the hospital. Employees were chosen based on their qualifications and duties at the hospital, and were chosen based on their roles and responsibilities.

Each public hospital has a manager and a primary healthcare coordinator. Therefore, a purposive sampling technique was used when a sample was selected from the target population. In this respect, the first step was to group the participants according to their qualifications and positions in terms of senior managers, junior and middle managers at the establishment (Churchill, Lacobucci & Israel, 2010: 14).

A non-probability method is a sampling method used in the researcher's study, where the selection probability of population elements is not specified or certain, and members are not likely to be selected in terms of the individual (Schutt, 2009: 156). This sampling technique involves the unpredictability of selecting participants for the sample. The method refers the probability attached to the population unit, and the selection is based on the judgment of the researcher who is in control of the sample. Non-probability sampling leads the sampler to believe that any sample thus selected "would represent the entire population, and the results obtained would be accurate" (Schutt, 2009: 156).

For this study, a non-random sampling method was used because participants were categorised according to their status and time spent working in the hospital. The criteria used for selecting participants were that they had to have worked in the same

hospital for at least a year and, in the case of nurses, they had to be enrolled or registered with the SANC (South African Nursing Council).

Purposive or purposeful sampling is used in this study and is also called judgmental sampling, which is a sampling strategy in which participants are selected by the researcher because they are known to be influential in the information they can provide (see Braun, 2013: 75). This type of sampling is often used in cases where the researcher needs an expert sample (McMurry, 2006: 15). Burns and Grove (2009: 355) agree, and argue that a meaningful sample is based on the choice of participants, who possess rich information about the phenomenon of interest and who can shed light on the matter. Importantly, purposeful (or purposive) sampling is used to produce data through one-on-one interviews, and includes selecting respondents to promote awareness of the research problem (Creswell, 2013a: 98).

4.5 Approaches to data collection

Two main methods of data collection are discussed in this section, namely the questionnaires and interviews. A quantitative study deals with objectively measurable variables, which is a systematic investigation of phenomena by gathering quantifiable data and performing statistical techniques. Quntitative data collection methods, according to Dawson (2012: 15), began with the natural sciences to study natural phenomena and collects information from existing and potential customers using sampling methods.

Leadership research is conducted in a multidisciplinary and contextual research (Holliday, 2012: 79). A quantitative study is objective, elaborative and even investigational as it provides a way to scrutinise variables in their natural settings, takes other people's views into consideration, and uses those views to gain insight into how they experience circumstances from their perspective (see Creswell, 2012: 92). Quantitative research is data oriented and is to generate knowledge and create understanding about the social world researchers collect and analyse numerical data that can be used to find patterns and averages, make predictions, test causal relationships, and generalise results to wider population (Yazan, 2015: 134).

Allen (2015: 451) explains, “[i]mportant studies are based primarily on a randomly selected sample from defined numbers and this method is used by quantitative researchers regarding statistical analysis to explain certain facts of statistical data.” Some researchers like to apply a mixed-methods, multidisciplinary and qualitative approach, using a single research project, depending on the nature of a study and its methodological basis (Mouton & Marais, 2011, 45). As noted earlier (see section 4.5), researchers use a mixed-methods approach comprising the quantitative and qualitative approaches to obtain data.

A mixed-methods approach is a research design based on a philosophical assumption that suggests that it is an explicit account not only of the data produced but also of how the data are understood and interpreted as central to the process of social research (Creswell, 2014: 210. Guest (2012: 141–145) notes:

> [A research methodology] involves the management of the collection, data analysis, and the combination of qualitative and quantitative methods in the research process at many stages. It focuses on collecting, analysing and integrating quantitative and qualitative aspects of a single subject or case studies as a means of doing things.

Furthermore, the basic idea is that qualitative and quantitative methods are applied and combined, “providing a better understanding of the problems of research more than any other method” (Guest, 2012: 141–145).

Mixed-methods research involves the collection of data, analysis and the presentation of data. Quantitative data include closed-ended factors, such as attitudes and behaviour-related data (Fox, 2011: 83). Such data collection “may also require the use of a closed checklist” according to which the researcher checks the behaviours observed (Bryman & Bell, 2015: 226). Data analysis consists of analysing the scores collected through questionnaires, checklists, answering research questions statistically or testing hypotheses in accordance with the public documents (Green, 2015: 62).

Importantly, Doherty (2014: 76) observes:

> [A]ccurate information is the disclosed information that the researcher will collect through participatory discussions. In all these interviews, questions on the schedule asked participants to provide answers about their worlds and their understanding.

With regard to the qualitative research approach, Bryman and Bell (2015: 230) indicate, "[q]ualitative data may be collected through observing participants or research sites, collecting documents from private (e.g. diaries) or public (e.g. meeting minutes) sources, or collecting audio-visual material such as videotapes or artefacts."

Bryman and Bell (2015: 226) further point out, "the analysis of qualitative data (words or text or images) often follows the path of mysterious words or images in information images and presents different ideas that are collected during data collection".

According to Elliot (2005: 95):

> Research, data sources have been used in information studies related to the study and the history of the mass event. Data integration is a unique part of the analysis that involves combining data sets residing in different sources and providing users with a unified view, the researcher offers a deeper understanding of the problem than if the booklet [Introduction to the Data Integration Platform] was used in one.

There are two ways in which integration becomes possible, as the researcher will show in Chapter 4, namely: "to merge or converge the two data sets by actually bringing them together" (Guest, 2012: 141). Figure 4.1 is a visual representation of the differences between qualitative and quantitative. In short, the mere compilation and examination of quantitative and qualitative data is not sufficient. The data must vary as much as possible "so that together, they form a more complete picture of the problem than when they stand on their own" (Guest, 2012: 141).

Merge the data

Qualitative data	→ Results ←	Quantitative data

Connect the data

Qualitative data	→ Quantitative data ←	Results

Embed the data

Quantitative data↓ → Qualitative data →	Results

Figure 4.1: Three ways of mixing quantitative and qualitative data

***Source*:** Adapted from Guest (2012).

Figure 4.1 illustrates data collection and interpretation with an examination of the research method data in the form of an inquiry. The difference between the two methods of data collection is that, during the first stage, the researcher will gather qualitative data, followed by quantitative data during the second stage. This simply means that each method is used as a separate study, and this kind of research is called mixed-methods research. In the current study, the researcher collected quantitative and qualitative data; thus using mixed-methods research.

4.6 RESEARCH INSTRUMENTS

The purpose of this subsection is to provide information on the levels of qualitative and quantitative data.

4.6.1 Interviews

With regard to the Matlala District Hospital, there was a need to pick study participants who had both the expertise as well as experience of serving as senior leaders. The criteria for "eligibility or inclusion refer to a list of essential elements for membership in a study" (Burns & Grove 2009: 344). To be included in this course, participants had to be:

- part of the Matlala District Hospital workforce;
- serving or had served a minimum period of one year in a district hospital; and
- willing and available to join.

In this case, participants were members of the executive committee. For the purpose of this case study, the population was manageable in terms of the number of participants, and the sample included all the persons mentioned. Consequently, in-depth interviews were conducted with all 12 hospital senior managers who comprised the hospital management team and executive committee. Twelve interviews were held with positions ranging from acting manager to senior manager and deputy manager. The senior executive positions were assigned descriptors, namely Participants 1–12.

For this research, the interviews were both structured and unstructured. During all interviews, open and closed questions were used. In order to involve all the participants fully, the examiner had pre-coded questionnaires, which each participant had studied before the interviews. However, as the interviews progressed, the participants were given a chance to elaborate on their responses or to provide more relevant information, if they decided to do so. The questions for the interview were based on the literature review and also took the research goals and objectives into account. The schedule for the open-ended questions used in individual semi-structured interviews, is attached as Annexure C5.

4.6.2 Survey or questionnaires

According to Waters (2011: 93):

> [A] questionnaire is the underlying structure that reflects a database containing an ordered array of items or questions with the intention of collecting data or information from participants on their personal details; the knowledge, the experiences they have gained in their working situations and also the ways in which they can help change the situation of leadership for the better

The questionnaire was aligned with the research questions underpinning this research.

4.6.3 Advantages of questionnaires

The advantages of questionnaires are summarised in Polit and Beck (2008: 414) as:

- the uniform data obtained are easy to analyse;

- data are quick and efficient to handle;
- data are generalisable and inexpensive;
- data "can be accessed in a fairly short time from a large number of participants";
- a "comparison of results with similar studies" is possible; and
- the anonymity permitted to respondents will likely produce honest answers.

4.6.4 Disadvantages of questionnaires

Polit and Beck (2008: 415) also identified the following disadvantages of the questionnaires:

- if the questions are misinterpreted, answers might be imprecise;
- the sample size must be relatively large, so that the answers can be used to represent the population;
- the response rate may be poor and, thus, jeopardise the study;
- it may be costly and time-consuming to design, produce, distribute and analyse the questionnaire;
- the answers received may not be enough to answer the question asked and, in addition, focus group discussions might also be required, which will translate into a research approach similar to mixed research; and
- participants only check what the questionnaire contains; using this approach is therefore time-consuming as verbal answers are not pre-selected.

There is also a possibility that the researcher would not have thought of everything that calls for answers to the questions asked, and this could lead to a misunderstanding of the issues under investigation (Polit & Beck 2012: 369).

4.6.5 Adapted Multifactor Leadership Questionnaire (MLQ)

The MLQ is a psychological inventory consisting of 45 items pertaining to leadership styles and leadership outcomes. "MLQ is a widely used tool to test theories of the transformational and transformational leadership styles, and it is well thought out and is a proven indicator of transformational leadership" (Hinkina & Schriesheim, 2008: 513). In transactional leadership, three scales are used, namely contingent incentives,

management-by-exception active, and management-by-exception passive (Hox, 2010: 61). Bass and Avolio's (2004: 89) MLQ, which was designed using a Likert-type scale, was used in the current study to operationalise the leadership framework and to examine the types of transformation and transactional leadership used at Matlala District Hospital.

> [The MLQ contains] 45 items that touch upon the conceptually distinct factors of leadership as well as the results of leadership. Five scales have been identified as characteristics of transformational leadership that are attributed to idealised influence, idealised behaviour of influence, inspiring motivation, individual consideration, and intellectual stimulation. In this analysis, these five scales are used to answer all research problems (Bass & Avolio, 2004: 133).

The MLQ (Avolio & Bass, 2004: 134) is a research tool used to evaluate leadership styles. The MLQ-45 MLQ is an updated measure of the basic MLQ test questions developed by Bass in 1985 (see Bass, 2004: 138). According to Bass & Avolio, (2006: 140), the MLQ is the best-researched leadership measure, showing strong validity with internal and external indices of .74 and .94 respectively (Bass & Avolio, 2004: 135). The respondents used the five-point Likert-type rating scale of the MLQ to indicate how many times leaders have shown the different leadership behaviours, ranging from "not at all" (0) to "often, if not always" (5) (Bass & Avolio, 2004: 135). The internal consistency of the MLQ was reported for all scales with a Cronbach's alpha coefficient of. 70. Cronbach's alpha reliability score is a measure based on the same degree of correlation between different factors, which shows the factors and indicates that all of these scales are reliable (Bulsara, 2015: 73). This shows that strong similarities exist between the transformational leadership sectors. Avolio and Bass (2004: 135) argue that, for the following reasons, a strong link is expected between the level of payroll leadership and the related pay:

- transformational leadership is an embodiment of positive and active behaviour;
- several studies (such as McCleskey, 2014; Lee, 2012) have indicated that leaders are sometimes transactional as well as transformational;

- the unanimous title of the change agreements of payment establishes confidence and trust, which is the basis of transformational leadership, in other words, transactional leadership can be transformative (see Belia, 2014: 187).

Consequently, the MLQ was a suitable instrument for measuring multidimensional hospital leadership (see Hinkina & Schriesheim, 2008: 501). It is important to remember that the concepts discussed in the literature review were included in the questionnaire instrument, which updated the MLQ and introduced new questions. The evaluation tool identified above, forms part of a self-assessment tool that leaders use to identify their need for further development (see Michel, 2011: 493). The current study focused on leadership development. The researcher found that the abilities and associated skills described in terms of this evaluation method were not only compatible with the leadership skills literature; but also with the researcher's own knowledge of the skills demanded by leaders in public service health services.

4.6.6 How to manage questionnaires

In the current study, the primary data collection process was accomplished by administering the MLQ, adapted by Bass and Avolio (2004: 231), to measure the styles of transformational and transactional leadership exercised at Matlala District Hospital. Importantly, the researcher obtained the authors' approval for collecting data using the survey instrument (see Annexure C4).

Self-administered, closed-ended questionnaires were used to obtain data and information on various aspects related to leadership from the selected respondents at the Matlala District Hospital. Before the questionnaires were distributed, the researcher made an appointment with the heads of units of the 5 sections at the hospital (see below), and asked them to nominate appropriate participants based on loyalty, honesty and performance, as determined by the Performance Management Development Systems (PMDS). The researcher purposively selected respondents using a non-probability sampling tool, namely the purposive sampling, recommended by Hanyane (2012:48). After receiving permission to continue with the study and to gain access to specific managers, the questionnaires were sent to the respective

participants. During working hours – both during the day and at night (for those on night duty) – the researcher handed out closed-ended questionnaires and consent forms to the participants. The researcher returned later to collect the completed questionnaires on the dates decided by the participants.

Data were also collected from all 70 junior, middle and senior managers at Matlala District Hospital who participated in the study. Participants were selected by using purposive sampling. For the purpose of measuring leadership styles, the researcher used a questionnaire with a five-point Likert-type scale, namely the MLQ. The questionnaire consisted of two sections with a total of 45 questions answered on a 5-point Likert-type scale. According to Bass and Avolio (2004: 250), it is important to note that the MLQ evaluates transformational and transactional leadership styles. The researcher entered into an agreement with the heads of the units, and selected –

- 10 participants from the Pharmacy Section;
- 30 from the Nursing Section
- 10 from the Associated Section;
- 5 from the Clinical Section; and
- 15 from the Support Services Section.

The final sample from the five sections therefore comprised 70 participants. Seventy questionnaires were distributed evenly across all the hospital sections.

4.7 TRIANGULATION

Triangulation is the application and combination of using multiple research methodologies and can be used in small and multicentre research studies (Thurmond, 2001: 253). Using triangulation could provide a clearer understanding of a phenomenon than opinions that participants have about a survey (Dawson, 2012: 51). The benefits of triangulation increase confidence in the data obtained from the analysis, extending the knowledge about a phenomenon by showing specific data and combining hypotheses (DuBrin, 2013: 84). For this case study, qualitative methods and techniques have been used during an empirical analysis of the research capabilities. Triangulation accords the researcher an opportunity to understand an

important phenomenon better, by validating responses or filling in the gaps in the details. Patton (1990: 19) notes, “in this analysis, data triangulation includes the comparison of the data from different sources at different times using different methods”.

Triangulation includes matching data from qualitative interviews of public hospital representatives with data from the survey instruments (junior and middle managers). The triangulation approach requires the use of all types of qualitative and quantitative data collection methods (Patton, 1990:19).

A mixed-methods design is an approach linking the data collection and the evaluation of studies of high-quality qualitative research and high-quality quantitative research (Cameron & Molina-Azorin, 2011: 36). Accordingly, a follow-up study was planned, in which the quantitative studies and analysis were performed. Due to the contradictory and often inconclusive findings found in the literature examining the relationships between the transformational and transactional leadership, it was deemed necessary to establish a first-order approach (i.e. a technical shortcutwidely used in solving problems) (see Cellucci, 2013: 5). According to Cameron and Molina-Azorín (2011: 63), mixed methods, such as that used in this study, may help strengthen the results of the analysis and resolve the conflicting findings of earlier studies. Similarly, Fetters, Creswell and Ivankova (2013: 12) suggest that the best way to measure how quality and numerical results correlate is by applying a mixed-methods approach.

In qualitative and quantitative research, triangulation plays a significant role. It is one way of improving the rigour and trustworthiness of the validity and reliability of qualitative and quantitative studies (see Creswell, 2014). Triangulation also helps researchers to analyse aspects of a phenomenon adequately and to maximise the amount of data obtained from the study (Sarantakos, 2013: 41). The themes for the data analysis of interviews were examined using triangulated data from the interviews with the executive committee members as well as from reports, forming a unified basis for the topics created (see section 5.2.4 for the topics). Triangulation of the positions of the several participants rendered thematic support and added validity to the study

(Creswell, 2013b: 90). The themes identified in the findings are presented in the participants' quotations (see section 5.2.4). Although the researcher worked for three years at the Matlala District Hospital and this was an advantage to understand culture and dynamics of the hospital, every step was taken to ensure the correct representation. The participants' answers were comprehensive and their quotes were ratified and checked. In this study, the researcher spent a great deal of time at the hospital watching leaders interact with their subordinates.

Creswell (2013b), points out, "the separation of data involves comparing and monitoring data levels" from different sources, using different methods at different times. In the current study, data from competent interviews with senior management in a district hospital were compared with the data gleaned from the literature review. Additionally, for the purpose of this study, the quantitative data from the standardised questionnaires were compiled and integrated into the data gathered through the qualitative interviews. Triangulation based on qualitative and quantitative data often leads to a single, completely consistent picture, while a unidirectional analysis attempts to understand different factors between a data set and test scores (Creswell, 2014a). In the current research, the purpose of the mixed-methods research design was to search for congruent findings regarding both forms of data collected, that is, the statistical results from quantitative analysis compared with the themes (see section 5.2.4) identified from the qualitative data gathered.

Triangulation was done after the qualitative and quantitative research questions and techniques for validating the results had been addressed (see Guion, Deihl & McDonald, 2011: 54), indicating that a study is strengthened by integrating methods in the data collection process. Triangulation was used because it creates profundity in qualitative research and gives a deeper insight into a phenomenon (see Guetterman, 2016: 21). It also offers a good view of the issue and allows the hypothesis to be debunked or credited (Guion *et al*., 2011: 54). Triangulation of a mixed-methods design (Jick, 1979: 602) is the most widely known and commonly used research framework that was used as early as the 1970s (see Guion, 2011: 32). The application of triangulation in mixed-methods research is based on epistemological premises that

confirm the choice (see Hair, 2014: 81). The triangulation design involves simultaneously collecting and analysing data and then comparing results in mixed-methods research in order to gain a clearer understanding of the phenomena observed (see Author, date). Triangulation is widely used in many disciplines and is a way of assuring the validity of research through the use of a variety of methods to collect data (Creswell, Plano Clarke, Gutmann & Hanson, 2003: 209) or the convergence model (see Creswell, 2012: 58; Morse & Niehaus, 2009: 120).

4.8 DATA ANALYSIS

According to Burns and Grove (2005: 733), data analysis is carried out in order to reduce, organise and make sense of the data. The process therefore needs to be planned systematically to avoid errors, and involves numerous steps, although not all of the steps are always applied in each study (Burns & Grove 2005: 452–454). Data analysis presents the results as descriptive statistics (see Hammond, 2013: 21). For this research, a statistician's help was requested to identify the most appropriate inferential statistics that could be used in the final data analysis. The quantitative data analysis was aimed at obtaining results in terms of the hypotheses tested in the case study (see section 5.3).

A collection of methods is used to project information partially on random variables and other quantities, such as standard deviation to the mean through coefficient variance, which is a number multiplied by the variable (see Swift, 2006: 153). Where data were collected through different research methods, the researcher generated categories derived from the data collected (see section 5.3) and divided them into smaller units to decide on their purpose. The purpose of data analysis is to identify and evaluate alternatives that could help solve the developmental learning problems under study (see section 5.3). Importantly, the phenomenon to be examined in a methodical and detailed manner should be clearly outlined, a process consisting of relevant and updated or validated information (Von Holdt & Murphy, 2007: 253).

4.8.1 Qualitative data analysis

Data analysis, according to Green and Thorogood (2014: 210), “is the process of bringing order, structure and meaning into the data collection volume”. In the current study, the researcher processed the recorded data from the individual interviews and all the verbatim transcriptions of the interview data, which allowed the researcher to include the data, verify the information and the facts collected during the process (Yin, 2010:183). To evaluate the overall meaning, the collected data were read and additional steps were followed in the code to generate research articles (see section 5.2.4), themes (see section 5.3.4) and sub-themes (see section 5.3.4) for analysis. Electronic copies of all the transcriptions were kept as back-ups, in case of computer problems (De Vos *et al.,* 2011: 408). These copies will be kept securely for a period of five years as back-up copies to be used at a later stage. Qualitative methods of data analysis can be either quantifiable or non-quantifiable (see Author, date). The researcher assigned numerical labels to qualitative measures where the majority of the participants had a common list of traits, such as gender, marital status and race. The assignment of numerical labels allows the researcher to count (that is, quantify) the number of participants. Non-quantifiable qualitative approaches are used that cannot be attributed to numbers since there is no formal definition of qualitative data (see Heath, 2015: 89). Importantly, interpretation is often based on an investigator’s understanding and analysis of what someone else has said or done (De Vos, 2011: 408). Finally, an analysis of qualitative data was carried out using the steps pertaining to the thematic analysis, as illustrated by Green and Thorogood (2014: 210).

4.8.2 A quantitative data analysis

The variance analysis (ANOVA) was used in this study for the statistical analysis of the quantitative data gathered. Using the Mann–Whitney test, differences were determined between individual variables. Communication and the decision-making process were the dependent variables on the leadership styles. A value less than 0.05 was considered statistically significant, as recommended by Holliday (2012: 56). The type of analysis required was selected from a menu of options rather than by entering

equations on a spreadsheet. This analysis allows the researcher to develop a discussion by comparing the study results with others that indicate whether these results are substantial or not (see Hox, 2010: 14).

4.8.3 Reminding yourself about the data

The interviewer has to listen to the recordings of the interview after downloading the recordings to his or her computer from the digital recording device (Mills & Birks 2014: 37; Yin, 2011: 183). After that, recording files are created and labelled accordingly (De Vos *et al*. 2011: 408; Robson 2011: 476). With respect to all the data pertaining to the interview, verbatim transcriptions are completed by the researcher. This approach provides the researcher with an opportunity to immerse him- or herself in the data and to ensure familiarity with the data collected (Yin, 2011: 183).

4.8.4 Determining codes

Hammond and Wellington (2013: 22) define coding as “the process of adding marks, names or tags to data objects”. Furthermore, coding is a process of dividing narratives into smaller pieces to identify the main meanings and adding a label to them. As a result, the researcher decides what is noteworthy and what needs to be coded, such as repetitive segments where participants may have agreed or disagreed with each other (Hammond & Wellington 2013: 9). The purpose of trying to identify codes is to start moving to a higher conceptual level step by step with respect to the methods to be followed. The codes will show the definitions derived from the specific cases and the original data (Van Dierendonck, Stam, Boersma, De Windt & Alkema, 2014: 111). Robson (2011: 467) further explains that coding is not related to any theoretical perspective, and the data should be coded and labelled. In the coding and categorisation process of the research, manual qualitative analysis can also be useful (see Green & Thorogood, 2014: 211). In the current study, the researcher ensured that the transcript omitted the information that could identify the participants as well as the location of the section he or she is from. This was replaced by a transcript identifier, which was entered as a duplicate copy footer, which corresponded to the master list, P1 (Participant number 1), for example, and the date. Coding was

completed and a master copy of the coded transcript was made and filed before the researcher could start cutting the codes (De Vos *et al*. 2011: 408).

4.9 RELIABILITY AND VALIDITY OF THE RESEARCH

'Instrument reliability' refers to the size of a fixed instrument, while 'validity' determines whether the instrument measures what it is designed to measure (Guetterman, 2016: 22).

4.9.1 Reliability

Reliability depends on the degree to which, under the same conditions, the calculation is considered accurate and the scores of the tests and outcomes can be obtained reliably. Furthermore, the trustworthiness element is important in that the results required must be capable of producing the required output (O'Sullivan, Rassel & Taliaferro, 2011: 17). Creswell (2014b) points out that reliability relates to a consistent measuring act, and when the researchers test a model they believe is consistent over time, the scores they obtain will also be consistent over time. Obviously, a measure which produces highly consistent scores over time cannot be a good measure of a construction that is supposed to be consistent (see Leedy, 2010: 42). Furthermore, 'reliability' refers to the application of a test or measurement, and the results will be yielded in different situations and is also a way of measuring people's characteristics and behaviours with respect to their interpersonal perceptions. Reliability guarantees continuity during the data collection process according to (Hair, Black, Babin & Anderson 2014: 33). The computer methods used to gather and measure data should be equal to online postings, original, accurate and consistent from one occasion to the next.

In addition, reliability will make one think of overall consistency of a measure as the ability of a test or study that is found to be repeated as a standard for assessment purposes. This is a measure that is said to have reliability if it produces similar results under consistent conditions and not as obvious as one would think a test is reliable. There are many statistical tools, such as the coefficient of reliability and Cronbach's alpha, the most widely used internal consistency coefficient that can be used to

measure reliability as an activity that varies from a standard (Fink, 2010: 115). Regarding the experimental method (see McMillan, 2014: 93), and the interval method (see Mills, 2014: 58) are simple mathematical methods used by researchers to estimate the accuracy of a single question. Researchers who use multiple indicators to measure one concept, such as indexes and scales, rely on advanced statistical approaches to assess the reliability of their scales, such as the split-half method (see Mouton, 2011: 66). The reliability test–retest method is used where the researcher administers the same questionnaire or survey instrument test twice, but at different times, and would expect the test to yield a similar result every time it is done (see Naumes & Naumes, 2014: 54). Parallel forms, or substitute forms, check at least two separate questionnaires for reliability (see Sarantakos, 2013: 71). The interview process evaluates the reliability of two or more trained analysts who collect data by looking at the rankings, or, if two different observers were given the same analysis, the researcher would expect the analysis to yield better results every time (see Smeyers, 2011: 692).

According to Gibbert and Ruigrok (2010: 712), the method used for data collection was stable and checked before adaptation and five scales were defined and developed accordingly in this study. In the end, reliability refers to the systematic way in which the scores provided to the individuals are placed, regardless of whether the assessment act or process happened or not, and by the person who handled it (see Taket, 2013: 323).

‘Replication’ and ‘transparency’ are the keywords which underpin reliability (see Van Rensburg, 2015: 48). Openness can be demonstrated by detailed documentation and references to analysis and the research database (Yin, 2009), which supports the researcher’s validity claim. In this study, the researcher investigated the effects of the leadership styles on staff, employee satisfaction and service delivery, morale and compliance to procedures and standards specifically at Matlala District Hospital. If the goal of a case study is to contribute to more research, then the problem is lessened, however, if this is not a goal then the leader will have to be proactive. Researchers should maintain that case study research could make a meaningful contribution in its

own right. Case study is a way of evaluating the quality of the measurement procedures used to gather data for a dissertation (Zikmund, 2015:102). The measurement method has to be accurate before the study results can be regarded as valid (see Wurtz, 2015: 88).

4.9.2 VALIDITY

Validity maintains the values of fairness and probity, clear and open, and it is the responsibility of validity to determine whether research measures what it intended to measure and to approximate the truthfulness of results (see Yazan, 2015: 134). Validity is the state or form of existence that ensures that compliance to which the scores actually represent the variable they are intended to. For more general cases than specific cases, it is the judgement based on various types of evidence presented and which is practical in terms of what is actually taking place. Validity is the course of action and refers to the accuracy of a measure, that is whether the results really do represent what they are supposed to measure (Kumar, 2011: 178). A validity testing process involves checking against the scores of the participants' initial performance to see whether it still exhibits the characteristics of honesty (see Yin, 2011). Although the research has been interpreted and condensed, the results should be recognised by the participants as authentic. The research may even be able to increase the understanding of the researcher at this stage. To sum up, validity refers to a process to determine whether the instrument of data collection evaluates what it intends to measure (Babbie, 2015: 117). Validity is based on evidence or sound reasoning and, in this case, the researcher's supervisors evaluated or reviewed the survey and the items to see whether the results measured what it should measure. Accordingly, validity may be enhanced by triangulation or the collection of data from different sources (McMillan & Schumacher, 2014: 152).

- **Internal validity**

'Internal validity' refers to the design of the test and the translation of what was found in the study, and it is defined as a test that measures what it intends to measure (see Zikmund, 2015: 80). The changes resulting from the study entail the degree to which

good inferences about the causal relationships are made (see Babbie, 2015: 73). Internal validity is achieved when a researcher can state that the effects observed in the study were caused by the independent variable being manipulated and not by another factor (O'Sullivan *et al.*, 2011: 178).

Alternatively, internal validity refers to studies that attempt to establish a causal relationship between phenomena to the degree that the research findings provide an accurate image of the real world (see Barling, 2014: 52). Choosing a sampling strategy is purposive and non-probabilistic and is aimed at reducing bias, which is one of the threats to internal validity (see Bryman, 2011: 121), and this is a subjective opinion. More generally, the purpose of internal validity is to inform the reader that results are focused on the critical data exploration (see Bulsara, 2015b). Particularly with regard to providing information about how data are analysed, for example, coding, it is evidence-based, which requires a description of how the data were measured (Gibbert & Ruigrok, 2010: 710). Validity also discusses the relationship between the variables and the results that apply to the data collection and analysis steps. The researcher beforehand engaged the managers of each section in the hospital, explained the purpose of the study, and asked them to help identify participants to participate in the study, as recommended by Yin (2009: 120).

- **External validity**

External validity refers to the degree to which assumptions can be applied to a broader population. This includes that a study is considered externally valid if the conclusions of the researcher can be generalised to the broad population (Rubin & Babbie, 2016: 82). For example, if a hospital employee is acting aggressively in the health sector in response to a certain type of behaviour exhibited by his or her supervisors, then the findings of the study are not transferable to the hospital by virtue of that case study It cannot be concluded that the sample group must be representative of the target population in order to ensure external validity (see Burns, 2011: 82).

According to Burns and Grove, 2011: 23), external validity "is concerned with the interaction between the other factors and the consequent impact on the ability to

generalise time, settings and people". When the researcher had finished collecting and analysing data, he was able to evaluate the relationship between the leadership styles and their effect on the patients, staff satisfaction and hospital service delivery. The researcher was not aware of any of the current results (as found at Matlala District Hospital) that could be generalised in this case study to people selected from a hospital population. A research project lacking validity may draw inadequate or even dangerous conclusions when applied to the target population (Rubin & Babbie, 2016: 82).

External validity addresses issues related to the overall ability of findings of the research going beyond the sample and the situation studied. In other words, the results from this analysis may be applicable to other people, settings and under difficult situations and time periods? When assessing the sample in a study, the researcher will ask how well the specific group of workers, employee satisfaction and service provision reflect the population as a whole.

External validity is largely a matter of generalisation. In a logical sense, external validity refers to an inductive extrapolation process beyond the collected data. The factors that can be ignored and which interact with the experimental variable are factors that differ between the test and the control samples which are being investigated (Sullivan, 2012: 18).

4.10 PERMISSION TO CONDUCT THE RESEARCH

Written informed consent for the research study was obtained from the Unisa Studies, Ethics and Review Committee, the participating hospital and the Limpopo Provincial Department of Health Ethics, to conduct interviews and to gather data through questionnaires. In addition, the researcher has requested permission from the CEO of the Matlala District Hospital to carry out the research. A copy of the consent from Unisa to proceed with the research, as well as further research requests, were distributed to the managers of the DoH research committee in Limpopo and to the CEO of the Matlala District Hospital. Before the study started, the researcher informed the respondents about the goals of the research, emphasising that participation in this

study was voluntary and that their anonymity was guaranteed. It was expected that the questionnaire would take about 20 minutes to complete. The interviews with participants took roughly 30 minutes each.

4.11 ETHICAL CONSIDERATIONS

Approval for the research was obtained from the DoH in Limpopo and the CEO of Matlala District Hospital. It is important to note that the respondents were not reimbursed for their efforts and initiatives. In addition, the questionnaires were completed anonymously in relation to the ethical considerations. All the data were collected in one sitting, which eliminated the need for follow-up visits. According to Tashakkori and Teddlie (2010: 75), “it is the responsibility of the researcher to make sure that the data is collected confidentially, to make sure it addresses the scope of the study and involves selected participants only”.

One of the ethical considerations, among other issues, refer to the protection of analytical units and observation units by refraining from disclosing information that may cause emotional, psychological, spiritual, social, physical or legal harm to respondents and the organisation. Accordingly, the researcher ensured data anonymity by not linking a given response in the research report to a specific respondent, and only reporting the aggregate data. The twelve participants responded to the five questions asked during the interviews.

4.12 CHAPTER SUMMARY

This chapter dealt especially with the study design. Since a mixed-methods approach was followed in the current study, both quantitative and qualitative approaches as well as a case study and a descriptive approach were used. Such methods in terms of how study related to data analysis were explored and outlined. Furthermore, this researcher wrote in detail about and elaborated on the concepts ‘population’, ‘sampling’, and ‘data collection’. In addition, this chapter included an in-depth discussion of the data collection instruments, namely questionnaires and interviews. Additionally, the process of how to acquire, adapt and use the MLQ questionnaire was also explained. The principles of validity and reliability were also addressed in relation

to the analysis, and how a research tool is evaluated based on accuracy and reliability. In the next chapter, an overview of the process with regard to analysing the data is provided, and the meaning of the topic and sub-themes from the data collected is assessed. Each of these themes pertains to the leadership styles found among junior, middle, and senior managers at Matlala District Hospital.

CHAPTER 5: PRESENTATION OF THE RESEARCH FINDINGS

5.1 INTRODUCTION

This section focuses on the presentation of the information gathered, and the interpretation of the findings and results. The data were collected by means of questionnaires and personal interviews. This was followed by a structured analysis, which was done in accordance with the research methods described in Chapter 3. As indicated in the section on methodology (see 4.5), both quantitative and qualitative descriptive approaches were adopted.

The research had four targets. The first goal was to study what was written about transformational and transactional leadership styles (i.e. do a literature review). The second goal was to determine the best methods for researching leadership styles at the Matlala District Hospital. The third goal was to find out what the current style of leadership was at the hospital, and lastly, it was the intention to propose the most suitable style of leadership for the Matlala District Hospital.

One of the opinions most quoted in literature relating to the two principles of ‘managers’ and ‘masters’ is a summary argument by Bennis, “[m]anagers are right-doers, and leaders are doing things right” (Bennis & Nanus, 1985: 21). The authors describe this as follows: there is intellectual depth, namely that “a deep understanding of other people’s emotions, the ability to react to those emotions in a real matter of comprehension is an example of depth” and the main difference between ‘management’ and ‘leadership’ is about controlling a group and individual’s ability to influence although both concepts are crucial (Bennis & Nanus, 1985: 21). Managing also involves having the necessary tools and equipment to perform a complete test and measurement (Teddlie, 2010: 22). Additionally, managers are likely to produce a certain amount of anticipation, instruction and selection of the means to achieve the end goal formulated by the leader. This leads to the creation of a vision (or a lofty goal) to direct the organisation (Thorogood, 2014: 260). In fact, a leader’s function is to inspire followers to achieve the expected results of teamwork, to encourage other

employees to reach a clear goal, and to lead the organisation on a path to productivity and profitability (Bebbies, 1989: 45).

Due to the broad nature of the words ‘leadership’ and ‘management,’ the two words are often used interchangeably, and often display distinctions. Such distinctions emanate from norms (see Lee, 2012: 169), for example:

- **legitimacy: for managers** – this comes mostly from their results or is based on “performance status in the hospital’s formal hierarchy” (see McCleskey, 2014: 118), and also relates to the roles and responsibilities involved, while managers have broader and more confusing and conflicting positions;
- **organisational positions** – managers can usually be seen at middle-level positions, while members can be found mainly at the top of the hierarchy (see Belia, 2014: 189);
- **power** – managers derive their power primarily from their official positions and “regulations, whereas leaders influence people by more informal methods” (see Northouse, 2016: 169);
- **type of action** – managers can be efficient even if there is no change; and
- “([m]aintaining the status quo by leaders in terms of influencing followers positively) while leaders are generally connected to change (Leadership in Transformation)” (Bennis & Goldsmith, 1989: 63).

Zaleznik (2008: 126) says:

> [H]e [the researcher] suggested the distinction between managers’ activities and leaders, [are] relying more on their formal roles and leaders relying more on their personal skill. Managers, therefore, use administrative matters such as planning, budgeting, organising or controlling as the tools or means for achieving the goals, while leaders rely on visions, building coalitions, inspiration, feelings, and thinking. From this point of view, managers can either be executives only or they can be executives and leaders.

Bennis and Goldsmith (1989: 45) argue, "[that other researchers] have emphasised that leaders mastered the set of facts surrounding a situation or event rather than giving up on it, and the differences that follow are between the managers and leaders."

Table 5.1: Comparison between a manager and a leader

Manager	Leader
Applies	Encourages followers
Concentrates on methods and complex composition	Concentrates on members
Depends on power to direct	Depends on faith to guide
Is short-sighted (see Pillay, 2010: 32)	Able to see things ahead of time
Asks to what extent or amount or degree	Asks the intention underlying an action
Emulates primitive personal views	Reflects new intentions
Does things right	Does the right thing
Learns by repetition	Is productive in doing business
Affirms the way things stand	Questions the way things stand

Source: Adapted from Bennis and Goldsmith (1989:45)

5.2 Traits of heads of hospitals

Hospital managers should endeavour to acquire the three traits of leadership as identified by the health department (DoH, 2011b):

- they are customer-driven managers: they seek to listen to customers, track the needs of consumers, and ensure changes and immediate customer responses;
- they are leaders who encourage and practice a straightforward, open-door policy, direct and educate others in terms of their cultures and common values; and
- they are leaders who meet with other leaders in leadership discussions that have the ability to address the fast-paced world of scientific and technological advancement challenges.

The consequence is that, when health sector managers leave the organisation, they are "replaced by those who are inexperienced and lack knowledge" (Doherty, 2013: 37). Alternatively, accountability verification systems are not in place to assist

the entity in the retention of staff members (Bateman, 2013: 706. In addition, reporting systems for ensuring accountability are not in place to assist the organisation (Doherty, 2013: 38). The issue should also be addressed by senior management, as the problems cannot be dealt with at their level (Harrison, 2010: 24). When the new democratic government of South Africa came into existence in 1994, the old hospital management team was dissolved, and the DoH formed a new team to retain staff and to monitor and evaluate the conditions that led to poor employee performance (Botha, 2014: 329). Furthermore, it was important to achieve the objectives of gender and equality (Coovadia, Jewkes, Barron, Sanders & McIntyre, 2009: 830).

5.3 REPORT ON THE QUALITATIVE DATA COLLECTION AND ANALYSIS

This section describes the management of data collection and analysis of qualitative data, focusing on the data collected through interviews in particular. The data obtained were analysed and interpreted during the investigation process. With respect to the qualitative study, the 12 respondents who were interviewed answered all the questions they were asked about the assessment of leadership styles at Matlala District Hospital.

5.3.1 Sample description

The sample consisted of 12 senior Matlala District Hospital managers, who served on the executive committee where they held various senior management roles, as indicated in Table 5.2.

Table 5.2: Description of participants' tenure

Participant	Experience in years
P1	8
P2	8
P3	12
P4	8
P5	8
P6	25
P7	5
P8	2
P9	10
P10	6
P11	3
P12	7

All the members serving on the executive committee (Exco) represented various sections. The CEO was the head of the organisation and all the Exco members reported to him. At the time of this study, the Exco met every Tuesday, where critical issues relating to quality care at the hospital were discussed. Furthermore, it was ensured that problems, which had not been dealt with, were followed up.

In effect, the interviewees on the Exco represented a highly committed and experienced set of leaders. This implies that the proposed issues might have had a significant positive impact on the hospital transformation discussions.

5.3.2 Gathering qualitative data

All the respondents gave their informed consent to participate in the survey as well as their permission for the audio recording of the interviews and also for the researcher to take notes during the interviews. Furthermore, the respondents were informed of the contents of the interview schedule prior to the start of the interviews.

Semi-structured interviews were conducted by the researcher. These were recorded with the consent of the respondents. The interviews were conducted during working hours, and the researcher had to make sure the interviews did not hinder officials from rendering their normal services. Probing was done to gain more information and to get further answers. In some cases, the interviews took longer than expected due to interruptions by other officials. A record of the raw data was provided in the verbatim transcriptions from data captured on audio recordings as well as from notes made during the interviews. The collected data were preserved electronically, and these recordings were used as a backup, while the transcriptions and notes were preserved as MS Word files. In addition, to ensure confidentiality, the MS Word files were protected by password. “The data collected from the interviews were analysed using a systematic review, which is a step in analysing the information to retrieve the information repeated” (Polit and Beck 2012: 745).

5.3.3 Analysis of the research findings

In accordance with the interview schedule, the participants replied to the five questions put to them. According to Leedy (2016:11), "[d]ata has been collected before data saturation has been achieved in terms of exploring its conceptualisation" accordingly, after interviewing 12 senior managers, data saturation was achieved.

The analysis of the thematic content was carried out to transcribe the interviews in terms of the recordings and the themes derived from the literature review. The information from the other sources (Braun, 2013, Salkind, 2012 and Lee, 2012) was compiled to supplement the information already provided where necessary. The qualitative findings were identified and recorded, based on the five open-ended questions:

- How long have you held a leadership role?
- Do you think you are doing enough to support the personal career advancement of the employees in your section?
- Do you think the hospital is doing enough to provide the staff with the necessary equipment and resources to perform the tasks they need?
- Do you involve your staff in section decision-making?
- Are you of the opinion that the work environment is positive for the staff in your section?

The various senior managers of Matlala District Hospital achieved a high degree of consensus with regard to their views on the topics and issues discussed. Some themes, namely the main (see section 5.3.4) and sub-themes (see section 5.3.4), have consequently been defined and classified in this report of the findings obtained during the qualitative process of the research.

5.3.4 Themes

The themes that emerged from the data analysis were *leadership deficiencies, lack of adequate personal career development, inadequate provision of equipment and*

resources, joint decision-making and inclusivity, and *poor working conditions experienced by the executive committee members.*

According to Creswell (2014b), topics are those categories "which appear to be the key findings in the qualitative studies and are frequently used as headings in this findings". Green and Thorogood (2014: 212), further explain the use of themes to group similar conceptual expressions. Further reading was done during this analysis phase, and similar codes were clustered to compose the themes. The researcher focused on grouping codes along with the same theme labels and finding descriptive words or definitions to represent those themes. The researcher's approach used notes that were written on pieces of paper which were conceptually similar on the table, and read them together. Accordingly, the researcher represented the importance of the data and allocated it to certain themes. The various themes were interconnected to form a storyline, and the researcher used relevant quotes from the interviews to explain the phenomenon under study (Creswell, 2005: 200).

5.3.4.1 Leadership deficiencies

The first concept extracted from the data analysis was to assess how long the senior executive had been in the leadership position. As shown in Table 5.3, three sub-themes were identified within this theme, namely a lack of experience, competencies and skills; management and organised labour; and policies, procedures and prescriptions.

Table 5.3 Theme 1: Leadership deficiencies

Theme	**Sub-themes**
Leadership deficiencies	*A lack of experience, competencies, and skills*
	Management and organised labour
	Policies, procedures and prescripts

⇒ **A lack of experience, competencies, and skills**

More than half the participants (i.e. 60%) reported that the experience, skills and abilities related to what they, as senior managers, were supposed to possess to

perform their hospital duties. Undoubtedly, one cannot easily apply what another has indicated and what one thinks will work for one as a senior manager, when one arrives in a new environment. Although more than half of the participants (70%. x) serving on the Matlala District Hospital's Exco were acting in their positions, they were still expected to be in charge and perform all their roles and responsibilities in those sections. In other words, they were employed permanently in their own positions but served in managing positions on the Exco on a temporary basis. Some of the participants admitted that the execution of certain functions were beyond their scope of practice. They were also aware that they were only supposed to perform functions that were within their scope. In practice, however, due to the lack of skills and abilities of certain managers, it seemed to be a regular occurrence that managers were required to perform functions for which they had not been or of which they had no experience.

The anticipated outcome of this question was to determine whether managers were sufficiently experienced to display and utilise the required skills in leadership positions and whether they were trained in terms of their leadership roles. Most participants commented on the number of years they had spent in their previous job. One participant felt daunted as he was young and was already acting as a manager. It was evident in some instances that people need to be taught that what is essential is not a person's age, but the abilities, expertise, skills and experience he or she possesses. Another participant mentioned the work overload, which posed an extremely serious challenge in terms of being able to carry out his duties. In addition, certain resources, such as equipment (such as X-ray machine and printers), were lacking, according to the participants.

With respect to the decisions made by the senior managers at the Exco and the different organisation units, the participants thought that they would analyse whether it would be difficult for them to follow certain decisions or whether they did not encounter problems stopping them from following the decisions they took. Specifically, with regard to the governance framework, the lack of authority for decentralisation at hospital management level, the lack of a mandate concerning senior, middle and junior

managers, prevented them from carrying out their duties effectively. From this, it can be seen that some of the participants were conscious that their acts were directly related to the skills and competencies they were expected to have as managers. Some of the participants knew about leadership roles and had leadership experience before joining Matlala District Hospital, and others were not sure, as reflected in the sample responses[2] below:

> P2: *What! Normally when these things happen we used to sit down as a group or as a part, and then check their [nurses] problems, maybe checking with them and then holding meetings with them, and then checking the problems and checking the job requirement or what needs to be done, and then we continue to do that, and that's what I've seen that helped us a lot. A good leader must have a strong vision of running his team successfully.*

Another respondent thought it was really necessary because every organisation has its own different issues.

> P3: *As hospital management does, they keep saying that the framework will suit the organisation's strategy and vision. Once you have that in place, you will make people know the vision that you set for the organisation.*

In line with Quinlan, Babin, Carr, Griffin and Zikmund (2015:454), it can be argued that the failure of staff members to be able to execute their duties and to perform optimally throughout Matlala District Hospital to hold management accountable for the lack of knowledge of budget processes, the lack of resource-based equipment of staff levels, as well as officials and health professionals who do not see such responsibilities as falling within the scope of the hospital's general staff. In Table 5.4 below, some of the skills and competencies, which the Matlala District Hospital managers should possess, are listed.

Table 5.4: List of competencies

The attributes required	Examples of the application of attributes
Leadership and management qualities	
A decisive action	Capability "to assess information and ensure the application thereof" (Michel, 2011: 495). Guidance to be able to withstand anything that comes your way.
Honesty, integrity and good morale	Capability to display the norms and standards set for how one should behave and make sure that there is adherence to norms.
Inspiration	Conduct risk assessments and invite input.
Denial	Understand the nature of problems and express things as perceived.
Managing politico-cultural issues	Comprehend the "act of convening and rejection of authorities' surrounding" (Lambright, 2011: 782) – having knowledge of what is happening internally and externally.
Network attributes	Monitor and act on the process of showing skill and sensitivity for solving a problem.
Problem solving and& analysing	Devise and put into effect the means of coming up with a solution. Consider, break down and provide solutions accordingly.
Managing and inspiring people	Manage, allow people to have self-confidence to optimise their output. Manage relationships effectively.
Plan and programme leadership	Plan, identify, organise, implement and compile a report for the activities undertaken.
Public support, know-how	Be in charge, bring in order, and put into effect the policies and prescripts of government.
Strategic and leadership skills	Outline the vision and the mission of the organisation to inspire others with regard to service delivery.
Strategic guidance	Apply and make use of a provincial healthcare delivery in terms of the systematic plan.
Timekeeping	Plan all the prioritised activities to be completed on time.
Technology application	Make use of the available resources in terms of technology to be able to achieve optimum results.

Source: Polit and Beck (2012:745)

⇒ (b) Management and organised labour: Interference in decision-making

According to the participants, tension developed between the head of the organisation, senior managers and staff members on some of the issues discussed at the meeting of the EXCO and the decisions taken at that meeting, which were perceived to have worked against quality patient care. A passage from the interviews

with participants was extracted. All of them said that management and organised labour were part of the senior managers' leadership responsibilities. Senior managers were not always available to interact and get in touch with the staff. The participants' responses are reflected below:

> P8: *Sometimes and sometimes not, you sometimes know if you've made the decision and then you get resistance from people, and it's not implemented afterwards. And furthermore, some of the things that people are not satisfied with, and from there, there is this tendency to involve the labour movement. That thing's going to support us, but when it goes down, people aren't pleased, I don't like that, because they're telling us, this and that blah we have to do! … Then the next thing, the union will come and say that's not in your job description, you see, and you find that your plan has not been implemented, now the union is involved, you know that this isn't done according to the job description, that is sometimes a very serious issue.*

According to Van Rensburg (2015:415), the difficult relationship between management and staff has been attributed to the significant failure of management in ensuring that information is provided at organisational level, where it is known that decisions will be taken with regard to the South African national health system. Importantly, employers' conflict lies with the management roles and obligations of the organisation to be able to perform its tasks and make informed decisions. According to Green and Thorogood (2015:415), the tense and strained relationships between management and staff in the UK National Health System management were due to the inability of the system to ensure that information was disseminated at the level of the organisation where the decisions were made.

⇒ **(c) Policies, procedures and prescripts: A culture of compliance**

The participants reported that the CEO first consulted the Exco before making decisions according to the defined policies, procedures and prescriptions. It was expected, however, that the CEO would convene an ad hoc committee meeting with members of his management team, not only acting in accordance with policies, but also consulting them to verify whether or not he was doing the right things, before

taking the final decision on a certain matter. Some of the responses participants gave were as follows:

> P12: *When I speak, things that come to one's mind are rules, policies, roles and goals at the hospital as outlined in the prescriptions, and when I pay close attention to the public lectures. If [the] salary section, if they feel that this is not the way it should be according to the salary prescriptions, then we can only take the decision to send the documents to the individual concerned to comply with the department's rules, procedures and prescripts.*

> [With regard to] transactional leadership, it relates or involves money and encourages bartering, that is, where the exchange of goods, takes place in terms of what followers would have done, and the interaction between the followers and leaders will be conspicuous in providing the staff members with payment in the execution of their tasks (Van Eeden *et al*. 2008: 38).

The transactional leadership style, in essence, is a process that looks at the goals achieved in relation to the level of management within the organisation (Northouse, 2016: 85). The leader must prioritise workers in terms of defined priorities and objectives in the case of people's well-being. What is relevant is how the transactional leader views a follower's relationship with the leader, which means that, if the follower does something good, he or she is rewarded, and if the follower makes a mistake, then he or she is punished (Fiaz, 2017: 143). In addition, organisational leaders comply with the required standard operating procedures, prescriptions and policies, they strike a balance and ensure that their functions and responsibilities are executed (Bass & Riggio, 2006: 76).

In another vein, Cakata (2011: 6) emphasises, "[the] lack of service delivery is an issue that has affected departments of the public service due to poor leadership and organisational values. This is also shown in government performance reports" DPME (2013: 3). DPME also states, "about 80% of departments do not comply with the requirements for service delivery and 76% of departments do not agree to ensure that policies and best practices promote policies and procedures" (DPME, 2013: 3).

According to Anderson and Catclove (2012: 21), by ensuring effective change management, disputes and dissension can be reduced. This will facilitate recruitment or increasing health professionals in hospitals, such as clinicians and inputs from employees in terms of decision-making and strategic planning

Transformational leadership focuses on leaders being developed for the future and offers them an opportunity to engage and participate in meetings at junior, middle and senior management level. Individuals are sometimes inspired and considered to possess the knowledge and values of the organisation, and to understand the situation in which they find themselves (Burke, 2011: 256). Additionally, transformational leaders provide their followers with structures that will support and provide feedback with regard to recognising when their work is performed optimally (Belias, 2014: 187). A general meeting is convened when a need arise to ensure that whatever decisions have been taken are communicated to the staff members to be on a par with what is happening within the organisation.

According to Northouse (2010: 56), the four big transactional leadership behaviours are:

- the ability to interact well and work with team leaders on a mutual basis,
- the skill to develop a partnership involving building cohesiveness;
- the capacity to direct and lead successful and productive team meetings; and
- the competence to provide clear and confident project management skills.

As for Public Hospital, there was sometimes communication with staff members, and the managers worked with staff to instil a culture of teamwork in the hospital (see Burke, 2011: 256).

5.3.4.2 Lack of adequate personal career development

Regarding adequate personal career development as a theme, the participants agreed that, due to budgetary constraints, they did not do enough to facilitate the personal career development of staff in their divisions. The participants clarified that, if no expenses were involved, the staff members could be educated at workshops and

courses. If funding was required, however, the hospital management could not provide funding as the budget was centralised at headquarters.

More than half of the participants (80%) indicated that a skills audit was conducted throughout the hospital and, at the same time, different senior managers in their different sections discussed the issue of staff development. Within the first theme, two sub-categories were identified, namely the failure to monitor progress and the enforcement of conducted skills audit, as shown in Table 5.5.

Table 5.5: Theme 2: Lack of adequate personal career development

Theme	Sub-themes
Lack of adequate personal career development	*Failure to monitor progress*
	Lack of enforcement of capacity building following the skills audit

⇒ Failure to monitor progress

The participants also suggested that, due to the lack of funding, they do not track the progress of staff members and were not doing enough to support the personal career advancement of staff in their sections; hence, the career development of staff was not prioritised. At the same time, it was acknowledged that certain staff members from various hospital sections were unable to perform optimally as the hospital took a long time to educate staff or to motivate staff in terms of their developmental needs. Some answers from participants were as follows:

> P2*: What! Normally, what we do, we submit the skills audit and check if our training can be arranged with other expertise at different organisations, but some used to have the internal training or inductions with our staff, especially as now, I even head the laundry staff. So, together with our Occupational Health and Safety [OHS] [sections], we used to have the OHS induction, so are those who make our employees aware of their safety and wear protective clothes. That's where we normally used to do it, but on the other hand, due to a lack of funds and equipment, we're not doing enough and normally both facilities and equipment are lacking.*

The participants stated that the district and provincial offices of the health department were not engaged as a higher authority to ensure that most staff members were trained in promoting staff development of personal career.

It appeared that the staff members did not have the necessary knowledge and insight nor the necessary skills required for their jobs. Development and training, therefore, became a challenge for hospital management to ensure that staff members were empowered and trained. When adopting and implementing a transformational leadership style, staff members need a clear vision and goals, and management should ensure that a culture of training and career development is instilled within the hospital.

Dust *et al*. (2013: 413) comment:

> Change leaders are human beings with the ability to implement change in the organisation's culture, structure, policy, and purpose and have often positive traits. They can also lead their teams made up of employees from various sectors to work as a team, to become exceptional and achieve the organisational goals.

⇒ **(b) Lack of enforcement of capacity building following the skills audit**

Most of the participants stated that they were aware that a skills audit had been conducted at the hospital because they were members of the Exco. Although many of the participants agreed that a skills audit had been carried out at the hospital, the implementation of the findings of the skills audit was a challenge due to financial limitations and the centralisation of the hospital budget. One participant explained that, although a skills audit had been conducted, there was no clear direction from the hospital management regarding how staff members could get information from the organisation about becoming empowered. The following answers support this finding:

> P8: *No! No!" We just don't do enough. The first, like now you find that people in the hospital like I'm going to say as head of the section need to be trained on the District Health Information System [DHIS] or they need to be trained on the International Billing Accounts [IBA] that they use for records of patients that you*

understand, you find that there's no money to train people, even if you're motivating people to get trained, they'll tell you there's no money. You see, I wasn't even trained, I was just learning along the way, you see, so as long as there's no support for career development, like now, let me talk about the issue of the District Health Information System [DHIS], Unisa is offering that. Actually, we can pay for those people as the Matlala Hospital, so that they can be trained at those workshops or trained through Unisa, it is possible, but they will inform you that we don't have enough funds.

Other participants indicated they would use their own money to develop and empower themselves because they did not see that this was being done by the department. The issue facing participants pertained to the insufficient allocation of the budget. Training was therefore not a priority, whilst the focus was on patient care. Capacity building is associated with transformational leadership; however, training and staff development were not prioritised by the prevailing organisational culture at Matlala District Hospital. In addition, the participants claimed that, due to a lack of expertise and skills, they could not perform optimally to deliver the required services at the hospital.

Participants in the study intimated that primarily those in the educational, nursing and related sections had been included in the auditing of skills. Although those in the support services indicated that a skills audit had been carried out, there were no funds available to attend courses, workshops or training in general, even though they had completed the audit forms for the skills. The biggest challenge was that the budget was centralised at the provincial office, and after the skills audit, there was a lack of enforcement of capacity-building programmes.

5.3.4.3 Inadequate provision of equipment and resources

Theme 3, which emerged from the data analysis, was the provision of equipment and resources. A number of the participants alleged that the hospital was not supplying medical equipment and human resources adequately. Three categories were identified under this theme, namely budgetary constraints, a shortage of equipment, and a shortage of human resources, as shown in Table 5.6.

Table 5.6: Theme 3: Inadequate provision of equipment and resources

Theme	Sub-themes
Inadequate provision of equipment and resources	*Budget constraints,*
	Shortage of equipment
	Shortage of human resource

⇒ Budget constraints

Most of the participants suggested that the hospital was facing difficulties because the budget was concentrated at provincial office. More than half of the participants (90%) expressed the view that the hospital had been given insufficient funding. Hence, it became difficult for the hospital to function fully to provide the highest quality service. The reactions included:

> P3: *The department, including the hospital, has been placed under section 100(1)(b) [of the constitution of thr Republic of South Africa], which means you no longer have sufficient resources. If the hospital budget is eight million [rand], then, instead of going to nine million, it goes back to seven million. Even if we don't have enough resources to perform our duties, so our cleaners do not have enough soap yet, they do not have protective clothing, but even if the management comes with a clear programme and you find that when they go to the treasury, there's no money to procure such things. That's why many sections now do not have cartridges, and they do not have printers to render customer service. Our budget is not enough, even though our management, our CEO, is a very good person. He may come up with a clear programme to develop our hospital, but when you go to the treasury to finance, you find there's nothing there.*

The challenge, as indicated by the participant mentioned above, was the result of the limited funds allocated to the hospital, especially with regard to purchasing materials for its maintenance. Although employees tried to work with the limited resources, the budget was extremely small, and it was difficult for employees to achieve the set goals.

Employees took regular leave because most of them were suffering from fatigue and burnout due to overwork. Many managers did not manage the necessary and actual budget adequately, particularly at meetings of the Exco, where problems and

stumbling blocks hampering good clinical care have to be solved. Managers declared that they were willing to focus on the finance and human resources, and responded to memoranda from headquarters. The purpose and meaning of the upgrading of the support staff's skills that would allow the leader to articulate their precise vision persuasively were not provided. Consequently, recognition of staff members could not be achieved due to the lack of resources, although it is known that even if they do not have adequate resources, leaders will lead (McCleskey, 2014: 120). However, although the leaders tried, due to a lack of resources, they could not monitor the activities of their followers and were unable to monitor violations of standards and implement disciplinary actions.

Leaders did not convey their convictions, especially when they suffered from fatigue and exhaustion. At times, the workers had the technological skills to do the job, but it frustrated them because they did not have medical equipment. If the equipment had been available then employees could have done their job. All these problems were the result of the inadequate budget. The allocated budgeted amount was so low that they did not know what to buy and what not to buy.

According to Doherty (2013: 32), the provision of service, which is one of the single obligations and priority of the World Health Organization (WHO), was completely segregated from the industrial, administrative and pharmaceutical sections, and often not even the clinical parts regarded the patient as their customers. In addition, the dynamics of the South African evolving disease profile created a considerable demand for health services, and placed pressure on the limited budgets available (Doherty, 2013: 33).

In short, the hospital used the tax or fee collections to finance its regular operations and faced extreme resources scarcity. To ensure that the hospital continues to function, equipment must be distributed from the hospital store in an equitable way. The hospital received an extremely small amount of money, which meant that priorities had to change because of the lack of knowledge in terms of budgeting, planning, poor prioritisation guidance and insufficient resources, which also contributed to the problems experienced (Doherty, 2014: 97). Staff members were not self-motivated

due to the lack of support mechanisms and programmes that reflected success outcomes (Magubane, 2013: 101). However, leadership should be practised even in the face of difficulties, because the other obstacles, such as complacency and lack of problem-solving skills cannot be used as an excuse for leaders who do not lead and inspire.

⇒ **Shortage of equipment**

More than half the participants (90%) reported that a shortage of resources prevented employees from performing their duties, roles and responsibilities in an optimal manner. However, most participants (90%) also indicated that the budget for buying medical equipment was inadequate. The participants mentioned a shortage of equipment such as X-ray machines, printers, cameras, beds, washing machines, personal protective clothing, equipment used in specific sections, and equipment used in the nursing and clinical sections. One participant summarised this point by saying that patients paid at reception and did not receive a slip because the printer did not work, and an outdated X-ray machine was being used by the hospital. In addition, there was no consistent chain of command, nor were workers equipped with resources they needed to do their job. The participant further suggested that it was important to look into the signing powers for financial expenditure. Answers included:

> P8: *With the hardware, we're not doing enough, even if you can test the machines, they're the problems and you have to note that records management requires machines and really reliable computers, one that do not lose information at any time. Let me talk about HR records, we need computers with spreadsheets, and you know we're creating a spreadsheet for all patient files for all HR files, we need a spreadsheet for closed, active and inactive files, we need a spreadsheet, and there I know of two computers that don't work very well in the patient records, which is why it was said that the hospital is suffering a great deal in terms of equipment.*

The participants reported that they did not have sufficient equipment and even when this equipment was available, it was obsolete and extremely old. Some departments failed because the department used black economic empowerment (BEE) companies

to ensure that goods and services were procured. Therefore, some of the equipment was imported by the service providers, and it was found that products were not of a good quality and the process was time-consuming as well. For example, if a blood pressure machine with batteries was purchased, after three to four months, it could be found that the batteries were no longer working and the hospital could not get the batteries easily in South Africa. The participants indicated that there was a lack of unity in terms of direction, coordination and collaboration, especially between the staff members and the leaders, particularly, with regard to acquisition of equipment.

Sinioris (2010: 1) comments on role of leadership in the performance of individuals and says, “leadership is the single most important driver of overall organisational performance, provided equipment is available”. Health systems are continually evolving, and there is a problem with the shortage of resources and equipment, which is further exacerbated by the continuous development of technology. The scarcity of resources needed for such improvements and developments, among other factors, influences the success or failure of health sector leaders.

⇒ **Shortage of human resources**

Many of the participants indicated that the human resource shortage was a general issue affecting most sections in the hospital. According to the participants, the shortage of personnel forced staff at the hospital to work overtime in order to render quality care services to patients. Here is a sample of the responses:

> P12: *No, it's not enough because when you look at the section on expenditure, there’s none now, when they talk about the new structure they’re still working on, there’s none of the section on expenditure; There is none from the lower level to level 8. So, a person who does the wages is the one who collects the … me, as a manager, I do the reports, they have to be collected by someone in the section on spending, and in the entire section, I only work with one person. I think I brought it up even to the CEO at a management meeting, individually, so, and HR, they said, it’s not their ability to employ or deploy people, they just wrote the motivation and some spreadsheets and we sent it to the HR section, it’s just going to make*

a consolidated organisational motivation and send it through the district office to the headquarters.

Management staff were important because they were responsible for resolving many of the employment disputes as well as ensuring that the organisation was given the necessary resources by the DoH. According to Roussel and Swansburg (2009: 338), staffing planning requires organisational knowledge, judgment, experience and a critical knowledge of the needs of the organisation.

5.3.4.4 Joint decision-making and inclusivity

The fourth theme identified through data analysis was the involvement in decision-making by the senior managers who were members of the Exco at Matlala District Hospital. Most participants (80%) revealed that they were involved in discussions about strategic management issues at the hospital, and also focused on challenges experienced by the hospital.

The senior managers often gave a much more positive account of their leadership skills than the middle and junior managers did. Interventions regarding correlation among managers had to be developed regarding how the hospital management could handle various difficult situations. The participants indicated that they recognised and acknowledged the input of staff members during their meetings, especially when it came to collective decision-making. They also noted that staff members were encouraged to contribute to decision-making, and they ensured that staff members were respected and were able to discuss and deliberate on the discussion topics, so that they could eventually assist in decision-making. Some of the participants intimated that they mostly consulted with the CEO when they found it difficult to find solutions due to the challenges they had in the different sections in the hospital. Under this theme, two categories were identified as shown in Table 5.7, namely shared information, which is essential for decision- making and effective communication.

Table 5.7: Theme 4: Joint decision-making and inclusivity

Theme	Sub-themes

Joint decision-making and inclusivity	*Shared essential information for decision-making*
	Effective communication

⇒ Shared essential information for decision-making

Most participants indicated that essential or important decision-making information was always shared with staff members. It was observed, however, that the participants' views of senior leadership were much more favourable than those of middle and junior managers. Although senior managers were able to make joint decisions with their staff members, they and the other staff members often found it difficult to reach consensus, particularly, when it involved problematic issues. However, they shared that the main idea was to encourage a good working relationship among staff members, to be afforded an opportunity to participate in the decision-making process, even though some of the decisions were sometimes difficult to implement due to a lack of resources. The decisions would therefore have to be taken at the next sectional meeting, as reflected in the following replies:

> P1: *What! It depends on some of the problems where a question arises. I see we don't agree with that. Normally, if we decide to write a letter as a collective section, we will be faced with a serious challenge by staff members and we will explain to ourselves that this is the issue of hospital leadership. We just need to be helped in this way and they must sign all of them. The inquiry will be by staff members.*

> P1:*Collectively, when there's a meeting, I usually encourage them to let us come up with the ground rules for our meeting, and then they'll be the ones to say, don't let this and that, all right, fine don't let them, all right, and that's the challenge, what and how can we best try to solve the problem?.*

As Arnold (1998: 201) puts it:

> *Transformational leaders give their employees the opportunity to propose their own views and to be able to take them into account and involve them when decisions need to be taken. Employees are respected by their supervisors for the*

job they do, and appreciated by them. Idealised influence as one of the components of transformational leadership, refers to leaders' behaviour that can be identified by followers. Importantly, the transformational leader motivates other workers to be able to put the advanced strategies into being and to ensure that targets are accomplished as planned.

The transformational leader encourages followers or team members to contribute to decision-making and to take appropriate action independently through self-management (see DuBrin, 2013: 78). Employees are encouraged to think differently and experience a transition in how to determine a strategy for problem solving.

⇒ **Effective communication**

The participants were positive with regard to communication with staff members. Staff members were also given an opportunity to give their inputs and other views or ideas that would help the hospital perform optimally and enable it to take decisions collectively at the meetings as part of transformational leadership. One participant argued as follows:

P3: *Yes, because we sometimes call a mass meeting to get the staff involved, like yesterday, we're dealing with the so-called klebsiella, it's a kind of bacteria, but I'm not familiar with those things, But after the discussion with the management, we called those staff members to discuss what is happening in the hospital, and they gave us input and made decisions after consulting the entire staff.*

Leadership varied from one business unit to another regarding how often they held meetings with staff members. In order to get their feedback, some managers met with their staff members regularly and others monthly, and if they could not discuss problems at a specific meeting, such problems were forwarded to the management committee. Transformational leadership style was demonstrated throughout the process. Following the management team's intervention, ideas were suggested regarding what could be put in place as a way of resolving issues after considering inputs from other management team members.

P8: *You know in every change, when I make changes in the section, you know that you don't get up in the morning and say that, and that's got to change, I call a sectional meeting almost every month and I say, people we're having a problem, let me say what can we do about the missing patient files? Are we changing the system of shifts, and what do we do? And that gives us an idea about how we can tackle this issue. You know every decision I take so people can work very well, they have to be collective you see that you just have to take the decision, but it has to be collective, but I'm thinking about those issues through sectional meetings.*

The participants said they felt both positive and optimistic. The leadership style exhibited at the hospital was transformational, as the leaders challenged followers to uphold high standards, communicated future goals positively, and gave meaning to impending tasks through inspirational motivation. They also thought the CEO was trustworthy, respected his team leaders, was optimistic that the participants' decisions were right, and would lead the hospital to the success of the organisation. Participants expressed the opinion that they provided an opportunity for staff members to raise their challenges, and if the staff had urgent issues relating to the meeting, participants would provide staff with an opportunity to work on those challenges and to find solutions that would assist the different sections. The participants stated that staff were not hospital owners; they were merely managers, and the staff at the hospital faced several problems to ensure that senior managers were active in the decision-making process. The participants stated that they wanted staff members who would always be involved, who would share new ideas, and who would be flexible. The transformational leadership style "was used to enhance staff members' mental potential, which means the rate at which it [challenged] the leadership ideas, take chances requests feedback from followers. Leaders with these attributes, in their followers stimulate and encourage creativity" (Straker, 2012: 22).

A study carried out by Gilstrap and Collins (2011: 305) on health facilities found that members of the hospital's Exco were not notified of the hospital's activities, making it difficult to institute proper and well-considered interventions in the case of challenges. Privitera (2014: 95) indicates that incidences of interference by organised labour in

public hospitals were linked to ineffective communication or reporting, as well as ineffective training of clinical staff supervision, the non-availability of a policy or failure to implement it. The role of hospital management was to ensure that the officials and other stakeholders at the hospital worked collectively to achieve the goals and objectives of the hospital. McNatt *et al.* (2014: 9) contend that human rights, laws, policies and information make it impossible for the leader of the organisation and the Exco to control and prioritise the processes and the consistency of integrated health planning.

According to Anderson and Catclove (2012: 21), by ensuring effective change management, disputes and dissension can be reduced, expediting the growth in hospital health practitioners with respect to physicians and the feedback by team members on decision-making and strategic planning at large. Burke (2011: 256) states that transformative leaders inspire and motivate followers to take part in meetings at all stages, i.e. junior, middle and senior management.

5.3.4.5 Poor working conditions

The fifth theme emerging from the data analysis was the working environment in a category called ‘challenges facing health workers. Many of the participants felt that the hospital was extremely old and that it was necessary to revitalise the infrastructure, especially with regard to the hospital building. Working relationships and interpersonal attitudes among staff members were also linked to the bad working conditions. One category was identified within the theme, as shown in Table 5.8.

Table 5.8: Theme 5: Poor working conditions

Theme	Sub-themes
Poor working conditions	*Challenges facing health workers*

- ⇒ **Challenges facing health workers**

The poor working conditions posed many challenges in terms of infrastructure, and according to the findings, for example did not provide for wheelchair-bound patients.

Most participants felt that a new hospital was required because the hospital currently in use was too old, and others indicated that revitalisation could also be carried out to improve the working conditions. Another problem highlighted by the participants was the lack of space in the offices. Some staff members worked in small offices that were not user-friendly because they were packed with files and furnishings. The challenges facing the health workers to whom the participants referred, were shortages of staff and outdated equipment and infrastructure. It appeared that the hospital leaders at the time of this research did not have any intention of changing the status quo, as illustrated in the following response:

> P1: *Just no! There are [challenges] in some other areas but, in some areas, there are no, as I say, we have a serious problem with the equipment as well as the office, the workspace, some are in jeopardy, they're only in one office. The biggest thing is the workspace, some patients are only locked in one office and one is the meeting room, they are filled with all kinds of patient files. I should say that the room is somehow congested and is not user-friendly for them.*

The participants maintained that some work environments provided a favourable atmosphere in which to work, while others were not conducive to working. For example, managers had one office in the transport section, where all staff members worked. It was reported that it was difficult for the employees to perform their duties in the extremely confined space. At the time of this study, the laundry section was located in an environment, which was not worker-friendly, and staff had old machines, which were stored inside the building and were not removed.

Additionally, the switchboard section was housed in a small office, which was located next to a building site. The climate was, therefore, not at all suitable for switchboard operators to perform their duties in an optimal manner.

"The rights, powers and functions of hospital management as amended, shall recommend and advise the headquarters on the design of hospital buildings and repair systems and equipment purchases" (see Doherty, 2013: 32) pursuant to section

16 of the Limpopo Health, Developmental Social Welfare and Hospital Governance Institution Act (No. 2 of 1997) (DoH, 1997a).

It is important to note that the headquarters staff complained frequently about hospital outcomes, but they did not provide a positive atmosphere and no longer took on the collective responsibility of problem solving (see Doherty, 2013: 32).

5.3.5 Overview of the research findings

The transformational and transactional leadership styles and the effect of these on employees at Matlala District Hospital were discussed with regard to the quantitative analysis (see section 4.8.2). The transformational leadership style had the greatest influence on workers (see section 3.2.1), while the transactional leadership style had an intermediate effect (see section 3.2.2). The transformational leadership subscales correlated with the contingent reward in a significant and positive way (see section 3.2.1). In the current study, the contingent reward subscale (see Andrews, 2017: 75), which is part of the transactional leadership scale (see Whittaker, 2017: 64; see also section 3.2.2) correlated positively with all transformational leadership subscales, and the same pattern was observed in terms of the transactional leadership scale (see Auriacombe, 2012: 52; see also section 3.2.2). The most significant consideration was that the managers and leaders at Matlala District Hospital have to adopt an effective and specific leadership style to inspire followers to contribute to optimum performance organisational goals (see section 3.2.1).

The purpose of the current study was to provide guidelines for the hospital in developing policies that would enable the organisation to attract and retain its junior, middle and senior managers. Therefore, it aimed to identify a leadership style that would promote timely engagement that would benefit the Exco of Matlala District Hospital in terms of its management. In addition, the findings of this study can be assisted by recommendations and as results have been achieved, particularly with regard to district and provincial offices, in terms of developing a holistic view of leadership styles and employee commitment and making the necessary system changes. Future researchers could evaluate the outcome of specialised training on

leadership development to determine which strategies could be applied more easily when managing public hospitals. Senior managers were in a position to provide the services needed to support their team members. Although problems existed in the district and the provincial offices; and budget centralisation was a challenge facing the Matlala District Hospital management, the working relationship between junior and middle managers was mostly strong. Significantly, 70 leaders, who completed the questionnaires, exhibited a relatively high level of transformational leadership.

Quantitative research (see Hammond, 2013; Holliday, 2012) has shown that certain leaders sometimes exhibit transformational leadership. Their behaviours were frequently exhibited, implying that these leaders in organisations that needed improvement could manage and handle the change fairly good and successfully. The ideal environment could be one in which leaders often, if not always, exhibit these behaviours. Likewise, leaders showed transactional leadership occasionally, which was also relatively low, thus suggesting that such leaders never led in accordance with their followers' transactional relationships. Regarding the analytical findings (see section 5.4.2.6), evidence suggests that transformational leadership will lead to improved service delivery outcomes, as expected, while transactional leadership will not do this. Contingent rewards correlate positively with both transformational leadership and leadership outcomes; therefore, a transactional leadership style combined with contingent rewards is the best combination of leadership for Matlala District Hospital.

With respect to the qualitative study, the members of the Exco answered the researcher's five questions. The themes identified from their responses were leadership deficiencies, a lack of adequate personal career development, inadequate provision of equipment and resources, joint decision-making and inclusivity practically, all the answers below point to a lack of leadership in transactional matters. The managers could certainly have come up with their own plans to get things done.

The findings reveal both positive and negative experiences as presented by members of the Exco in the interviews regarding their role.

P2: *The infrastructure problem is typically one that hinders us or we cannot have an effect on it, so you may find that we are failing on it, but if we can have a revitalised system, I think we can have a better climate. […] Because in most cases, if you check, you will find that the start of the financial year is not enough to have the training budget. […] We usually submit our needs to them and then check whether there is a budget, but most of our budgets are usually centralised.*

P7: *In general, there has been a shortage of public health workers, a severe problem.*

P10: *The other thing is that the department is not doing more in this regard because we have the issue of budgetary constraints, slots have been reduced and more nurses are no longer being trained and more spaces have been reduced. […] Social workers do not need to have privacy, especially in the psychology section, but because of the infrastructure, they have ended up compromising the services. […] First of all, I referred to the issue of staff shortages and where I come from, namely at the WF Nobel Hospital; we didn't have enough staff, then I came here, the same department at another hospital, now at the Matlala Hospital, we're still facing the same problem and the way it's solved, I have to relive because I have no choice.*

P11: *There's no [funds in] budget for that, so you don't really end up designing it.*

P12: *I wanted people to upgrade their skills, but there is nothing I can do as an individual because of financial constraints in the department, even in our training department, as I am talking about budget constraints. […] In terms of this budget, I would say 'no' is not enough because we do not have medical equipment as an organisation, such as a hospital department for our patients.*

Humphrey (2012:247) points out that the capacity of transformational leaders lies in the fact that they are driven by people. Leaders know what is going on in their followers' lives, they care for them and feel compassion for them in times of crisis, and are not distracted from their affairs. Moreover, transformational leaders motivate followers by ensuring that a favourable climate promotes optimum functioning to represent and also remonstrate followers for their mistakes, which sometimes

happens. Leaders also show a response to the macro-environment when it comes to accepting change, and monitoring the environment. Leaders also have a passion for change. Furthermore, such leaders have the ability to manage diversity. Added to this, transformational leaders have the ability to engage in two-way communication and to adopt an open-door policy, which is an important component to develop trust between a leader and his or her followers. Inspiring motivation involves promoting and conveying an appealing vision (see Bass & Avolio, 1994: 57), in order to focus followers' efforts on the vision. Having a mission and a vision is a necessary condition for transformative leadership who want to communicate their vision (Yukl, 1998: 58), just as visions are the products of leaders (Bennis & Nanus, 1997: 101). Transactional leaders motivate their followers for performance beyond expectation. They initiate a structure to clarify the tasks and roles, emphasise the connection between rewards and goal achievements, and use agreed-upon performance goals to motivate their followers (Bhat, 2013: 24).

According to Russel (2011: 368), transformational leaders often fail to persevere with the processes and want to see things done overnight, regardless of the challenges they face, as was the case with the hospital managers. They disliked the bottlenecks that occurred and the excessively slow process that had to be followed, involving lengthy procedures (see section 5.4.2.6). They wanted to do things right away, which was not possible because of lacking the resources. They also thought they could not undo the decisions taken at the district and provincial offices, which they considered to be rigid. In addition, they were inclined to avoid conflict with their followers (see section 5.1.4). When the followers found it difficult to carry out their duties because of a lack of resources, the leaders did not display dissatisfaction. Instead, they went the extra mile by doing the required work (see section 5.1.4). According to Bass (1998: 62), "the transformational leaders come from backgrounds where failure is acknowledged when one tries hard to make mistakes as part of learning". In terms of their behaviours and their area of operation, transformational leaders often view themselves as too perfectionist (see Belias, 2014: 190). Consequently, they struggle with delegating tasks as they cannot risk leaving crucial items in other people's hands in case they make errors (Bhat, 2013: 25). They also adhere strictly to deadlines and

prefer to work beyond the call of duty instead of failing to meet deadlines. The behaviour of this perfectionist is an addiction, which could lead to compulsive behaviour (Humphrey, 2012: 247).

Significantly, Exco members indicated the budget was a serious challenge as everything was centralised at district and provincial offices. If insufficient funds were allocated to the hospital, they could do nothing; budgetary constraints was beyond the control of the CEO and the executive board. Submissions, however, had to be prepared and motivated for whatever was needed so that funds could be released to buy the hospital equipment or resources required. The CEO and the managers on the Exco sometimes tried to do more, but the problem was that the hospital was under-resourced financially in terms of its needs. It transpired that their budget decreased each year (P3), an issue faced by hospital management. In particular, it became clear that insufficient funds were available for the purchase of medical equipment, even though the hospital had introduced an incentive to increase the budget each year without tangible outcomes (P8). Despite these constraints, the CEO and the members of the Exco tried to do their best to develop whoever wanted to undergo training.

They communicated their requirements to the DoH regarding the strategic plan and had to wait for head office to respond. The head office replied by setting up the Multi-Drug Resistance (MDR) Unit at Matlala District Hospital, which was handed over to hospital management in 2012.

There was also a problem with the hospital procurement department, as previously, equipment and other resources were purchased directly for the hospital; now the district and provincial offices managed everything (P3). It transpired that sometimes it took six months before anything happened, even after the specifications had been prepared (P8). It was further stated (P10) that, at times, the money in the budget that was not used at the end of the financial year had to be transferred to the next financial year without spending it (P10).

On another topic, P2 indicated that, if there were no funds to promote personal career development and empower staff members, it meant that the organisation was not

concerned about its staff, and some of its officers in hospital felt that they were not appreciated for the work they were doing. The participants indicated that, as they were short-staffed, most sections in the hospital had a problem regarding human resources (P8). The provincial office indicated that they could not appoint new staff because there was no money, regardless of whether the hospital short-staffed or not. Instead, it released (Circular Number 45/2017) (DoH, 1997a), which stipulated that rationalisation has been implemented, that is, where the province would send the health professionals to the hospitals, regardless of whether they are trained or not (DoH, 2011c). In addition, they were redeployed to other places, for example, if and where was a surplus of dieticians, (P12). Rationalisation needed to take place in other elements within the same organisation where they transferred an official from one section to another (P7). Therefore, the participants felt there was no sense of responsibility and ownership (P12). Another challenge that the participants raised was that he or she would not be compensated, even if an official had been transferred.

In terms of human resources, the hospital lacked adequate staff, particularly with regard to professional nurses and support staff (P3). For staff nurses and assistant nurses, this was not so much a concern as it was with qualified nurses (P8). This was such a significant challenge that if a person was ill or went on leave, the staff nurses managed the organisation (P10). The participants suggested that, at the time of this research, this issue had not been resolved yet (P12). It may be questioned what the district and provincial offices have done to provide more professional nurses (P10). They even went as far as checking all the critical posts they needed to fill and then send delegations to request the appointment of professional personnel, such as doctors and professional nurses (P7). Their demands were not acceded to, and the hospital management was informed that it was not possible to hire additional staff, as no funds were available (P11). In particular, there was a shortage of staff, ward attendants, gardeners and cleaners. This made it exceedingly difficult for the hospital to tackle those problems due to this insufficient capacity (P12). In addition, several participants (P1, P2, P8) suggested that the hospital facilities were not in a good shape. Participants were referring, in particular, to the infrastructure. Most of the participants (90%) suggested that the problems pertaining to the poor conditions were

linked to the facilities and the fact that the hospital was too old. The DoH considered renovating the hospital. Instead, the participants felt the need to build a new hospital for the improvement of the poor working conditions.

5.4 REPORT ON THE QUANTITATIVE DATA COLLECTION AND ANALYSIS

The aim of this section is to present the quantitative findings of the empirical investigation, and to review the literature on the data analysis. The quantitative data were collected using structured questionnaires to assess attitudes and perspectives of participating junior and middle managers at Matlala District Hospital administration. In this case, the method of data analysis involved sampling, categorising, monitoring and providing consistency in terms of accurate data interpretation (Brink, 2012: 177).

Firstly, an overview of the standard of living of research participants is provided. Following that, inferential statistics will be provided using variance analysis (ANOVA) and analysis correlation. The ANOVA was conducted to assess whether opinions of the skilled staff at the hospital on leadership styles varied according to their highest educational qualifications, age and number of years' experience as a designated staff member. Then follows a discussion of the relationship between the styles of leadership reporting on a correlation analysis. Finally, an overview is provided of the relationship between the active leadership, passive leadership, and organisational outputs. The summary of the findings culminates in Chapter 5.

The researcher is familiar with the hospital where this research study was conducted, and used to work at Matlala District Hospital for a three-year period, from 2010 to 2013. The junior and middle managers participated in the quantitative stage of data collection. A significant principle of quantitative research is that it is objective and uses elicited numerical data to generalise findings to the research population (Denscombe, 2007: 22). Good research aspires to get the best possible answers from the work carried out (Leibbrandt, 2014: 10). In the case of Matlala District Hospital, the researcher handed out the questionnaires to participants, and returned after five days to collect the completed questionnaires.

5.4.1 Biographical characteristics of the respondents

In this study, a total of 70 staff members or health professionals participated. They were requested to provide information based on their age, highest educational qualifications, race and the number of years' experience as appointed staff. The demographic characteristics of the health professionals, junior and middle managers are presented in Table 5.9. All the participants indicated their age, and it appeared that 35.7% and 31.4% of the participants in the sample were highly experienced leaders, particularly those who had spent a number of years at the hospital.

Table 5.9: Biographical characteristics of the staff members or managers

Variable	Category	Frequency	%
Age	21–30 years	6	8.6%
	31–40 years	25	35.7%
	41–50 years	22	31.4%
	51–60 years	17	24.3%
	Total	**70**	**100.0%**
Highest educational qualification	Grade 12 (Standard 10, Matric)	4	5.7%
	Diploma or certificate	27	38.6%
	Bachelor's degree	32	45.7%
	Post-graduate qualification	7	10.0%
	Total	**70**	**100.0%**
Race	African	67	95.7%
	Other	3	4.3%
	Total	**70**	**100.0%**
Years of experience as appointed staff	1–5 years	11	15.7%
	6–10 years	18	25.7%
	11–20 years	20	28.6%
	21 years and more	21	30.0%
	Total	**70**	**100.0%**

Of the respondents, 35.7% (n=25) were aged between 31 and 40 years, 31.4% (n=17) were aged between 41 and 50 years, while 24.3% (n=17) were aged between 51 and 60 years. Only 8.6% (n=6) were aged between 21 and 30 years. Therefore, the

majority of the respondents were between 31 and 50 years. This statistic is associated with a group of workers in South Africa, where most of the employees are between 40 and 60 years of age, that is, in their middle age (see Ruigrok, 2010: 1085).

With regard to the highest educational qualification, a large number of the respondents had a bachelor's degree, namely 45.7% (n=32), 38.6% (n=27) had either a diploma or a certificate, while 10% (n=7) had a post-graduate qualification. Only 5.7% (n=4) had only a matriculation qualification. Most of the participants were qualified, and these groupings of education could signify that the nature of work at the hospital requires relatively high levels of education, skills and competencies.

A high response rate of 45.7% for Bachelor's degree received from the demographic section can be attributed to the following reasons:

- The participants found it easy to understand the questions did not require much thought, and the answers came easily as the questions were about the participants.
- The participants could also relate to the questions as they were asked for personal information.
- Since the participants completed this section at an early stage of the survey, they would have had more energy and interest at this stage than they possibly might have had later.

The majority of the respondents were black Africans, at 95.7% (n=67). Of the other three respondents, one was coloured, one was white, while one was Indian.

The respondents were asked to indicate the number of years as appointed staff members. About 30% (n=21) had more than 20 years' experience, 28.6% had 11 to 20 years' experience, 25.7% (n=18) had six to ten years' experience, while 15.7% (n=11) had under five years' experience. It was found that about 60% had more than ten years' experience as appointed staff. The data analysis shows that the years of experience had an influence on the differences in the perceptions of participants in

terms of the leadership of the Matlala District Hospital because of the knowledge, experience acquired and the information accumulated throughout the years.

5.4.2 Descriptive statistics about transformational leadership

The transformational leadership style of the managers was measured using five scales, namely:

- Idealised influence attributes (IIA)
- Idealised influence behaviour (IIB)
- Inspirational motivation (IM)
- Individual consideration (IC)
- Intellectual stimulation (IS)

For rating the frequency of observed leader behaviours, a five-point Likert-type scale was used. This ranged from 1 (not at all) to 5 (frequently, if not always). An average of at least 2.5 meant that the behaviour occurred once in a while, whereas a mean of less than 2.5 indicated that the behaviour was observed sometimes. The scales are discussed in the next subsection.

5.4.2.1 Frequency table on idealised influence attributed

The idealised influence attributed had been calculated using four items, and are presented in Table 5.10 below.

Table 5.10: Frequency table on idealised influence attributed

Statement	Level of occurrence					Mean	SD
	5	4	3	2	1		
QB25. Your senior manager displays a sense of power and confidence.	42.9% (30)	27.1% (19)	17.1% (12)	8.6% (6)	4.3% (3)	2.96	1.16
QB21. Your senior manager acts in ways that build others' respect for you.	34.3% (24)	37.1% (26)	15.7% (11)	5.7% (4)	7.1% (5)	2.86	1.17
QB18. Your senior manager sacrifices self-interest for the good of the group.	30.0% (21)	31.4% (22)	18.6% (13)	8.6% (6)	11.4% (8)	2.6	1.31
QB10. Your senior manager instills pride in others with regard to being associated with him or her.	21.4% (15)	27.1% (19)	24.3% (17)	8.6% (6)	18.6% (13)	2.24	1.39

Note: QB =

The first two items (QB25 and QB21) did not occur frequently; however, they allowed continuous improvements to be maintained at the hospital. Table 5.10, reveals that about 70% of the respondents indicated that senior managers exhibited a sense of power and confidence with a mean of 2.96, which was relatively high $(M = 2.96,\ SD = 1.16)$. In turn, 71.4% indicated that senior managers acted in a way that engendered others' respect with a mean of 2.86, which was also relatively high $(M = 2.86,\ SD = 1.17)$, and 61.4% indicated that the senior managers sacrificed self-interest for the good of the group. Here, the respondents confirmed the selflessness of their managers with a mean of 2.6, which was also relatively high $(M = 2.16,\ SD = 1.31)$. In terms of senior managers instilling pride in others, only 48.5% indicated that they displayed the behaviour often with a mean of 2.24, which was relatively low$(M = 2.24,\ SD = 1.39)$.

With regard to means, the analysis above shows that the health professionals (nurses, doctors and hospital administrators) indicated leaders who displayed a sense of power and confidence went beyond their self-interest for the good of the group, and acted in ways that engendered others' respect for them. Furthermore, it was indicated that instilling pride in followers or being associated with their subordinates only occurred sometimes, which confirmed that management at the

Matlala District Hospital was weak in terms of the mean of 2.24. In this case, the results show that the managers at the hospital could not be regarded as transformational leaders.

The literature consulted revealed that with transformational leadership, leaders will provide a vision and develop emotional relationships that go beyond self-interest, as noted by Murphy (2008: 165).

5.4.2.2 Frequency table on idealised influence behaviour

The four scale items were used to measure idealised influence behaviour, as shown in Table 5.11.

Table 5.11: Frequency table on idealised influence behaviour

Statement	Level of occurrence					Mean	SD
	5	4	3	2	1		
QB14. Your senior manager specifies the importance of having a strong sense of purpose.	44.3% (31)	31.4% (22)	11.4% (8)	10.0% (7)	2.9% (2)	3.04	1.11
QB34. Your senior manager emphasises the importance of having a collective sense of mission.	31.4% (22)	42.9% (30)	18.6% (13)	2.9% (2)	4.3% (3)	2.94	1.01
QB23. Your senior manager considers the moral and ethical consequences of decisions.	30.0% (21)	34.3% (24)	25.7% (18)	4.3% (3)	5.7% (4)	2.79	1.11
QB6. Your senior manager talks about his or her most important values and beliefs.	15.7% (11)	31.4% (22)	22.9% (16)	12.9% (9)	17.1% (12)	2.16	1.33

Three-quarters (75.7%) of the health professionals indicated that the managers at senior level specified the importance of having a strong sense of purpose. This was indicated by an average of 3.04, which is a reasonably good level of occurrence with a slight need for improvement ($M = 3.04,\ SD = 1.11$), which shows that the behaviour was observed fairly often but was not extremely high. The item "Your senior manager emphasises the importance of having a collective sense of a mission" had a score of 75.3% indicating that it occurred fairly often with an average of 2.94 ($M = 2.94,\ SD = 1.01$), while 64.3% responded that the senior managers considered the principles of

right or wrong and the ethical consequences of the decisions taken with mean of 2.79, which means that the behaviour also only occurred fairly often but was not extremely common ($M = 2.79,\ SD = 1.11$). Only 47.1% of the health professionals indicated that the senior manager talked about his or her important values and beliefs, with a mean of 2.16, which is low and indicating that there is a need for improvement ($M = 2.16,\ SD = 1.33$). Thus, the senior managers specifies the importance of having a strong sense of purpose, considered principles of right or wrong, conforming to standards of behaviour and character of the outcomes, which reiterated the significance of involving every member of the group. On the other hand, they did not indicate the most important values and beliefs very often (24.3%).

Both the transformational and transactional leadership style underscore the beliefs and values that should be communicated or displayed by the leader to his or her followers. Those who are referred to as transactional leaders, exhibit transformational behaviour, which means the leader is interested in looking out for himself or herself, and exchanging benefits with his or her followers to be able to achieve their benefits. Therefore, he or she is likely to exhibit values, beliefs and attitudes more consistent with transformational leadership.

5.4.2.3 Frequency table on inspirational motivation

The subscale on inspirational motivation was measured using the four factors presented in Table 5.12.

Table 5.12: Frequency table on inspirational motivation

Statement	Level of occurrence					Mean	SD
	5	4	3	2	1		
QB36. Your senior manager expresses confidence that goals will be achieved.	40.0% (28)	31.4% (22)	21.4% (15)	4.3% (3)	2.9% (2)	3.01	1.03
QB9. Your senior manager talks optimistically about the future.	38.6% (27)	37.1% (26)	14.3% (10)	5.7% (4)	4.3% (3)	3	1.08
QB13. Your senior manager talks enthusiastically about what needs to be accomplished.	32.9% (23)	31.4% (22)	27.1% (19)	7.1% (5)	1.4% (1)	2.87	1.01

Statement	Level of occurrence					Mean	SD
	5	4	3	2	1		
QB26. Your senior manager articulates a compelling vision of the future.	32.4% (22)	29.4% (20)	23.5% (16)	10.3% (7)	4.4% (3)	2.75	1.15

All the items assessed in this construct had means of less than 3, while one had a score higher than 3, indicating that the attribute was observed frequently, if not always. All the standard deviations (SDs) were close to 1, and can be observed by using the empirical rule. The majority of the respondents (97.1%), had ratings from 2 to 5 in terms of the level of occurrence (± 1 SD from the mean). The item "Your senior manager expresses confidence that the goals will be achieved" received a score of 71.4% indicating that it occurred fairly often, at mean of 3.01 $(M = 3.01,\ SD = 1.03)$, while the item "Your senior manager talks optimistically about the future" scored 75.7%, indicating that the attribute also occurred fairly often, which demonstrated that this was a low level of occurrence, with regard to inspirational motivation and with a great need of improvement. About 64.3% responded that the senior manager spoke with enthusiasm in terms of what was supposed to be achieved with a mean of 2.87 $(M = 2.87,\ SD = 1.01)$, and 61.8% revealed that the senior manager articulated a compelling vision of the future with a mean of 2.75, which was not high $(M = 2.75, SD = 1.15)$. The results show that the senior managers sometimes talked positively and confidently about the future, talked enthusiastically in terms of what needed to be accomplished, articulated a compelling vision of the future and expressed confidence that goals would be achieved. In terms of the analysis done, this was in line with the fact that transformational leaders should articulate an extremely clear vision within the organisation in accordance with Bennis and Nanus (1985), and the theory of transformational leadership, which will be discussed later (see section 5.4.2.6).

$\Rightarrow$ Characteristics and attributes for transformational leadership here

Firstly, transformational leaders state a clear vision that originates from both leaders and followers within the organisation. Secondly, transformational leaders transmit

guidelines that transform the culture of the organisation through rules and practices. Thirdly, transformational leaders create a transparent openness and trust in the organisation through the strength of moral convictions. Finally, transformational leaders use the deployment of the self and positive self-regard through feelings of confidence and high expectations because of their own commitment to learning.

5.4.2.4 Frequency table on individual considerations

The items used to measure individual considerations are presented in Table 5.13. These were measured to determine whether senior managers paid heed to each individual's need, acts as a mentor or coach to the follower, and listens to the follower's concerns. This behaviour can include discussion and empathy with the needs of individual employees**.**

Table 5.13: Frequency table on individual consideration

Statement	Level of occurrence					Mean	SD
	5	4	3	2	1		
QB29. Your senior manager acknowledges that every individual has different needs, abilities and aspirations.	34.3% (24)	35.7% (25)	22.9% (16)	2.9% (2)	4.3% (3)	2.93	1.04
QB31. Your senior manager helps others to develop their strengths.	37.1% (26)	28.6% (20)	17.1% (12)	12.9% (9)	4.3% (3)	2.81	1.20
QB15. Your senior manager spends time teaching and coaching.	25.7% (18)	38.6% (27)	22.9% (16)	10.0% (7)	2.9% (2)	2.74	1.05
QB19. Your senior manager treats others as individuals rather than just as a member of a group.	18.6% (13)	27.1% (19)	24.3% (17)	7.1% (5)	22.9% (16)	2.11	1.42

Of the respondents, 70% indicated that the senior manager acknowledged that every individual had different needs, abilities and aspirations with a mean of 2.93, showing that it is high, which means leaders acknowledged differences $(M = 2.93,\ SD = 1.04)$; 65.7% responded that the senior manager helped other employees to work out their physical energy and intensity $(M = 2.81,\ SD = 1.20)$. The item "the senior manager helps others to develop their strengths" had a score of 64.3% indicating that

it occurred sometimes with a mean of 2.74 ($M = 2.74,\ SD = 1.42$). Only 68.6% felt that senior managers treated some employees as individuals rather than as members of a group with a mean of 2.11, which is not high ($M = 2.11,\ SD = 1.42$). It can be noted that a senior manager tended to devote time teaching and coaching, considered each individual to have different needs, abilities, a goal that is strongly desire from others, and helped others to develop and improve their strengths. These attributes have been observed quite often. However, a senior manager sometimes treats employees as individuals, rather than as simply being a member of the team, and this behaviour was less observed. At the time of this research, the managers at Matlala District Hospital were failing in this regard. The Matlala District Hospital senior management showed a lack of commitment to the inspiration and management of the staff. It was clear that the leaders did not promote and encourage full participation and commitment of employees to be able to achieve their set goals as explained by Rearick (2007: 283). The researcher has been confirmed with regard to the historical evolvement of leadership that followers must be treated as individuals, which is better than being treated as a member of a group (see Lee, 2012: 171).

5.4.2.5 Frequency table on intellectual stimulation

The subscale on intellectual stimulation used the five scale items shown in Table 5.14.

Table 5.14: Frequency table on intellectual simulation

Statement	Level of occurrence					Mean	SD
	5	4	3	2	1		
QB32. Your senior manager suggests new ways of looking at how to complete specific assignments.	35.7% (25)	32.9% (23)	20.0% (14)	4.3% (3)	7.1% (5)	2.86	1.17
QB2. Your senior manager re-examines critical assumptions to question whether they are appropriate.	30.0% (21)	35.7% (25)	20.0% (14)	12.9% (9)	1.4% (1)	2.8	1.06
QB8. Your senior manager seeks differing perspectives when solving problems.	21.4% (15)	40.0% (28)	28.6% (20)	4.3% (3)	5.7% (4)	2.67	1.05

Statement	Level of occurrence					Mean	SD
	5	4	3	2	1		
QB30. Your senior manager gets others to look at problems from different angles.	21.4% (15)	37.1% (26)	25.7% (18)	7.1% (5)	8.6% (6)	2.56	1.16

All the items had means of between 2.56 and 2.86 indicating that the behaviour observed occurred sometimes, which indicated a lack of intellectual stimulation at Matlala District Hospital. Table 5.14 shows that 68.6% indicated that the senior manager suggests new ways of looking at how to complete specific assignments, with a mean of 2.86, which was not high $(M = 2.86,\ SD = 1.17)$. About 65.7% revealed that the manager at senior level re-examined critical assumptions to question whether it was proper to say that or not, with a mean of 2.8 $(M = 2.8,\ SD = 1.06)$, while 68.6% responded that the senior manager sought differing views when solving problems with a mean of 2.67, which was not high $(M = 2.67,\ SD = 1.05)$. Of the respondents, 62.8% confirmed that the senior manager asked followers to look at problems from different angles with a mean of 2.56, which is not high $(M = 2.56,\ SD = 1.16)$. The findings from the responses to QB8 and QB30 point to the absence of intellectual stimulation.

The majority of the health professionals 68.7%) indicated that their senior officials scrutinised critical assumptions repeatedly in terms of questions regarding whether they were appropriate, with a mean of 2.8. In addition, leaders sought contrasting perspectives when solving problems, with a mean of 2.67, asked followers to look at problems from many different angles, with a mean of 2.56 and suggested avenues to look at how to complete assignments, fairly often with a mean of 2.86. With regard to one of the components of transformational leadership, namely intellectual stimulation, leaders focused on the re-examination of critical assumptions and followers were capacitated and acquired skills to do things on their own to a certain extent only.

5.4.2.6 Summary frequency table on transformational leadership

As noted, a mean of at least 2.5, which is not high, means that the frequency of getting others to solve problems from different angles occurred sometimes. Table 5.15 below

presents a summary of the descriptive statistics of the scales in the transformational leadership dimension. The leaders or managers were rated as weak according to the responses to QB10, QB23, QB6, QB8, QB30 and QB19.

Table 5.15: Frequency table of the transformational leadership variables

Variable	Mean	SD	CV	Skewness	Kurtosis
Idealised attributes (IIA)	2.66	.88	33.08%	-.593	-.284
Idealised behaviour (IIB)	2.73	.75	27.47%	-.585	-.051
Inspirational motivation (IM)	2.92	.75	25.68%	-.496	.395
Intellectual stimulation (IS)	2.72	.78	28.68%	-.519	-.341
Individual consideration (IC)	2.65	.71	26.79%	-.271	-.202
Transformational leadership	2.74	.66	24.09%	-.602	-.152
SD = standard deviation, CV = coefficient of variation					

Looking at Table 5.15, it is clear that all the subscales of the transformational leadership construct had means between 2.66 and 2.92, which are less than 3, indicating that the behaviour was only observed sometimes. According to the response categories of the dimensions of the transformational leadership, the responses were relatively high at 70% in terms of the behaviour that was observed. With regard to variability in the responses, all the coefficients of variation were below 35%, indicating that there was not much variation. Thus, the respondents indicated that their senior managers paid attention to employees individually and the different attributes or traits of employees were admired, respected and trusted; however, the means were less than 80% to ensure transformational leadership. Senior managers wanted to identify those who wanted to develop and grow themselves, the mission and vision of the leaders and, in employees they invested a great deal of respect and inspiration. Transformational leaders are interested in the abilities and potential needs of employees, and they listen to them, teach them and give them advice and direction. Transformational leaders are always optimistic about the future and make decisions by contemplating moral and ethical aspects (see Northouse, 2010: 178).

Inspirational motivation had a mean of 2.92 with an SD of .75, giving a coefficient of variation of 25.68%, indicating that the ratio or degree of the SD to the mean was almost 1:4. Using the empirical rule, about 68.26% of the responses had ratings between 2.17 to 3.67 (± 1 SD from the mean). It must be pointed out that inspirational leaders expect positive results and display a continuously developing vision and models of a high standard. They make enthusiastic presentations simply by inspiring and encouraging employees to do things as they should be done. They provide solutions to all the problems experienced and devise ways and means to achieve the goals set (see Northouse, 2010: 178).

For intellectual stimulation, the mean was 2.72, with an SD of .78, and a coefficient of variation of 28.68%. The mean obtained indicates that the behaviour was observed quite often. Through intellectual stimulation, transformational leaders often present employees with new viewpoints and motivate them to look at events from different perspectives. These leaders feel that things will not remain the same. Therefore, they try to change the prevailing beliefs and traditions (see Michel, 2011: 493).

A mean of 2.65, which was not high, and an SD of .71 were obtained for individual consideration, with a CV at 26.79%. The percentage obtained for the respondents was 68.26% and had ratings between 1.94 and 3.36 (± 1 SD from the mean). The behaviour was observed fairly often with regard to the mean achieved.

It must be noted that transformational leaders provide support, encouragement and coaching as a way of capacitating employees and enhancing their skills. Furthermore, transformational leaders will advise, delegate and give feedback regarding the personal development of their followers. Such leaders are concerned about the ethics, values, standards and emotions, and their focus is to change people's values, which, in turn, will change organisational practices (DuBrin, 2013: 35).

The overall mean for the transformational leadership dimension was 2.74, with an SD of .66, giving a coefficient of variation of 24.09%. The mean was relatively low, indicating that the leadership style was only observed sometimes. This shows that the leaders aroused strong emotions in the followers as leaders acted like strong role

models for followers when leaders are doing the right things. In addition, leaders did not act ethically; they also did not show extremely high moral standards and could not do the right things.

5.4.3 Frequency table on transactional leadership

Transactional leadership was compared and appraised using two subscales, namely contingent rewards and management-by-exception active (see Belias, 2014: 189). The researcher decided on this in consultation with the managers at Matlala District Hospital, due to the feasibility to uncover the strengths and weaknesses in terms of this study, and the situation at the hospital. Accordingly, an agreement was reached with the statistician to use these two subscales. An analysis was conducted, using the ANOVA software system and correlation analysis to group the items.

5.4.3.1 Frequency table on contingent reward

Contingent rewards were also assessed by four items. The results are presented in Table 5.16.

Table 5.16: Frequency table on contingent reward

Statement	Level of occurrence					Mean	SD
	5	4	3	2	1		
QB35. Your senior manager expresses satisfaction when others meet the requisite expectations.	35.7% (25)	32.9% (23)	24.3% (17)	4.3% (3)	2.9% (2)	2.94	1.02
QB1. Your senior manager provides others with assistance in exchange of their efforts.	22.9% (16)	45.7% (32)	20.0% (14)	10.0% (7)	1.4% (1)	2.79	.96
QB16. Your senior manager makes it clear what one can expect to receive when the performance goals are achieved.	27.1% (19)	34.3% (24)	18.6% (13)	14.3% (10)	5.7% (4)	2.63	1.19
QB11. Your senior manager discusses who is responsible for achieving performance targets in specific terms.	21.4% (15)	37.1% (26)	24.3% (17)	4.3% (3)	12.9% (9)	2.50	1.25

All the means were between 2.50 and 2.94, which were close to 3, indicating that the leadership phenomena and the behaviour sometimes occurred, indicating that it was at a fairly low level with a slight need for improvement. About 92.9% indicated that their senior manager had some work to do to improve, while others met the requisite expectations with an average of 2.94, which was relatively high $(M = 2.94,\ SD = 1.02)$. Using the empirical rule, many of the health professionals had given facts and figures of between 2 to 4 (± 1 SD from the mean). The item "Your senior manager provides officials with assistance, in exchange for their efforts" had a rating of 68.6%, which also indicated that it sometimes occurred with a mean of 2.79, which was also not high $(M = 2.79, SD = .96)$. Of the participants, 61.4% revealed that their senior manager made sure one knew what one would receive when the performance goals were achieved, with mean of 2.63 $(M = 2.63,\ SD = 1.19)$. Another 61.4% felt that their senior manager specified who was answerable in achieving performance targets in specific terms with a mean of 2.50 $(M = 2.5,\ SD = 1.25)$. This was a clear indication

of what was expected from followers and what they would reap if they achieved the outcomes and performed optimally as well. Transactional leadership underpins the fact that the leadership capacity in a hospital as well as the empowerment of staff should be a priority. A leader needs to make his or her expectations clear and also needs to give recognition to and acknowledge when goals are attained (Munaf, 2011:134).

5.4.3.2 Frequency table on management-by-exception active

The construct on management-by-exception active was measured using the four items presented in Table 5.17.

Table 5.17: Frequency table on management-by-exception active

Statement	Level of occurrence					Mean	SD
	5	4	3	2	1		
QB27. Your senior manager directs your attention towards failures to meet the set standards.	23.2% (16)	27.5% (19)	21.7% (15)	17.4% (12)	10.1% (7)	2.36	1.29
QB22. Your senior manager concentrates his or her full attention on dealing with mistakes, complaints and failures.	24.3% (17)	25.7% (18)	25.7% (18)	8.6% (6)	15.7% (11)	2.34	1.36
QB24. Your senior manager keeps track of all mistakes made.	14.3% (10)	27.1% (19)	27.1% (19)	12.9% (9)	18.6% (13)	2.06	1.32
QB4. Your senior manager focuses his or her attention on irregularities, mistakes, exceptions and deviations from the set standards.	12.9% (9)	31.4% (22)	21.4% (15)	10.0% (7)	24.3% (17)	1.99	1.39

The items were at a low level, allowing for maintaining and continuing developments with regard to transactional leadership. The scale on the management-by-exception active item obtained a mean of between 1.99 and 2.36, indicating that the items were observed sometimes. About 50.7% revealed that senior managers devoted attention to the failure to meet set standards, at mean of 2.36 $(M = 2.36,\ SD = 1.29)$; half of the professionals (44.3%) responded that the senior managers concentrated on

dealing with mistakes, complaints and failures. In other words, they oversaw and corrected the mistakes with a mean of 2.34 ($M = 2.34,\ SD = 1.36$), while only 41.4% felt that the senior managers focused their energies on financial irregularities or mistakes without set of useful social behaviours from set standards, with a mean of 1.99 ($M = 1.99,\ SD = 1.39$). These low scores seem to indicate that leaders did not exhibit compliance with the standards. Neither did they address the issues that had a negative effect on the performance of followers in terms of executing their duties. However, it could be concluded that there was a low level of occurrence with a great need for improvement, to the management-by-exception active in relation to control-free efficiency and effectiveness.

Regarding transactional leadership, it was pointed out by Hayward *et al.* (2008: 18) that leaders focus on targets and objectives and on compliance with the standards set. However, leaders need to instil discipline amongst followers and ensure that this discipline is maintained. In terms of one of the subscales of transactional leadership, a good leader will involve followers in the policy and the decision-making processes. At the same time, the followers will be given an opportunity to suggest and propose new ideas and leaders would also listen to what the followers are requesting. The organisation need to be aware of what is taking place in all the sections and ensure that a clear set of standards is set. Conversely, without a clear set of standards and procedures management-by-exception active under transactional leadership of a network cannot be implemented.

5.4.3.3 Summary: Frequency table of transactional leadership

Transactional leadership style was measured by two subscales: contingent rewards, management-by-exception active. The general statistics description of the variables, are presented in Table 5.18.

Table 5.18: Frequency table of the transactional leadership variables

Variable	Mean	SD	CV	Skewness	Kurtosis
Contingent rewards (RW)	2.71	.71	26.20%	-.296	-.611
Management-by-exception: active (MBEA)	2.19	.83	37.90%	-.214	-.330
Transactional leadership	2.45	.66	26.94%	-.039	-.359
SD = standard deviation, CV = coefficient of variation					

Contingent rewards involve the process of exchange that strengthen performance expectations and follower confidence of the followers, and leaders for whom certain rewards are related to the efforts and initiatives of the followers. The leader seeks agreement from followers, in terms of what should be done. This is accompanied by appropriate payment or to avoid punishment (Manion, 2011: 71). The subscale on contingent rewards obtained a mean of 2.71, with an SD of .71, and the coefficient of variation was 26.20%. Thus, there was not much variability between the responses. The average was also not high and was close to 3, which indicated that it occurred sometimes.

In terms of management-by-exception active, the average was 2.19, which is a low score, with an SD of .83 and a coefficient of variation of 37.9%. The mean was close to 2 with a low score, indicating that the participants indicated that it occurred sometimes. About 68.26% of the responses indicated ratings between 1.36 and 3.02. Extremely high scores were not obtained (± 1 SD from the mean). The managers were not always available to address problems, in other words, they waited for a crisis to occur before starting to act.

After ensuring that the subscales of both scales were in the same direction, the overall transactional leadership scale had a mean of 2.45, which was a low score, and the SD of .66 resulted in a coefficient of variation of 26.94%. In this case, the mean was low, indicating that it only occurred sometimes. Leaders were able to suggest the exchange beliefs between them and their followers sometimes for the common good,

which can be called disparate expected index of primary social goods (see Posner, 2012: 102). While a leader rewards followers for meeting standards and agreements, he or she also penalises followers for failing at what they are supposed to have done. Leaders are often known for maintaining the status quo, rather than for being creative, innovative and focused on reforming the organisation (DuBrin, 2013: 78). The data suggest that leaders at Matlala District Hospital exhibited more characteristics of a transformational leadership style (mean=2.74) than they did of a transactional leadership style (mean=2.45).

5.4.3.4 Frequency table on management-by-exception passive

Management-by-exception passive (see McCleskey, 2014: 118) was assessed using the four-item scale, which is presented in Table 5.19 below.

Table 5.19: Frequency table on management-by-exception passive

Statement	Level of occurrence					Mean	SD
	5	4	3	2	1		
QB17. Your senior manager shows that he or she is a firm believer in ensuring "if it ain't broke, do not fix it."	40.6% (28)	33.3% (23)	15.9% (11)	4.3% (3)	5.8% (4)	2.99	1.13
QB3. Your senior manager fails to interfere until problems become serious.	12.9% (9)	14.3% (10)	25.7% (18)	15.7% (11)	31.4% (22)	1.61	1.40
QB12. Your senior manager waits for things to go wrong before taking action.	18.6% (13)	12.9% (9)	4.3% (3)	24.3% (17)	40.0% (28)	1.46	1.57
QB20. Your senior manager demonstrates that problems must become chronic before you take action.	15.7% (11)	11.4% (8)	10.0% (7)	18.6% (13)	44.3% (31)	1.36	1.52

The item "Your senior manager is a firm believer in making sure that 'if it ain't broke, don't fix it'" was the only item with an average close to 3, showing that it was at a fairly good level with a slight need for improvement $(\mathrm{M} = 2.99,\ \mathrm{SD} = 1.13)$ and 73.9% indicated that it occurred fairly often. The other items had means below 2, which meant they occurred once in a while or not at all. Only 72.8% of the participants indicated that their senior managers failed to interfere until problems became serious and had

much work to do in terms of improving with a mean of 1.61 $(\mathrm{M} = 1.61,\ \mathrm{SD} = 1.40)$. About 31.5% responded that the senior manager waited "for things to be wrong before taking action" with a mean of 1.46 $(\mathrm{M} = 1.46,\ \mathrm{SD} = 1.57)$, while 27.1% replied that their senior manager demonstrated that problems that must be chronic before one acts, with a mean of 1.36 $(\mathrm{M} = 1.36,\ \mathrm{SD} = 1.52)$. The mean was close to 1, indicating that it occurred once in a while. All three items (QB3, QB12 and QB20) had extremely low means, which indicates that the managers did not exhibit passive behaviour.

5.4.3.5 Frequency table of the passive or avoidant behaviour

Passive or avoidant behaviour was assessed by using management-by-exception passive in terms of two constructs, namely management-by-exception passive and passive or avoidant behaviours respectively. Means ranged from .9 to 1.1, as shown in Table 5.20.

Table 5.20: Frequency table of the passive or avoidant behaviours

Variable	Mean	SD	CV	Skewness	Kurtosis
Management-by-exception: Passive (MBEP)	1.85	.84	45.4%	.590	-.732
Passive or avoidant behaviour	1.72	.81	47.1%	.312	-.812
SD = standard deviation, CV = coefficient of variation					

The health professionals and hospital administrators were asked to give their personal ratings to the five-point Likert scale, ranging from 1 (not at all) to 5 (frequently, if not always), on issues relating to passive-avoidant behaviour. In terms of management-by-exception passive, the average was 1.85, which was not a high score, with an SD .84 resulting in a CV of 45.4% indicating that there was variability between the ratings. About 68.26% of the ratings were between 1.01 and 2.69 (± 1 SD from the mean). A mean of 1.72 out of 5 showed a low score and indicated that the phenomenon the researcher was measuring, was uncommon among the sample.

About 68.26% of the responses obtained ratings between .63 and 2.55 (± 1 SD from the mean). In this case, scores were not high, and the leaders avoided becoming

involved when significant issues arose. This type of leader was not often present when needed and did not avoid making decisions. The leaders did not hesitate to answer urgent questions, neither did they fail to take responsibility for managing their sections.

The overall construct for passive or avoidant behaviour had a mean of 1.72, with an SD of .81, resulting in a coefficient of variation of 47.1%. There was a high variation in the ratings. In this case, the leaders exhibited a frequent absence at critical times and failed to make any concerted strategic efforts for the improvement of the organisation.

5.4.3.6 Frequency table on outcomes of leadership

The leadership outcomes or organisational outputs were assessed using three scale items, namely extra effort, effectiveness and satisfaction. These scales have been rated on the same five-point Likert-type scale, ranging from 1 (not at all) to 5 (frequently, if not always). The scales are presented in the subsections that follow.

5.4.3.7 Frequency table on extra effort

Extra effort was assessed using the items, as shown in Table 5.21 below.

Table 5.21: Frequency table on extra effort

Statement	Level of occurrence					Mean	SD
	5	4	3	2	1		
QB44. Your senior manager increases others' willingness to try harder.	27.1% (19)	47.1% (33)	15.7% (11)	7.1% (5)	2.9% (2)	2.89	.99
QB42. Your senior manager heightens others desire to succeed.	35.7% (25)	32.9% (23)	15.7% (11)	5.7% (4)	10.0% (7)	2.79	1.27
QB39. Your senior manager gets others to do more than they are expected to do.	24.3% (17)	32.9% (23)	30.0% (21)	8.6% (6)	4.3% (3)	2.64	1.08

All the means between 2.64 and 2.89 signify that the attributes occurred sometimes. The items reflect on how the manager inspires or motivates those who report to him or her. About 74.2% responded that their senior manager sometimes increased

others' willingness to try harder, with a mean of 2.89 $(\mathrm{M} = 2.89,\ \mathrm{SD} = .99)$. Close to 70% (68.6%) signified that the senior manager heightened others' desire to succeed fairly with a mean of 2.79, with a score that was relatively high $(\mathrm{M} = 2.79,\ \mathrm{SD} = 1.27)$, while 87.2% replied that the senior manager got others to do more than they were expected to do, with a mean of 2.64 $(\mathrm{M} = 2.64,\ \mathrm{SD} = 1.08)$. Of the respondents, 21 were not convinced that the managers influenced others to do more than what was expected of them. Nonetheless, this shows that, at the time of this study, the management of Matlala District Hospital made an extra effort to improve the quality of leadership in the organisation. Stone (2010: 179) recommends that challenging tasks should be given to followers to encourage them to think independently at work. When the followers are confronted with unexpected situations, they should be in a position to devise some means of handling such situations.

5.4.3.7 Frequency table on effectiveness

Four items were used to measure the subscale on **effectiveness**. The information is presented in Table 5.22 below.

Table 5.22: Frequency table on effectiveness

Statement	Level of occurrence					Mean	SD
	5	4	3	2	1		
QB45. Your senior manager leads a group that is effective.	40.0% (28)	34.3% (24)	14.3% (10)	7.1% (5)	4.3% (3)	2.99	1.11
QB43. Your senior manager is effective with regard to meeting organisational requirements.	40.0% (28)	30.0% (21)	18.6% (13)	5.7% (4)	5.7% (4)	2.93	1.16
QB37. Your senior manager is effective with regard to meeting others' job-related needs.	22.9% (16)	38.6% (27)	30.0% (21)	4.3% (3)	4.3% (3)	2.71	1.01
QB40. Your senior manager is effective in representing others to a higher authority.	28.6% (20)	30.0% (21)	28.6% (20)	7.1% (5)	5.7% (4)	2.69	1.14

All the items had means of between 2.69 and 2.99, indicating that the attributes occurred sometimes. About 74.3% of the participants revealed that the senior manager led a group that was effective, with a mean of 2.99, which is about 3 $(\mathrm{M} = 2.99,\ \mathrm{SD} = 1.11)$.

With regard to the item "Your senior manager is effective with regard to meeting organisational requirements", 70% of the participants indicated that it occurred sometimes, with a mean of 2.93 $(\mathrm{M} = 2.93,\ \mathrm{SD} = 1.16)$. About 91.5% however felt that the senior manager was effective with regard to meeting other job-related needs, with a mean of 2.71 $(\mathrm{M} = 2.71, \mathrm{S\,D} = 1.01)$, and 87.2% indicated that the senior manager was effective with representing others to a higher authority, with a mean of 2.69 $(\mathrm{M} = 2.69,\ \mathrm{SD} = 1.14)$. With regard to QB37, 21 respondents revealed that they were not convinced that the senior managers were effective with regard to meeting others' job-related needs. Furthermore, regarding QB40, 20 respondents were not convinced that the senior managers were working well in representing others to a higher authority.

5.4.3.8 Frequency table on satisfaction

Satisfaction was measured by the two items mentioned in Table 5.23.

Table 5.23: Frequency table on satisfaction

Statement	Level of occurrence					Mean	SD
	5	4	3	2	1		
QB38. Your senior manager uses methods of leadership that are satisfying.	28.6% (20)	31.4% (22)	22.9% (16)	10.0% (7)	7.1% (5)	2.64	1.20
QB41. Your senior manager works with others in a satisfactory way.	28.6% (20)	32.9% (23)	21.4% (15)	7.1% (5)	10.0 % (7)	2.63	1.25

Table 5.23 shows that both items had means close to 3. The attributes thus occurred sometimes. In their responses to the item "Your senior manager uses leadership styles that are satisfactory" 60% of the respondents indicated if it occurred at least fairly often, with mean of 2.64 $(\mathrm{M} = 2.63, \mathrm{SD} = 1.20)$, while the item "Your senior manager works with others in a satisfactory way" scored 61.5%, signifying that it occurred sometimes with a mean of 2.63 $(\mathrm{M} = 2.63,\ \mathrm{SD} = 1.25)$. Using the empirical rule, it was observed that almost 60% of the ratings were between 1.4 and 3.9 (± 1 SD from the mean). Leadership in an organisation should be fully committed to serving stakeholder interests and should also be dedicated to the empowerment of staff. It is significant that there are areas of weakness pertaining to leadership, for example the ability of senior managers to inculcate a culture of work ethics where followers do more than what is expected of them (QB39). In short, this study evaluated the appropriateness of the current leadership at Matlala District Hospital at the time of this study.

5.4.3.9 Frequency table of the outcomes for leadership

The average of the three sub-scales was about 3, indicating that outcomes for leadership occurred sometimes. The summary of the frequency table of the variables is presented in Table 5.24.

Table 5.24: Frequency table of the outcomes for leadership variables

Variable	Mean	SD	CV	Skewness	Kurtosis
Extra effort (EE)	2.71	.78	28. 8%	-.652	.640
Effectiveness (EFF)	2.83	.86	30.4%	-.796	.492
Satisfaction with the leadership (SAT)	2.64	1.11	42.1%	-.669	-.207
Outcomes of leadership	2.77	.78	28.2%	-.743	.323
SD = standard deviation, CV = coefficient of variation					

The **extra effort** variable had a mean of 2.71, indicating that it occurred fairly often. The SD was .78 ended up in a CV of 28.8% and about 68.26% of the respondents had a rating between 1.93 and 3.48. In terms of effectiveness, the mean was 2.83, at SD of .96, resulting in coefficient of variation of 30.4%. This shows that there was some variability in the responses. Using the empirical rule, about 68.26% of the responses ranged from 1.87 to 3.79 (± 1 SD from the mean). Satisfaction with leadership (SAT), had a mean of 2.64 with an SD of 1.11 and coefficient of variation of 42.1%. There was high variability among these scores. The mean was well below 3, indicating that the respondents were not satisfied in terms of the leader's style of working with others.

The outcomes of leadership or organisational outputs had an average of 2.77 at SD .78, resulting in a coefficient of variation of 28.2%. About 68.26% of the values ranged from 1.99 to 3.55 (± 1 SD from mean).

5.4.4 Comparative analysis to determine differences: Socio-demographic variables using ANOVA

The one-way analysis variance (ANOVA) was used to determine ratings on the way leadership style outputs differed in terms of age, highest educational qualification and number of years' experience. As mentioned in Chapter 4 (see section 4.8.2), assumptions of the ANOVA were examined, and all were certain to happen.

Independence was achieved because the professional nurses were independent of each other and were selected randomly. Normality was achieved by applying the central limit theorem, and Levene's analysis test of homogeneity of variance (see Joseph, 2009: 343) was used to test the same tests for the whole group. The Tukey's honestly significant difference (HSD) (see Beck, 2019: 21) was used as a post hoc test, in cases where there was heterogeneity among the means, i.e. the Turkey's differed considerably.

The ANOVA tests were above the 5% level of significance, and means were different if the p-value was less than .05, and were highly significant if they were less than .01 (see Pillay, 2010: 33). Where the p-values were more than .05, there was homogeneity across the groups in the rating of the constructs. The ANOVA tests are presented in the subsections below. In this case study, the analysis of variance was applied in relation to the data collected from the data, which were related to the analysis and evaluation of leadership styles and outputs over time. Hence, a comparison was found between the responses of the junior and middle managers. The ANOVA procedure tests the distinction between two or more means and explores the ratio variability between two conditions and the variability within each leadership style as well as the passive-avoidant behaviour and outcomes of leadership as constructs (see Arsham, 2011: 15).

5.4.4.1 ANOVA test to determine the difference in the mean score by age

The age category was subdivided into three groups, namely up to 40 years, from 41 to 50 years, and from 51 to 60 years. The homogeneity test of variance resulted in all the scales and the subscale having variances that were equal across the group. The ANOVA test of equality of means are presented in Table 5.25 below.

Table 5.25: ANOVA test to determine the difference in mean scores: age

		Sum of squares	Df	Mean square	F.	Sig
Idealised influence attributed (IIA)	Between groups	.544	2	.272	.341	.712
	Within groups	53.442	67	.798		
	Total	**53.986**	**69**			
Idealised influence behaviour (IIB)	Between groups	.405	2	.202	.357	.701
	Within groups	38.011	67	.567		
	Total	**38.415**	**69**			
Inspirational motivation (IM)	Between groups	.985	2	.493	.873	.422
	Within groups	37.813	67	.564		
	Total	**38.799**	**69**			

Table 5.25: ANOVA test to determine the difference in mean scores: age

		Sum of squares	Df	Mean square	F	Sig.
Transactional leadership (TXL)	Between groups	.907	2	.454	1.044	.358
	Within groups	29.102	67	.434		
	Total	**30.009**	**69**			
		Sum of squares	**Df**	**Mean square**	**F**	**Sig.**
Intellectual stimulation (IS)	Between groups	.751	2	.376	.615	.544
	Within groups	40.942	67	.611		
	Total	**41.693**	**69**			
Individual consideration (IC)	Between groups	.549	2	.275	.539	.586
	Within groups	34.126	67	.509		
	Total	**34.675**	**69**			
Transformational leadership (TL)	Between groups	.455	2	.227	.520	.597
	Within groups	29.269	67	.437		
	Total	**29.723**	**69**			
Contingent rewards (CR)	Between groups	.666	2	.333	.649	.526
	Within groups	34.370	67	.513		
	Total	**35.036**	**69**			

The one-way ANOVA, indicated that there was no difference between the mean scores in terms of age groups for –

- idealised influence attributes (IIA);
- idealised influence behaviour (IIB);
- inspirational motivation (IM);
- intellectual stimulation (IS);
- individual consideration (IC);
- transformational leadership (TL);
- contingent rewards (CR);
- management-by-exception active (MBEA);
- transactional leadership (TXL);
- management-by-exception passive (MBEP);
- extra effort (EE);
- effectiveness (EFF);
- satisfaction (SAT); and
- outcomes of leadership (OL).

The ratings of the scales were independent of age groups.

		Sum of squares	Df	Mean square	F	Sig.
Management-by-exception passive (MBEP)	Between groups	2.274	2	1.137	1.628	.204
	Within groups	46.795	67	.698		
	Total	**49.069**	**69**			
Passive avoidant behaviour (PAB)	Between groups	4.059	2	2.030	3.312	.043
	Within groups	41.059	67	.613		
	Total	**45.118**	**69**			
Extra effort (EE)	Between groups	.700	2	.350	.563	.572
	Within groups	41.643	67	.622		
	Total	**42.343**	**69**			
Effectiveness (EFF)	Between groups	1.236	2	.618	.841	.436
	Within groups	49.207	67	.734		
	Total	**50.443**	**69**			
Satisfaction (SAT)	Between groups	.999	2	.500	.401	.671
	Within groups	83.462	67	1.246		
	Total	**84.461**	**69**			
Outcomes of leadership (OL)	Between groups	.985	2	.492	.795	.456
	Within groups	41.488	67	.619		
	Total	**42.473**	**69**			

The Tukey HSD post hoc test resulted in two homogeneous groups, as shown in Table 5.26.

Table 5.26: Tukey HSD homogeneous group of passive-avoidant behaviour: age

Tukey HSD[a, b]			
		Subset for alpha = 0.05	
QA1. Please indicate your age.	**N**	**1**	**2**
51–60 years	17	1.3309	
At most 40 years	31	1.7506	1.7506
41–50 years	22		1.9773
Sig.		.185	.605

Those aged 51 to 60 years had the lowest mean of 1.33. $(M = 1.33,\ SD = .81)$. This was low and significantly different from those aged 41 to 50 years, who had a mean of 1.98 $(M = 1.98,\ SD = .76)$, which was the highest. The researcher's deduction is that the p-value of passive-avoidant behaviour was lower than 0.5; thus, a significant difference in mean existed. The older cohort (51–60 years) rejected the view that Matlala leadership was passive and reactive. The younger cohort (41–50 years) regarded the Matlala leadership as passive and reactive. There wat not much overlap between the groups, as presented in Figure 5.1 below.

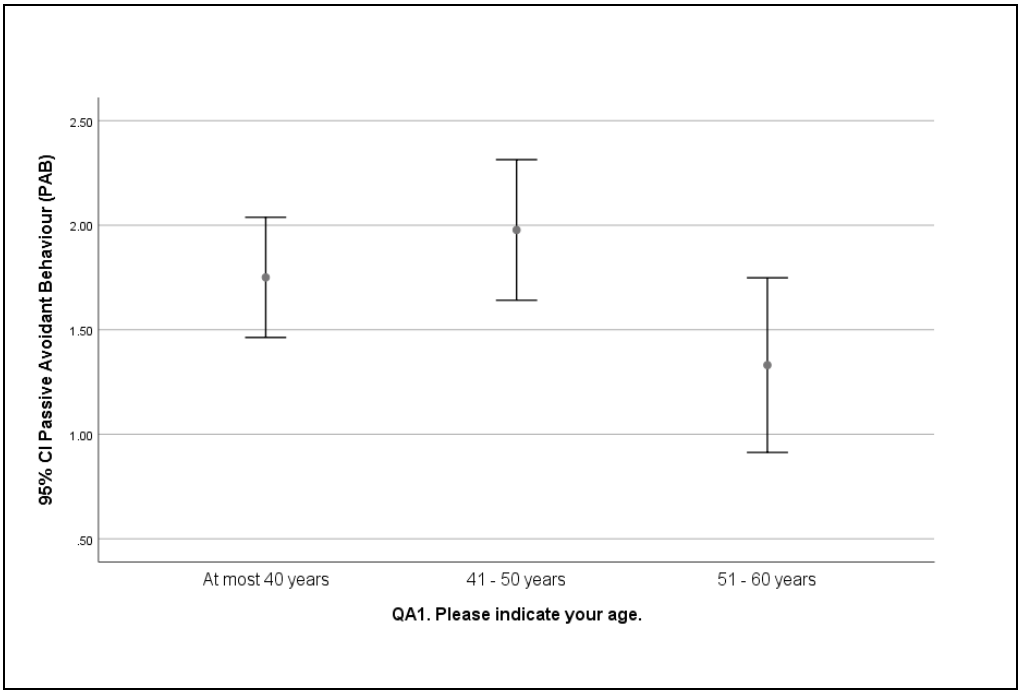

Figure 5.1: Confidence interval error bars for passive-avoidant behaviour by age

With regard to the confidence interval error bars for passive-avoidant behaviour by age, those aged 41 to 50 years had a lower score in terms of the mean close to 2, indicating that once in a while, managers did not react systematically to the situations and problems that arose. Neither did they clarify misunderstandings, nor did they make their expectations clear, set clear objectives and principles of performance standards for their followers. Those aged 51 to 60 years had a mean close to 1, which

was the lowest score, which signified that this negative leadership behaviour occurred once in a while. This means that the older respondents (51 to 60) had a much more positive view of senior management when compared to younger respondents (41 to 50). With regard to younger respondents, it could be that they had a more idealised view of management, whereas older respondents were more aware of the complexity of senior management and their roles.

5.4.4.2 ANOVA test to determine the difference in mean scores: highest educational qualification

Highest educational qualification pertains to three categories, namely non-degree, a bachelor's degree, and a post-graduate qualification. Levene's test of equal variances across groups (see Joseph, 2009: 346) was satisfactory in terms of the analysis. The ANOVA test are illustrated in Table 5.27 below.

Table 5.27: ANOVA test to determine the difference in mean scores: highest educational qualification

		Sum of squares	Df	Mean square	F	Sig.
Idealised influence attributed (IIA)	Between groups	3.138	2	1.569	2.067	.135
	Within groups	50.848	67	.759		
	Total	**53.986**	**69**			
Idealised influence behaviour (IIB)	Between groups	2.547	2	1.273	2.378	.100
	Within groups	35.869	67	.535		
	Total	**38.415**	**69**			
Inspirational motivation (IM)	Between groups	1.885	2	.943	1.711	.188
	Within groups	36.913	67	.551		
	Total	**38.799**	**69**			
Intellectual stimulation (IS)	Between groups	.518	2	.259	.422	.658
	Within groups	41.175	67	.615		
	Total	**41.693**	**69**			
Individual consideration (IC)	Between groups	.306	2	.153	.298	.743
	Within groups	34.369	67	.513		
	Total	**34.675**	**69**			

		Sum of squares	Df	Mean square	F	Sig.
Transformational leadership (TL)	Between groups	1.351	2	.676	1.596	.210
	Within groups	28.372	67	.423		
	Total	**29.723**	**69**			
Contingent reward (CR)	Between groups	3.720	2	1.860	3.980	.023
	Within groups	31.315	67	.467		
	Total	**35.036**	**69**			
Management-by-exception active (MBEA)	Between groups	1.729	2	.865	1.250	.293
	Within groups	46.356	67	.692		
	Total	**48.086**	**69**			
Transactional leadership (TXL)	Between groups	2.622	2	1.311	3.208	.047
	Within groups	27.387	67	.409		
	Total	30.009	69			
Management-by-exception-passive (MBEP)	Between groups	2.023	2	1.011	1.440	.244
	Within groups	47.046	67	.702		
	Total	**49.069**	**69**			
Passive avoidant behaviour (PAB)	Between groups	3.576	2	1.788	2.884	.063
	Within groups	41.542	67	.620		
	Total	**45.118**	**69**			
Extra effort (EE)	Between groups	2.205	2	1.102	1.840	.167
	Within groups	40.138	67	.599		
	Total	**42.343**	**69**			
Effectiveness (EFF)	Between groups	3.397	2	1.699	2.419	.097
	Within groups	47.046	67	.702		
	Total	**50.443**	**69**			
Satisfaction (SAT)	Between groups	.162	2	.081	.064	.938
	Within groups	84.299	67	1.258		
	Total	**84.461**	**69**			
Outcomes of leadership (OL)	Between groups	1.750	2	.875	1.440	.244
	Within groups	40.723	67	.608		
	Total	**42.473**	**69**			

From Table 5.27, it can be concluded that there was no difference in the mean scores in terms of the highest educational qualification for –

- idealised influence attributes (IIA);
- idealised influence behaviour (IIB);
- inspirational motivation (IM);
- intellectual stimulation (IS);
- individualised consideration (IC);
- transformational leadership (TL);
- management-by-exception active (MBEA);
- management-by-exception passive (MBEP);
- passive avoidance behaviour (PAB);
- extra effort (EE);
- effectiveness (EFF);
- satisfaction (SAT); and
- outcomes of leadership (OL).

The highest educational qualification was a determining factor for contingent rewards and the transactional leadership style. It is supported by the p-values of .023 and .047 ANOVA test to determine the difference in mean scores: highest educational qualification. This shows that the views differed in terms of educational qualifications in terms of these three constructs.

The ANOVA test results for a contingent reward showed a statistically significant difference in F-value of 3.980 and a p-value of .023 ($F(2.67) = 3.98,\ p = .023$). Since the p-value was less than .05, the mean scores were significantly different across the highest educational qualification groups. A moderate effect size of .11 was obtained, indicating that 11% of the variability in the contingent rewards accounted for the educational groups. The Tukey HSD post hoc test resulted in the two homogeneous group, as shown in Table 5.28 below.

Table 5.28: Tukey HSD homogeneous group for a contingent reward to the highest educational qualification

Tukey HSD[a, b]

QA2. Highest educational qualification.	N	Subset for alpha = 0.05	
		1	2
Post-graduate qualification	7	2.0357 (mean)	
Non-degree	31		2.7419
Bachelor's degree	32		2.8359 (mean)
Sig.		1.000	.927

Those with post-graduate qualifications had the lowest mean of 2.04 ($M = 2.04,\ SD = .53$), indicating that homogenous group for contingent a reward occurred less. Those with bachelor's degrees had the highest mean of 2.84 ($M = 2.84,\ SD = .73$), indicating that the attributes occurred sometimes. The bars of confidence interval error are shown in Figure 5.2 below.

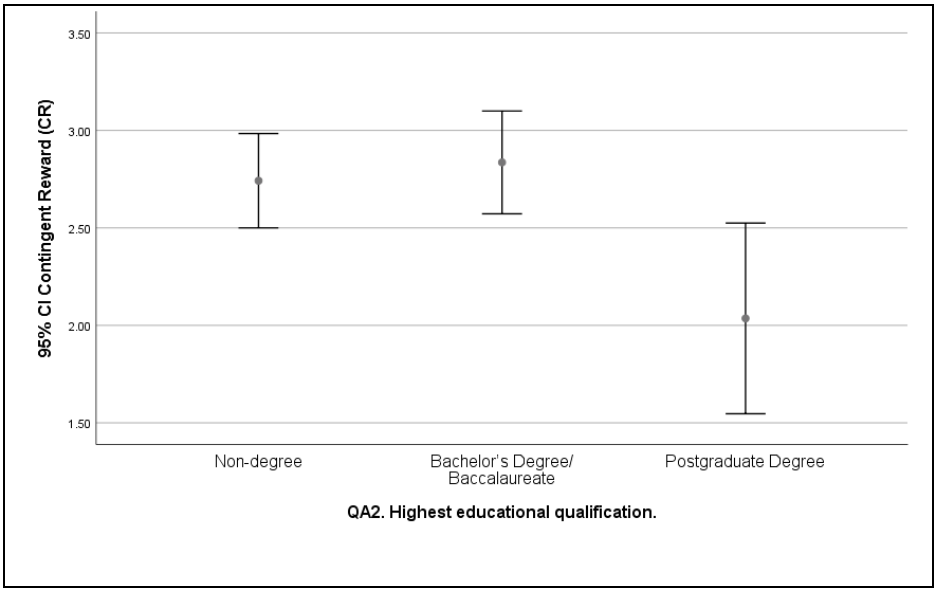

Figure 5.2: Confidence interval error bars for contingent rewards in terms the highest educational qualification

Those with post-graduate qualifications were of the view that the leader's rewards achievement occurred once in a while, while those with a bachelor's degree indicated that the leader's rewards achievement occurred sometimes. Those with post-graduate qualifications were more knowledgeable and skilful, as opposed to those who had bachelor's degrees as they understood the dynamics of the organisation and the

complexities that characterises the behaviour of a system and group status senior management.

In terms of the construct of transactional leadership, the ANOVA test results showed a statistical difference with an F-value of 3.208 ($F(2.67) = 3.208,\ p = .047$). It can be concluded that the means were statistically significantly different across educational group categories. A moderately effective size of .08, i.e. $\eta^2 = .08$ was obtained. Thus, about 8% of the self-identified categories in transactional leadership are reported for educational groups.

The Tukey HSG post hoc test, gave two homogeneous groups, as shown in Table 5.29.

Table 5.29: Tukey HSD homogeneous group for transactional leadership: highest educational qualification

Tukey HSD[a, b]			
QA2. Highest educational qualification.	**N**	**Subset for alpha = 0.05**	
		1	**2**
Post-graduate qualification	7	1.8750 (mean)	
Non-degree	31		2.4919
Bachelor's degree	32		2.5391 (mean)
Sig.		1.000	.978

The major difference was between those with post-graduate qualifications at a mean of 1.87 $(M = 1.87,\ SD = .46)$ and those with bachelor's degrees, at a mean of 2.54 $(M = 2.54,\ SD = .67)$. The error bars of the confidence interval are shown below in Figure 5. 3.

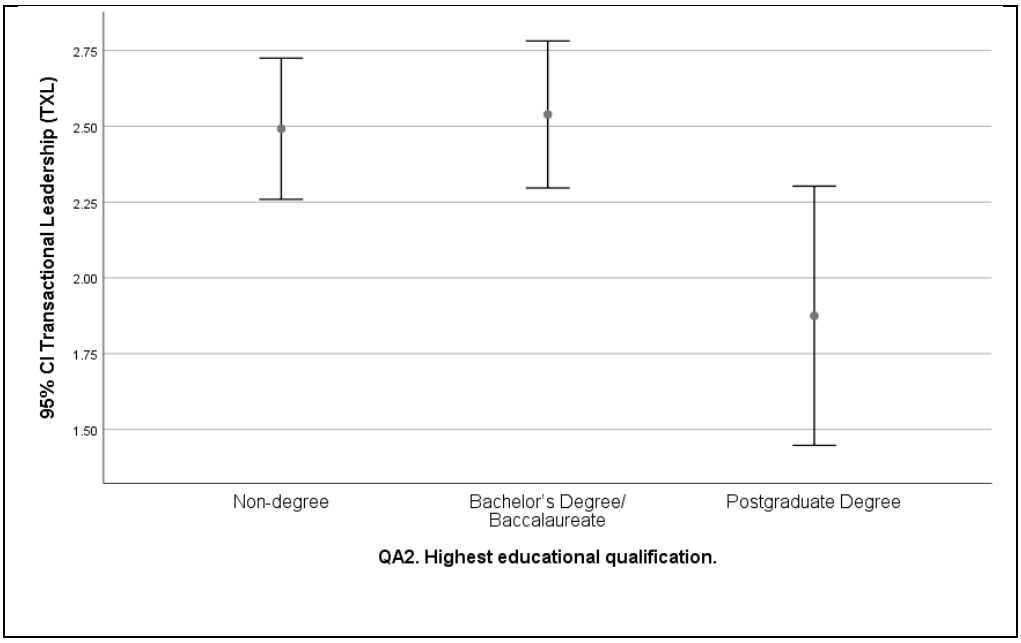

Figure 5.3: Confidence interval error bars for transactional leadership: highest educational qualification

There was no overlap between those with post-graduate qualifications and the other groups. Those with post-graduate qualifications, had a mean close to 2, indicating that the leaders displayed behaviours associated with both the constructive and corrective transactions, once in a while. Those with a bachelor's degree, had a mean of 2.5, indicating that leaders displayed transactions related to building and repair very often. Matlala District Hospital, as a professional organisation, had line functionaries who had post-graduate qualifications. It is clear that those respondents with higher qualifications perceived the leadership style as less transactional as opposed to those who had lower qualifications or no qualifications at all. It may be that the leadership displayed differed depending on with whom the leaders of Matlala District Hospital worked. The respondents with post-graduate qualifications reported that they were managed with a transformational leadership style, while those with lower qualifications or no qualifications at all reported that they were managed in a more transactional way.

The ANOVA test results for transactional leadership in terms of the highest qualification had a p-value of .022 ($F(2.67) = 4.031, p = .022$). The p-value being less

than .05 indicated that the means were significantly different across the categories of the educational groups.

5.4.4.3: ANOVA test to determine the difference in the mean scores: years of service

The construct **years of experience as permanent staff** was divided into four categories, namely the age of participants from one to six, six to ten years, 11 to 20 years, and over 20 years. Levene's test of homogeneity of variance showed that all the constructs had equal variances. The ANOVA test results for the equality of the means are presented in Table 5.30.

Table 5.30: ANOVA test to determine the difference in mean scores: years of service

		Sum of squares	Df	Mean square	F	Sig.
Idealised influence attributed (IIA)	Between groups	1.402	3	.467	.587	.626
	Within groups	52.584	66	.797		
	Total	**53.986**	**69**			
Idealised influence behaviour (IIB)	Between groups	2.951	3	.984	1.830	.150
	Within groups	35.464	66	.537		
	Total	**38.415**	**69**			
Inspirational motivation (IM)	Between groups	1.082	3	.361	.631	.597
	Within groups	37.716	66	.571		
	Total	**38.799**	**69**			

Table 5.30: ANOVA test to determine the difference in mean scores: years of service

		Sum of squares	Df	Mean square	F	Sig.
Inspirational motivation (IM)	Between groups	1.082	3	.361	.631	.597
	Within groups	37.716	66	.571		
	Total	**38.799**	**69**			
Intellectual stimulation (IS)	Between groups	1.485	3	.495	.812	.492
	Within groups	40.208	66	.609		
	Total	**41.693**	**69**			
Individual consideration (IC)	Between groups	4.047	3	1.349	2.907	.041
	Within groups	30.628	66	.464		
	Total	**34.675**	**69**			
Transformational leadership (TL)	Between groups	1.890	3	.630	1.494	.224
	Within groups	27.833	66	.422		
	Total	**29.723**	**69**			
Contingent rewards (CR)	Between groups	2.258	3	.753	1.516	.219
	Within groups	32.777	66	.497		
	Total	**35.036**	**69**			
Management-by-exception active (MBEA)	Between groups	3.555	3	1.185	1.756	.164
	Within groups	44.531	66	.675		
	Total	**48.086**	**69**			
Transactional leadership (TXL)	Between groups	2.706	3	.902	2.180	.099
	Within groups	27.303	66	.414		
	Total	**30.009**	**69**			
	Between groups	1.015	3	.338	.465	.708

		Sum of squares	Df	Mean square	F	Sig.
Management-by-exception passive (MBEP)	Within groups	48.054	66	.728		
	Total	**49.069**	**69**			
Passive avoidant behaviour (PAB)	Between groups	1.581	3	.527	.799	.499
	Within groups	43.537	66	.660		
	Total	**45.118**	**69**			
Extra effort (EE)	Between groups	1.462	3	.487	.787	.506
	Within groups	40.881	66	.619		
	Total	**42.343**	**69**			
Effectiveness (EFF)	Between groups	1.930	3	.643	.875	.458
	Within groups	48.513	66	.735		
	Total	**50.443**	**69**			
Satisfaction (SAT)	Between groups	1.224	3	.408	.323	.808
	Within groups	83.237	66	1.261		
	Total	**84.461**	**69**			
Outcomes of leadership (OL)	Between groups	1.415	3	.472	.758	.521
	Within groups	41.058	66	.622		
	Total	**42.473**	**69**			

There was no difference in the mean scores in terms of the years of experience after being appointed as a staff member for-

- idealised influence attributed (IIA);
- idealised influence behaviour (IIB);
- inspirational motivation (IM);
- intellectual stimulation (IS);

- transformational leadership (TL);
- contingent rewards (CR);
- management-by-exception active (MBEA);
- transactional leadership (TXL);
- management-by-exception passive (MBEP);
- passive avoidant behaviour (PAB);
- extra effort (EE), effectiveness (EFF);
- satisfaction (SAT) and outcome of leadership (OL).

Years of service had no effect on these constructs. However, the responses to the construct of individual consideration were affected by the years of service.

The ANOVA had an F-value of 2.907 with a marginal p-value of .041 ($F(3.66) = 2.907$, $p = .041$). Since. $041 < .05$, the means were significantly different across the number of years of experience. A moderate effect magnitude of .13 was obtained and, thus, 9% of the variability in individual consideration was accounted for by the years of experience. The Tukey HSD post hoc test resulted in one homogeneous group, as is shown in Table 5.31, indicating that all the groups were the same, which was contradictory in terms of the test.

Table 5.31: Tukey HSD homogeneous group for individual consideration: years of service

Tukey HSD[a, b]		
QA4. Number of years' experience as an appointed staff member.	**N**	**Subset for alpha = 0.05**
		1
11–20 years	20	2.3875
6–10 years	18	2.4861
21 years and more	21	2.8690
1–5 years	11	2.9773
Sig.		.073

Those with 11 to 20 years' experience had the lowest mean of 2.39 $(M = 2.39,\ SD = .63)$, while those with one to five years' experience had the highest mean of 2.98 $(M = 2.92,\ SD = .56)$. The confidence interval indicated in Figure 5.4 below shows that there was a slight overlap between those with 11 to 20 years' experience and those of five years' experience.

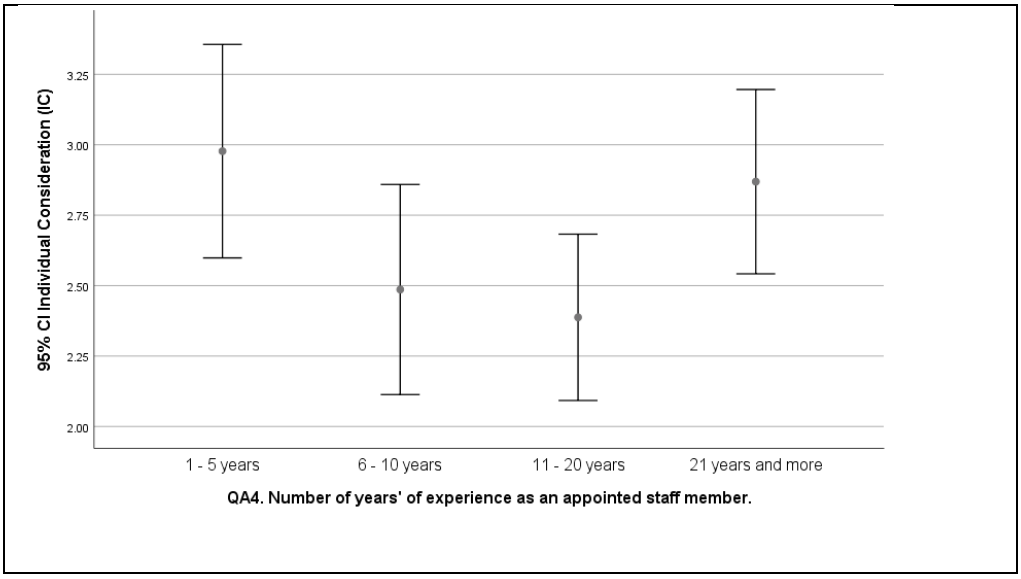

Figure 5.4: Confidence interval error bars for individual consideration: years of experience

Looking at the confidence interval error bars, those with one to five years' experience, obtained a mean close to 3, indicating that the leaders coached staff fairly often, while those with 11 to 20 years' experience had a mean close to 2, showing that the leaders coached staff once in a while. New and experienced respondents seemed to have the same view in terms of leadership styles, i.e. new and old staff members were managed using a transformational style, while those in the middle (6 to 20 years) were managed using a transactional leadership style. This means that senior managers at Matlala District Hospital displayed a contingency management style. Leaders' style depended on who was on the other side or at the receiving end. Accordingly, new recruits should be coached and mentored, and they need managers who practise a transformational style. On the other hand, transactional leadership may be appropriate for new recruits to teach them what is significant.

5.4.5 Pearson's correlation analysis

The magnitude or extent of the variables was estimated using Pearson's correlation coefficient (see Salkind, 2012: 83). According to Hair *et al.* (2014), correlation coefficients show a strong partnership between the two different variables (resources and individual's motivation). The authors further state that leadership ranges from 0 to 1, where $+1$ indicates a perfect positive relationship, 0 indicates no relationship, and -1 indicates a negative relationship. A p-value less than .05 determines a significant relationship. A p-value less than .01 will signify a highly significant relationship.

5.4.5.1 Intercorrelations for the leadership styles and outcomes of leadership

A correlation coefficient was used to determine intercorrelations between the transformational and transactional leadership styles, passive-avoidant behaviour, and outcomes of leadership. The outcomes of the correlation matrix are given in Table 5.32.

Table 5.32: Intercorrelations for the leadership styles and outcomes of leadership

Item	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1. IA	-														
2. IB	.687**	-													
3. IM	.613**	.622**	-												
4. IS	.695**	.666**	.714**	-											
5. IC	.629**	.646**	.622**	.585**	-										
6. Comp transformational leadership	.868**	.851**	.837**	.866**	.814**	-									
7. CR	.718**	.803**	.625**	.595**	.773**	.827**	-								
8. MBEA	.284*	.405**	.195	.146	.362**	.327**	.444**	-							
9. Transactional leadership	.572**	.693**	.463**	.417**	.652*	.658**	.825**	.872**	-						
10. MBEP	-.046	.-.106	-.206	-.260*	.009	-.145	-.121	.368**	.165	.-					
11. Passive avoidance behaviour	-.105	-.176	-.275*	-.312*	-.070	-.223	-.232	.223	.012	.882**	.910**	-			
12. EF	.461**	.578**	.514**	.622**	.522**	.631**	.543**	.077	.344**	-.142	-.167	-.173	-		
13. EFF	.531**	.684**	.703**	.694**	.606**	.753**	.717**	.253*	.550**	-.198	.-.256*	-.256*	.777**	-	
14. SAT	.436**	.501**	.677**	.727**	.514**	.668**	.507**	.172	.382**	.-.072	-.277*	-.202	.549**	.630**	-

Item	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
15. Outcomes of leadership	.547**	.680**	.724**	.771**	.628**	.784**	.687**	.202	.500**	-.166	-.267*	.881**	.941**	.801**	

Note: IIA = idealised influence attributed, IIB = idealised influence behaviour, IM = inspirational motivation, IS = intellectual stimulation, IC = individualised consideration, TL = transformational leadership, CR = contingent rewards, MBEA = management-by-exception active, TXL = transactional leadership, MBEP = management-by-exception passive, PAB = passive avoidant-behaviour, EE = extra effort; EFF – effectiveness. SAT – satisfaction, OL = outcome of leadership,

*p < .05 statistically significant; ** p < .01 statistically highly significant

Table 5.32, reveals that transformational leadership subscales are correlated with each other significantly and positively, as well as with the subscales and with the scale of the outcomes of leadership. Transactional leadership correlates stronger as opposed to the outcomes of leadership (.784: thus effort, satisfaction and effectiveness), in contrast with what is the case with transformational leadership (.500). The contingent rewards subscale, which is part of the transactional leadership scale, is correlated positively with all the transformational leadership subscales, and the same pattern is observed with the scale for transactional leadership. However, not all the transformational leadership subscales were strongly correlated with management-by-exception active. Instead, management-by-exception active was been observed to have had a relationship with the subscales for transformational leadership. The relationship with the transformational leadership subscale and the passive-avoidant scale showed that the behaviour was weak but not negative. Thus, transformational leadership scales, correlated negatively and weakly with management-by-exception passive.

As was observed in relation to the transactional leadership, there is no significant positive correlation between contingent reward and management-by-exception active $(r = .444;\ p < .001)$. The contingent rewards subscale as part of the transactional leadership scale correlated positively with all the subscales and the scale of outcomes of leadership. However, the management-by-exception active subscale as part of the transactional leadership scale had a weak correlation with effectiveness and the subscale for the outcomes of leadership. The contingent rewards subscale for transactional leadership demonstrated a weak, statistically significant negative correlation with the passive avoidant subscale.

The passive-avoidant leadership subscale correlated significantly and positively with each other. In turn, the subscale for passive-avoidant behaviour revealed a weak, statistically significant negative correlation with the outcomes of leadership subscales effectiveness $(r = -.256;\ p < .05)$ and satisfaction $(r = -.277;\ p < .05)$ and also the scale outcomes of leadership $(r = -.267;\ p < .05)$. With regard to the findings in terms of the analysis, the evidence suggests that transformational leadership will lead to improved outcomes pertaining to service delivery and not transactional leadership, as was expected. Contingent rewards correlated well with both transformational

leadership and outcomes of leadership; therefore, a transactional leadership style combined with contingent rewards as a subscale of transactional leadership presents the best leadership combination, which could work well at Matlala District Hospital.

5.5 SUMMARY

The preceding sections focused on the interpretation and analysis of the data collected during the qualitative stage of evaluation of leadership at Matlala District Hospital. Various themes and sub-themes were discussed to determine what could be learned from this research, as the focus was on investigating and evaluating the leadership style at the hospital. This chapter presented the results of both the quantitative and qualitative data analyses, and where necessary, these were discussed thoroughly. This research conducted was supported by the qualitative results, and the two methods (qualitative and quantitative) yielded comparable data. Furthermore, the characteristics of the sample were discussed, in addition to reporting the details of the demographic data. The qualitative data analysis reconciled the contents of the literature study with the results, which displayed congruence. Finally, the suggestions put forward by the participants were tabled according to the different themes, and these were also discussed.

Unfilled posts comprised one of the general problems affecting most of the sections in the hospital. More than half of the members serving on the Exco of the hospital were appointed temporarily in the positions they were holding. In addition, the participants contended that the infrastructure of the hospital building was extremely old, and they expressed the feeling that it should be renovated. Most of the participants indicated that a new hospital needed to be built to improve the working conditions of staff members within the hospital. With regard to the findings of the quantitative method in terms of the analysis, the evidence gathered suggests that transformational leadership will lead to improved results pertaining to service delivery and not transactional leadership, as was expected. The data suggest that, at the time of this study, leaders at Matlala District Hospital exhibited characteristics of a transformational leadership style. Furthermore, it was noted that new recruits at the hospital should be coached and mentored, and this required a transformational leadership style. The next chapter, Chapter 6, will discuss results with regard to the objectives of this study. The

recommendations will also be discussed to outline certain strategies for leadership improvement and suggestions will be given for future research.

This section focused on the analysis and interpretation of the data collected during the quantitative phase of evaluating and investigating leadership at Matlala District Hospital. The frequency tables and means were interpreted so that they could be explained in words with regard to the research conducted to evaluate the leadership at the hospital. In this chapter, the data analysis process was described, and details of the findings were given and presented. The section also covered the statistical analysis of data that were collected from 70 participants who completed and submitted the questionnaire.

CHAPTER 6

CONCLUSION AND RECOMMENDATIONS

6.1 INTRODUCTION

The findings derived from the data analysis were discussed in Chapter 5 with reference to the theoretical framework of the leadership literature review and related to the research questions of this study. The data from the questionnaires and interviews were categorised, summarised and described in meaningful terms in this regard. The data analysis process further involved examining the experiences of the sampled participants based on the validity of Matlala District Hospital officials' credibility and responsiveness regarding leadership assessment.

Accordingly, this chapter reflects on the overall research study goals, purpose and contributions. It will also illustrate the overall conclusions and recommendations, and discuss the value of the study, further research, and limitations, followed by final conclusions. The results rely on the data obtained from all twelve participants in the interviews, as well as the data obtained from the 70 questionnaires. Recommendations are also made to tackle the challenges identified in this study. Finally, recommendations are made about more research on leadership evaluation at Matlala District Hospital. The chapter ends with general closing remarks.

6.2 OBJECTIVES OF THE STUDY

The primary goal of this study was to explore and evaluate Matlala District Hospital leadership styles (see section 5.3.3), and the influence leaders have on the employees of this organisation (see section 5.4.2 and 5.4.3).

This section focuses on the conclusions drawn about the study objectives in defining leadership styles in this research.

The primary purpose of this review was to evaluate the content of changes and the leadership styles (transformational and transactional). Further goals were to decide how best to examine Matlala District Hospital leadership styles, and to decide what the actual leadership style at Matlala District Hospital was. Another important aim was to suggest the most appropriate style of leadership for Matlala District Hospital.

The findings suggested involving transformational leadership behaviours as an effective strategy to help followers face their challenges in terms of hospital management. The impression was given that the hospital managers were not concerned about their followers' well-being, and had no authority to provide the hospital equipment and other resources needed. It was clear, however, that the models of change and transactional leadership were implemented to a greater or lesser degree at the hospital. Public hospital administrators should be specialists in defining and harnessing the ability of staff members in their divisions or sections to achieve a competitive advantage (Botha, 2014: 330).

Obtaining a better understanding of the numerous factors shaping leadership styles, including the types of transformational and transactional leadership studied, was the most important goal of this study. The participants indicated that senior managers failed to motivate their employees to understand that objectives of the organisation can be achieved even if the resources are limited, and that senior managers are able to reach their goals. The issue faced was the lack of progress in district and provincial offices in delivering the necessary services in time. That had a negative effect on the hospital leadership. The problems caused by the excessively slow provision of hospital services, and the lack of funds to provide the necessary resources and services, and the concomitant red tape involved, has exacerbated this situation.

The leaders did not exercise transformational leadership significantly with regard to promoting productivity and ensuring the success of the hospital, as no provision was made for personal development and leadership training programmes for any of the senior, junior and middle managers at Matlala District Hospital. Neither did the senior managers focus their attention on the staff members' failure to meet the set standards of the hospital.

6.3 RESEARCH QUESTIONS

The principal issue of the study was:

Which style of leadership is best suited to improve the quality of service at Matlala District Hospital?

The secondary questions relating to the research were:

- What has been published on the transformational and transactional styles of public service leadership?
- How can leadership styles best be investigated at Matlala District Hospital?
- What is the current style of leadership at Matlala District Hospital?
- Which leadership style at Matlala District Hospital is the most appropriate?

6.4 SUMMARY OF CHAPTERS

The first chapter provided an overview of the study and a synopsis. In addition, it reflected the context of the report, as well as a discussion of leaders who had the ability to deliver the expected results, worked in a professional manner, ensured the proper use of resources and who fostered positivity in their followers to reach the goals set out by addressing some of the issues involved in identifying leadership styles at Matlala District Hospital. The key research concern for this study comprised an analysis and leadership assessment and its effect on the operation of the hospital as there was an obvious lack of senior manager leadership. The purpose was to acknowledge and evaluate the impact of broader leadership practices in hospital services. Another problem was the lack of the leaders' necessary skills and expertise to engage in robust policymaking discussions, deliberations and brainstorming or to take decisions about the issues that affect them directly. It was clear from the literature review that transformational leaders need to ensure that the work environments are conducive to promoting a harmonious relationship between hospital leaders and staff members.

Importantly, Chapter 1 discussed two types of leadership, namely transformational leadership and transactional leadership. Chapter 2 provided a more detailed description of those two types of leadership. Other aspects include the purpose of study, the objectives of study, the definition of terms, the research methodology, the ethical principles applied, including obtaining permission to undertake the study, and finally the layout of the dissertation.

Chapter 2 also provided details with regard to the conceptual framework of the study. The focus was on the relationship between public administration and leadership. Other aspects included a conceptual analysis of public administration, new public

administration, new public management and the feasibility of new public management in the context of South Africa.

Chapter 3 focused on the leadership literature review, including the state of linkage between public administration, leadership, and the provision of services. In this chapter, the theoretical structure was defined and discussed as well as the meaning used in this analysis. Two theories of contemporary leadership were discussed, namely the styles of transformational and transactional leadership. The two prominent types that were to be analysed in this study, were described. The four components of transformational leadership include idealised influence, inspirational motivation, intellectual stimulation, and individualised consideration. The other style of leadership studied, namely transactional leadership, consists of three components, namely contingent rewards, management-by-exception, analysis and evaluation of deviations and variations which deviate from the norm or norm set. The contemporary theories of leadership stress the value of inspiring leaders to help participants achieve their goals and perform their duties.

Chapter 4 dealt with the research design involving the use of mixed approaches, which included quantitative as well as qualitative methods. Next, a standardised, adapted questionnaire based on the Multi-Factor Leadership Questionnaire (MLQ) was used to collect quantitative data from selected junior and middle managers at the hospital. Secondly, the qualitative method of gathering data included interviews. Twelve senior managers formed the Exco of Matlala District Hospital. Recordings were made while these interviews were carried out. In addition, an exploratory and descriptive research design was used. The first step in selecting a sample was to group the participants into senior, middle and junior managers respectively, in accordance with the credentials and roles performed at the organisation. For this study, the non-random sampling method was used, as participants were divided according to their positions and the length of time employed at the hospital. The criteria for selection were that the participants should have worked at the same hospital for a year, and at least should have been registered or were registered with the SANC (South African Nursing Council). However, not all the managers, such as those employed in the Finance, Human Resources and Administration sections, were registered with the SANC. Regarding the size of the sample, 70 junior and middle managers were selected for

the survey, which involved questionnaires for self-assessment, while 12 senior managers were selected for the interviews. A professional statistician, as well as the supervisor and co-supervisor of the researcher, assessed the validity and reliability of the instrument. These individuals belong to the Public Administration and Management Department at Unisa. Furthermore, all the concepts related to the methodologies of qualitative and quantitative research were discussed.

Chapter 5 dealt with both the quantitative and qualitative data analysis and interpretation. Quantitative data were collected from junior and middle managers, while qualitative data were gathered from the senior managers. The first segment focused on and encapsulated an overview of all the leadership perspectives of both junior and middle managers. Table 5.1 shows the statistics obtained from the responses to the questionnaire. This chapter also discussed the participants' biographical profiles. Throughout the section on the quantitative data analysis, Tables 5.2 to 5.32 were used to depict the views expressed by the participants using the ANOVA (variance analysis) method and the FREQ (frequency) process. Throughout, in particular, frequency tables were used to represent the style of leadership at Matlala District Hospital. A correlation analysis was used to present inferential statistics. Closed-ended questions were used to provide an opportunity for participants to express their views on leadership quality in terms of the items in the questionnaire.

The second segment focused on the interpretation and review of the qualitative data collected, which are shown in Table 5.1. This provides the biographical details of the participants (including the senior managers), as well as the population sampling of the hospital. This chapter also focused on the positions of senior managers and years of hospital work experience. Tables 5.34 to 5.39 represent the participants' views (senior managers), and thematic analysis was used for analysis of the qualitative data.

In Chapter 6 the researcher draws conclusions based on the study results that assess to what degree the targets were achieved, and whether the research questions were answered. The chapter also discusses the limitations of the study, and makes recommendations regarding whether the leadership concerns found in the study may be resolved. The chapter also makes recommendations on potential areas that could be explored in the future.

6.5 DISCUSSION OF FINDINGS

The analysed and interpreted data provide recommendations regarding the findings of this study and the theoretical framework research questions. This section attempts to answer the research questions of this study by referring to the findings derived from the answers to the MLQ questionnaire. A summary and interpretation of research findings will be given in the following section, based on the themes that emerged from the data derived from interviews with senior hospital managers. The concepts discuss the study goals, as well as the research issues underpinned by the analysis of the literature.

To conduct a leadership assessment at Matlala District Hospital, the researcher used a research approach that was descriptive and contextual. The principal purpose of this study was to examine leadership styles used at the hospital to address the challenges of service delivery. The goal of the study was to uncover the underlying challenges and dynamics that hinder the optimum performance of the hospital and prevent the achievement of the senior managers' successful hospital management. The researcher will then present his conclusions about the research questions and results of the report. The results of this report, as outlined below, are discussed in the light of the research questions of the study.

Research question 1: What has been published based on the transformational and transactional leadership styles of public service leadership?

The current research study was conducted as a case study at Matlala District Hospital, and the researcher recognises that the findings or outcomes will not be applicable to all South African public hospitals. The current study shows that a literature review presents transformational and transactional leadership styles, which have been implemented over the years. Transformational leaders have acted as agents of transformation by stimulating and changing the behaviours, values and motivations of followers from lower to higher degrees of involvement. Leaders provide a vision, developed and make followers aware of emotional relationships with followers, and believe in achieving goals that are beyond self-interest. Investigating or researching MDH leadership styles has been helpful for public hospitals in South Africa as the findings have provided an insight into the problems of the hospital and what needs to be done to change the situation. It is important to note that transformational leaders

motivate the employees to agree and be sensitive to the belief that nothing will stop them from doing what they set out to do, as long as there is a good working relationship between the leader and the followers.

Recent research has shown that transformational leadership has an influence on the attitudes and performance of followers at both the individual as well as at organisational levels. In addition, transformational leadership represents a leadership style in which the leader regards the importance of teamwork highly in the execution of collective tasks, provides an opportunity to learn from shared experiences, and delegates authority to followers in order to be able to perform their work effectively. The change leaders focus their energies on the systemic phenomenon and identify an organised classification structure by means of which transformational leadership has far-reaching results and a high level of intensity. The four major components of transformational leadership that were considered advanced in complexity and elaboration from one stage to the next and included: the idealised influence, inspirational motivation, intellectual stimulation and individualisation consideration. Transformational leaders believe their supporters can inspire many, particularly when the leader is not present to make sure the organisation gets to a point where it can accomplish its goals. Importantly, the transformational leader inspires others by having the desire to develop, be creative, and ensure the goals are accomplished as planned. The transformational leader encourages the followers or team members to work, contribute to decision-making, and take appropriate actions through self-management independently.

With regard to transactional leadership, five major behaviours have been identified regarding the characteristics of transactional leadership. This included the ability to communicate well and work with the team members on a voluntary basis, the establishment of a cohesive relationship and the ability to guide and lead effective and efficient team meetings, as well as strong and bold project management skills. In addition, such a leader was able to identify the processes to be developed, so that the set goals were reached at all levels of teams working in the organisation. Leaders need strong and bold management skills regarding projects, as well as the ability to create external networks. Furthermore, transactional leadership is involved in clarifying the duties and obligations of workers or followers, and then offer discipline or bonuses in accordance with their performance. Transactional leadership views

senior management as a transactional line where they use rewards and coercive powers to give instructions and exchange rewards for the services the organisation renders, and can naturally represent the organisation to the stakeholders.

Regarding transactional leadership, three components have been identified.

Contingent rewards: Followers have to be rewarded for carrying out their duties in accordance with what was stipulated in their annual performance plan and for doing more than their jobs required. In turn, they are expecting to benefit in return for the work they have done.

Management-by-exception: The leader waits for a situation to become unstable using passive management-by-exception, and subsequently he or she tries to react, attend to it, or devise ways and means to address it. On the side, these leaders wait until the workers make mistakes, and then respond with negative punishment.

Monitoring and evaluating deviations and non-conformances from the requirements and standards: The group involved in the transactional leadership style works towards contingent rewards. A contingent reward system is based on meeting the specific needs and goals and using reviews to motivate employees to attain rewards such as monetary bonuses or extra holidays. Regarding transactional leadership, the followers are inspired by the acknowledgement and appreciation they receive, or even a pat on the back for a job well done, or by any disciplinary action taken against them if the objectives and targets could not be met, and a continuation of the expected results that would lead to promotion. The challenges found have been discussed head-on and not generalised. Additionally, the hospital understood that at Matlala District Hospital both styles of transformational and transactional leadership were exercised. The results, however, have proved that the transformational leadership style dominated.

Research question 2: How can leadership styles best be investigated at Matlala District Hospital?

The researcher adopted both qualitative and quantitative research designs in this case study. Matlala District Hospital was chosen as the basis of a case study, and the key task was to make contact with the hospital management to ensure there was

cooperation. This was the critical moment in the entire process and it was done with due consideration. The MLQ, which was prepared using a Likert-type scale, was used specifically to operationalise the concept of 'leadership styles', 'progressive leadership' and 'transactional leadership'. The MLQ comprises 45 topics that draw upon conceptually distinct aspects of leadership and the results of leadership. The researcher presented the findings as concise statistics. In the case of this study, a statistician's assistance was needed to determine the most appropriate inferential statistics to be used in the final review. The goal of the quantitative data analysis, in terms of the hypotheses tested in the case study, is used to assess the plausibility of hypotheses by using sample data.

The researcher assigned numerical labels to qualitative variables, where the majority of the participants had a similar list of traits, such as gender, marital status and race. The researcher assigned numbers as labels, or designations for the data he or she had gathered from the participants in the interviews. A thematic analysis, in terms of recordings, was used to transcribe the interviews. Information from other sources was also triangulated where appropriate, according to the themes described in the literature review; to complement details already provided.

According to the MLQ, the overall mean score of the results was 2.74, with a SD of .66, resulting in a coefficient variance of 24.09%, as related to transformational leadership at Matlala District Hospital. The mean is small, which suggests that this style of leadership was only occasionally observed. This means that leaders triggered intense emotions in the followers, and when leaders did the right things, then leaders served as good role models for the followers. In addition, leaders did not behave ethically; leaders did not exhibit high moral values and could not be trusted to do the right things according to the recommendations of the hospital. The analysis was carried out using ANOVA, an analysis of the correlations. It was assessed in terms of the transactional leadership style by two components identified: contingent rewards with the exception of management without control over the followers. The overall mean score results were 2.45, which could be related to transactional leadership. The sub-scale of contingent incentives was 2.71 on average, with a SD of .71, and the coefficient of variance was 26.20%. There was therefore a significant variation

between reactions. It should be noted that the average was not high and close to three, which suggests that this occurred often.

In terms of successful management-by-exception, the average was 2.19, a low score, with a SD of .83, and a VC of 37.9%. The mean is close to two with low ranking, which suggests that it happened sometimes to the participants. Approximately 68.26% of the responses received ratings of between 1.36 and 3.02, and exceptionally high scores were not obtained (± one SD from the mean). The administrators were unable to tackle issues. In other words, the administrators waited for a disaster to happen before they started acting. The data suggest that Matlala District Hospital leaders exhibited more transformational leadership style characteristics (mean = 2.74) than transactional leadership style characteristics (mean = 2.45).

The only obstacle that was identified was the issue that most Exco members were in temporary positions and mostly played a caretaker role. Therefore the researcher constantly had to probe for additional information. It transpired that managers who had been appointed temporarily did not have the authority required to fulfil the requirements of the post. Some of the major issues found were as follows: a lack of managerial qualifications and skills, other vacancies in key managerial positions, neglected government systems and the adverse effects of daily district and provincial level shifts. There was also a shortage of funds at the hospital, so it took even more time to produce orders and make the services available. It was also suggested that senior managers sometimes designated the person responsible to achieve specific performance targets. In fact, lawsuits had been brought against the hospital for medical files that were not properly reported due to the lack of cabinet reporting and inadequate human resources capable of doing the job. It also became clear that when critical problems emerged inside the hospital the senior managers refrained from getting involved.

In conclusion, some of the participants mentioned that they appreciated the CEO's attitudes, personality, commitment and hard work, despite some challenges regarding the hospital management. The negative publicity received by the healthcare services motivated the researcher to conduct this study. One participant expressed strong criticism of the CEO regarding the fact that he was not concerned with encouraging

and educating workers with respect to their personal career growth, which is important to the style of transformational management.

Research question 3: What is the current leadership style at Matlala District Hospital?

Based on the analysis of 5.2.2, it should be noted that the ideal type of leader to work at Matlala District Hospital is a transformational leader. When this leadership style is used, the senior managers should be able to encourage both the necessary actions as well as the full engagement of the followers, and instil a culture of self-confidence by believing that followers possess the potential and capabilities to accomplish the objectives and goals.

With regard to the types of leadership used at Matlala District Hospital, transformational leadership was found to be indicative of a style with which most senior managers were associated. However, health professionals such as nurses, doctors and hospital administrators did not display a sense of control of influence and confidence that transcended one's personal interests, especially when pursued without regard for others as indicated in 5.2.2, as was also evident in the manner in which they managed the hospital. Contingent rewards correlate well with both transformational leadership and leadership outcomes, so the best combination that can work well at Matlala District Hospital is a transactional leadership style combined with contingent rewards as a sub-scale of transactional leadership.

The data indicate that Matlala District Hospital leadership displayed more transformational leadership style characteristics (mean = 2.74) than a transactional leadership style (mean = 2.45). Leadership or organisational performance tests scored an average of 2.77, with a SD of.78, resulting in a coefficient variance of 28.2%. Approximately 68.26% ranged from 1.99 to 3.55. (± 1 standard mean deviation). Areas should be established which could lead to improved hospital leadership.

The p-value of passive-avoiding activities was smaller than 0.5, and therefore there was a substantial difference between the tests. The older generation (aged 51 to 60) dismissed the view that the leadership of Matlala District Hospital was passive and reactive. The younger generation (41 to 50 years) regarded the leadership at Matlala more as passive and reactive. However, younger generation might have a more

idealised view of management, while older respondents were more aware of the complexity of senior management and their roles.

Table 5.31 reveals that the transformational leadership sub-scales were significantly and positively correlated with each other, as well as with the sub-scales and the scale of leadership outcomes. Transformational leadership correlates more strongly with the results, that is, at 0.784, than that of transactional leadership, that is to say 0.500. As for the outcome of the study, the evidence suggests that transformational leadership will result in improved service delivery outcomes. Contingent rewards are well correlated with both transformational leadership and leadership outcomes, so a transformational leadership style combined with contingent rewards as a sub-scale, is the best combination of leaderships for Matlala District Hospital to work well.

With regard to the qualitative study, the members of the Exco responded to the researcher's five questions. The questions were:

- How long have you been in a leadership role?
- Do you think you are doing enough to support the personal career advancement of the employees in your section?
- Do you think the hospital is doing enough to provide personnel with the necessary equipment and resources to carry out their duties?
- Do you include employees in segment decision-making?
- Do you think that your section offers a healthy work atmosphere for the staff?

They communicated their requirements to the department regarding the strategic plan and had to wait for the head office to respond. The headquarters responded by setting up the Multi-Drug Resistance Unit (MDR) at Matlala District Hospital, which was handed over to the hospital management. The poor infrastructure, the lack of resources and the lack of expertise despite the innovative leadership, have had a profound impact on the workforce.

Research question 4: Which leadership style at Matlala District Hospital is most appropriate?

Transformational and transactional leadership styles both underlined the values and beliefs that the leader could communicate to followers. Those who are referred to as transactional leaders, exhibit much more than transformational behaviour, which means the leader is interested in exchanging benefits with the followers. In terms of leadership styles, new and seasoned respondents seemed to have the same view: new and old team members were handled with a transformational leadership style, while those in the middle (6 to 20 years of working at the hospital), were managed with the transactional leadership style. This means that senior executives at the MDH displayed a contingency management style.

It has been found that a leader's actions, which empower and encourage team members and help with training and growth, increase the inventiveness of followers. A senior leadership style has been a key determinant of competence growth for the hospital staff members. Specifically, transformational leadership should promote followers' optimal performance and encourage and enhance the development of staff members, thus ensuring the long-term existence of the organisation. Understanding the relationship between leaders and the delivery outcomes of followers requires an assessment of leadership styles and consideration of the relevant ramifications. The results show transformational leadership to be linked to the development, execution, and adjustment measures needed to empower an organisation. Understanding and sustaining the development is important for meeting the individual's greater needs and for establishing learning opportunities for followers, as well as for encouraging followers to resolve issues that may emerge from the organisation.

The manager decides what choices to make, when and how to start critical thinking activities, as well as what preferences to implement in the execution of the duties. The study shows a significant relationship between aspects of transformational and transactional leadership styles, as it depends on the empirical evidence of the researcher's analysis. The study provides descriptive statistics on transformational leadership from 5.2.2, while descriptive statistics on transactional leadership are given in 5.2.3. It was indicated that senior managers avoided involvement when the followers raised important issues. When analysing the results, it was found that the organisation

needed a combination of the transformational and transactional leadership styles to improve hospital leadership and management.

6.6 CONCLUSIONS REGARDING THE OBJECTIVES AND RESEARCH QUESTIONS

This section reflects on the conclusions reached regarding the goals of the study, and to explore and determine the leadership styles under this study.

The researcher deals with this under recommendations in 6.9 below.

6.7 LIMITATIONS OF THE STUDY

In relation to this analysis, the following limitations should be considered.

The research study was confined to employees based at the Matlala District Hospital located in the Sekhukhune District. This resulted in restricted expectations of the respondents, which could have been improved if all the units or sections had been selected in this analysis.

The main focus of the research was on conducting a quantitative research study using self-administered questionnaires, and conducting a qualitative study through interviews. However, there was no emphasis on broader and deeper perceptions of the participants.

The study did not cover the whole hospital, but was limited to the Exco members that were senior managers and some of the junior and middle managers representing various sections within the hospital.

This study did not include the views of patients or service beneficiaries who were included as respondents of the data.

6.8 GENERAL COMMENTS

The suggestions that are given here are derived from the results of this report. These recommendations have significant practical implications in terms of improving and establishing the leadership style(s) to be used at Matlala District Hospital.

Transformational leadership needs a viewpoint that varies from an enforcement mind-set, and public hospital administrators should be specialists in defining and harnessing

the ability of staff members in their divisions or sections to gain a competitive advantage.

Transformational leadership played a major role in providing leaders with what they need to promote productivity and ensure organisational success. Furthermore, transformational leadership requires that ongoing leadership training programmes should be developed at Matlala District Hospital for all junior, middle and senior managers.

6.9 RECOMMENDATIONS

Leaders have to ensure that resources are provided to identify strategic goals and outcomes. Leaders will ensure that all the tasks that these staff members perform are compatible and will be in line with organisational strategic objectives.

The problem of the dilapidated hospital building needs to be addressed as it was seen by most of the participants as an important issue. It was, however, indicated that the Department of Health was busy renovating parts of the hospital buildings. Constructing a new hospital was also proposed.

The brainstormed discussions and topics in this study aim to highlight the value of the study for deeper insight into leadership style deficiencies and to create recommendations for successful leadership interventions.

Regarding personnel shortages, Matlala District Hospital and management could employ more permanent staff as it was noticed that most of the managers were appointed temporarily in their positions. It is also recommended that more professional nurses be appointed to be able to address the medical problems at the hospital. This is important because the hospital has a capacity constraint problem. Furthermore, more medical supplies should be purchased.

The authority of the CEO of the hospital should be regulated formally to deal with both the budgetary deficiencies, as well as the inadequate resources. The district and provincial offices should make funds available to ensure that the hospital management is sustainable in an efficient and effective manner.

Safe storage for patient files should be ensured, and the area where the files are kept should be kept securely locked to prevent files from disappearing as they contain patients' medical histories. All of these recommendations relate to the leadership styles in terms of understanding the complexity of public hospital leadership. Hospital managers should seek to address these three dimensions: 1) staff members, employee goals, 2) staff satisfaction, and 3) service delivery.

Employees at all management levels should be trained in the full range of transformational and transactional professional leadership skills to ensure that results are achieved. The study provided evidence that transformational leadership complements transactional leadership in the knowledge gained from perceiving leadership capacity.

Community hospitals should have dynamic leaders at all levels. Leaders should connect with their employees, their customers, as well as their suppliers from top to bottom and should have the following characteristics: they should meet the organisational requirements and lead an effective group of followers, leaders should be confident in their inspiration and commitment to developing their staff and making the hospital sector a success. Leaders should be futuristic visionaries. Leaders, such as senior managers, should put in place appropriate corrective actions or steps instead of being reactive by waiting for an organisational crisis to occur (Miloff, 2012:214). It is necessary for the leader to pay attention to the needs of his or her followers including resources. The beliefs of employees, their perceptions and personalities, as well as what they know about their work and duties should be considered when empowering and directing staff (Zachary 2012: 7). Last, but not least, to gain respect, leaders must be ethical and convey a strong vision of the future.

6.10 SUGGESTIONS FOR FUTURE RESEARCH

The decentralisation of authority in the hospital should be considered as this has been indicated by the participants during the interviews and self-assessment questionnaires as a problem in the hospital. The elements of the African culture and values differ from people from other cultures, for example, that all African societies have different cultures, traditions, customs and beliefs. Instead, many African societies share underlying similarities which reveal a wide gap or difference when contrasted with other cultures.

African culture is one of the elements mostly omitted from leadership research studies that captures the essence and the potential significance of cultural context in which leadership should be practised. Knowledge of aspects of comprehensive cultural attributes of leadership is required to promote interventions in leadership development at public hospitals.

6.11 CHAPTER SUMMARY

Chapter 5 outlined the interpretation and data analysis of the study and presented the findings, recommendations and conclusions. The responses of participants were interpreted with reference to the qualitative and quantitative approaches used. In addition, the findings of the study informed the recommendations set out in this chapter. Such guidelines have the potential to contribute to the development of Matlala District Hospital leadership.

More specifically, regarding the qualitative analysis of the data, it was found that leaders were encouraging their followers and had some of the characteristics of transformational leadership, such as providing guidance and exhibiting qualities such as adhering to a code of ethics and demonstrating moral behaviour, self-management and adaptability. Being proactive and leading with vision, however, are some of the traits which have not been demonstrated. In addition, senior managers have neglected to train the officials and to provide them with in-hospital skills growth. This can result in a high turnover of staff. In effect, certain charismatic leadership traits and those of transformational leadership have been demonstrated. In addition, an idealised influence which involves building integrity, trust and probity was not applicable at the hospital. In some cases, the group's respect and loyalty were realised at the hospital due to the good working relationship between senior managers and I. An idealised effect often has considerable importance in itself, that is, people are often inspired by leaders of transformation. Transformational leaders promote themselves to be where they are, that is, to attain the success of the organisation by achieving the goals and objectives. Transformational leadership devotes time and attention to developing future leaders and also provides them with the opportunity to participate in the meetings, i.e. at the junior, middle, and senior management levels. The senior managers were unable to provide staff members with training and development, and the component of individualised consideration, which is the focus of transformational

leadership; was understood to be relatively strong. Leaders could not come up with a suitable environment where they would listen to the followers' views and opinions. The leaders or senior managers have not carried out a re-examination of the roles associated with the duties of the followers.

What emerged from the literature survey, is that change leadership is necessary for an effective organisational management, such as in hospitals because leadership efficiency determines organisational success.

However, when senior managers become familiar with the transformational leadership style, they combine the four aspects of the idealised influence, inspirational motivation, individualised consideration, and intellectual stimulation as identified by Bass (1998), Bass and Avolio (1994). In public hospitals, managers will become successful leaders when they ensure constant communication with the followers and by being emphatic. In one-on-one group situations, one can also employ transformational leadership. Using this approach, the manager and the followers are transformed to boost the efficiency of their work and enable the hospital to be more effective and efficient than before. The results indicated that including positive leadership practices is an important technique to help managers overcome many of the problems they may face.

Transactional leadership should also be established to achieve the goals set by the hospital. Regular staff reviews therefore need to be conducted to assess whether the set objectives are being met and to provide feedback on how the hospital is being managed. However, it was exhibited afterwards in terms of the management-by-exception component. Senior managers could provide clarification on the needs for roles and tasks. In addition, such a leader will identify the processes that need to be developed in the work teams of the organisation for the set goals to be achieved at every level. Management-by-exception intervention is therefore necessary to ensure that management focuses on policy plans, decisions, and engage in the day-to-day activities only when there are large deviations. Some transactional leadership characteristics include the ability to communicate well, create a partnership involving capacity building to direct and lead successful and productive team meetings, and also clear and bold project management skills. Transactional leaders, however, are not strong on cohesiveness and teamwork.

Regarding the analytical findings, the evidence suggests that transformational leadership, as opposed to transactional leadership, will lead to improved service delivery outcomes. Therefore, contingent rewards correlate well with the transformational leadership and leadership outcomes. The transactional leadership style, paired with contingent incentives as a transactional leadership sub-scale, is the best mix of leadership that can work well at Matlala District Hospital. Some of the health workers' challenges were personnel shortages, outdated equipment and infrastructure. The current hospital leadership should be intent on changing the status quo by adopting an appropriate leadership style to motivate staff members to commit to organisational goals for optimum performance.

Quantitative studies are based mostly on samples randomly selected from the defined populations. This method is used by quantitative researchers with regard to data measured in numbers, statistical analyses and tentative theory tests (Allen, 2015: 451). Some researchers prefer the mixed-methods approach, which combines quantitative and qualitative data for one selected research project, which is far more reliant on the research sample, along with the methodology and procedures on which the public statistics surveys, findings and interpretation are focused (Mouton & Marais, 2011: 45). With regard to the mixed-methods approach, researchers include the integration of both the quantitative and qualitative methods for data collection, analysis and interpretation. Mixed methods engage in studying participants and to ensure the findings of the study based on the experiences and challenges of the hospital.

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ANNEXURES

ANNEXURE A: QUESTIONNAIRE

CEMS Research Ethics Review Committee (URERC)

Adapted Multifactor Leadership Questionnaire

Leader form

Multifactor Leadership Questionnaire Multifactor Leadership Questionnaire

Authors: Bernard M. Bass & Bruce J. Avolio

The Multifactor Leadership Questionnaire (MLQ-also known as MLQ 5X short or the standard MLQ) "measures a broad range of leadership types of passive leaders, two leaders who give contingent rewards to followers, to leaders who transform their followers into becoming leaders themselves. The MLQ identifies the characteristics of a transformational leader and helps individuals discover how they measure up in the eyes of those with whom they work". Success can be measured through a retesting programme and to track changes in leadership styles. The programme described in the MLQ Trainer's Guide provides a solid base for leadership training.

This questionnaire consists of two sections, namely:

- Section I: Biographical Information
- Section II: Leadership

Please answer all the questions.

SECTION I: BIOGRAPHICAL INFORMATION

This section focuses on biographical information of the respondents. The purpose of this information is to provide the researcher with a comparison of groups of respondents.

Please select the correct answer by placing a cross in the appropriate boxes below.

Date	
Section	

1. Age?

Please indicate your age

21-30 years	1

31-40 years	2
41-50 years	3
51-60 years	4
61 years and older	5

2. Highest educational qualification?

Grade 12 (Standard 10, Matric)	1
Diploma/ Certificate	2
Bachelor's degree/ Baccalaureate	3
Postgraduate degree	4

3. Population group?

African	1
White	2
Indian	3
Coloured	4

4. Number of years' experience as an appointed staff member

1-5 years	1
6-10 years	2
11-20 years	3
21 years and more	4

SECTION II: LEADERSHIP

This aim of this questionnaire is to describe your leadership style as you perceive it. Please answer all items on this answer sheet and circle the answer of your choice. If an item is irrelevant, or if you are unsure or do not know the answer, leave the answer blank.

The MLQ contains “45 items tapping conceptually distinct leadership factors and leadership outcomes. Five scales were identified as characteristics of transformational leadership” which are *Idealised influence (attributed)* and *Idealised influence (behaviour), Inspirational motivation*, *Individual consideration*, and *Intellectual stimulation*. Judge how frequently each statement fits you and the word "others" may mean your peers, clients, direct reports, senior managers and/or all of these individuals.

This section of the questionnaire investigates leadership. The use of the pronoun “I” in this questionnaire does not, by any means, imply any discrimination against any gender.

		Not at all	**Once in a while**	**Sometimes**	**Fairly often**	**Frequently, if not always**
1	Your senior manager empowers followers to solve problems	0	1	2	3	4
2	Your senior manager focuses on the development of an improvement plan	0	1	2	3	4
3	Your senior manager fails to interfere until problems become serious	0	1	2	3	4
4	Your senior manager focuses his/her attention on irregularities, mistakes, exceptions and deviations from the set standards	0	1	2	3	4
5	Your senior manager avoids getting involved when important issues arise	0	1	2	3	4
6	Your senior manager talks about his/her most important values and beliefs	0	1	2	3	4
7	Your senior manager does not blame, shout or chastise followers when they have made a mistake	0	1	2	3	4
8	Your senior manager seeks differing perspectives when solving problems	0	1	2	3	4
9	Your senior manager talks optimistically about the future	0	1	2	3	4
10	Your senior manager instills pride in others with regard to being associated with me	0	1	2	3	4
11	Your senior manager discusses who is responsible for achieving performance targets in specific terms	0	1	2	3	4

12	Your senior manager waits for things to go wrong before taking action	0	1	2	3	4
13	Your senior manager talks enthusiastically about what needs to be accomplished	0	1	2	3	4
14	Your senior manager acknowledges and recognises the good work done by followers	0	1	2	3	4
15	Your senior manager brings about commitment and full participation of the followers and inspire	0	1	2	3	4
16	Your senior manager makes it clear what one can expect to receive when the performance goals are achieved	0	1	2	3	4
17	Is your senior manager is a firm believer in ensuring that communication should prevail?	0	1	2	3	4
18	Your senior manager sacrifices self-interest for the best of the group	0	1	2	3	4
19	Your senior manager treats others as individuals rather than just as a member of a group	0	1	2	3	4
20	Your senior manager demonstrates that problems must become chronic before you take action	0	1	2	3	4
21	Your senior manager acts in ways that build others' respect for you	0	1	2	3	4
22	Your senior manager concentrates his/her full attention on dealing with mistakes, complaints and failures	0	1	2	3	4
23	Your senior manager considers the moral and ethical consequences of decisions	0	1	2	3	4
24	Your senior manager keeps track of all the mistakes made	0	1	2	3	4
25	Your senior manager displays a sense of power, confidence, understanding and shows respect for others	0	1	2	3	4
26	Your senior manager articulates a compelling vision of the future	0	1	2	3	4
27	Your senior manager directs your attention towards failures to meet the set standards	0	1	2	3	4
28	Your senior manager avoids making decisions	0	1	2	3	4

29	Your senior manager acknowledges that every individual has different needs, abilities and aspirations	0	1	2	3	4
30	Your senior manager gets others to look at problems from different angles	0	1	2	3	4
31	Your senior manager helps others to develop their strengths	0	1	2	3	4
32	Your senior manager suggests new ways of looking at how to complete specific assignments	0	1	2	3	4
33	Your senior manager delays responding to urgent questions	0	1	2	3	4
34	Your senior manager emphasises the importance of having a collective sense of mission	0	1	2	3	4
35	Your senior manager expresses satisfaction when others meet the requisite expectations	0	1	2	3	4
36	Your senior manager expresses confidence that goals will be achieved	0	1	2	3	4
37	Your senior manager is effective with regard to meeting others' job-related needs	0	1	2	3	4
38	Your senior manager uses methods of leadership that are satisfying	0	1	2	3	4
39	Your senior manager gets others to do more than they are expected to do	0	1	2	3	4
40	Your senior manager is effective in representing others in higher authority	0	1	2	3	4
41	Your senior manager works with others in a satisfactory way	0	1	2	3	4
42	Your supervisor possesses qualities like being exemplary, trustworthy, confident, tolerant, and analytical thinking	0	1	2	3	4
43	Your supervisor is effective with regard to meeting organisational requirements	0	1	2	3	4
44	Your senior manager increases others' willingness to try harder	0	1	2	3	4

45	Your senior manager leads a group that is effective and creates space for his/her followers to air their views and is able to listen	0	1	2	3	4

ANNEXURE B1: REQUEST TO CONDUCT A RESEARCH STUDY IN THE LIMPOPO PROVINCE DEPARTMENT OF HEALTH

PERMISSION LETTER

Department of International Relations
and Cooperation
460 Soutpansberg Road
Rietondale-Pretoria
0001
17 November 2017

THE RESEARCH AND ETHICS COMMITTEE (DEPARTMENT OF HEALTH-LIMPOPO PROVINCE)

Manager: Ms Marie Stols, 18 College Street, Polokwane, 0700

ATTENTION: MONITORING AND EVALUATION DIVISION

Dear Ms Marie Stols

RE: REQUEST TO CONDUCT RESEARCH AT THE MATLALA DISTRICT HOSPITAL

I, the undersigned, a master's student in Public Administration at the University of South Africa-, hereby request permission to carry out research project in your hospital (Matlala District Hospital). The research topic reads as follows:

"Evaluating leadership in public hospitals: A case study of the Matlala District Hospital"

The research project will be conducted by making use of a questionnaire, which will be distributed, to different categories of employees as well as interviews with managers of the hospital.

A proposal for study will be submitted to the University of South Africa's Ethical and Research Committee for approval after the Department of Health has granted me permission.

I will be grateful if am permitted to conduct this study and thank you in anticipation for your help (see attached copies of the proof of registration, the questionnaire and the interview schedule).

Yours sincerely

Peter Mafora
(083 4291 267, mafora0@yahoo.com)

ANNEXURE B2: REQUEST TO CONDUCT RESEARCH AT THE MATLALA DISTRICT HOSPITAL

PERMISSION LETTER

Department of International
Relations and Cooperation
460 Soutpansberg Road
Rietondale-Pretoria
0001

THE CHIEF EXECUTIVE OFFICER
Matlala District Office
Private Bag X 9624
Marble Hall
0450

Dear Mr LN Mazibuko

RE: REQUEST TO CONDUCT RESEARCH AT THE MATLALA DISTRICT HOSPITAL

I hereby request permission to conduct a research project in your hospital. The research topic reads as follows:

"Evaluating Leadership at Public Hospitals: A Case Study of the Matlala District Hospital"

The research project will be conducted by making use of a questionnaire, which will be distributed, to different categories of staff members as well as by conducting interviews.

Permission to conduct the study is already granted by the Limpopo Province Research Ethics Committee (see attached copy).

Thank you in anticipation for your help.

Yours sincerely

P.P Mafora (Mr)

ANNEXURE C1: UNISA ETHICAL CLEARANCE CERTIFICATE DEPARTMENT OF PUBLIC ADMINISTRATION AND MANAGEMENT

UNISA university of south africa

DEPARTMENT: PUBLIC ADMINISTRATION AND MANAGEMENT
RESEARCH ETHICS REVIEW COMMITTEE

Date: 7 December 2017

Ref #: PAM/2017/029 (Mafora)
Name of applicant: Mr PP Mafora
Student#: 38669870

Dear Mr Mafora

Decision: Ethics Clearance Approval 7 December 2017 to 6 December 2020

Name: Mr PP Mafora, student#: 38669870, mafora0@yahoo.com, tel: 0834291267
[Supervisor: Prof G Naidoo, 012 429 6746, Naidog@unisa.ac.za]

Research project "Evaluating leadership at public hospitals: a case study of the Matlala district hospital in Sekhukhune district municipality (Limpopo province)"
Qualification: MAdmin

Thank you for the application for **research ethics clearance** by the Department: Public Administration and Management: Research Ethics Review Committee, for the above mentioned research. Ethics approval is granted for the period **07 December 2017 to 06 December 2020**. If necessary to complete the research, you may apply for an **extension** of the period.

You are, though, required to submit a letter from the Matlala District Hospital in which permission is granted to you to do this research, to this Ethics Committee within **30 days** of the date of this letter.

For full approval: The application was **expedited and reviewed** in compliance with the *Unisa Policy on Research Ethics* and the *Standard Operating Procedure on Research Ethics Risk Assessment* by the RERC on 6 December 2017. The decision will be tabled at the next College RERC meeting for notification/ratification. The proposed research may now commence with the proviso that:

1) The researcher 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 this Ethics Review Committee.
3) The researcher will conduct the study according to the methods and procedures set out in the approved application.
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

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Preller Street, Muckleneuk Ridge, City of Tshwane
PO Box 392 UNISA 0003 South Africa
Telephone: +27 12 429 3111 Facsimile: +27 12 429 4150
www.unisa.ac.za

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, among others, the **Protection of Personal Information Act** 4/2013; **Children's Act** 38/2005 and **National Health Act** 61/2003.
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 requires additional ethics clearance.
7) Field work activities **may not** continue after the expiry date given. Submission of a completed research ethics progress report will constitute an application for renewal of Ethics Research Committee approval.

Kind regards

Prof Mike van Heerden
Chairperson:
Research Ethics Review Committee
vheerm@unisa.ac.za

Prof MT Mogale
Executive Dean: CEMS

ANNEXURE C2: LETTER OF APPROVAL TO CONDUCT A STUDY FROM THE LIMPOPO PROVINCIAL DEPARTMENT OF HEALTH ETHICS RESEARCH COMMITTEE

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH

Enquiries: Stols M.L

Ref:4/2/2

17th November 2017

Mr. Mafora P
Department of International Relations and Cooperation
460 Soutpansberg Road
Rietondale
Pretoria
0001

Greetings,

Request for permission to conduct study within the department facilities

RE: EVALUATING LEADERSHIP AT PUBLIC HOSPITALS : A CASE STUDY OF THE MATLALA DISTRICT HOSPITAL

1. Your letter and proposal summary dated 17th November 2017 herein refers.
2. Kindly note that the department can only grant permission for your study upon the receipt of Ethical Clearance Certificate (fully approved) from your institution.
3. The Ethical Clearance Certificate will enable the Provincial Health Research Committee to process your request
4. Kindly obtain and furnish the department with the certificate for the speedy processing of your request
5. Hope you find the above to be in order

Yours Sincerely

MLStols (DD/Research) 2017/11/17

DEPUTY DIRECTOR: RESEARCH
Stols M.L (Tel: 015 293 6169)

Date

ANNEXURE C3: LETTER OF APPROVAL TO CONDUCT A STUDY FROM THE MATLALA DISTRICT HOSPITAL

Goodafternoon Mr Mafora

Your letter of approval has been received and I suggest you can start with your assignment at anytime.

Thank you
Mazibuko

-----Original Message-----
From: Puni Mafora [mailto:mafora0@yahoo.com]
Sent: Thursday, January 25, 2018 2:53 PM
To: thembinkosi.mazibuko
Subject: RE: Permission Letter

Dear Mr Mazibuko

Kindly receive the attached copies for your attention as permission to collect data from your Institution kindly requested in relation to the research that I am doing with the University of South Africa.

Kindly be informed that research approval has been solicited from the Department of Health-Limpopo Province and a copy has been attached for your attention as well.

Hope you will find this in order and thanking you in advance.

Your assistance in this regard is always appreciated.

Kindest regards
Peter Mafora

On Wed, 11/8/17, thembinkosi. mazibuko <thembinkosi.mazibuko@dhsd.limpopo.gov.za> wrote:

Subject: RE: Permission Letter
To: "Puni Mafora" <mafora0@yahoo.com>
Date: Wednesday, November 8, 2017, 7:36 AM

Goodmorning

Your letter has been received and it will be discussed in the management meeting at 10h00 today

-----Original Message-----
From: Puni Mafora [mailto:mafora0@yahoo.com]
Sent: Tuesday, November 07, 2017 8:16 AM
To: thembinkosi.mazibuko
Subject: Fw: Permission Letter

Dear Mr Mazibuko

Please find the attached copy
of the letter requesting permission to conduct research at Matlala District Hospital.

Hope you will find this in order and thanking you in advance.

Kindest
regards
Peter Mafora

--- On Fri, 10/27/17, Puni Mafora <mafora0@yahoo.com>
wrote:

> From: Puni
Mafora <mafora0@yahoo.com>
> Subject: Permission Letter
> To: Thembinkosi.Mazibuko@dhsd.limpopo.gov.za
> Date: Friday, October 27, 2017, 4:40 PM Dear Mr Mazibuko > > Kindly receive the attached copy of the letter requesting permission > to collect data from your Institution, pursuant to the telephonic > conversation we had.
>
> Hope you will find this in order and
> your assistance in this regard will be highly appreciated.
>
> Kindest regards
> Peter
P Mafora
This message may contain
confidential information and is intended only for the specified recipient. If you are not the specified addressee you should not disseminate, distribute or copy this e-mail. If you have received this e-mail by mistake, please notify the sender immediately by e-mail and also delete this e-mail. E-mail transmission cannot be guaranteed to be secured or error-free as information could be intercepted, corrupted, lost, destroyed, late, incomplete, or contain viruses. The sender therefore does not accept liability for any errors or omissions in the content of this message, which arise as a result of e-mail transmission. The LDOH does not take responsibility for the e-mail user's personal views.

ANNEXURE C4: LETTER OF PERMISSION TO USE ADAPTED MULTIFACTOR LEADERSHIP QUESTIONNAIRE

For use by Peter Mafora only. Received from Mind Garden, Inc. on December 20, 2017

WWW.MINDGARDEN.COM

To whom it may concern,

This letter is to grant permission for the above named person to use the following copyright material for his/her research:

Instrument: ***Multifactor Leadership Questionnaire***
Authors: ***Bruce Avolio and Bernard Bass***
Copyright: ***1995 by Bruce Avolio and Bernard Bass***

Five sample items from this instrument may be reproduced for inclusion in a proposal, thesis, or dissertation.

The entire instrument may not be included or reproduced at any time in any published material.

Sincerely,

Robert Most
Mind Garden, Inc.
www.mindgarden.com

Permission for Peter Mafora to reproduce 50 copies within one year of December 20, 2017

MULTIFACTOR LEADERSHIP QUESTIONNAIRE™

Instrument (Leader and Rater Form)

and Scoring Guide
(Form 5X-Short)

by Bruce Avolio and Bernard Bass

Published by Mind Garden, Inc.
info@mindgarden.com
www.mindgarden.com

ANNEXURE C5: INTERVIEW SCHEDULE USED FOR INTERVIEWS

Interview schedule

Name of Interviewer:

Name of Interviewee:

Place of Interview:

Date of Interview:

Opening

A. (**Establish rapport**) [shake hands] My name is _____ and as registered student of UNISA, the researcher thought it would be a good idea to interview you, so that I can better inform the rest of the class about you.

B. (**Purpose**) I would like to ask you some questions about your background, your education, some experiences you have had, and some of your hobbies and interests in order to learn more about you and share this information for the research to be conducted.

C. (**Motivation**) I hope to use this information to solicit better results for the research to be conducted.

D. (**TimeLine)** The interview should take about 25-30 minutes. Are you available to respond to some questions at this time?

(**Transition:** Let me begin by asking you some of the questions related to the actual research to be conducted.

Questions:

- How long have you been in a leadership role?
- Are you of the opinion that you are doing enough to promote the personal career development of staff in your section?
- Are you of the opinion that the hospital is doing enough to provide staff with necessary equipment resources to execute their requisite duties?
- Do you involve your staff in decision-making in your section?
- Are you of the opinion that there is a positive work environment for staff in your section?
- (**Transition:** Well, it has been a pleasure to get more supervisor's feeling about your work environment?
- Let me briefly summarise the information that I have recorded during our interview.)

Closing

A. (Summarise)

B. (Maintain rapport) I appreciate the time you took for this interview. Is there anything else you think would help me to know, so that I can introduce it to my interview research successfully?

C. (Action to be taken) I should have all the information I need. Would it be alright to call you home if I have any more questions? Thank you again.

ANNEXURE D: INFORMED CONSENT FORM

COVER LETTER - QUESTIONNAIRE – Evaluating Leadership at Public Hospitals: A Case Study of the Matlala District Hospital

Dear Prospective Participant,

You are invited to participate in a survey conducted by Peter Mafora under the supervision of Goonasagree Naidoo, a professor in the Department of Public Operations and Management towards a Masters' Degree at the University of South Africa.

The questionnaire you have received has been designed to identify and determine the impact of these leadership styles on service delivery at the Matlala District Hospital. You were selected to participate in this survey because you form part of the junior, middle and senior leadership team at the Matlala District Hospital.

By completing this questionnaire, you agree that the information you provide may be used for research purposes, including dissemination through peer-reviewed publications and conference proceedings. It is anticipated that the information we accumulate from this questionnaire will help us form a better understanding of how leadership is applied at different levels (district and hospital/organisation/local), at the Matlala District Hospital in the Sekhukhune district.

You are, however, under no obligation to complete the questionnaire and you can withdraw from the study prior to submitting the questionnaire. The questionnaire is developed to be anonymous, meaning that we will have no way of connecting the information that you provide with you personally.

If you choose to participate in this survey it will take no more than 30 minutes of your time. You will not benefit from your participation as an individual, however, it is envisioned that the findings of this study will contribute towards determining what leadership style and attributes will most likely assist in solving the challenges identified.

We foresee the following consequences in completing the survey: We need 30 minutes of your time to participate in the survey. The researcher(s) undertake to keep any information provided herein confidential, not to let it out of our possession and to report on the findings from the perspective of the participating group and not from the perspective of an individual.

The records will be kept for five years for audit purposes where after it will be destroyed permanently. Hard copies will be shred and electronic versions will be deleted permanently from the hard drive of the device on which the information is stored. Furthermore, you will not be reimbursed or receive any incentives for your participation in the survey.

The research was reviewed and approved by the Unisa Department of Public Operations and the Management Ethics Review Committee. The primary researcher, Peter Mafora, can be contacted during office hours at 083 429 1267 or mafora0@yahoo.com. The study leader, Professor Goonasagree Naidoo, can be contacted during office hours at 012 429 6746 or email at naidog@unisa.ac.za.

You are making a decision regarding whether or not to participate and continue to the next page. You are free to withdraw from the study at any time prior to giving consent and taking part in the survey.

Should you have concerns about the way in which the research has been conducted, you may contact Professor Goonasagree Naidoo on 012 429 6746 or email naidog@unisa.ac.za.

Thank you for taking time to read this information sheet and for participating in this study.

CONSENT TO PARTICIPATE IN THIS STUDY

I, _____ (participant name), confirm that the person asking my consent to take part in this research has told me about the nature, procedures, potential benefits and the anticipated inconvenience of participation.
I have read (or had it explained to me) and understood the study as explained in the information sheet.
I have had sufficient opportunity to ask questions and am prepared to participate in this study.
I understand that my participation is voluntary and that I am free to withdraw at any time without penalty (if applicable).
I am aware that the findings of this study will be processed in a research report, journal publications and/or conference proceedings, but that my participation will be kept confidential unless otherwise specified.
I have received a signed copy of the informed consent agreement.
Participant Name & Surname…… (please print)

Participant signature……..Date……

Researcher's Name & Surname…… (please print)

Researcher's signature……..Date……

ANNEXURE E: LETTER FROM STATISTICIAN

Confidentiality agreement of statistician

This is to certify that I, Andries Masenge the statistician of the research project, , agree to the responsibilities of the statistical analysis of the data obtained from participants (and additional tasks the researcher(s) may require in my capacity as statistician).

I acknowledge that the research project is/are conducted by_____of the Department of _____, UNISA.

I understand that any information (written, verbal or any other form) obtained during the performance of my duties must remain confidential and in line with the Policy on Research Ethics. This includes all information about participants, their employees/their employers/their organisation, as well as any other information.

I understand that any unauthorised release or carelessness in the handling of this confidential information is considered a breach of the duty to maintain confidentiality.

I further understand that any breach of the duty to maintain confidentiality could be grounds for immediate dismissal and/or possible liability in any legal action arising from such breach.

Full Name of Statistician: Andries Masenge

Signature of Statistician: _____ Date: 08/11/2017

Full Name of Primary Researcher: _____

Signature of Primary Researcher: _____ Date: _____

ANNEXURE F: TRANSCRIPTIONS OF INTERVIEWS CONDUCTED

ANNEXURE G: DECLARATION THESIS EDITING

Jackie Viljoen
Language Editor and Translator
16 Bergzicht Gardens
Fijnbos Close
STRAND 7140
Accredited member of the South African Translators' Institute
No APSTrans No. 1000017
Member of the Professional Editors' Group (PEG) No. VIL003
Member of Safrea No. SAF03316
082 783 0263 086 585 3740
Postal address: 16 Bergzicht Gardens, Fijnbos Close, STRAND 7140 South Africa

DECLARATION
I hereby certify that the thesis by **PUNI PETER MAFORA** was properly language edited but without viewing the final version.
The track changes function was used and the author was responsible for accepting the editor's changes and for finalising the reference list.

Title of thesis:
LEADERSHIP AT PUBLIC HOSPITALS: A CASE STUDY OF THE MATLALA DISTRICT HOSPITAL

The editor did not write or rewrite any part of the thesis on behalf of the client, including passages that may have been plagiarised. The academic content is the sole responsibility of the client as author of the work. The editor could not and did not test definitively for plagiarism, nor is there any explicit or implicit guarantee that the content that was edited contained no material used without consent. The editor accepts no responsibility for any failure on examination of the thesis by the university.

JACKIE VILJOEN
Strand
South Africa
12 February 2021