

UNIVERSITY OF KWAZULU-NATAL

**THE ROLE OF LEADERSHIP IN HEALTHCARE SERVICE
DELIVERY AT ADDINGTON HOSPITAL**

By

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**A dissertation submitted in fulfilment of the requirements for the degree
of Masters in Commerce: Leadership Studies**

**Graduate School of Business and Leadership
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2013

DECLARATION

I, Sagaren Govender, declare that:

(i) The research reported in this dissertation, except where otherwise indicated, is my original research.

(ii) This dissertation has not been submitted for any degree or examination at any other university.

(iii) This dissertation does not contain other persons' data, pictures, graphs or other information, unless specifically acknowledged as being sourced from other persons.

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ABSTRACT

The Department of Health has a constitutional mandate to provide effective, efficient and quality healthcare to all of the citizens that reside in the province of KwaZulu-Natal. However, Addington Hospital, which renders both specialised and non-specialised services to thousands of patients in the Durban Metropolitan area, has been on the decline for the last two years. The hospital is inundated with various problems that are impacting negatively on healthcare service delivery, which include poor leadership; no stable management; shortage of critical staff such as clinicians, nurses and managers; outdated medical equipment; shortage of prescribed drugs; suspension of key staff members; financial mismanagement; fraud; poor infrastructure; and shortage of basic stock items such as stationery, linen, etc. The aim of this study is to investigate the role of leadership in identifying the aforementioned service delivery challenges that are predominant at Addington Hospital, and to determine the best form of leadership that could promote efficiency and organisational performance. The executive leadership of the hospital has been criticised publicly for failing to address these key challenges, which has led to threats of litigation from many patients or patients' families, who have been affected by service delivery failures. Staff morale, confidence and productivity is low, and negative publicity and the attitude of staff towards work compounds the operational challenges that affect Addington Hospital. The key assumption of this study is that effective leadership can contribute to improving organisational performance at the healthcare facility, resulting in quality healthcare for patients.

This is a qualitative research approach and purposive sampling was employed, which included various managers and employees from the setting. Data was collected through semi-structured interviews and questionnaires. Ten semi-structured interviews were conducted and thirty questionnaires were handed to participants. Thematic analysis was used for analysing the data. Various literature pertinent to leadership was consulted in order to enable a deeper level of understanding of the theoretical underpinnings of leadership in relation to public healthcare service delivery. The key findings of the study indicated that Addington Hospital is inundated with various service delivery challenges. The research findings are critical for establishing effective leader-related interventions that can address the service delivery challenges that prevail at Addington Hospital.

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GLOSSARY

The following terms are applicable in this study:

- KZN - KwaZulu- Natal
- KZN Health - KwaZulu-Natal Health Department
- DOH - Department of Health
- CEO - Chief Executive Officer
- ENT - Ear, nose and throat
- RSA - Republic of South Africa
- TQM - Total Quality Management
- RWOPS - Remunerative Work Outside the Public Service
- SWOT - Strength, Weaknesses, Opportunities and Threats

CHAPTER 1: INTRODUCTION

1.1 Background

Addington Hospital was first built as a Government Hospital on Erskin Terrace, South Beach, Durban, in 1879 and named after the British Prime Minister, Rt. Hon. Henry Addington. The late BWH Addison was appointed as the first Superintendent of the hospital. During 1940, the merchant ship, the Ovington Court, ran aground on the beach opposite the hospital and doctors were sent to administer first aid to the passengers and crew members (KZN Department of Health, 2001). Many of the survivors from this shipwreck were admitted and treated at the hospital. The KZN Department of Health (2001:1) stated that “This was first of the many emergency situations that the hospital has responded to”.

The Addington Centenary Museum was opened during the centenary year of the hospital, which is situated between the bay and the ocean. The SA-Venues (2013:1) reported that “The fascinating museum displays showcase the leaps in medical achievement over the last hundred years of healthcare”. The museum displays artifacts dating back to the 19th century and highlights the primitive history of healing in order to preserve human life, for example an ancient scanner, an outdated iron lung used as a breathing device, and old books and medical journals are some of the items on display.

There have been ongoing infrastructure developments at the complex over the years and the hospital, as it stands today, was officially opened on 10 November 1967. The present Senior Management team of the hospital consists of the Chief Executive Officer, Finance Manager, Medical Manager, Human Resources Manager, Nursing Manager and Systems Manager. According to the Service Commitment Charter (2007:6), the vision for Addington Hospital is “To achieve an optimal healthcare status for all patients, families, and communities through innovative and dynamic healthcare leadership”. This vision therefore should provide a direction that would motivate and energise team members towards achieving the goals of the organisation in the future. Daft (2008:351) clearly stated that “A vision is an attractive, ideal future that is credible yet not readily attainable”. Leaders with strong, aspiring visions achieve greater performance from a team that is energised and highly motivated. The mission of the hospital is aimed at providing a safe, quality patient oriented district and regional health service, with prescribed legislative and

ethical considerations. The mission also integrates sound corporate governance and the Departmental Batho Pele Principles in order to achieve the following prerogatives (Service Commitment Charter: 2007):

- Effective and efficient patient care service delivery;
- Recruitment, training and retaining scarce skills staff by providing an excellent working environment that is conducive to the health and welfare of staff members, promoting participation and development at all levels;
- Customer satisfaction and respecting the rights and dignity of all patients and team members;
- Good financial management in compliance with regulatory prescripts;
- Promoting partnerships; and
- Ensuring effective communication media for all role-players.

The mission of Addington Hospital therefore outlines its broad purpose and reasons for its existence. Daft (2008) clearly indicated that the mission of an organisation is its spiritual DNA or enduring character that gives people meaning in their work. The mission ensures stability in the organisation by holding it together when faced with changes such as technological advancement, economic changes and other environmental impacts. Team members espouse greater loyalty and pride to the organisation when they acknowledge that the mission elevates the status of their jobs, thus making them more productive in their work.

Addington Hospital is a 525 bed hospital and holds the status of a District and Regional Hospital, as recognised by the National and Provincial Planning framework for hospital service delivery (Service Commitment Charter: 2007). The hospital services at regional level entail the provision of specialist care for patients that were referred from district hospitals and may include: General Surgery; General Medicine; Ophthalmology; Urology; Orthopedics; ENT; Radiotherapy; and Oncology. The district level of care refers mainly to non-specialist services for patients referred from neighbouring clinics and includes inpatient and outpatient generalist care. Addington Hospital also manages four primary healthcare clinics, an anti-retroviral rollout clinic, an HIV and Aids Resource Centre, as well as a crisis centre. Additionally, it has a 24-hour emergency and trauma unit, as well as

on-site training and teaching services in the disciplines of nursing, radiography, medicine, pharmacists, ambulance assistants and dieticians.

The vision and mission of Addington Hospital is aligned to the overall strategic plan of the Department of Health, which is to render optimal healthcare for all citizens in the region. In order to achieve its mandate of rendering optimal healthcare to its catchment population, Addington Hospital has to ensure that the Departmental Batho Pele (People First) principles are rigidly enforced. Some of the Batho Pele Principles that the hospital will need to ensure compliance include:

- **Consultation** - there should be adequate consultation with all citizens in respect of the level and quality of care that is offered at the hospital.
- **Standards** - the standard of service that is offered at the hospital must be communicated to all citizens that attend the facility.
- **Access** - there should be equal access to quality care for all citizens.
- **Value for money** - healthcare should be provided efficiently, effectively and economically so that patients can get value for money.
- **Information** - information in respect of services rendered at the hospital must be clear, accurate and detailed so that the citizens are well informed.
- **Transparency and openness** - the leadership should be open and transparent on how the hospital is run, the cost of services, who is in charge, etc.
- **Leadership and Strategic Direction** - good leadership is critical for achieving the key strategic objectives of the hospital. The leaders should lead by example, setting the vision and ensuring strategies for achieving this vision are owned by all in the organisation.

(KZN Department of Health: 2013)

Addington Hospital, therefore, should strive to achieve its mandate of rendering quality healthcare to all patients by adopting the Batho Pele Principles and sound corporate governance. Some of the core values that should emanate from all stakeholders at the facility include integrity, self-awareness, accountability, approachability, trustworthy, teamwork, dedication and compassion. A key strategic objective of the Department of Health is to provide efficient and quality health services in the KwaZulu-Natal province. Therefore, it is imperative that Addington Hospital, as the second largest hospital in the region, plays an influential role in achieving its constitutional mandate to support the overall key strategic objectives of the KZN Department of Health. The literature in this study suggest that public health is a national and international problem and South Africa is not exempt but faces particular challenges as a consequence of the apartheid legacy which has created ongoing problems in terms of the massification of health-care (Ham, 2008; Sahin, 2005 and Spinelli, 2006). Therefore, Addington Hospital was chosen for this research study.

Figure 1 illustrates the management structure of Addington Hospital, which comprises of the CEO and the management team including the Medical Manager, Nursing Manager, Finance Manager, Systems Manager and Human Resources Manager. The executive management team of the hospital is responsible for providing strategic direction for achieving healthcare goals. The middle managers comprise of Chief Clinicians, the Deputy Nursing Manager and Assistant Managers from the finance, systems and human resources components of the hospital. The middle managers are responsible for managing the various components under their control. The supervisors such as Chief Medical Officers, Assistant Nurse Managers, Senior Finance Management Officers and so forth are responsible for supervising staff at the various operational levels in the organisation.

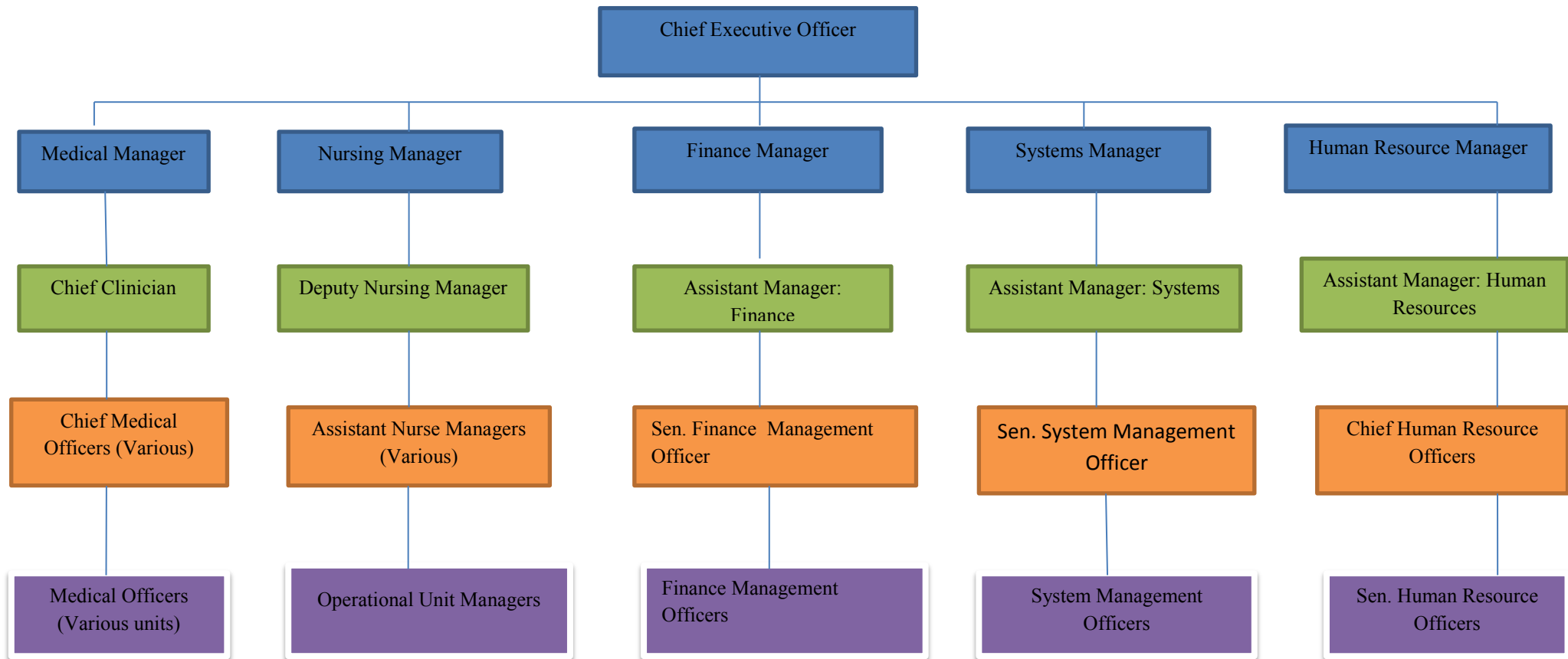


Figure 1: Management structure – Addington Hospital (Adapted by S Govender: 2013)

Blue: Senior management team Green: Middle management Orange: Supervisory levels Purple: Operational levels

1.2. Problem statement

Presently, Addington Hospital is inundated with a multitude of service delivery issues relating to patient healthcare. It is assumed that these issues emanate from poor leadership and ineffective strategy formulation that will be tested in this research (The Mercury, 2013 and The Daily News, 2012). No academic studies have been conducted in this area in the past. Some of the key challenges that the hospital is currently facing include acute shortages of critical staff such as doctors, nurses and managers; a lack of pharmaceutical drugs; outdated medical equipment technology; a shortage of linen; poor building infrastructure; and malfunctioning air-conditioners. The Mercury (2013:1) clearly reported that “The committee found that the hospital had been hit by staff shortages, poor leadership, and low morale among staff. It was also operating with a severe shortage of linen for patients, doctors and nurses. It was also short of drugs”.

In the popular press, there has been a lot of reporting of negative issues associated with Addington Hospital and this has been verified through findings relating to corruption and maladministration (The Independent on Saturday, 2013 and The Berea Mail, 2013). This sets the scene for the researcher as a member of staff to be influenced by this, and he knows that his colleagues have as well. Reflexivity play an integral role in the research process because the researcher is involved in a continuous process of self-appraisal and self-critique, integrating learning and new insights into the research (Creswell, 2009). The research will acknowledge an expectation of negativity and the data analysis will reflect the consequences of confirmed poor management and its impact on all staff. Thus, the central issue will be the systemic consequences of the institutional history and the challenges this poses the managerial challenges to new leadership.

As a result of these issues, clinicians are experiencing difficulty in expediting their primary function of rendering quality healthcare to patients, for example, surgeries are often postponed or patients referred to other hospitals for urgent treatment or medical emergencies, which sometimes results in patient deaths or severe trauma for patients. It was also reported in the Mercury (2013:7) that “With sub-standard facilities, shortage of medicine and equipment that is required to save lives and heal people, gifted as well as dedicated doctors and nurses has been so demoralised that many of them have resigned in disgust and the poor as usual end up losing”. The rapid decline in healthcare service delivery at Addington Hospital negates the provisions of the Constitution of the Republic

of South Africa (1996), since desperate patients are not getting the treatment and care that they deserve. There have been other media reports on the escalating problems at the institution and the negative impact they are having on patient healthcare. For example, The Daily News (2012:1) also reported that “Cancer patients at Addington Hospital have been left without life-saving treatment because both of the new radiation machines are out of order – either because they were not maintained or possibly even because of sabotage”.

The argument here is that the Department of Health has a constitutional mandate to achieve its key strategic objective of providing efficient and quality health services in the KwaZulu-Natal (KZN) province, yet this particular hospital is inundated with so many problems that they are hampering healthcare service delivery. It was also specifically reported in the Mercury (2013:7) that “Non-health professionals have been placed in managerial positions, bureaucrats who do not understand and make decisions that benefit members of the public are running the hospital to ruin.” Why has Addington Hospital, one of the largest hospitals in the region, declined from being one of its top medical facilities? Is it poor leadership? The underlying assumption in the study of leadership is that leaders are responsible for organisational performance and for bringing about change. The Palama Course Manual (2005:15) also clearly stated that “A frequent antidote to major organisational problems is to replace the leader, in the hope that the newly appointed leader will reverse performance problems”.

The Oncology unit at Addington Hospital is also on shutdown indefinitely due to two state-of-the-art radiotherapy machines not being operational, putting the lives of thousands of cancer patients at risk. The Independent on Saturday (2013:1) reported that “A second top oncologist has quit in the wake of the KwaZulu-Natal health department’s failure to keep two state-of-the-art radiotherapy machines operational at Durban’s Addington Hospital”. This is placing an insurmountable burden on the healthcare system, since skilled professional staff are leaving the hospital due to a lack of support from the executive leadership of the Department of Health. The two radiotherapy machines were shut down for over five months because they were not serviced by the service provider due to the non-payment of the maintenance contract fees by the hospital. The Independent (2013:1) reported that “The maintenance contract was part of a R120 million tender in 2009, which the department alleged involved corruption”. The KZN Department of Health has a constitutional mandate to serve the interests of all patients, therefore this critical life

supporting radiotherapy machines should not have been switched off due to internal administrative bungles that denied thousands of cancer patients their treatment, ultimately increasing their risks of dying.

As a mental discipline, systems thinking can provide a framework for visualising interrelationships and patterns of behaviour in an organisation. The complexity that leaders are faced with in organisations today can be overwhelming and can ultimately result in lower confidence levels. For example, recent media reports on the continued shutdown of the oncology unit at Addington Hospital is having a ripple effect on the organisation and staff members are feeling the strain because of this. The Independent on Saturday (2013:5) reported that “Professor Amo Jordaan, former head of Addington’s oncology department, who resigned citing lack of co-operation from the department, says this does not bode well for patients”. The impending investigations by the Department of Health on allegations of irregularities in the tender process for the procurement of this hi-tech oncology machine, as well as allegations of staff damaging the machine, is placing immense pressure on the key leadership as well as the operational staff of the hospital. However, it was also reported in the Independent on Saturday (2013:5) that “Nurse Maphumulo (who declined to give her first name) works in the hospital’s cancer ward and denied claims that nurses at the hospital somehow could have broken the machines”. The magnitude of the problem relating to the prolonged closure of the oncology unit is adversely affecting desperate cancer patients, as well as all staff members working at the unit and the senior management team of the hospital.

It is imperative that leaders are able to see the structures underlying complex scenarios so that appropriate interventions for improvement can be considered. Daft (2008:127) appropriately highlighted that “Leaders can develop what David McCamus, former chairman and CEO of Xerox Canada, calls ‘peripheral vision’ – the ability to view the organization through a wide-angle lens, rather than a telephoto lens – so that they perceive how their decisions and actions affect the whole”. The decision by the Department of Health to re-schedule treatment for cancer patients from Addington Hospital to Inkosi Albert Luthuli Hospital is not solving the escalating cancer crisis for the region; the leadership of the Department is failing to see the enormity of the problem through a wider lens, thus compromising the treatment and care of desperate cancer patients. The Independent on Saturday (2013:5) also reported that “Addington patients are not the only

ones relying on Inkosi Albert Luthuli. The hospital is now servicing cancer patients from Prince Mshiyeni hospital in uMlazi, and Addington, on top of its own patients”. The doctors and nurses are now inundated with work from three hospitals instead of one, which makes it extremely difficult for them to cope. The strain caused by the increasing workload for the doctors and nurses could result in low staff morale, a high rate of absenteeism and sometimes resignations. Additionally, this hi-tech oncology machine needs regular maintenance and services; any breakdown of this machine can result in delayed treatment for thousands of cancer patients, and if they do not receive treatment on time, it can result in palliative care and ultimately death. The decision by the Department of Health to re-schedule the treatment of cancer patients from Addington Hospital to Inkosi Albert Luthuli Hospital does have serious ramifications from a systems thinking perspective. Daft (2008) corroborated this by stating that sometimes changing a single component in a system for improvement can result in the whole system functioning less effectively.

The Mercury (2013:1) also reported that “.... provincial health portfolio committee members visited the hospital and expressed shock at what they found. They gave the hospital management three months to turn things around. But that period went by and problems worsened”. This resulted in four wards and four operating theatres closing down at the hospital with patients being subsequently transferred to other hospitals in the region. The failure by the Senior Management Team of the hospital and the executive leadership of the Department of Health to address these problems at the hospital has forced clinicians to practice substandard medicine, which can have serious repercussions for the patients’ health, as well as result in litigation cases from patients. The Berea Mail (2013:2) also reported that “The rot within this hospital appears to be greater than we ever imagined. The situation is deteriorating rather than improving and an urgent site visit is needed”. Is the continuous change in leadership impeding the provision of effective, efficient and quality healthcare at Addington Hospital?

The nursing leadership in any healthcare system is also faced with escalating challenges, such as nurse versus patient ratio, work quality and the general work environment. It is every nurse manager’s responsibility to promote effective and efficient patient care at all times. However, a local resident, Mr. Poovan Pillay, expressed his anger in the Sunday Times (2013) in respect of how his dying son, a motor vehicle accident victim, was refused emergency treatment from nurses at Addington Hospital. This was reported in the Sunday

Times (2013:8) where he stated that “.... paramedics who treated his son told of how they were spurned by nurses at Addington Hospital who claimed that the accident was outside their area”. Unfortunately this patient did not survive although he was transferred to another hospital in the area. The lack of empathy and care for critically ill or injured patients that attend Addington Hospital for treatment and medical care is a growing concern. The Sunday Times (2013:8) also reported that “Kathy Dalton, of Escombe, said her son Warren had died alone and unattended in Addington Hospital in 2010”. These are a few of the many cases that have been reported.

In terms of the Constitution of the Republic of South Africa Act No. 108 of 1996, the Department of Health is guided by, amongst others, the following sections and schedules:

- “Section 27(1) Everyone has the right to have access to-
(a) healthcare services, including reproductive healthcare;
- Section 27(3) No one may be refused emergency medical treatment”.

The above-mentioned provision of the Constitution of the Republic of South Africa (1996) therefore mandates the Department of Health to deliver quality, integrated, coordinated and comprehensive healthcare for all citizens in the country. It is therefore imperative that the health professionals, CEOs and administrative support staff take due cognisance of this mandate. The KZN Department of Health also has key strategic objectives that are aligned to its constitutional mandate, which include the following:

- Rationalisation of provincial health services and revitalising Primary Healthcare Clinics, developing management and promoting good governance, decentralising services and eradicating bureaucracy;
- Rendering efficient and quality health services in the province of KwaZulu-Natal;
- Implementing the National Core Standards primarily aimed at ensuring the rendering of quality health services at health facilities in preparation for the National Health Insurance; and
- Reduction in morbidity and mortality rates as a result of diseases (communicable and non-communicable).

(KZN Department of Health Strategic Plan: 2010-2014)

The leadership vacuum at Addington Hospital has left the facility floundering through disruptive services in healthcare, putting the lives of thousands of patients at risk. As Sahin (2005:247) appropriately suggested, “Hospital managers have many responsibilities, such as directing a complex organization, managing large budgets, and harmonizing the works of many different types of professionals; in fulfilling all of these responsibilities, leadership becomes an important factor in the behaviours of hospital managers”. It is therefore imperative that this research be conducted to examine how the existing leadership at Addington Hospital can be strengthened, focusing primarily on improving the situation through effective strategies at the facility and ensuring sustainable and quality healthcare in the future.

No previous research specifically from a leadership point of view in respect of service delivery issues pertaining to patient healthcare has been conducted at Addington Hospital. However, studies conducted in Denmark (Ham: 2008) revealed that that country focused primarily on increasing the involvement and participation of doctors in leadership roles. Therefore, Ham (2008:12) also pointed out that “Mirroring experience in other countries, this was expressed in the appointment of medical directors to the boards of hospitals, with clinical departments within hospitals being required to have a medical leader”. The doctors in Denmark were adequately supported to become leaders through mandatory leadership training courses (Ham: 2008). Denmark focused on promoting leadership development and education among doctors subsequent to completion of their training on a voluntary basis and their acceptance of leadership roles in clinical settings (Ham: 2008). The effectiveness and efficiency of their healthcare services is largely dependent on sound leadership at all levels and ensuring that human resources move towards the attainment of organisational goals. Therefore, Sahin (2005:247) appropriately stated that “Nevertheless, without influencing people to move voluntarily toward institutional goals, no institution can survive, regardless of its property or technological capacity”.

1.3 Research objectives and questions

It is thus critical to explore how leadership plays a role in healthcare service delivery - particularly in the South African context. Such research is essential to make a contribution to an all too familiar problem that is plaguing healthcare institutions in South Africa and that has dire consequences, particularly for human life.

The aim of this study is therefore to investigate the role of leadership in healthcare service delivery at Addington Hospital.

The objectives of this study are as follows:

- To identify the healthcare service delivery issues at Addington Hospital.
- To determine how the challenges are related to leadership.
- To determine the best form of leadership that is required for efficiency and organisational performance in Addington Hospital.
- To identify leadership-related interventions to address healthcare service delivery challenges.

The research questions for this study are:

- What are the existing service delivery issues at Addington Hospital?
- How are the challenges related to leadership?
- What is the best form of leadership that is required for efficiency and organisational performance at Addington Hospital?
- What leadership-related interventions can be introduced to address healthcare service delivery challenges?

1.4 Key assumptions

The key assumption of this research is that effective leadership can contribute to improving organisational performance, which will ultimately improve the quality of healthcare rendered to the citizens of KZN. The research is essential and worthwhile because it can provide an opportunity to offer insights into innovative leadership roles that can be used to implement effective strategies for improvement in healthcare in the Addington Hospital setting. A transition in leadership is essential in order to ensure that the organisation survives in the current turbulent climate. Spinelli (2006:12) clearly pointed out that “There is a need to evaluate the efficiency of transformational leadership in administrative skills management in an attempt to develop a better understanding of the factors related to effective and optimal administrative and CEO leadership”. Successful leaders in the healthcare industry are distinguishable by their ability to utilise team members optimally, as well as effectively and efficiently utilise financial and material resources.

It is the researcher's assumption that the basic ingredient for leadership is a guiding vision of what the organisation can become, that focuses on participation, teamwork, and eliciting cooperation from team members and keeping them motivated. The Palama Course Manual (2005:16) argued that "Leadership produces change, often to a dramatic degree, such as spearheading the launch of a new product or opening a new market for an old product". Leaders should also realise that their titles and positions in the organisation can be the biggest barrier to leading effectively, because these can threaten the authenticity of information and the behaviour of both the leader and his followers. The Mercury Business Report (2011:5) appropriately reported that "As a leader, your first responsibility is to create successful movement. What must you move? First, the situation that has been thrust upon you. Second, your people, which includes their attitudes. Third, yourself". It is for this reason that everything that the employees see being done by the leader could result in the achievement of the organisational goals. Leaders are therefore respected through their beliefs and character; their expert knowledge on jobs, tasks and human elements; and the manner in which they implement and provide motivation and direction on issues.

It is important that leaders know themselves and always endeavour to seek self-improvement through self-studies, attending formal classes, reflection and interaction with others in the organisation. Leaders must also be technically proficient in their areas of responsibilities, including their employees' tasks, for example a nurse must have the clinical expertise and knowledge of his/her field in order to guide and support his/her followers. A good leader should strive to steer the organisation to new heights by seeking responsibility and taking responsibility for his/her actions when things go wrong. It is also imperative that good problem solving, decision-making and planning tools are used for making sound and timely decisions on pertinent issues in the organisation. A good leader should also lead by example and be a good role model to his followers. Therefore, Daft (2008:188) clearly states that "Followers want their leaders to be honest, forward-thinking, inspiring, and competent." The Palama Course Manual (2005) claimed that leadership is recognised as the knack of influencing people to follow you and to get them to do things willingly. Leaders play an important role in setting goals for the organisation and steering the organisation in the right direction, endeavouring to gain the confidence of the team by inspiring trust in them. Both leaders and managers can be involved in coaching and mentoring, as well as supporting team members in the achievement of organisational goals, but a leader must be robust in his efforts in order to gain the confidence of his team. Both

leaders and managers are involved in resolving conflicts in the workplace, but leaders tend to interrogate conflict situations at a deeper level with the intention of finding amicable solutions to problems.

Leaders must also become more comfortable with themselves, because the more comfortable they are with themselves, the more comfortable their followers are with them. The Mercury Business Report (2011:5) advocated that “Realise that what you truly are shouts louder than what you say and even what you do”. Therefore, it is significant that leaders should know themselves as well as their people and should pay special attention to their well-being at all times. There should also be effective communication throughout the organisation in order to ensure that followers are kept well informed and all tasks are clearly understood, well supervised and effectively achieved. Leaders should endeavour to promote a sense of responsibility in their teams so that they can expedite their professional responsibilities effectively and efficiently.

It is also important that leaders attempt to develop a strong team spirit so that the maximum potential and capabilities can be used for the achievement of organisational goals. Cameron and Green (2009) pointed out that a leader offering a vision or who has a strong story can be the most memorable, and probably will outlive the leader. All leaders and managers should attempt to provide conducive working environments for team members that support the attainment of the organisational goals. The conditions at Addington Hospital has deteriorated to such an extent that services have been transferred to neighbouring hospitals in the region. A climate of trust and open communication must be established at all times in the organisation and team members should be encouraged to set their own goals and objectives, thus promoting flexibility in the leader/manager. Attributes in a leader may not be a factor in earning respect as a leader, but by observing what a person really does in order to ascertain who that person really is, is a determining factor for the identification of a trusted leader. Leaders who are self-serving, misuse authority for personal gain, and portray a good image of themselves, are not effective because employees only obey them, not follow them.

The diverse culture of the staff at Addington Hospital is also an important factor that the leadership should not ignore. It is the responsibility of managers to manage diversity in the workplace, which focuses on addressing the needs of historically disadvantaged groups in the workplace. However, many managers today fail to understand the importance of

diversity management in the workplace, thus marginalising it. They have a moral and social responsibility to address diversity management in the workplace and are accountable in terms of legislative prescripts. A manager who is a good leader will be accountable for ensuring that diversity management issues are addressed in line with legislative prescripts, thus ensuring that his/her moral and social responsibilities are upheld. The advantages derived from responsible and accountable actions by a good leader in the workplace in the execution of diversity management can be summarised as follows:

- Developing scarce skills in the workforce.
- Enhancing team performance, problem solving and institutional creativity.
- Ensuring that the best talent are attracted and retained, and
- Promoting cultural inclusivity.

A leader or manager who does not display responsible and accountable behaviour in terms of addressing diversity management issues in the workplace can hamper equal opportunities initiatives by, for example, not making adequate budgets available for human resource issues, or not giving line managers opportunities for skills enhancement, meaning that they become unwilling to take on additional responsibilities.

The viability of healthcare organisations today is dependent upon innovative leadership strategies that can cope with meeting the current challenges of providing cost-effective and quality healthcare. For this reason, Spinelli (2006) emphasised that the effectiveness of healthcare service delivery is dependent upon dynamic and progressive CEO leadership. A leader's primary responsibility in any healthcare organisation today is to ensure that adequate resources are provided, including managing a support system that delivers maximum patient outcomes. The management team of the organisation also plays a significant role in the provision of quality and cost-effective patient care. However, hospital CEOs are also faced with a multitude of challenges emanating from the administrative environment. Spinelli (2006:12) re-affirmed this by pointing out that "The administrative environment is challenged with an intense need for subordinate cooperation and smooth working relationships". In the Addington Hospital setting, the system is volatile and on the brink of collapse, thus prompting escalating stresses and demands on the executive leadership of the hospital.

Contemporary healthcare leadership practices require leaders to prioritise the processes involved in rendering quality and efficient care, taking into account the structural framework of healthcare facilities and the healthcare programmes outcomes. The dominating effects of bureaucratic processes in the Health Department do not auger well for helping patients with their immediate needs. Al-Touby (2012) specifically highlighted that the objective of a healthcare organisation or programme is only realised when patients receive quality healthcare outcomes. Therefore, it is the primary mandate of all healthcare leaders to serve the interests of all patients by ensuring that excellent patient care outcomes are provided. The performance of leaders in healthcare can only be judged from the outcomes of care in their respective administrations, since patients are not interested in the operational processes or the management hierarchical structure. What are the underlying factors for the poor patient care outcomes at Addington Hospital? How is the performance of the leaders in the organisation judged? Al-Touby (2012) stated that leaders in healthcare must be flexible when it comes to changing processes and structures that will facilitate the provision of effective and efficient patient care, thus contributing to excellent healthcare outcomes.

1.5 Significance of the study

This research study is significant for establishing reasons for service delivery failures at Addington Hospital, focusing primarily on how leadership can navigate the organisation to become an effective and efficient organ of the State. The findings and recommendations of this research can be escalated to Senior Management in the KZN Department of Health, which could be beneficial for reviewing existing strategies that are failing to address critical healthcare service delivery issues at Addington Hospital. The aim of this study, therefore, is to investigate why Addington Hospital is not achieving its constitutional mandate of rendering quality healthcare to its patients and to establish what role leadership can play in improving the situation at the facility.

1.6 Research methodology

The research methodology for this research was a qualitative study, using managers and employees as samples. Qualitative research attempts to understand and explore the meanings participants construct about their experiences and about the world, and to explain

specific behaviours elicited from participants in a given situation. Qualitative research uses a plethora of techniques for data collection. Some of the most common techniques used are interviews, questionnaires, focus groups, document analysis and observations. Arnold and Lane (2011:690) stated that “Interviews can be structured—meaning that the interviewer moves sequentially through a list of predecided questions—or semistructured—where the interview guide is a list of open-ended questions or topics that the interviewer would like to cover but which allows the conversation to stray into unanticipated but relevant areas”.

In this study, semi-structured interviews were conducted and questionnaires circulated to the respondents. Data was analysed through coding or indexing methods encompassing broad categories that described themes emerging from respondents. Thematic analysis is useful in that it addresses questions that are normally pre-specified by the researcher, identifying relevant patterns, themes and ideas, which are then made available for interpretation and explanation. All data emerging from the analysis that refers to a particular concept are coded, then extracted and interrogated further. Braun and Clarke (2006) indicated that thematic analysis is means for the identification, analysis and reporting of patterns or themes within a data set, with minimal rich descriptions and organising of data.

The literature review will focus on leadership issues across a broad spectrum and will include articles from textbooks and academic journals. The literature will enable a deeper level of understanding on issues pertaining to leadership, and its impact in relation to healthcare service delivery at Addington Hospital. Various leadership theories such as the Trait Theory, the Great Events Theory, Charismatic Leadership Theory, Transformational Leadership Theory, Situational and Path-Goal theories will be discussed.

The results and discussion chapter will be presented in a narrative text format that is most frequently used in displaying qualitative data. Since this study was conducted in a natural setting, there will be a robust description of the results that will communicate a holistic view of the experiences of the participants. The results were examined further with the aim of making appropriate recommendations for improvement. The dissertation will be summarised in the conclusion and recommendations chapter, with an emphasis on results obtained, the contribution made by the results, recommendations, and suggestions for further research.

1.7 Structure of dissertation

- **Introduction**

Addington Hospital is currently facing various service delivery problems that are having an adverse effect on patient healthcare. The lack of stability in leadership at the facility is contributing to the failure in healthcare service delivery for thousands of patients who are dependent on quality healthcare. The research questions attempted to interrogate operational and leadership issues focusing on implementing effective turnaround strategies. The research topic is significant since it focuses on real world issues that are dominating healthcare service delivery in the South African context. The findings and recommendations of this research can be escalated to the Senior Management team of KZN Health Department and can be used for improving the situation at the facility.

- **Literature review**

The literature review will consist of:

- Primary data, i.e. textbooks and academic journals.
- Secondary data, i.e. newspapers and management reports.

The literature review attempted to understand and explain the leadership issues and their associated impact on healthcare service delivery at a deeper level.

- **Theoretical framework**

The theoretical framework for the study is comprised of various leadership theories, viz. Trait theory, Great Events Theory, Situational and Path Goal Contingency theories, Charismatic leadership and Transformational Leadership theory.

- **Research methodology**

The research methodology for this research was a qualitative study using managers and employees as samples. Data was collected through semi-structured interviews and questionnaires from the respective respondents. Thematic analysis was done where data

was analysed through coding or indexing methods encompassing broad categories that described themes and patterns emerging from the participants in the study.

- **Results and discussion**

The results of the research will be presented in a narrative text format, depicting thick, rich descriptions that will communicate a holistic view of the experiences of the participants.

- **Conclusion and recommendations**

The dissertation will be summarised with emphasis on results obtained, the contribution made by the results, recommendations and suggestions for further research.

1.8 Conclusion

This chapter presented a background of Addington Hospital that falls under the leadership of the KwaZulu-Natal Department of Health. The problem statement highlighted the various healthcare service delivery issues that inundate the hospital on a daily basis and the widespread negative publicity from the media. The research objectives and questions aim to explore how leadership plays a role in healthcare service delivery at Addington Hospital. The key assumption of this research is that effective leadership can contribute to improving organisational performance, which will ultimately improve the quality of healthcare. The research findings can be significant for making recommendations to the respective healthcare leaders that could address the service delivery issues at the facility. The research methodology and the structure of the dissertation were also briefly discussed in this chapter.

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

The theoretical framework for this research focuses on the various leadership theories that can provide a theoretical lens for the study relating to the provision of quality healthcare at Addington Hospital. Since the 1970s, criticisms on leadership studies as a discipline have been twofold. Firstly, there have too many irreconcilable theories on leadership, including the Great Man theory, trait theory, charismatic theory, situational theory, transformational theory, contingency theory, transactional theory and servant leadership theory. Vugt and Ahuja (2011:117) clearly stated that “Critics argue that leadership researchers have thus far been unable to produce replicable scientific results capable of either verifying or falsifying these theories”. Secondly, researchers had a tendency to focus on issues within predetermined boundaries, which resulted in critical questions being neglected or unanswered, for example, how has the relationship between leaders and followers changed over the years? What are the contributory factors to these changes? Was it unethical leadership? If so, how can it be avoided?

2.2 What is leadership?

Leadership is a discipline that is continuously evolving and developing. According to Daft, (2008), leadership is a relationship between leaders and followers that focuses on bringing about real change and outcomes that reflects their common purpose. Although managers today are busy with planning, organising and control in their organisations, leading plays a critical role in a manager’s daily job. Leadership focuses on influence, change, motivation and inspiration. Leaders create a vision of what the organisation can become in the future, and influence followers to collaborate around a common vision. Bush (2012:1328) appropriately stated that, “Leadership is a process by which one person influences thoughts, attitudes, and behaviours. The leader sets the direction, sees what lies ahead, visualizes what can be achieved, encourages, and inspires”.

2.3 Leadership theories

Historically, leadership has evolved considerably over time, typically reflecting society as a whole, therefore it is important to recognise that the associated theories in leadership

have also evolved due to changes in attitudes, norms and understandings in the world in its broader context. The various approaches to leadership theories are still applicable to studies in the modern world. In this chapter, the earliest approaches to leadership studies such as the Great Man Theory and Trait Theory will be introduced. The focus then shifted to establishing what situational characteristics can influence leadership effectiveness in organisations, thus the contingency leadership theory emerged. However, it is important to emphasise that the relationships between leaders and followers in modern day organisations cannot be ignored. It is these relationships that influence followers and ensure meaningful engagements, thus contributing to achieving the organisational vision. The key focus in this study will be to interrogate charismatic leadership and transformational leadership, and their related influence on leader and follower behaviours.

Mostovicz, Kakabadse and Kakabadse (2009) drew on Whetten (2002), stating that similar to any other theory, leadership theory focuses on three key questions – what, why and how? The ‘what’ represents the goals that leaders seek to attain, the ‘how’ indicates the manner in which the leader strives to achieve his goal, and the ‘why’ explains the reasons for selecting a particular method for achieving the goal. Mostovicz et al. (2009:565) explained that, “However, we contend that while the literature into leadership deals with what leaders do or how they do it, it is silent about the reasons for why leaders are motivated to pursue such activities”. Leadership theories are also anchored by the commonalities of ideal leadership and ethics, since neither seems to exist in man. The term ‘ideal’ attempts to explain the patterns of social behaviour and interactions and the manner in which we govern ourselves in an institutional setting. Mostovicz et al. (2009:570) also pointed out that “Hence, ‘ideal’ does not try to describe a particular behaviour but looks to capture the logic of reality we use meaningfully as an inspirational benchmark”. This is then expanded beyond the normative approach where the ‘ideal’ type or ethical leader assumes the status of a specific entity. Consequently, the argument emerges that this ‘ideal’ is not a static and passive benchmark for the determination of success, but a dynamic and active component of the leadership theory.

2.3.1 The Trait Theory

In the Trait Theory, people naturally assume leadership roles due to their inherent personality traits. Horner (1997) pointed out that by identifying the traits that differentiate leaders from followers, successful leaders could be easily assessed and appointed into

leadership positions. A leader's personal characteristics such as honesty, intelligence, self-confidence and appearance are elements of traits that they can possess. Taylor (2009) also indicated that research studies on successful leaders identified a number of positive human traits that are important for leadership, viz. confidence, assertiveness, intelligence, adaptability and social skills. The Trait Theory, although emanating from early developments, lost its prominence over the years, but re-emerged towards the end of the twentieth century. However, Ismail and Al-Tae (2012:17) claimed that "A limitation of trait theory is that while it may assist in the selection of people who could be successful as leaders, it does not clearly identify traits needed in specific situations nor how much of each trait is required to be a good leader". The effectiveness of leaders in a particular situation is therefore not related to a certain trait that the leader should or should not have. The trait theory is also limiting because it does not acknowledge the leadership context in a particular situation.

The findings from leadership trait studies suggest that leaders are able to tell other people what to do and at the same time respect them or gain their respect. Van Vugt and Ahuja (2011:117) also stated that "The first major refinement of the Great Man theory was a diverse collection of trait theories, which sought to identify the essential psychological traits that differentiate leaders from followers, and contribute to the success or failure of leaders". Other leadership traits may include friendliness, reliability, aspiration, sharpness, inventiveness, determination, laboriousness and mercy. Ismail and Al-Tae (2012) indicated that leaders have the ability to express themselves comprehensively and also clearly understand what they want and for what reasons, effectively communicating their wants to others and primarily focusing on achieving goals.

It is significant that the different leadership traits in leaders are identified so that these traits can determine the appropriate placement of people in leadership positions. However, Horner (1997) argued that research studies did not find conclusive answers regarding what traits were consistently associated with successful leadership. Although situational and environmental factors play an important role in determining the effectiveness of leaders, theorists ignored these when identifying leadership traits.

2.3.2 The Great Man Theory

The Great Man Theory is where a normal human being displays extraordinary leadership capabilities during a crisis or major event. Van Vugt and Ahuja (2011) emphasised that the Western tradition dominated the Great Man leadership theory by virtue of power and organisational dominance. Subsequent work by theorists which was pertinent to the Great Man theory was linked to the biographical experiences and accounts of military commanders, heroic politicians and in recent times, business leaders. During the twentieth century, the Great Man Theory assumed that team members remained passive during the leadership process and that leadership effectiveness was dependent upon the leader's ability to transform team members. Van Vugt and Ahuja (2011:117) indicated that "Throughout most of the twentieth century, most leadership theorists operated within the broad parameters of six core tenets. First, leaders are always members of the species *Homo sapiens*; second, leaders are always men; third, leaders are born, not made; fourth, great leaders perform heroic acts; fifth, real leaders are both effective and ethical; and sixth, followers are passive participants in the leadership process".

The Great Man leadership theorists and its related successors held the assumption that leadership portrayed distinct human behaviours and characteristics that remained a constant phenomenon throughout the historical era. However, Van Vugt and Ahuja (2011) believed that these narrow perspectives of evolutionary scholars emanated from the discipline's non-integration of research from the life sciences, such as ethology, anthropology and evolutionary psychology. Another limitation for Great Man theorists and their successors is that these scholars held the view that leadership is a phenomenon which takes place when followers pursue sincere and praiseworthy objectives through moral measures, as opposed to researchers dismissing ineffective or unethical leaders as insignificant for study. The scope of leadership studies was only limited to good leadership and bad leadership was ignored altogether, which is now having far-reaching consequences on life in general. Taylor (2009) asserted that great man theorists believed that leaders are born and not made, and they will rise in the event of a great need. Characteristics that were prevalent amongst great leaders included physical appearance, class, age and personality.

2.3.3 Charismatic Leadership

Charismatic leadership identifies with leaders that are self-confident and are passionately driven to achieve the organisational vision. They are dominant, have strong moral values and are able to influence team members to achieve the organisational challenges. Isik, Ugurluoglu, Akbolat, Oner and Pisapia (2012:1525) stated that “Coupled with such personality characteristics, they display certain types of behaviours i.e. strong role models, show competence, articulate goals, communicate high expectations, express confidence and arouse motives”. Because of the shortcomings identified by many researchers in the trait and behavioural theories, they shifted the focus on the relationships between leaders and followers. Therefore, Van Vugt and Ahuja (2011) indicated that charisma as a nebulous concept was identified in the early days to account for relationships between leaders and followers. Charismatic leaders promote innovation, creativity and cooperation through information sharing sessions, both formally and informally. This collaborative leadership style also promotes commitment and motivation among followers through interpersonal communication channels rather than following the traditional autocratic leadership style. However, Murphy (2005:133) argued that the vision and agenda of such leaders may lack relevant structures and processes and may be unrealistic against organisational goals. Additionally, as this vision take priority over all other critical issues, should the leader decide to leave the organisation, turmoil, chaos and despondency will ensue. Therefore, charismatic leaders must always take into consideration the attitudes and values of the team during the visionary process and promote opportunities for decision-making and staff participation through effective two-way communication processes.

Scholars from religious domains were introduced to charismatic theory where they observed the natural and mystical abilities of some leaders to attract and lead their followers. Theorists had the perception that charisma can be taught to future leaders by reducing it to a specific skill set. This contributed to leadership and training development in business schools and among business entrepreneurs. However, van Vugt and Ahuja (2011:118) pointed out that “But many philosophers and social scientists argued that the concept of charisma was too vague to support empirical research”. Charisma was gradually demystified as a driving force of attraction between followers and leaders in recent times because of scientific research development on emotions. According to Daft (2008),

charisma is associated with fire that ignites the energy and commitment of followers and produces results from a high performance team that goes beyond the call of duty.

Charismatic leaders are also concerned with the emotions of followers and they inspire them to achieve more than the norm - despite any obstacles and personal sacrifices. They also articulate their emotions openly during confrontational situations and are persistent in expressing their views - despite the great odds levelled against them. Charismatic leaders espouse a genuine passion for activities that they want to pursue and always engage emotions during their work, thus displaying energy and enthusiasm that would motivate followers. Isik et al. (2012) described charismatic leaders as passionate with magnetic personalities, and individuals that espouse drive who are able to set a compelling vision for the future.

In charismatic leadership, followers are motivated to achieve organisational goals through their admiration of the leader. Charismatic leaders can also effectively communicate complex ideas and organisational goals to followers so that they understand the value of the message and are able to identify with it. Daft (2008) pointed out that charismatic leaders focus on change and articulating an idealised vision for a brighter future in the organisation. Charismatic leaders are also reliant upon their personal characteristics for influencing their followers and are not dependent upon the authority normally granted by the respective organisations.

2.3.4 Contingency Leadership Theories

Researchers endeavoured to seek a new direction in determining the effectiveness of leadership, focusing on the situation in which the leader functions. There was an assumption that effective leadership behaviour is contingent upon the situation in the organisation. Daft (2008:58) claimed that “Contingency means that one thing depends on other things, and for a leader to be effective there must be an appropriate fit between the leader’s behavior and style and the conditions in the situation”. There may be varying leadership styles in different situations and no single best form of leadership style present in organisations today. Theorists are therefore striving to make research in leadership more empirical by studying the leader’s observable external behaviour instead of focusing on their internal beliefs, traits and motives. Taylor (2009:42) also drew on Bolden et al.’s

(2003) work, which indicated that situational-contingency leadership theories are related to factors affecting particular situations, therefore leading an organisation is contingent upon the situation where leadership occurs. Three significant factors must be considered in relation to these theories, viz. the situation, the leader and the follower. Pertinent to the situational contingency theories is that different leadership styles would suit different circumstances, for example, in an emergency or crisis situation, autocratic leaders would be more effective than participative leaders.

The contemporary contingency leadership theories may include the Situational Leadership theory and Path-Goal Leadership theory. The contingencies that are most significant to leadership include the situation and the followers. The situational variables that are particularly important to leadership styles are the tasks, structures, contexts and the environment. Daft (2008) also recognised that the nature of team members can be a key contingency. Therefore, the best form of leadership is dependent upon the level of maturity, the needs, and the cohesiveness of the followers. The Situational Leadership theory encompasses behaviour in two broad categories, viz.

- Task behaviour - this relates to the manner in which the leader defines and organises the roles and responsibilities of team members in order to perform activities for the accomplishment of tasks in the organisation. When the situation is favourable, the leader takes control and provides direction for the execution of tasks. However, when the situation is unfavourable, then there would have to be more structure and direction for tasks. The high task behaviours of followers are dependent upon short-term planning; clarifying objectives, tasks and roles; and monitoring performance and operational processes (Daft: 2008).
- Relationship behaviour - this is the extent to which leaders are able to maintain good inter-personal relationships with team members through open communication channels and provide adequate socio-emotional support that facilitates behaviour. Research studies have highlighted that a relationship-oriented leader tends to have more group cohesion than a task-oriented one, and the group is generally more satisfied with tasks that they perform (Sharma and Bajpai: 2010). The leader in this instance can achieve exceptional performance from the group because he may be held in high esteem by the team members and can have some power or influence

over them. Sudja'i (2012) pointed out that every leader is responsible for conducting some sort of power within and outside the organisation in order to achieve organisational goals.

The Path-Goal theory of leadership attempts to explain how a leader's behaviour will influence the motivation and satisfaction of team members. The leader should provide coaching, guidance and performance incentives for his team members that are not normally provided by the organisation. Therefore, Horner (1997:271) pointed out "The path-goal theory suggests that leaders are primarily responsible for helping followers develop behaviours that will enable them to reach their goals or desired outcomes". The effectiveness of the leader is therefore dependent on the impact of certain variables such as the nature of tasks performed, the follower's autonomy levels and motivation. It is therefore important that the leader strive for increasing team member motivation by clarifying the path to available incentives, or increasing incentives that team members anticipate or value for good performance.

The motivational function of a leader can include increasing personal rewards to team members for achieving organisational goals, and clarifying the path for the achievement of these goals so that pitfalls and roadblocks along the way can be minimised. Daft (2008:69) clearly stated that "Path clarification means that the leader works with subordinates to help them identify and learn the behaviors that will lead to successful task accomplishment and organizational rewards". The leader can provide opportunities for increasing personal rewards to his subordinates by communicating with his subordinates to establish what rewards are of importance to them. Rewards can be intrinsic, emanating from the work itself, or extrinsic, such as promotions and salary increases. This contingency model of leadership focuses on three types of contingencies and may include leadership style, subordinates and the situation and personal rewards provided to the subordinates.

In terms of the path-goal theory, leader behaviour can be classified into four domains and can include supportive, directive, participative and achievement-oriented leadership. Supportive leadership suggests that there is a concern for the well-being of subordinates and their needs. In directive leadership, the subordinates are told exactly what they are expected to do and they are required to comply with rules, procedures and guidelines. The work is coordinated and the leader is involved in planning and making schedules as well as setting performance targets. Participative leadership is consultative, where the opinions and

suggestions of subordinates are taken into account during the decision-making process. In achievement-orientated leadership, the focus is on setting challenging goals and emphasising excellence in performance, and the leaders show confidence in their subordinates for achieving high standards. Naidoo and Xollie (2011) believed that leadership is a collaboration between two groups of people that include the leader and followers, where both parties work together for the achievement of the desired organisational goals.

According to Yang and Shao (1996), research on situational theory assumes that effective leaders should play varying roles and they should change their leadership styles to cope with the demands of a given situation. The situational variables in the path-goal theory are the personal characteristics of subordinates and the work environment. Some of the personal characteristics of subordinates can include their needs, skills, personality traits, abilities and motivations. Therefore, it is incumbent upon leaders to provide additional coaching and mentoring for improving the performance of team members who have low levels of skills and abilities. However, in situations where team members, like professionals, would want more freedom to work, a participatory leadership style would be appropriate. The contingencies of the working environment include the task structure, the formally adopted authority system and the work group (Daft: 2008). The task structure clearly defines tasks to be expedited by team members with explicit work procedures and job descriptions. The formal authority system indicates the extent of legitimate power that leaders would use in a situation and to what extent employee behaviour is constrained by rules and policies. The educational level of team members as well as the quality of their relationships characterises the work group.

2.3.5 Transformational Leadership Theory

The Transformational Leadership Theory is the modern day leadership theory where people can become leaders by choice, through the assimilation of leadership skills. Cameron and Green (2009:147) drew on Bryman (1992), who stated that “Transformational leadership involves the leader raising the follower’s sense of purpose and levels of motivation. The aims of the leader and the follower’s combine into one purpose, and the leader raises the followers’ confidence and expectations of themselves”. Transformational leadership therefore motivates followers to pursue high aspirations and

sound moral values. They are constantly engaging with followers, articulating the vision of the organisation to them and recognising the need for organisational change. Trofino (2000:233) clearly indicated that a leader that facilitates the formulation of the organisational vision must engage with various stakeholders in the organisation for the development of the vision. Followers, therefore, should be able to operate within an environment where they can execute their functions with confidence and ease.

A transformational leader can facilitate and encourage a mobilising vision in an organisational system that supports transformation. This is also dependent upon the leader's ability to inspire, organise and pursue that vision, even when faced with challenges. Therefore, Trofino (2000) pointed out that those transformational leaders associate their inspiring visions to relevant strategies for the implementation of the vision. Research studies have found that professional nurses achieved success and experienced fulfillment in their work as a result of their leaders' strategies to transform the division from a centralised, prescriptive and dependent unit, to a decentralised, self-directed and independent one (Trofino, 2000). This vision was extended to recognising that an empowered nursing environment would promote healthy working relationships and achieves maximum outputs, solving difficult and complex problems that may emerge, focusing on results and rewards, developing meaningful support systems and treating all clients and team members with dignity and respect.

The Transformational Leadership theory may be useful in the Addington Hospital setting, since the principles and characteristics used in this theory could be influential in ensuring "buy-in" from clinicians, managers, and team members for transformation in healthcare at the facility. Bush (2012) recognised that reform in the healthcare sector is identified as a high priority for the nation, taxpayers, policymakers, healthcare professionals and healthcare organisations. The impetus for reform in the healthcare system emanates from multiple factors, including demands from patients and caregivers for safer and higher quality care at reduced costs; healthcare professionals in pursuit of safer and quality care in our society; drastic shortages of healthcare professionals; and social, demographic and economic influences. The transformational leadership theory can play a significant role here, where the leader sets a direction and visualises the roadmap for the organisation, inspiring, motivating and encouraging his followers.

Transformational leadership can be the key to mobilising and empowering nurses in the healthcare setting so that they can work together with a shared vision for achieving quality healthcare. Wang, Chontawan and Nantsupawat (2012) stated that transformational leadership can bring new optimism to an evolving healthcare environment. Research on job satisfaction of nurses has shown that there is a direct link between the job satisfaction of nurses and the transformational leadership style of nurse managers, which is critical for overcoming the challenges of quality patient outcomes and satisfaction. Job satisfaction amongst nurses and the related physical, emotional and mental efforts needed for expediting their tasks is critical for rendering quality patient healthcare. Ashmore's study (2013) highlighted that job satisfaction is crucial for staff retention, as if staff members are satisfied in their jobs there is a strong likelihood that they will remain in them.

It is important to acknowledge that the change process in hospitals today is slow and has far reaching consequences for effective and efficient healthcare service delivery, for example, technological change only occurs after 1-2 years. Therefore, nurses are often trapped within a healthcare system that does not effectively accommodate their needs to function as professionals. Thyer (2003:74) specifically stated that "Nurses are change agents, visionaries, active participants in learning, and advocates for their patients and profession". However, it can be argued that not all nurses have the qualities to be change agents and visionaries in different healthcare scenarios. Transformational leadership therefore is crucial here, as it motivates followers and involves them in the creation of the organisational vision. The transformational leadership model in nursing leadership ignites their communication, creativity and problem-solving skills, and recognises any ideas that may be brought to the fore through respect, trust and collaboration. According to Thyer (2003), nurses will accept transformational leadership only when leaders hear their views such that they can influence decisions in the organisation.

Nursing managers are experiencing a paradigm shift in healthcare service delivery that necessitates adaptability to emerging new realities so that they can effectively lead and influence their team members. Bish, Kenny and Nay (2012:415) clearly stated that "To further the aim of the nursing profession in repositioning itself as an equal partner in health care, nurse leaders must work with nursing staff to develop constructive processes through which they become accepted as equal team members." If the organisation lacks a shared vision then these paradigm shifts will not produce the desired outcomes. Daft (2008)

appropriately stated that transformational leadership encourages collaboration towards the vision and mission, which clearly defines the boundaries within which followers can function to achieve goals. The nurse manager, as the key figure of the team, should guard against negative perceptions that can be damaging to the internal cohesion of her followers. However, Carlos, da Graca and Jose` (2011:1055) stated that “When the nurse manager assumes his or her leadership to be effective but followers perceive the opposite, the seeds for a misunderstood and mistrusted leadership are sown, ultimately leading to failure”.

The transformational leadership style and its associated merits are increasing in momentum and are challenging the former unilateral, autocratic leadership style. Transformational leaders are protected against adverse stress related effects because team members are more positive and confident in achieving their organisational goals. Murphy (2005:131) drew on Bass et al. (1987a), who stated that “... when transformational leadership behaviours were practised at the top level of organizations, this leadership style was mirrored downwards through the organizational ladder”. Transformational leaders can be viewed as visionaries or catalysts for change, assuming a proactive management approach and striving to elevate followers’ needs that are aligned to their own goals and objectives. However, it is argued that transformational leadership does not solve all the problems related to nursing management. An important research study contends that organisations would require latitude in addition to varying leadership profiles over different periods in the organisation (Murphy, 2005). Transformational leadership, therefore, cannot be perceived as a substitute for any other leadership style, but merely develops, complements and enhances it. Murphy (2005) therefore appropriately stated that unlike a transactional leader, the transformational leader focuses on motivating and energising the team in pursuit of shared goals, shared visions and promoting an empowering culture, based on the fundamental principles of value and respect.

Transformational nursing leadership can play a key role in shifting total quality management (TQM) healthcare organisations to learning and ultimately world-class facilities. The TQM stage of development would enhance customer satisfaction and the learning phase would be the foundation for liberating follower innovations, thus ensuring that appropriate knowledge and skills are assimilated for achieving world-class outcomes. Trofino (2000) clearly indicated that the professional status, knowledge and increasing numbers of nurses are factors that can play an influential role in using transformational

leadership strategies in healthcare organisations globally. Building world-class health organisations in the future therefore requires nursing leaders to effectively collaborate and partner with all colleagues that may have an impact on their customers' needs in the health system. Transformational leaders pursue end values such as equality, justice and liberty, and are committed to transforming the behaviours, thoughts and internal feelings of followers by cajoling, inspiring and motivating them to strive for excellence and to achieve higher standards and more altruistic goals and objectives. Vugt and Ahuja (2011:118) emphatically stated that transformational leaders are able to transform followers into leaders.

Transformational leadership can have a positive and profound impact on team members' perceptions of the characteristics related to their work because it can provide individual and personal attention in order to promote development, creating an enabling work environment, encouraging novel solutions to problems and providing coaching and mentoring when necessary. Nielsen, Randall, Yarker and Brenner (2008:18) drew on Bass (1990), who stated that leaders focus on making followers understand the objectives of the organisation when setting a clear and compelling vision for a particular organisation. The leader can, therefore, influence followers by displaying sound values and principles during their interactions with one another. The followers can therefore recognise their leader as a role model and this would encourage them to take responsibility for their actions and personal development. Followers that work with leaders that exhibit high standards are more comfortable when engaging in decisions pertaining to the task. It is also imperative that the transformational leader ensure that followers have the required information in order to achieve their shared vision, and provide opportunities for skills development so that they can effectively analyse this information. It is imperative that transformational leaders endeavour to set a vision that is much brighter than the old vision and engage the entire team in sharing this dream for the future (Daft, 2008).

In the definition of transformational leadership, one can identify various aspects of the leader's behaviour, which is associated with team members' perceptions of the significance and meaningfulness of their work. Team members, therefore, have a perception that their work has a purpose and meaning, and is of high value to their organisation. Nielsen et al. (2008) described transformational leaders as those who provide opportunities for people to see beyond the current problems of daily work activities and provide stimulation that

encourages team members to work harder collectively; team members will be able to realise the significance of the relationship between the vision and their work. The transformational leader can inspire his team by motivating them through the formulation of a clear vision for the organisation, such that they can see where and how their work integrates with the overall organisational goals and objectives. It is significant that the leader establishes a shared vision that is meaningful and creative, and can support change in the organisation.

Transformational leaders also play a significant role in the development of followers in the organisation. They do this by providing opportunities for followers that allow them to exercise their own cognitive capabilities and permit them to define and enact their own visions single-handedly, without any supervision or control by the leader. This can assist followers in developing creative solutions and responding positively to new challenges in the organisation. Williams, Parker and Turner (2010) drew on Avolio and Gibbson (1988), who indicated that transformational leaders support the development of followers, inspiring them to participate in challenging work, thus promoting self-management through team collaboration. The transformational leader can also challenge the thoughts, assumptions and imaginations of his followers in order to facilitate their development, or he can encourage them to attempt calculated risks, seek new possibilities and try solving complex problems that are prevalent in the organisation. Their prerogative is to pay attention to each follower's need for growth and development, by assigning tasks to them that are challenging and of a higher level than the norm, consequently maximising their capabilities in accomplishing such tasks. Transformational leaders, therefore, besides personally motivating followers to follow them, also inspire them to understand the need for organisational change and consequently make personal sacrifices to achieve the vision. Williams et al. (2010) also drew on Bass (1985), who stated that transformational leaders strive to motivate team members by transforming their personal values and key priorities, and inspire the team to deliver and perform beyond the norm.

Bush (2012:1328) claimed that "Effective leaders unblock people's capacity to adapt, innovate, and reinvent their organization by examining what has worked, what needs to be changed, and what needs to be abandoned". The skills and competencies of the leader play an important role in determining the trajectory of the organisation, since he/she must be involved in change management, problem solving, decision-making, managing politics,

risk management, setting the vision and strategic direction, and enhancing business skills and knowledge. Horner (1997) stated that transformational leaders are able to initiate and easily adapt to change, and have the potential to create something new from the old. This can result in the personal evolution of leaders and simultaneously assist team members and the organisation to evolve. They encourage development of individuals within the organisation, focusing on building strong relationships for the attainment of organisational goals. Taylor (2009) asserted that transformational leaders view relationships as being critically important, primarily the leader and the follower relationship, thus expanding the leadership theory further.

2.4 Leadership and systems thinking

As a result of the complexity that is predominant in organisational systems today, it is imperative that leaders see the healthcare system as a whole and not in fragmented parts of the whole. This systems thinking approach is significant since leaders can learn to change or reinforce patterns in a system, rather than focusing on separate parts of it, thus enabling them to see the synergy in the system. Systems thinking allows leaders to see or establish patterns of behaviour and movement over a period that focuses on flow, rhythm qualities, direction, shape and relationships in order to achieve performance of the whole (Daft, 2008). If a leader has the ability to see the structures underlying complex scenarios in an organisation, they can attempt to improve the situation through a systems thinking approach. Systems thinking can also be presented as an emerging perspective with significant benefits for healthcare systems' research and practice. Healthcare service delivery is complex as a result of multiple interactions that lead to various outcomes in different situations. Hamdani, Jetha and Norman (2011:807) stated that "Complex phenomena are those with multiple causes and consequences that are highly context-dependent and not amenable to linear, prescriptive methods of intervention". Systems thinking can therefore provide an alternative lens for seeing healthcare service delivery as a complex system that addresses the interconnecting and overlapping components within the system.

The healthcare professionals at Addington Hospital are inundated with so many complex issues that it becomes practically unviable to keep the organisation operational. Spinelli (2006) said that healthcare leaders are experiencing increasing operational pressures in trying to achieve their organisational mission, due to a myriad of turbulent changes that

occur in delivery, payment and social systems. The survival of the healthcare industry today is therefore dependent upon appropriate and responsible leadership. It is therefore imperative that the CEO leadership is dynamic as well as progressive in order to attain effective healthcare service delivery. Spinelli (2006) also suggested that a leader's primary responsibility in modern healthcare organisations is providing resources and managing support systems that promote maximum team performance. The entire management team, therefore, also has an important role to play in the provision of quality and cost-effective patient care through the implementation of effective and efficient processes.

A system comprises of various components that interact with one another and are constantly adapting and changing, and this high level of interaction means that any change in a specific area of the system will affect other areas. Hamdani et al. (2011:808) stated that "These changes cannot be defined by fixed rules, but rather adhere to a few simple rules that evolve over time as the components and their interactions change, requiring flexibility". This can result in unintended and unpredictable consequences. For example, during the 1970s and 1980s the advancement in medicine and technology resulted in an increase in the lifespan of children with disabilities, which led to an increase in the needs for healthcare into adulthood during the 1990s (Hamdani et al., 2011). However, since these disabled young adults now enjoy an extended life span, they will no longer be granted paediatric services, consequently increasing their risks of acquiring other secondary diseases and mortality due to the lack of appropriate health services. This example therefore illustrates that although medical interventions can lead to an increase in life expectancy, it can also produce the unintended consequence of not providing access to appropriate healthcare. It is therefore significant that there is an understanding that healthcare is a complex system that is continuously evolving and that it necessitates the development of interventions that can account for both intended and unintended consequences.

Chan (2001:198) drew on Chan's (1992) systems thinking approach, which was perceived "as a conceptual framework, a body of knowledge and tools that has been developed over the past 50 years, to make the full patterns clearer, and to help us see how the various functional areas are interrelated". Under this perspective, it can be understood that the cause of ineffectiveness and inefficiencies in organisations emanates from fragmented systems, where team members only focus on the isolated parts of a broader organisational

system. In the context of the Addington Hospital scenario, it is therefore imperative that the Senior Management team as well as all other occupational groups do not lose sight of the bigger picture, and recognise the repercussions of their actions on other parts of the larger organisational system. Campbell (2007) described systems thinking to relationships where one subsystem (leader) is connected to other subsystems (followers), thus creating a larger subsystem. Successful leaders therefore navigate their journey in the organisation from viewing themselves as independent entities to recognising themselves as part of the larger system. Systems may also be connected or nested within a broader system and can be influenced largely by those systems and their associated components. For example, the healthcare system is connected to the broader social services system. Hamdani et al. (2011) also stated that the concept of nesting clearly shows the extent of interrelationships or interconnectedness in complex scenarios as compared to lineated systems.

Chan (2001) also drew on Senge (1992), who said that practices that include personal mastery, mental models, shared vision, team learning, and systems thinking were proposed as remedial measures for ineffectiveness in organisations. Personal mastery is related to the skills, competencies and the spiritual re-awakening of team members, whilst mental models are generalisations or pertinent assumptions that influence their perceptions on worldviews and the respective actions that they would take. The formation of a leader's mental models - because of their inherent knowledge and cognitive abilities - represents psychological constructions of people, ideas and situations. Campbell (2007:142) drew on Canella et al. (2001), who stated that "Mental models are extremely important, in that they represent one's depiction of reality, influencing which of the myriad environmental stimuli will be attended to and how they will be interpreted". A shared vision enables team members to share a common vision for the achievement of organisational goals, while team learning aligns and develops the capacity of the team so that they can create the results they truly aim to achieve. Systems thinking therefore incorporates these four practices into a single and coherent one.

Personal mastery characterises the leader's own vision, the ability to face reality, and to be creative when faced with challenges. Leaders use personal mastery for clarifying important issues that are of relevance to them, focusing on results, and are motivated to achieve the vision or dream for the organisation. Leaders also face reality by committing themselves to the truth, challenging assumptions and internal operations, thus leading to a deeper level of

self-awareness and recognising the wider systems within which they function. Leaders are also faced with dealing with the gap between the vision and the current scenario, but this gap holds creative energy. Since all variables are interdependent, even if leaders attempt to improve just one element of their mental models, they can progress significantly in mastering their minds, thus contributing to them becoming more effective leaders.

The fundamental principle of systems thinking is to be able to understand the circle of causality that exists in a system. This will allow leaders to allocate sufficient resources in their respective areas of operation, for example, research and development. If leaders lack an understanding of the system, they will not understand the positive effects that may result when resources are increased in a particular system. For example, if leaders understand how the system works when new products are introduced in the market, they can allocate more budget for increasing the rate of production, either by employing more staff or by training managers in leadership and management skills. The failure by leaders to understand the complexity that may exist in a system could result in blockages to growth and development, thus making it extremely difficult to manage. The Business Report (2013:22) stated that “Leaders not only need the intelligence to handle complexity, or the emotional intelligence to deal with their own and different people’s emotions, they also need to be able to make the right moral decisions under pressure and open scrutiny”. Leaders therefore have to know their values and live them in order to have a clear understanding of what is right and what is wrong.

2.5 Leadership and organisational culture

According to Tsai (2011), organisational culture portrays the values and beliefs of the staff members that have been part of an organisation for some time and the influence that this will have on their behaviours and attitudes towards work. Norms are represented by a set of standards that is common within the group, which defines behavioural attributes that are considered desirable and acceptable. These shared assumptions, norms and beliefs can be significant when existing organisational members need to teach new members the appropriate way to think, feel and act when attempting to deal with problems - both internally and externally.

Culture provides the behavioural rules in an organisation, and is normally socially learned and subsequently transmitted within the organisation. An organisation’s core values are

reflected by its leadership, which ultimately evolves into a particular leadership style. It is the behaviours and values inherent in leaders that are of critical importance for leading followers effectively. The emergence of a strong organisational culture is dependent upon the development of strong values, beliefs and behaviours. Leaders therefore have to recognise the importance of maintaining a sound organisational culture. Therefore, Tsai (2011) attributed consistent behaviours between team members, reduced conflicts and a healthy work environment to a sound organisational culture. A strong organisational culture depicts shared values and common codes of conduct for employees, thus assisting them to accomplish their goals and objectives. Employees can experience job satisfaction and work recognition if they achieve all tasks that were assigned to them by their respective leaders.

Research on leadership has expanded over the years, thus contributing to a broader perspective on this phenomenon. The focus has now shifted on the organisational culture and its impact in relation to leadership. It is important that all issues pertinent to organisational culture be clearly identified in order to promote effective leadership, for example, recognising change as an aspect of culture. Horner (1997) explained out that leaders must be adaptable to change, which is dependent on the culture and the continuous shifting and development of the environment. It must be highlighted that Addington Hospital had a culture of rendering quality healthcare for many years in the past and has won many achievements for service excellence. However, today the hospital is lurching from one crisis to the next.

Leaders should recognise that culture exists everywhere in the organisation and is not just about the familiar induction programmes. Cameron and Green (2009) pointed out that culture is of critical importance in organisations due to the impact it has on performance. Leaders therefore have a vital role to play in the management of culture, since they must have the knowledge and understanding of the organisational culture and be able to modify the culture to meet organisational needs in the future. Today's leaders need additional skills to manage organisational culture, focusing on increased flexibility and the empowerment of followers. Horner (1997) explained that leaders manage culture by formulating a clear strategic direction, ensuring that it is communicated to the team, and by defining the vision and values of the organisation. If the current organisational culture is failing to achieve the strategic objectives, then the leaders should get proactively involved

in facilitating cultural change by focusing on the existing business strategies in order to establish what organisational capabilities can be developed. Therefore, Cameron and Green (2009:259) emphasised that “People need to be convinced by a compelling vision rather than compelled in a coercive way”.

Culture plays an important role in organisations today, where the employees can identify with the organisation and commit themselves to particular values and ways of accomplishing tasks. Culture navigates the day-to-day operations and work relationships in an organisation, determining how people interact and communicate with one another, identifying acceptable or unacceptable behaviour and determining the effects of power and status. Therefore, there is increasing emphasis for the development of strong cultures that encourages collaboration, teamwork and mutual trust in organisations today. Culture also plays an important role in determining how an organisation meets its goals when dealing with external stakeholders. Culture can also be influential in encouraging the employees’ commitment to achieving the core objectives and specific goals of the organisation with the available resources. It is thus imperative that the organisational culture embodies the values, assumptions and beliefs of the employees, which is essential for optimal organisational performance.

Stakeholder involvement plays an equally important role during cultural change because critical issues can only be addressed by involving them frequently in order to ensure buy-in from team members. Although change can have a positive or negative impact on organisational performance, it is imperative that leaders engage with followers when deciding on new ways of accomplishing tasks. Cultural change must also be managed in line with the core values of the organisation. Cameron and Green (2009) emphasised that managers should be role models in an organisation. Budhoo and Spurgeon (2012: 128) also indicated that “Being a role model does have echoes of charismatic leadership or characteristics of transformational leadership”. They should be responsible for modelling the new values in the organisation and supporting individuals and team members during periods of instability. Culture plays a significant role in an organisation by creating a climate that is conducive to learning and creative responses to challenges, threats and new opportunities. A strong culture can improve organisational performance by motivating and energising the team, unifying the team towards a common goal, and shaping the behaviour of the team in accordance with the strategic priorities.

2.6 Healthcare leadership in South Africa

2.6.1 Public healthcare versus the world healthcare systems

Many studies seek to conceptualise leaders in relation to their strategic actions and the following key questions emerge in this regard: Where are we at present? Where do we want to go from here? How do we reach our destination?

It is significant that the executive leadership at Addington Hospital considered these questions in the assessment of the on-going problems at the facility, in order to restore stability that is aimed at promoting effective and efficient healthcare for all citizens. A study was conducted in a healthcare setting in Turkey during 2012 in respect of hospital managers that focused on the following key concepts: charismatic leadership; initiative-oriented behaviour; job autonomy and job stress. Isik et al. (2012) appropriately pointed out that the complexity in healthcare settings presents a number of challenges in the context of a work force that is recognised as highly specialised, as well as the large number of patients. This volatile environment therefore necessitates the negotiation and enactment of various leadership styles specifically for healthcare service delivery. The results of the study revealed that there were positive relationships between charismatic leadership and initiative-oriented behaviour, while job strain was negatively associated with initiative-oriented behaviour. However, there were no significant interactions between charismatic leadership and job autonomy.

Charismatic leadership, therefore, can play a significant role in the healthcare setting, which is often depicted as complex, chaos and in crisis, as is evident at Addington Hospital. Isik et al. (2012:1532) also argued that although charismatic leaders are able to strengthen the team's identification with such a leader, the tasks and the work group, which motivates team proactive engagements, the healthcare system's policy domain plays a critical role in shaping leadership-related interventions. Therefore, it is of critical importance that the medical staff, together with line managers at all levels in the hospital, be given an opportunity to participate in transforming the facility, such that it functions at optimal levels in order to ensure that the health and well-being of patients is not compromised in any way. Charismatic leadership can escalate the energy of followers and improve organisational performance if it is applied with caution and in maintaining ethical standards.

The issue of low staff morale, poor patient healthcare, shortage of drugs and so forth is receiving increasing attention at Addington Hospital, therefore medical leadership at the facility can play a pivotal role in improving performance and standards. Research studies conducted in Australia and Europe during 2007 (Ham: 2008) revealed commonalities amongst Senior Medical Doctors taking on positions as medical directors at senior management levels. Doctors, therefore, can play leadership roles within their scope of practice, that is, within divisions, departments and directorates. Ham (2008) also specifically pointed out that clinical directors from various divisions and departments worked as a team and obtained support from their respective general managers and nurse managers. However, it has been reported in countries like Norway and Sweden that the doctors experienced discontent in their day-to-day operations because of too few opportunities for leadership positions. Horner (1997) also explained that leadership involves contributions from great thinkers and doers that provide access to appropriate resources, promoting the social interaction of the group and setting the vision to achieve organisational goals.

The changing healthcare environment today necessitates the expansion of responsibilities by physician leaders and the recruitment of more physicians in leadership roles. Nowill (2011:64) appropriately stated that “Physician executives have the expertise and clinical knowledge to make significant contributions in the transformation of healthcare”. However, it is argued that their training in the arena of medicine does not prepare them adequately in order for them to accept leadership responsibilities in the healthcare environment. Therefore, it is of critical importance that aspiring leaders among physicians be nominated for participating in formal programmes related to leadership. Understanding the development of physician leaders in relation to their jobs can provide significant insights for designing appropriate and effective leadership development programmes. Physician leaders are therefore enrolling for executive programmes at universities and professional organisations for developing their leadership skills. Nowill (2011) also indicated that formal leadership development programmes for clinical executives have been initiated by some healthcare systems in the world.

The United States of America has a diverse arrangement of healthcare settings. In New York, for example, medical leaders for the major academic facilities are appointed jointly by hospital leaders and representatives of the medical school. Doctors who are appointed

as chairs in these organisations assume prestigious roles and are often chosen through rigorous and competitive selection processes. However, Ham (2008) clearly stated that the challenges that permeate these healthcare organisations are the ability to balance the credentials of departmental chairpersons, both academically and their leadership potential. There is also a possibility that doctors who obtain qualifications in leadership and management may assume roles outside the healthcare settings, for example, in business related to healthcare and not assuming leadership roles in healthcare organisations. Research studies have also confirmed that if doctors were not engaged during initiatives for quality improvement, these initiatives would have negligible impact. The Palama Course Manual (2005:23) stated that the recipe for sound leadership is reliant upon the honourable characters and selflessness of leaders and their ability to encourage team collaboration towards achieving the organisational objectives. For this reason, it is significant that the leadership at Addington Hospital, together with all medical leaders in the clinical settings, recognise the ramifications of poor leadership in the organisation and attempt to minimise the problems by joint participation at all levels.

For many years, the Portuguese healthcare industry faced increasing pressure from citizens because of poor leadership, consequently placing a huge strain on the country's social security system. Carlos, da Graca and Jose` (2011) emphasised that nurses are one of the largest group of healthcare professionals in Portugal, therefore they play a significant role in the management and efficiency of the healthcare system. The healthcare outcomes in organisations are dependent upon the inspiration and charisma of leaders. This form of leadership in nursing is critical for translating into optimal healthcare benefits for patients. The nursing leaders in Portugal therefore have a significant role to play in encouraging peers to change behaviours and attitudes, which would contribute to a turnaround in the healthcare system. Carlos et al. (2011:1048) also pointed out that "However, it must not be forgotten that Portugal is experiencing a genuine social problem, and condemning public health providers to failure will put many citizens at great health risk, with all the consequences that may stem from that".

2.6.2 The public healthcare system

The leadership at Addington Hospital has failed dismally in determining the trajectory for effective and efficient healthcare service delivery at the facility. Although the National Department of Health appointed CEOs for various hospitals in the country, Addington

Hospital has been without a permanent CEO for over two years. CEO's should be visionaries who understand the importance of effective leadership in relation to employee satisfaction and productivity, service values, quality and service excellence, and promoting customer satisfaction. However, it is the researcher's view that Addington Hospital yearns for such leadership in order to turn around the poor service delivery issues at the facility effectively. Wronka, Austen and Wronka (2010:2) believed that reforms in the healthcare sector necessitate strong, effective leaders that are adept at designing and implementing changes when necessary.

Whilst there are some researchers that can confirm the usefulness of transactional and transformational leadership in healthcare settings, others challenge its applicability in these settings. Hospital environments are noted for rapid changes, experiencing high levels of uncertainty and turbulence, and therefore transformational leadership would be more appropriate in these situations. However, Wronka et al. (2010) argued that public sector organisations are recognised as bureaucratic, stable and not willing to change when the need arises. Therefore, we could expect that the leadership style in these organisations will be made up of leaders that are more interested in the stability of the organisation and are normally involved in routine decision-making. Additionally, transformational leaders endeavour to promote job satisfaction among staff members, create an organisational climate that would improve performance, implement effective staff retention strategies, recognise and reward team members extra efforts, and continuously monitor team members' behaviours.

Leadership can be viewed as a process where a person exercises influence on others for accomplishing a common objective and directing the organisation in a manner that makes it more coherent and cohesive (Palama Course Manual: 2005). This, indeed, is lacking at Addington Hospital. It is of critical importance that the leaders at Addington Hospital engage with all key role-players robustly in order to turn the poor service delivery issues around. For this reason, clinical staff should be given more opportunities for shaping the desired outcomes of the organisation and be participants to the allocation of resources. Ham (2008:11) described that "Another reason for involving doctors in leadership is the evidence from research into quality improvement initiatives that initiatives that fail to engage doctors tend to have a limited impact".

2.6.3 Public versus private healthcare systems

There have also been increasing concerns by the National Department of Health that a number of doctors who are employed by the State also have their own private practices. Heads of various clinical specialities such as vascular surgery, general surgery, urology, cardiothoracic, neurology, trauma, etc. at various hospitals in the country are all involved in full-time private practices. There were claims by some Senior Specialists that do not own private practices that the current policy on remunerative work outside the public service (RWOPS) is being abused and that the Department of Health is not getting value for money. In a study by Ashmore (2013), it was argued that the tensions and widespread reactions pertinent to policy issues such as RWOPS has historical roots equivalent to distrust in the health system during President Thabo Mbeki's tenure due to his denialism on HIV/AIDS. There were also numerous complaints at Addington Hospital where doctors were not available during emergencies, resulting in critically ill patients being transferred to neighbouring hospitals or in some instances losing their lives due to a lack of urgent medical treatment. It is therefore incumbent upon the leadership of the hospital to hold the 'popular professors' of the hospital accountable for their actions and to demand what they are being paid for. The executive leadership of Addington hospital must rigidly enforce the existing guidelines for private work outside the public service by doctors in order to prevent a further decline in the provision of patient care.

The key strategic objectives of a healthcare facility are attained when patients receive quality healthcare outcomes. Leaders in public healthcare, therefore, have a primary mandate to ensure that patients receive excellent healthcare outcomes at all times. Al-Touby (2012) indicated that a good structure that fails to achieve organisational objectives is worthless and a waste of public resources. The healthcare leadership should therefore be adept at changing work processes and structures in respect of healthcare provision, thus facilitating effective and efficient healthcare outcomes. However, it is argued that contemporary leadership practices in healthcare facilities have a tendency to emphasise more on the effectiveness of patient care, rather than the efficiency with which care is provided. Al-Touby (2012) also argued that although effective care can be provided to a few patients in the area, they will not be able to cope with the increasing demand for medical care in the entire area. The performance at healthcare facilities is therefore dependent upon effective leadership. Ashmore (2013) also pointed out that supportive

public sector managers provide an incentive for medical specialists to stay in public healthcare organisations. Failing healthcare systems and inefficient practitioners would result in poor healthcare service delivery. Issues such as loss of patient records, lack of collaboration by departments to assist patients, no accountability and responsibility, duplication and inconsistencies, all contribute to inefficiency, which ultimately impacts negatively on patient care. Drawing on Al-Touby's (2012) leadership model, it is emphasised that healthcare leaders should pay more attention to patient care outcomes instead of focusing on operational processes and structures involved in delivering such care. Healthcare leaders should therefore strive to attain effective healthcare provision.

2.7 Conclusion

During recent years there has been growing interest by researchers in observing the link between leadership styles and the effectiveness of an organisation. The various leadership theories in this discussion provide a deeper level of understanding of leadership in relation to organisational performance. Many researchers also assert that leadership plays a critical role in organisational performance. However, Wronka et al. (2010:4) pointed out that "Leadership may create a link between people's performance and organizational effectiveness yet the direct link between leadership and effectiveness is rather implied than explicit (Avolio: 1999)". Leaders in healthcare settings are faced with a multiplicity of challenges emanating from forces within the organisation as well as the external environment. External factors such as strategy, policies, culture and practices are crucial for leadership studies.

CHAPTER 3: RESEARCH METHODOLOGY

3.1 Introduction

While the previous chapter provided an in-depth review of the literature pertaining to leadership, this chapter focuses on the research methodology that was applied in this research. It is significant to understand that any research today must have a research design with detailed plans and procedures for conducting research. This plan or design provides a roadmap to a particular field of study, which involves a number of decisions that should be taken into account when determining a particular topic. Creswell (2009:3) pointed out that “Informing this decision should be the worldview assumptions the researcher brings to the study; procedures of inquiry (called strategies); and specific methods of data collection, analysis, and interpretation”. A researcher’s choice for a particular research design is dependent on the type of research problem, the personal experiences of the researcher, as well as the targeted audience. The primary objective of research is to generate knowledge that will contribute to a clearer understanding of a subject or phenomenon.

3.2 Definitions

3.2.1 Qualitative research

Creswell (2009) stated that qualitative research attempts to explore and understand the meaning that individuals or other groups may ascribe to human or social problems. The emergence of questions and protocols, as well as the collection of data in the actual setting, is all part of the research process. Also included in this process is inductive data analysis where the researcher builds from data to themes of a general nature, subsequently ascribing meaning to such data. The structure of the final written report is flexible.

3.2.2 Quantitative research

In quantitative research, objective theories can be tested by investigating the relationships between variables, which can be measured by the respective instruments, thus facilitating the analysis of numerical data through statistical protocol. The structure of the final written report may include the introduction, literature and theory, methods, results and discussion (Creswell: 2009).

3.2.3 Mixed methods research

Mixed method research encompasses both quantitative and qualitative research approaches. Creswell (2009: 4) stated that “It involves philosophical assumptions, the use of qualitative and quantitative approaches, and the mixing of both approaches in a study”.

3.3 Types of research design

The three different types of research designs are qualitative, quantitative and mixed methods. Creswell (2009) stated that the differences between qualitative and quantitative research is that the one approach focuses on using words and open-ended questions (qualitative questions), while the other focuses on using numbers and close-ended questions (quantitative hypotheses). Research by mixed methods consists of elements from both qualitative and quantitative research approaches.

Distinct differences between qualitative and quantitative research exist. This is illustrated by the ordinary philosophical assumptions that researchers present in their research, the different research strategies used in the study (e.g. experiments in quantitative and case studies in qualitative), and the methods that the researcher would employ for conducting the identified strategies (e.g. quantitative data collection on instruments versus qualitative data collection through observation). Duffy and Chenail (2008:23) stated that “Learning the basics of any research approach is necessary but insufficient if the researcher is to understand the underlying philosophies and values reflected by the method and by the paradigm within which the method is situated”. Researchers can make a significant contribution to their profession as well as to their clients if they fully appreciate the values in respect of their chosen research methods, as well as the paradigms that are linked to them. It is imperative that researchers understand the connection between research methods and research paradigms, since the development of paradigms governs the type of questions asked and their appropriateness.

All researchers should recognise that any particular research design encapsulates a holistic worldview that portrays beliefs of the world and how they are defined, as well as who its inhabitants are (ontology). In addition to this, the research design should also depict how people know and understand the world, including believing in ideas that are considered important (epistemology), what strategies or procedures can be used to facilitate learning

about the world and people (methodology), and what ethical principles should be complied with when conducting research (axiology). According to Duffy and Chenail (2008), research paradigms and designs are associated with the philosophical notions that can only be accepted or rejected, but these cannot be proven or disproven. Therefore, the world views in relation to specific research approaches can contain methodological and philosophical beliefs that can differ significantly from one another. These all-encompassing world views or paradigms organise people's perceptions of the world and their reactions towards it.

Researchers also use qualitative research as a theoretical lens for the study of issues pertaining to race, gender, class, etc. This theoretical lens is crucial for shaping the type of questions asked, informing methods for data collection and analysis and calling for change. In qualitative research, the researcher is guided as to what critical issues should be investigated (e.g. empowerment) and who should be studied (e.g. women, disabled, homeless). Creswell (2009) pointed out that during the 1980s, qualitative research underwent a transformation and broadened its scope of inquiry to include these theoretical lenses. These theoretical lenses also portray the researcher's stance in the actual study, i.e. whether or not he is biased or upfront on personal, historical and cultural issues and also the context in which the final written report should be presented, for example, individuals should not be marginalised further through collaboration with participants.

There are various types of strategies of inquiry that are associated with qualitative, quantitative and mixed method research, which are guides and provide direction for procedures related to research design. The following strategies of inquiry became prominent in the 1990s and the 21st century:

- Ethnography is a study that is aimed at exploring cultural groups and their behaviours, beliefs and assumptions. Pratama and Firman (2010) drew on Morse and Richards (2002), who stated that ideally, researchers should not be members of any cultural group that is under observation. Researchers will have trouble really seeing the core issues in an observed cultural group that he is already integrated into, and sharing his daily way of living with the respective group members. This can result in biased views and understandings by the researcher, since he already has an understanding of the cultural aspects of the group.

- Phenomenology is a research approach that is used to gain insight about a phenomenon and its associated meaning as described by one or more participants. Pratama and Firman (2010:334) explained that “It does not attempt to depict empirical reality or what is really happening, rather to understand the personally attached experience which is manifested in the form of an individual’s perception”. Interviews are frequently used as a means to gather data and information of a particular phenomenon directly from individuals. Researchers are then able to draw conclusions from interviews with regard to understanding the nature of the participant’s experience.
- Creswell (2009) indicated that grounded theory is an approach where the researcher uses the views and opinions of participants as the basis for deriving a general or abstract theory of an action, interaction or a process. The researcher is concerned with the process and change over time, focusing on identifying phases or stages.
- A case study is an approach where the researcher examines an event, activity, process, programme, or one or more participants in-depth. Data collection can include observations, document collection and interviews.
- Narrative research is a research approach where the researcher endeavours to study the lives of people where one or more individuals can relate stories about their lives. The researcher can then use this information to present these stories in a narrative format.

The research design for this research was a qualitative study. Qualitative research was used because the attitudes and behaviours of participants can be explained in a much broader context, incorporating variables, hypotheses and constructs. In this study, qualitative research was considered as an appropriate methodology because the participants’ feelings, experiences, views and ideas from Addington Hospital as the research site was important when the researcher analysed the data.

3.4 Data collection

The data collection process entailed setting the parameters for the study, collecting information through questionnaires, semi-structured interviews, newspapers and management reports, and determining protocols for recording data/information. Ethical clearance for this research was obtained (Appendix 4).

Purposive sampling was employed. Nicholls (2009:640) stated that "... qualitative researchers look to sample participants into the study that can offer meaningful insights into the phenomenon they are studying". This involves approaching a selected group of individuals that share common experiences and to sample those individuals from the group who are willing to express their experiences candidly.

The site and participants for this research were purposefully selected at Addington hospital for a thorough understanding of the escalating problems at the facility. The sample population varied between managers and employees from various units in the hospital in order to obtain different views, opinions and experiences in respect of the role of leadership in relation to healthcare service delivery at the facility. The sample population was not limited to a specific group or individuals at the hospital, but was spread across different departments to ensure adequate representation from different occupational classes. The clinicians are directly involved in the clinical settings, therefore their experiences relating to healthcare service delivery at the hospital was important and made a meaningful contribution to this study. Similarly, managers from the other clinical units and the administrative components of the hospital that were experiencing the effect of poor leadership on healthcare service delivery were also targeted as samples, since their contributions were also considered to be important for this study.

Creswell (2009) clearly stated that in qualitative research, the participants or research sites (or visual material or documents) are purposefully selected, which will assist the researcher to understand the problems and the research question better. The following important aspects should not be ignored in respect of sites and participants when conducting research:

- The setting or research site.
- The respective actors in the research, i.e. participants for interviews, observations, etc.
- The events related to the research.
- The process (continuously evolving events that actors undertake within the research setting).

There was also an assumption that participants would be willing to cooperate in this research process since it affected their day-to-day operational activities, particularly patient healthcare, and the recommendations of this research could be used for the benefit of all role-players in the organisation and the patients that they serve. A learning journal was used to record the researcher's experiences, thinking, perceptions and feelings during the research process.

3.4.1 Types of data

In qualitative studies, researchers collect data from the natural setting in various forms. In this study information was gathered through semi-structured interviews, questionnaires, newspapers and management reports. Semi-structured interviews and questionnaires were considered as methods of data collection for this study because diverse views, opinions and perceptions of the participants could be explored on the research topic. This dual approach for data collection was chosen because it was anticipated that not all staff would be keen to be interviewed due to time constraints. Questionnaires were used as an alternative method for data collection in order to broaden the scope for the study. The researcher attempted to understand the role of leadership in relation to healthcare service delivery at Addington Hospital, therefore the views, perceptions and opinions of the respondents from a human behavioural perspective were considered important for this study.

3.4.1.1 Interviews

Interviews have been a familiar and convenient way of generating textual data for many health researchers, since they have developed the necessary skills during their training. Therefore, they are excellent field interviewers because of their acquired skills in communication (verbal and non-verbal), listening, note taking and engagement. However, Nicholls (2009:640) pointed out that "Research interviews are somewhat different, however, and demand a subtly different set of skills if they are to be undertaken successfully".

In this study, semi-structured interviews were conducted which involved open-ended questions that were aimed at establishing diverse views and opinions from the participants. The qualitative interview protocol of asking questions and recording answers manually was used. Al-Yateem (2012) pointed out that rich narrative data are obtained during

interviews with participants such as clinicians and patients and can be useful for expansion of services, planning new services, informing relevant policies, etc. Ten semi-structured interviews were conducted face-to face with the respective participants, i.e. managers and employees from different units, which allowed diverse perspectives to be gathered on the research topic. Interviews were conducted in the respective offices of the participants and the duration for each interview session was approximately forty-five minutes. The interviews were conducted from 30 April 2013 to 03 May 2013. All respondents were requested to complete the Informed Consent Forms (Appendix 1). Respondents were also advised of the confidentiality clause pertinent to this study and their right to withdraw from or refuse to participate in the study at any time when deemed necessary. Appendix 2 refers to the research questions that were used for the interviews. Since this study was qualitative in nature, the research questions focused on the perceptions, views, ideas and feelings of the respondents in respect of the research topic. The research questions were structured in accordance with the research topic. The table below indicates the demographical information of the respondents for the interviews:

Table 3.1 Demographical Information: Interview Respondents

Respondents	Occupational Category	Gender	Race
R1	Technical	Male	African
R2	Nursing	Female	Coloured
R3	Administration	Female	Indian
R4	Administration	Male	Coloured
R5	Administration	Male	African
R6	Nursing	Female	White
R7	Information Technology	Male	Indian
R8	Administration	Male	Indian
R9	Administration	Male	African
R10	Allied Health Therapists	Female	Indian

Qualitative researchers commonly use semi-structured interviews in their studies. The interviewer conducts interviews based on broad categories of themes and questions, adhering loosely to a pre-determined plan, but allowing flexibility for deviations when the interviewee feels that new information needs to be presented. During this form of interviews, the researcher is not able to anticipate answers from the participants, therefore the questions are not pre-formatted. The interview will also not proceed aimlessly and meander through topics that the interviewee feels relevant to bring up at any stage of the interview process. Nicholls (2009: 640) specifically stated that “This would be more in keeping with unstructured interviews which often begin with a prompt – a prop, an object, an idea or thought – and proceed from there in whichever direction the interviewer and interviewee wish to go”. It is therefore imperative that the interview process is efficient so that rich and accurate data are gathered depicting the real phenomena that is being studied and ensuring that the conclusions drawn from the study are as accurate as possible.

There are distinct advantages and limitations when using interviews for data collection during research. Interviews can be useful because the participants can provide information of a historical nature and it allows the researcher to have control over the line of questioning. However, the following limiting factors can be evident during the interview process:

- Information is gathered in a designated area instead of the natural field setting.
- Responses received from participants can be biased due to the researcher being present.
- Not all participants can be equally perceptive and articulate.
- Information is indirectly gathered that is filtered through the views of participants.

In this study, there were notable differences in the manner in which interviewees expressed their feelings and views when answering the research questions. The majority of the respondents articulated their feelings and views very strongly, since the leadership issues at the hospital directly affected their operational functioning. Although the respondents were interviewed in their respective offices, this had no influence on their responses to the research questions. This facilitated the interaction and discussions between the interviewer and interviewee and made them feel more comfortable when answering the research

questions. The interviews were conducted during normal working hours, therefore time was a critical factor since participants had to attend to their normal duties as well.

Researchers can obtain the best quality of data during the interview process through appropriate strategies that are used to control factors that would affect the interview process. Al-Yateem (2012:34) drew on Heyl (2001) who stated that strategies such as prolonging engagement with respondents prior to interviews or interviewing the same respondents on multiple occasions can be useful for obtaining quality data. In this way, the interviewers and the participants can familiarise themselves with each other, which can also contribute to building mutual trust. This is crucial, especially when it is a once-off interview because researchers must have the necessary skills to build trust with participants in a shorter space of time. It is therefore particularly important that the interviewer give participants time before the interviews to mention something about themselves, thus creating a feeling of being present or known.

3.4.1.2 Questionnaires

Qualitative research entails a series of different questions where it is imperative that the relationships between the questions are clearly understood. First, there is the broad research question/s that drive the study, followed by narrower questions. Braun and Clarke (2006:85) elaborated that “These narrow questions may be part of a broader overarching research question, and if so, the analyses they inform would also provide answers to the overall research question”. Research questions therefore guide all studies and can be refined as the study progresses.

In this study, 30 questionnaires were handed out to the targeted sample population (managers and employees) at Addington Hospital during the period 30 April 2013 to 13 June 2013. The questionnaires were personally collected from participants after one week. A few respondents took longer than one week to complete questionnaires due to work commitments. One respondent emailed the completed questionnaire. Key questions focused on the critical leadership issues that were affecting service delivery at the institution. The questionnaire was drawn up focusing on the challenges, feelings, views and perceptions of the participants in respect of the research topic. The questionnaire (Appendix 3) comprised of ten questions, with two broad questions that attempted to

explore the central concept in this study and eight sub-questions that narrowed the focus of this study. Creswell (2009) pointed out that qualitative research attempts to explore complex factors relating to the key phenomenon and presents the varied perspectives and meanings from the participants.

It was noted that there was reluctance from some respondents to complete the questionnaires for fear of victimisation by management. Participants were also pre-occupied with their own duties, therefore they did not have the time to complete the questionnaires and hand them over on the same day. Arrangements were made with the respondents for the collection of completed questionnaires later.

Questionnaires are recognised as a convenient method for data collection that can be easily managed (Huseyin: 2009), however researchers will have to spend much time preparing questionnaires clearly and unambiguously such that respondents will understand the questions and will not need explanations from the researcher. Anonymity is a characteristic of questionnaires for respondents that fear being recognised by others (Huseyin: 2009). In this study, the participants were not keen on completing the questionnaires unless they were guaranteed anonymity by the researcher. The participants were also handed the informed consent forms that gave them the reassurance of confidentiality in participating in this study. Filling out questionnaires by respondents were found to be less time-consuming, but analysing and interpreting the data was more time-consuming due to open-ended questions being asked.

3.4.1.3 Newspapers and management reports

In addition to the above-mentioned instruments for data collection, data was also collated by examining secondary data, such as newspaper reports and senior management reports. There was interactive collaboration with all participants in the data collection process, so that participants were afforded the opportunity to shape themes or behavioural patterns that emerged. Creswell (2009) stated that in qualitative research, researchers focus on learning the respondents' understanding of a specific problem or issue, and not that of the researcher as expressed in the literature.

Documents such as newspapers, reports, diaries, journals, etc. play a critical role in qualitative research because they define human existence, i.e. who they are and what they do as people. A document can be any form of textual presentation conveying meaning and need not only be in writing; it can be an image or a poster depicting cultural significance. It may also be a written policy emanating from a particular government department. Nicholls (2009:643) clearly stated that “Historiographic research – which, because of its methodological leanings towards positivism, sits a little uncomfortably within the domain of qualitative research – depends heavily on documents to accurately record events and provide evidence of incidence”. Linguists also rely heavily on documents in order to understand what is actually being said; literally attempting to interpret the etymology of single words and the grammar constructed in sentences.

3.5 Data analysis

Data analysis is an all-encompassing process of making sense of textual and image data, by preparing them for analysis and conducting different analyses. This data is extended to a deeper level of understanding, then represented and interpreted with its broader meaning. Braun and Clarke (2006) explained that analysis involves continually moving backwards and forward between the whole data set, the coded data that is being analysed, and the analysed data that the researcher produces. Data analysis entails coding or indexing of data focusing on a wide range of categories, identifying and describing themes or patterns from the participants’ perspectives. These themes and patterns are then explained and understood as they emerge from the setting. This process was followed in analysing the data that emerged from the interviews and questionnaires. Data analysis is a continuous process involving reflectivity about the data, analytical questions being asked and writing of memoranda during the study.

Creswell (2009:62) clearly states that “Themes in this context provide a ready-made series of hypotheses to be tested from the literature”. Themes are significant since they provide valuable and broad explanations that are commonly used by anthropologists when studying people’s attitudes and cultural behaviours. Qualitative inquiry is broad in scope and much of the field analysis can be described as thematic, encompassing identification, analysis and description of patterns within the data. Themes should be continually refined, consistent, adequately supported and distinct by the data that emerges and not merely reflecting the questions asked during the interview.

Fade and Swift (2011:110) stated that “In addition, where the aim of the research is to set out more of an explanation, further questions should be asked to make connections between themes, as well as between codes within themes”. These relationships between and within themes can be depicted in maps, charts and matrices. Diagrams featuring tree-like formations can also be useful to show themes and codes as a hierarchy, as opposed to charts or fluid maps that can be used to display themes that are not suited to linear frameworks. Some studies develop a multiplicity of themes that can present the data comprehensively, but themes can also be merged or dropped in order to ensure that the research findings are succinct for presentation or publication. Braun and Clarke (2006) appropriately stated that the theoretical freedom in thematic analysis, and its flexibility and usefulness as a research tool, has great potential for providing a rich, detailed, yet complex exposition of data.

Themes attempt to capture an important aspect about the data that is associated with the research question, representing the extent of meaning or patterned response that exists within the data set. According to Braun and Clarke (2006:82), “An important question to address in terms of coding is: what counts as a pattern/theme, or what ‘size’ does a theme need to be?” The prevalence of themes in qualitative research is evident throughout the data set, and more instances of a particular theme do not mean that it is more significant or crucial. There is no hard and fast rule in qualitative research as to what proportion of data set is required to display evidence of themes for them to be considered themes. A particular theme can be given a relatively large space in some data sets, or few or none in others. Therefore it is crucial that researchers have focused judgement in order to determine exactly what a theme is. Qualitative researchers therefore need to have some flexibility when using thematic analysis in their studies. Thematic analysis therefore involves examining a broad spectrum of data set that can include interviews, focus groups or text data, primarily aimed at finding meaning and patterns of behaviour from the participants.

Nicholls (2009:643) also explained that “It seems that new methods are being identified almost daily, as qualitative researchers around the world spread their wings and discover that no method of data analysis currently exists for their particular post-colonial, black, feminist, critical social theory stance, or their autoethnographic performance study”. The following basic principles are commonly found in data analysis methods.

- Generating text from raw data that was drawn from the field setting as field notes, documents or audio and video material. These are then converted into written text that can be read and analysed.
- This raw text is then read a number of times and some form of coding is used, representing the initial un-reflexive thoughts and ideas of the reader.
- The text is then scrutinised rigorously and more closely, and the researcher may share his early ideas with research participants and colleagues in order to ensure that his/her ideas are reasonably related to the data. The text is revised further so that more detailed coding can be used.
- Pre-existing theory can be used to assist the researcher with understanding his/her text better. Any additional information from pre-existing theory can be integrated into the text and can now become additional material for data analysis.
- As the data collection process progresses, the researcher identifies patterns or themes that emerge from the text. This is why Nicholls (2009) specifically stated that initially there can be a multitude of basic categorisations of themes emerging, which slowly progresses to becoming more organised and coalesced within explanatory frameworks.
- All negative cases are an integral part of the process and must not be ignored at any stage. The incorporation of negative cases in the process assists with theories becoming more sophisticated and nuanced.

It is also important that researchers consider looking at qualitative data analysis as a process where steps are followed from the specific to the general, involving analysis at multiple levels (Creswell: 2009). The following steps emphasise these multiple levels of analysis:

- Organising and preparing data by transcribing interviews, ensuring field notes are typed, sorting data according to different types, or optically scanning the data.
- The researcher should read all data received in order to get a general sense of it and he/she can reflect on the associated meaning that emanates from it. Therefore, Creswell (2009) stated that sometimes qualitative researchers scribe notes along margins or start to think in general about the data.

- Data can then be analysed in detail through a coding process. This coding process focuses on organising data into textual segments before the associated meaning of the information can be brought to the fore. Therefore, all information gathered during the data collection process, such as text data and pictures, are segmented into sentences (paragraphs) or images into respective categories, whereafter these categories are labeled with a specific term. Often these terms are familiar to the participants and can be based in their actual languages.
- The coding process can be useful because it describes the research setting and the people, including the themes or categories emanating from the analysis. This description provides a detailed account of the people, places or events in a research setting, which can be useful for generating codes. These codes can then be used specifically for generating some themes or categories in a research study. Creswell (2009) appropriately pointed out that these themes are specifically associated with the major findings in qualitative research and are often used as headings in the findings sections. The findings of the qualitative analysis are then represented in narrative format. Here there can be intensive discussions of various themes (including sub-themes, illustrations, multiple individual perspectives and quotations), including themes that are interconnected or a discussion highlighting events chronologically.
- The final step in data analysis entails the interpretation of data and its associated meaning. The lessons learnt from the study can be the researcher's own interpretation emanating from his/her own experiences, culture and history, or it can be meaning that is derived when the findings are compared with the respective information from the theory or literature. Research findings can either confirm historical information or they can diverge from same, but they can also suggest new questions that need to be raised - questions that the researcher had not foreseen during the early stages of the study. The theoretical lens used by researchers can result in interpretations that can encourage change and reform in any research setting.

3.6 Reliability and validity

Creswell (2009:190) drew on Gibbs (2007) who stated that qualitative validity means that the researcher, in terms of respective procedures, checks the accuracy of the research

findings, and qualitative reliability indicates the consistency of the researcher's approach across other projects and different researchers. Researchers must therefore ensure that their approaches are consistent and reliable, and that all procedures of the respective research are accurately documented. The following reliability procedures were followed for this study:

- All handwritten notes were thoroughly checked to ensure accuracy.
- Additionally, drifting in code definitions or deviation in the meaning of codes was avoided. This was achieved by comparing data constantly against codes and by continuously writing about codes and related definitions on memos.

Validity is significant during qualitative research because it determines the accuracy of the research from the perspectives of the researcher and the participants. In this study, the following validity strategies were used to validate the findings and to determine accuracy:

- Triangulation of various data sources of information (interviews, questionnaires and secondary data) through the examination of evidence emanating from these sources and subsequently using this to build coherent themes. Qualitative inquirers use triangulation as a recommended approach to test validity since it ensures completeness and conformability of the research findings. Irrespective of what methodology is used, it has been articulated that the goal of qualitative research is to attempt to interpret the area of study in its totality, and the incorporation of triangulation into the study can make a significant contribution towards achieving this goal. McBrien (2008:1288) drew on Denzin (1989) who stated that "Triangulation has been defined as the combination of two or more theories, data sources, methods or investigators in one study of a single phenomenon". The accuracy in the findings of qualitative research can be increased through triangulation because data from multiple sources can serve as confirmation of the truth. McBrien (2008:1288) also drew on Begly (1996), who stated that nursing researchers are focusing on increasing the use of multiple methods of triangulation in order to obtain extensive information from participants and to portray a more holistic world view.

- The findings will be conveyed in chapter four using thick, rich descriptions that take readers back to the setting, with the discussion also portraying shared experiences. Creswell (2009:192) clearly stated that “When qualitative researchers provide detailed descriptions of the setting, for example, or provide many perspectives about a theme, the results become more realistic and richer”. Thick descriptions draw on emotions, details and social inter-relationships that join individuals to each other, evoking emotions and feelings. It illustrates the voices, actions and meanings of persons interacting with one another, and establishes the significance of events in sequence or the experiences of the respective persons.

3.7 Conclusion

It is important to note that every research study has biases, limitations to methodologies, threats to validity and reliability, and is subject to a plethora of interpretations with inherent moral and ethical judgments. The quality and consistency in qualitative research is dependent upon honest and steadfast investigation, paying attention to the process, as well as the product, science and art. This chapter introduced the different methodologies that exist in research and these were clearly defined. The discussion then began with the data collection process and presented the different types of data that were used in the study. The step-by-step process in data analysis was comprehensively presented and the chapter was concluded with testing the reliability and validity of the study. Triangulation and the use of thick, rich descriptions were discussed as appropriate validity strategies for this research study. McBrien (2008:1289) stated that “To this end, it is hoped that a selection of these methods will greatly enhance the rigour and trustworthiness of studies underpinned by a qualitative paradigm”.

CHAPTER 4: RESULTS AND DISCUSSION

4.1 Introduction

The previous chapter outlined the research design that was used for this study. This chapter focuses on presenting the key findings of the research. Various aspects of leadership were identified based on data analysis from both the interviews and the questionnaires. The discussion focuses on the eleven main themes and five sub-themes that emerged from the data analysis.

Table 4.1 Themes and sub-themes

Theme 1	Healthcare service delivery challenges
Theme 2	Leadership
Sub-theme 2.1	Leadership styles
Sub-theme 2.2	Strategic leadership
Sub-theme 2.3	Distributed leadership
Sub-theme 2.4	Team leadership
Sub-theme 2.5	Clinical leadership
Theme 3	Vision
Theme 4	Communication
Theme 5	Values
Theme 6	Transparency
Theme 7	Strong organisational culture
Theme 8	Ethics
Theme 9	Human resources
Theme 10	Procurement of essential supplies for patient care
Theme 11	Lack of modern medical equipment technology

4.1.1 Theme 1: Healthcare service delivery challenges

The majority of respondents indicated that the key challenges that Addington Hospital is currently inundated with are shortages of critical staff such as managers, doctors, nurses and engineers, as well as a shortage of supplies such as pharmaceuticals, drugs, medicine, stationery, etc., and this contributes to failing healthcare service delivery at the facility. Respondents argued that the limitations imposed on managers for the procurement of essential medical supplies and the filling of certain critical posts for the hospital is having an adverse effect on its internal operations, for example, the post of Maintenance Engineer has remained vacant for a lengthy period, yet there are currently serious issues pertaining to infrastructure that need to be addressed at the hospital. The interim Senior Management

team is perceived as disruptive, lacking in management skills, and is struggling to cope in steering the hospital in the right direction.

‘Shortage of surgical supplies to run the department, restriction by managers to execute certain duties, e.g. procurement, filling of posts (vacant) is impacting on service delivery.’ (R1/I)

Participants also indicated that the shortage of critical staff such as doctors, nurses, managers, supervisors, etc. is a major service delivery challenge at Addington Hospital. The existing staff members are over-burdened from the additional workload at the respective units of the hospital. The vast majority of patients that attend Addington Hospital for treatment feel that their constitutional right to quality healthcare is being violated because of the sub-standard healthcare that the facility is currently providing, and the shortages of qualified, skilled staff in various clinical disciplines are a contributory factor.

‘Actually service delivery is not up to standard due to revamp and moving of patients from pillar to post, patients’ rights are sometimes violated; shortage of staff.’ (R6/Q)

Participants were of the opinion that the frequent change in executive management and the non-appointment of senior managers into permanent posts was causing confusion amongst staff members and affecting their day-to-day operations. They believed that the executive management of the hospital is fragmented, and did not take responsibility for making decisions on critical issues and providing support to key stakeholders across all levels in the organisation. The negative attitudes of staff towards their daily duties emanating from poor management are hampering healthcare service delivery at the hospital. Furthermore, staff also lacked motivation to perform their duties in accordance with the desired norms and standards of the hospital.

‘Attitudes of people towards work and expectation of management of staff in the face of problems, lack of support from management and head office.’ (R12/Q)

'Lack of responsibility from the hospital management – no one able to make concrete decisions to the running of the hospital.' (R20/Q)

The instability in management as a result of senior managers being appointed in acting positions for lengthy periods was considered a crucial reason for the ineffectiveness of the leadership at Addington Hospital. These acting managers were often unavailable to discuss critical issues when the need arose, resulting in communication breakdowns from the upper echelon of the hierarchy to operational levels. A manager that adopts a non-participatory leadership style with team members and lacks internal control within the respective area of operation can impede service delivery drastically.

'People in high posts are unapproachable and often unavailable....it's always I will get back to you.... managers should discuss problems with staff and not be poor team players.' (R4/I)

'There is no stability in management....key management posts are not filled and people are appointed in an acting capacity.' (R5/I)

'Vague policy, lack of feedback, slow response to concerns, reports, requests and sometimes (often) no response at all.' (R17/Q)

'...poor leaders, their attribute and personality and also lacking skills and experience, but still placed in management levels.' (R10/I)

Participants also attributed the high incidences of fraud, corruption and mismanagement to poor leadership that is adversely affecting service delivery at Addington Hospital. Senior managers lacking in knowledge, skills and experience to perform at strategic levels of the organisation was identified as one of the root causes that is affecting healthcare service delivery.

'The management of the institution has poor management skills.' (R20/Q)

'Poor selection of appropriate people with required skills to manage Addington. They lack commitment; lack of accountability.' (R23/Q)

Respondents also stressed the importance of good infrastructure and equipment for supporting healthcare service delivery initiatives at the hospital.

‘Lack of maintenance and upkeep of existing equipment and buildings as a whole and excessive patient load together with staff shortages.’ (R21/Q)

‘Infrastructure is crumbling due to ageing building resulting in maintenance problems.’ (R27/Q)

The existing building and equipment is lacking in maintenance and daily upkeep due to a scarcity of resources, such as qualified maintenance engineers and artisans, as well as essential supplies required for routine maintenance. The decision to close the main theatre services at the hospital was a decision by the executive management based on malfunctioning air-conditioners. It is the primary responsibility of the maintenance department of the hospital to ensure that all air-conditioning plants for critical units such as theatres are maintained and serviced according to pre-determined schedules so that downtimes are limited, thus ensuring the continuation of clinical services in the respective units.

‘Air conditioners were not working which led to the theatres being closed down.’ (R7/Q)

Respondents also identified the patient administration department in the hospital as a problem area since patients’ medical records are often lost and difficult to trace. The problem is exacerbated when patients complain that files are missing, placing an additional burden on the administrative staff. The resultant excessive load emanating from poor logistical issues such as availability of patient medical records also has a ripple effect in the operations of the clinical setting, since doctors, nurses, pharmacists, therapists and other staff have to cope with this.

‘There are problems with patient queues and patient files are always missing...there are poor working resources’ (R8/I)

'There is also long waiting periods to collect your outpatient's cards at medical records.' (R11/Q)

'Outpatient areas layout... not conducive to patient flow resulting in overcrowding/congestion.' (R23/Q)

The findings therefore indicate that there are genuine challenges at Addington Hospital that are resulting in healthcare service delivery failures at the facility. This study attempted to explore the role of leadership in relation to healthcare service delivery at Addington Hospital and found that these service delivery challenges should be addressed by improving the current leadership approaches, which could contribute to promoting effective healthcare service delivery for all patients. Naidoo and Xollie (2011) argued that poor performance is related to ineffective leadership, consequently impacting on service delivery outcomes. It is evident from this study that Addington Hospital is faced with various, complex challenges that the existing leadership is having difficulty contending with. Studies conducted by Naidoo and Xollie (2011) clearly pointed out that a lack of leadership and management capacity, skills, experience, competencies and personal conflicts of senior leaders in the public service continue to pose problems during service delivery. In this study, respondents highlighted these as the cause of some of the service delivery challenges that prevail at Addington Hospital, therefore it is critical for the hospital to have effective leadership that will promote effective healthcare service delivery.

4.1.2 Theme 2: Leadership

The majority of the respondents indicated that leadership played a significant role in driving the performance and service delivery initiatives at Addington Hospital. In order to achieve this, the leadership must be open and transparent at all times, take decisive actions in critical situations, and constantly engage with team members in order to influence them and gain their support.

'Leader to drive the organisation forward and manage processes – he should oversee, monitor, involve, participate, interact, influence team members.' (R3/I)

In addition, a goal-directed leadership was identified as crucial for influencing organisational performance at the hospital. A goal-directed leadership supports team interaction that strives to achieve organisational goals and the continuous monitoring of goal achievement. In a study by Williams, Parker and Turner (2010), it was pointed out that through such interactions, team members are able to respond to challenges and to proactively achieve organisational goals by planning for the future. Research has also found a positive link between team interaction and productivity (Williams et al., 2010). A leader that involves his team in the decision-making process and encourages team collaboration will be influential in achieving organisational goals.

A participant held the view that historically, Addington Hospital had strong leaders who focused on providing quality patient care to all citizens. However, it was argued that the constant change of leadership at the hospital over the past few years has resulted in a rapid decline of patient care that necessitated urgent interventions from the Department of Health.

‘People need direction; people need to be guided...’ (R4/I)

It was emphasised that strong leaders will lead by example and will have many followers, as opposed to poor leaders that can cause an eventual collapse of the organisation. In a study by Slavkin (2010), it was highlighted that the most successful leaders have the ability to think and act strategically in any type of organisation, influencing, motivating and inspiring followers for the realisation of their maximum potentials. It was also emphasised that such strong leaders have superb communication skills, usually leading by example, always reflecting selflessness and always striving for making a difference in the organisation (Slavkin:2010).

The majority of the respondents were of the opinion that the failing leadership at Addington Hospital contributed to the escalating service delivery challenges at the facility. The healthcare service delivery challenges was found to be directly related to leadership since it is the executive leadership of Addington Hospital that is primarily responsible for ensuring that it achieves its strategic goal of providing quality healthcare to all its patients. Respondents attributed the service delivery challenges to factors directly related to leadership.

‘Patient care is compromised because staff are demotivated; the qualifications, skills and competencies of staff members do not match their jobs..., inadequate performance appraisal system, the negative attitude of staff towards work and the application of employment equity policy.’ (R2/I)

The respondents expressed that team members displayed negative attitudes and were not motivated to expedite their daily operational activities at the hospital because of the lack of resources essential for patient care. Research by Slavkin (2010) indicated that leaders should make choices with finite resources that are subject to plausible alternatives and that can motivate team members to coordinate such resources (human and financial) for the realisation of a common goal. Other studies by Savic and Robida (2013) highlighted that motivation can play an important role in many of the complex challenges that prevail in the healthcare system today. Therefore, it was emphasised that employee job satisfaction and motivation should be closely aligned in order to promote work performance in the healthcare organisations (Savic and Robida: 2013).

Participants also indicated that some of the senior leaders at the hospital lacked the necessary qualifications, skills and competencies that would enable them to perform their duties effectively and efficiently. It was also argued that the application of employment equity for the selection of suitable candidates for key leadership positions at the hospital was not effective. The departmental performance management system was also identified as ineffective since the application of this system failed to address the poor performance of the team. These factors therefore compounded the service delivery failures at Addington Hospital.

‘Management to empower and develop ordinary staff members.’ (R3/I)

‘If decisions cannot be implemented, leadership will be stifled, even if the decisions are good, leading to poor leadership. (R5/I)

Respondents strongly emphasised the need for a permanent and stable executive leadership at Addington Hospital. The participants indicated that the interim management team is over-burdened with responsibilities, which is causing conflict and confusion across the different levels in the hierarchy of the organisation. This scenario often results in the

respective managers taking matters personally, which causes conflict in the executive leadership of the hospital. The continual change in managers at the executive level does not resolve the impending service delivery issues at the hospital, but results in the escalation of the problems.

‘Previous managers wore more than one cap, e.g. medical manager acting as CEO or Operational Unit Manager acting as medical manager. Managers thus become overburdened with responsibility.’ (R12/Q)

‘The leadership is non-existent because instead of leading your unit/team you come to work to trouble-shoot, put out fires; then once damage control is done, paperwork is completed but little is done for the adverse events – so that the damage control does not occur as often.’ (R20/Q)

The literature review highlighted leadership as a process where the leader focuses on setting direction, visualising the future, encouraging and inspiring the team (Bush: 2012). Leadership therefore involves collaboration between the leader and the team, where both parties can work together towards achieving the common vision of the organisation. In this study, the respondents highlighted the insurmountable challenges that pervade Addington Hospital as a consequence of poor leadership. Research studies conducted by Naidoo and Xollie (2011) clearly highlighted effective leadership as providing vision and direction, innovation and creativity, personal development, increased levels of satisfaction, improved quality of goods and services and recognising the need for an invigorating culture. Leaders should therefore strive to provide an enabling environment that would create a sense of belonging in the team that could result in enhancing productivity for the achievement of organisational goals. A leader therefore cannot work alone, but needs the support of the entire team in order to achieve the vision of the organisation. In the context of this study, there is a critical need for effective leadership that could address the service delivery challenges that prevail at Addington Hospital.

Team leadership is important for both the organisation and employees since it can provide benefits such as higher productivity, increased employee participation, job satisfaction, more flexibility and decreased turnover. According to Daft (2008), a team can maximise its performance through shared leadership, developing a sense of purpose and meaning, and

collectively being responsible for achieving a common goal in the organisation. The research findings by Leonard and Frankel (2011) emphasised that effective leadership is essential for delivering safe healthcare and sound team performance. There is collaboration between the leader and the team when they share information and invite suggestions from team members. There are similarities in the findings by Curtis and O'Connell (2011), who highlighted that when team members participate in the decision-making process, their motivation increases and they are recognised as valuable and loyal by the organisation. In a study by Scott (2010), collaboration was perceived as a partnership between the clinical staff and administrative staff in the healthcare setting, founded on equality, empathy, mutual respect and democratic ideals for the achievement of organisational goals.

4.1.2.1 Leadership styles

The researcher identified that the majority of the participants supported a participative, transformational leader that could turn the existing service delivery challenges at the facility around. The expectations from participants in this study are that the CEO and his executive team should adopt a transformational leadership style in order to improve healthcare service delivery at Addington Hospital.

'Interactive, participative approach, gaining views from all staff members and engaging in a healthy and productive work environment.' (R3/I)

Murphy (2005) found that a leader who creates opportunities for team member participation and decision-making, and ensures that an open communication climate is facilitated, is critical for healthcare service delivery. It is emphasised that transformational leaders will invite and listen to opinions from team members and will recognise the benefit of such opinions in the healthcare context (Murphy: 2005). It was also considered important that the leader constantly engages with the team, sharing information and inviting suggestions for improvement from all staff members. It was indicated that innovative leaders would introduce new and efficient operations that could enhance service delivery initiatives. In a study by Slavkin (2010), it was highlighted that innovations introduced by leaders in any organisation can be used to assess the leader's performance. Slavkin (2010) examined the transformational leadership model in his study, where he emphasised that this form of leadership can result in positive changes among team

members and can enhance their performance, motivation and morale. A participant indicated that a participative leader would engage with team members and listen to their views and opinions on pertinent issues, which could enhance productivity and promote a healthy working environment.

Participants also held the view that an executive leadership at Addington Hospital with senior managers appointed in permanent posts will instil confidence among team members, make them more responsible and encourage engagement at grassroots levels. It was considered important for leaders to visit the various departments in the hospital regularly and interrogate problem areas by asking questions or conducting random surveys. The key leader should be committed to working through the critical problem areas and finding solutions that could assist in revitalising the hospital.

'The leader should lead by example, engage staff at grassroots level and take responsibility for one's actions.' (R9/Q)

'Win staff members, boost staff morale and confidence.' (R/I)

'Someone focused on revitalisation and dedicated to working through the problems here. The person should be someone who is up for the challenge and not someone placed here unwillingly.' (R12/Q)

'Get staff to engage more in the process and encourage staff to enhance their motivation and creativity.' (R27/Q)

Respondents also stated that the open door policy would be more suitable to the Addington Hospital scenario and there should be consultation at all levels of the organisation when deemed necessary. Leaders that espouse honesty, commitment and empathy, and those that encourage and motivate team members, would contribute positively towards organisational efficiency. The leaders of the organisation should also be responsible, transparent, and accountable, and be good role models to all who they represent in the region.

'Leadership that is based on honesty, commitment, empathy and strategic planning and appropriate time frames.' (R28/Q)

'It's important that one has to be caring, compassionate, honest, respectful, as to provide quality healthcare.' (R16/Q)

The majority of respondents stressed that effective leadership could improve service delivery at Addington Hospital. It was mentioned that effective leadership aligns its goals to the key strategic objectives of the organisation, focusing on key priorities, quality, efficiency and cost-effectiveness. Staff members will be more productive and confident and there will be fewer complaints from the public. The core business operations of the hospital will be optimised through sound financial and human resources management, extensive quality assurance programmes and continuous monitoring and evaluation of key business processes.

'Boost the morale, feeling of confidence of the person, sense of direction and security in the organisation.' (R6/I)

'Quality service delivery, reduction of complaints, reduction of negative publicity and it can be a hospital of choice.' (R5/I)

'Strong leadership would contribute to an effectively run organisation.' (R7/I)

The researcher recognised that there was strong support from participants for a transformational leader at Addington Hospital. This leader should have a clear vision of the organisational goals and objectives and must ensure stakeholder involvement in all operational activities of the hospital. He should seek a sense of purpose in transforming the organisation to the benefit of all its patients. Mostovicz et al. (2009:571) stated that “While leaders are usually concerned with their legacies, their commitment to purpose has to go far deeper”. This is not a simple exposition of a leader’s life, but defines the purpose for which he would have been prepared to sacrifice his life for, if it could not have been achieved. This therefore calls for total commitment from all leaders at Addington Hospital, constantly interrogating critical issues and aiming to achieve the unachievable with the available resources. The study by Naidoo and Xollie (2011) indicated that ineffective and poor leadership approaches can manifest themselves in the provision of poor service delivery for the citizens of the country. The research findings of this study highlight the effect of poor leadership in relation to the provision of healthcare for patients at Addington

Hospital. The majority of respondents were convinced that a leader with sound values, strong interpersonal skills and one that encourages robust engagement with team members, would be most suitable for turning the situation at Addington Hospital around.

Drawing from Curtis and O'Connell's (2011) study, there is a firm belief that transformational leaders can achieve maximum outputs in an organisation through innovative thinking and by transforming the beliefs and aspirations of followers. This type of leader should recognise the significance of organisational change, use his vision and motivation to empower team members, and embrace shared accountability and responsibility that would assist followers to achieve organisational goals. This leader can enhance motivation and reduce the resistance to organisational change by team members by using staff empowerment as a strategy. Staff empowerment is concerned with accountability and delegation; emphasises ownership, trust and change; and encourages team members to participate in the decision making process. However, in this study the participants specified that staff empowerment at Addington Hospital was lacking and team members were excluded from the decision-making process, which also contributed to the low morale of the team at the facility.

'The enormity of the challenges is related to poor leadership styles in management; highly educated individuals lack basic skills in management. Management to empower and develop ordinary staff members.' (R3/I)

The literature on transformational leadership refers to leaders who give people a sense of meaning and purpose in their work. Nielsen et al. (2008) stated that transformational leaders provide opportunities for people to look beyond their present day-to-day problems and encourage them to work smarter and harder as a collective for the realisation of the organisational vision. In this study, respondents supported a goal-directed leadership that focused on setting meaningful norms and standards for optimising service delivery imperatives at the hospital.

'Leadership must show direction, it must set meaningful norms and standards that influence performance.' (R5/I)

Transformational leaders can also use inspirational motivation for the formulation of clear goals and objectives, that can create opportunities for team members to see how their work integrates into the overall organisational objectives and provide meaning and a sense of purpose for tasks. They also use this shared vision to provide a meaningful platform to facilitate change in the work environment and the workforce. A study by Naidoo and Xollie (2011) related transformational leadership to charismatic or visionary leadership that focuses on the future and involves taking risks.

However, in a comparison between transformational leadership and transactional leadership, Horner (1997) drew on Burns (1978), pointing out that transactional leaders hold a traditional view of workers and organisations, and involve the position powers of leaders to use team members for task accomplishment. In a large healthcare organisation such as Addington Hospital, transformational leadership would not be sufficient to achieve the escalating need for quality healthcare for patients. Transactional leadership encompasses contingent reinforcements such as praise, promises or rewards by leaders, such that team members are motivated to achieve what they have been ‘transacted’ to do (Palama, 2005). The supervisors in the operational area of the hospital could motivate team members to perform tasks that they were assigned to accomplish, and operational supervisors could use active management by exception to monitor team performance and correct mistakes and deviations.

Few participants indicated that autocratic leadership is necessary to deal with the crisis at Addington Hospital. There was a notion that government employees have too many rights that are protected by the respective labour legislations, which can contribute to poor service delivery during go-slows, strikes and prolonged labour disputes.

‘Sad to say but we need leaders that are autocratic – you don’t perform your work properly you need to go.’ (R20/Q)

An autocratic leader centralises authority and derives power from the position of an individual in an organisation (Daft: 2008). However, the literature on transformational leadership strongly opposes this form of leadership in a complex healthcare environment like Addington Hospital. It can be argued that the nature of work performed by clinicians, in particular, demands bureaucratic rules and procedures that will enable them to perform

their duties efficiently and effectively, especially when the lives of patients are involved. Autocratic leadership has its benefits during a crisis or emergency, for example during a fire, where authoritative commands and instructions are necessary to save lives.

4.1.2.2 Strategic leadership

Respondents strongly expressed that the executive leadership should have a clear vision of the Department of Health's strategic goals and must ensure that Addington Hospital's vision is aligned to the Department's key strategic priorities. This leader should be interactive and involve all relevant staff members in the decision-making process. The key leadership of the hospital should comprise of senior managers appointed permanently with the relevant qualifications and experience in the health sector, who are driven to achieve maximum health outcomes with the available resources. Participants specified that leaders should plan adequately, lead and provide direction to team members, ensure strict adherence to pre-determined timelines, and institute control when necessary.

'Identification of service delivery gaps and the development and implementation of effective strategies to address gaps.' (R23/Q)

'The best form of leadership would be leadership with a clear vision of the Department of Health relating to the strategic direction of the department.' (R5/I)

'Leadership needs to gear a sense of direction.' (R3/Q)

'Strategic planning sessions including all leaders/managers to coordinate planning.' (R17/Q)

The healthcare environment is complex and the future is always unpredictable and uncertain, therefore issues overwhelm leaders as they unfold. Leaders have a tendency to focus more on internal operational issues rather than paying attention to important strategic goals. Leaders feel more at ease in dealing with operational matters that are results-oriented and where they have control. This study shows that the senior leaders at Addington Hospital were failing to address critical operational issues, such as providing adequate staff, surgical sundries, consumables, infrastructure, etc. that are needed for

healthcare service delivery. This unstable leadership of the hospital failed to implement effective turnaround strategies that could improve the situation at the facility. In a similar study by Ford, Boss, Angermeier, Townson, and Jennings (2004), it was highlighted that not all internal stakeholders welcomed the CEO's business plan for a hospital in Spartanburg, South Carolina, since it was not all-inclusive and the strategic intent focused only on growth opportunities. This CEO failed to address operational issues such as staff shortages, low staff morale, staff division in functional departments and overwhelmed work processes in the organisation, which culminated in his termination (Ford et al., 2004). A study by Scott (2010) expressed that there is a collaborative effort by team members when patient outcomes and safety are considered the priority strategic goal of the healthcare system.

Strategic leadership is multi-dimensional, with unique characteristics, multiple approaches, diverse perspectives and strategies. Research by Naidoo and Xollie (2011) pointed out that this multi-dimensional approach takes into account sensitivities such as culture, religion, gender, and political as well as socioeconomic differences. It was evident in this study that strategic leadership was lacking considerably. The inclusion of diverse perspectives at Addington Hospital could be useful for the realisation of maximum healthcare outcomes, if applied in an appropriate manner. Strategic leaders are able to influence team members to contribute voluntarily to day-to-day decision-making that could enhance the organisation's viability in the long term.

4.1.2.3 Distributed leadership

A large number of participants stressed the importance of distributed leadership at Addington Hospital in relation to the provision of quality healthcare for patients. One person cannot function in isolation, independent of key stakeholders such as managers, supervisors, clinicians and community members, therefore it was considered imperative that all play a role in the decision-making process in order to promote organisational efficiency.

'A health institution would require distributed or collective leadership. Single leadership would have serious repercussions on patient's healthcare, decision-making impacts on service delivery.' (R1/Q)

A respondent suggested that the CEO of the hospital should be business-oriented, focusing on developing business processes for the internal operational activities and involving the entire management team in the implementation of such processes. He should be a leader who has the power and authority to run the hospital, taking into account the views and opinions of his team members.

Although the majority of the respondents supported distributed leadership at Addington Hospital, a respondent suggested that not many people are prepared to assume leadership roles in health organisations today.

'Few people are interested in assuming leadership roles. Only people needing experience will accept leadership positions' (R8/I).

The participants suggested that the empowerment of frontline staff, such as clinical managers, nurse unit managers and administrative supervisors in leadership positions, was considered to be an advantage for distributed leadership. Respondents also recognised that Addington Hospital is a huge institution that provides a multiplicity of healthcare services from various clinical units within the hospital, therefore it was considered particularly important that each unit have a strong leader that would report to the CEO on various issues pertaining to their respective operational areas.

Respondents strongly supported distributed leadership for Addington Hospital, since the organisation has broad categories of staff members across different levels in the organisation that could contribute towards improving the situation at the facility. Distributed leadership has advocated that leadership practices are not something that is done to team members or which focus on the actions of a single individual, but rather they are the interactions between the leader and team members, which are critical for leadership effectiveness. In a study by Horner (1997) it is clearly stated that the notion that leadership refers to a person may not be appropriate since the workforce is highly collaborative, involving various stakeholders.

Participants indicated that decision-making was crucial in a healthcare environment as dynamic as Addington Hospital, therefore it was considered important that the senior

leaders consult with all stakeholders at all levels of the organisation and involve them during decision-making. This collaborative practice involving all healthcare personnel, including managers, clinicians, nurses and allied-healthcare workers, could contribute considerably towards achieving the common goal of providing quality healthcare at Addington Hospital. Studies conducted by Wronka et al. (2010) clearly highlighted that reforms in healthcare systems result in the modification of organisational structures and methods of operating, from highly integrated to decentralised and distributed, regarding the mechanisms for financing the provision of healthcare.

Distributed leadership focuses on the different leadership styles that exist in organisations in comparison to the various phases of a particular team's life. Research by Yang and Shao (1996:523) explained that "This model claims that there are four phases in a team's life, and each phase requires certain leadership styles". There are four mutually exclusive, but complementary, groups of leadership styles, which include envisioning, organising, spanning and social (Yang and Shao: 1996). Distributed leadership is a much broader concept in leadership models, where leaders are involved in directing work processes and negotiating with other teams or groups in the organisation. Leaders are expected to meet four different and conflicting expectations in different scenarios in the workplace, thus illustrating the coexistence of various leadership roles within teams that are aimed at optimising team performance. This research generated strong support for distributed leadership at Addington Hospital, where the involvement of all key role-players was considered critical for quality healthcare service delivery.

4.1.2.4 Team leadership

Respondents argued that team performance was on the decline at Addington Hospital due to a lack of trust and confidence from team members, no empowerment, communication breakdowns and poor decision-making.

'One person cannot oversee and make own decisions. CEO to involve all team members in decision-making; managers and supervisors must be proactive; this would contribute to stronger leadership.' (R7/I)

'Doctors should see us (nurses and doctors) as a team and not point fingers and shift blame.' (R4/Q)

Leadership behaviours such as setting a vision or managing conflict can be exhibited by a single person or multiple persons in a team, therefore it can be difficult to identify a leader in a team. The expectations for understanding the leadership process comprehensively relies on focusing on leadership across a broad spectrum and not just on a specific person. The study by Horner (1997) clearly pointed out that as team members accept greater responsibility in the workplace, they tend to take on stronger leadership roles.

Team leadership plays a significant role in organisations today because team members are personally accountable and responsible for outcomes; they can manage and monitor their performances as well as assist team members to improve their performance. An empowered working team has the tendency to exercise self-management, thus contributing to setting and following the direction of the team and adding to the leadership potential of team members.

Although creativity and innovations are key characteristics of many successful individuals and leaders today, team collaboration has generated most innovations in the workplace. In this study, it was evident that many supervisors and senior managers were stuck in their respective departments and were not collaborating with team members in finding innovative solutions to the problems at the hospital. The literature review drew on system thinking, which emphasised that ineffectiveness and inefficiencies in organisations resulted from fragmented systems and leaders failing to see the system as a whole. It clearly indicated that the complexity in healthcare service delivery requires a systems thinking approach, which can provide an alternative lens for addressing the overlapping components within the system (Hamdani et al., 2011). The interaction of the components within the system results in constant changes, where a change in a particular area will impact on other areas. These changes require flexibility through a few simple rules that can evolve over time as the interacting components change (Hamdani et al.:2011). It is important to understand that the healthcare system is continuously evolving, therefore appropriate interventions are necessary to account for both intended and unintended consequences.

Igniting creativity and encouraging innovation in the workplace should be every leader's key prerogative, because creativity and innovation are associated with open-mindedness, independence, curiosity, problem solving and self-confidence. It is every leader's responsibility to use team members' creative potential and to encourage them to generate new ideas in order to address new challenges in the organisation. The research findings concluded that innovation and creativity of all leaders at Addington Hospital was critical for ensuring that clinical operations are normalised and all patients are granted their constitutional right to quality healthcare. In Nielson's (2008) study on transformational leadership, it was emphasised that advancing staff development in healthcare settings can encourage staff members to find innovative and creative solutions to problems, and also test modern methods of working.

4.1.2.5. Clinical leadership

Respondents argued that the clinicians from the various disciplines at Addington Hospital have a critical role to play in strengthening leadership at the facility. They should play a collaborative role with the management team since they are the experts on clinical issues and should provide expert advice and guidance on clinical aspects affecting patient care.

'Clinicians must support managementconstructive criticisms are welcomed...they must come with solutions to resolve problems.' (R1/I)

'...they must assist the management with ideas (constructive) that can overcome this situation.' (R1/Q)

'Management within the hospital are meant to provide an environment that lends itself to efficient service delivery for its clinicians.' (R25/I)

Participants emphasised that the clinician's role in the procurement planning processes of the hospital was crucial, especially for items such as medicines, medical equipment and pharmaceuticals. Their expert knowledge and advice is important for clinical decision-making and they must be actively involved in all decisions pertaining to patient care at the hospital.

‘The professionals should assist management by letting them know what their needs are to provide a proper service...’ (R20/Q)

‘By providing clear guidelines regarding our needs...be more involved in the procurement processes to ensure that as and when, we get what we ask for/need.’ (R25/Q)

‘They must be able to understand patient needs and transform or translate those needs into meaningful improvement in the healthcare environment of Addington Hospital.’ (R27/Q)

A few participants indicated that clinicians were rude towards fellow colleagues, were always shifting blame to other professionals for service delivery failures, and were not punctual at work. Respondents also questioned the integrity of clinicians when it was established that some doctors were moonlighting in private practices whilst working for the hospital.

‘Currently, some doctors are rude, not punctual...only one doctor on duty, more doctors need to be on call.’ (R4/I)

‘Clinicians have a responsibility to come to work on time and leave at the expected time. No moonlighting by clinicians; patients are a priority.’ (R9/I)

Respondents recognised the significant role of clinicians at Addington Hospital. However, they also stressed the importance of leadership and management development for clinicians as a strategy to support the executive management team in resolving the critical issues that are prevalent in the hospital. It was emphasised that there is an urgent need for doctors to follow global trends in healthcare service delivery, and decision-making should be based on broader perspectives of the service involving other professionals such as nurses, allied health therapists, radiographers, etc. from the multi-disciplinary team. There is a growing concern that doctors are only focusing on clinical issues and are rarely involved in decision-making pertaining to management issues at the hospital.

'...need to become more actively involved in management issues. Tend to be completely focused on clinical aspect without contributing to issues relating to quality/management' (R23/Q)

'Doctors should be approaching services in a global manner. They tend to make decisions based on narrow views of their service, not on how it will impact other services.' (R17)

Respondents argued that it is each clinician's responsibility to treat every patient to the best of their abilities, together with all support staff at the hospital, and to uphold the values of honesty, integrity, faithfulness, commitment, respect and compassion in all instances. A change in attitude by clinicians can result in positive change throughout the entire organisation.

'They must also hold themselves accountable to these values of hard work, honesty and integrity.' (R9/Q)

'Loyalty, faithfulness, commitment, cooperative with all team members of the multidiscipline.' (R22/Q)

The respondents claimed that clinical leadership was important for promoting quality healthcare at Addington Hospital. Clinical leadership is of particular importance within the health sector, because it is the clinicians who are in direct contact with the patients; they are the first to diagnose the patients as well as notice any changes in a patient's condition, and are also responsible for assessing the patient's needs.

'Accountants cannot be held responsible for patient's needs. Someone medically trained needs to oversee all these decisions.' (R25/Q)

'Integrate clinicians with management; doctors should promote planning in the medium term expenditure framework, e.g. equipment needs for the hospital, patient care needs such as drugs, pharmaceutical, etc.' (R3/I).

Leonard and Frankel (2011) emphasised that historically, leadership was not taught as a skill in healthcare, but there is progressively more awareness in the modern era of the need for clinicians to understand effective leadership behaviours. As public sector healthcare management paid more attention to managing costs than clinical leadership, it is important that clinicians be developed in leadership and management throughout the healthcare organisation and not only in their respective positions. The clinicians justifiably argued that their expert clinical advice and guidance is critical for clinical decision-making and could assist the executive management in making decisions on issues relating to drugs, medical equipment, pharmaceuticals, etc. The clinician's daily involvement with patient care over prolonged periods and their associated in-depth knowledge in the clinical arena makes them more suited to address the concerns and problems raised by patients.

The value of leadership skills at all levels in the clinical setting cannot be underestimated, therefore clinicians should be encouraged to develop their leadership skills to the highest level. It is the researcher's assumption that the clinicians that undertake management training can be exposed to high level decision-making, consequently developing their own leadership skills, becoming more flexible and fluent in the areas of management and quality improvement. The emergence of a new generation of doctors that understands the implementation of change across multi-levels and the development of long-term policies and strategies is crucial for healthcare reform. Doctors acquire various skills during their professional lives, mainly in the clinical arena because of traditional learning opportunities. However, such learning opportunities are seldom available for clinicians - particularly in the leadership and management context. There are limitations on clinicians' existing training programmes that could equip clinicians with the required skills and experience for clinical leadership in healthcare organisations.

Research findings in Canada suggested that medical directors are appointed at hospitals and regional health authorities on a full-time basis, in addition to divisional heads fulfilling both clinical and leadership roles (Ham, 2008). Therefore, the number of medical leaders is dependent upon the different types of hospitals, and the smaller community hospitals will have fewer doctors appointed in leadership positions. In this study, the literature review indicated that there are distinct similarities with the United States healthcare setting, as medical directors and divisional heads are appointed in leadership roles as well. For example, in the New York Presbyterian medical centre, medical leaders are recognised for

their dual role in healthcare provision and are therefore appointed jointly by hospital leaders and the medical school (Ham: 2008). Medical leaders assume prestigious roles at each hospital and are focused on achieving quality patient care for all patients. In the Addington Hospital context, respondents argued that clinicians played a limited role in leadership and were not actively involved in the long-term planning processes pertaining to clinical needs for patients.

The literature review on public versus private healthcare systems in South Africa clearly distinguishes between the effectiveness of both systems. Other studies indicated that there is an inequitable distribution of healthcare workers between the public and private sectors, urban and rural areas, tertiary and primary care, as well as rich and poor settings, which have serious implications for the country to achieve the Millennium Development Goals (Ashmore: 2013). The following table highlights the number of healthcare workers employed by the private sector in South Africa.

Table 4.2: Healthcare workers employed in the private sector

Category	Percentage
Medical specialists	56%
General practitioners	46%
Nurses	28%

Source: Ashmore (2013: 2)

The above statistics show that a large percentage of healthcare workers employed in the private sector serve the wealthiest of the population, who have medical aids or healthcare insurance. There is also a tendency for healthcare workers to migrate from the public sector to the private sector due to better working conditions, higher salaries, job satisfaction, modern equipment technology and so forth. This situation significantly undermines the country's healthcare system to tackle the public healthcare crisis, as is evident in this study. The participants in this study clearly highlighted that the shortage of doctors also contributed to the healthcare service delivery challenges at Addington Hospital.

Ashmore's (2013) study also indicated that clinicians were embittered by hospital management in respect of the application of the dual practice rules, also known as remunerative work outside the public service (RWOPS). There were misperceptions that this rule required clinicians to submit detailed work plans on how they will expedite public duties while working in private practices. There were also arguments that the RWOPS rule is only applicable for clinicians performing all private work in the evenings. The tensions created by policy issues symbolised deeper problems in the healthcare system, causing extreme reactions and sometimes this emanated from false information, which often culminates in distrust towards senior management (Ashmore: 2013). In this study, the participants expressed strongly that clinicians who were moonlighting in the private sector (RWOPS) contributed considerably to the shortages of staff in the clinical setting.

4.1.3. Theme 3: Vision

The research findings indicated that the executive management at Addington Hospital lacked vision and were failing to steer the organisation to achieve its strategic goals of providing quality healthcare to all its patients. It is important that leaders know and understand an organisation's environment, forecasting what it might be like in the future and setting a direction for that future which all stakeholders can believe in.

'People in acting positions do not have skills in leadership. Lower level staff members elevated to acting positions with limited knowledge and skills for senior management functions.' (R6/I)

'The majority of issues are related to poor planning with regards to procurement of equipment and consumables; lack of maintenance and upkeep of existing equipment and buildings as a whole; and excessive patient load together with staff shortages.' (R21/Q)

Daft (2008) described vision as a belief of an ambitious and promising view of the future state of the organisation and one which can be realistically achieved. Respondents stressed that the executive management of the hospital failed to formulate effective strategies to prevent a further decline in service delivery since they lacked knowledge, skills, and competencies and they were not engaging with key stakeholders to address critical issues

at the facility. The vision for Addington Hospital is “To achieve an optimal healthcare status for all patients, families, and communities through innovative and dynamic healthcare leadership” (Service Commitment Charter: 2007).

In this study, respondents emphasised that capable leaders convey a strong vision of where the organisation will be in the future. This is also dependent on the level of trust that the team has in their leader, in order for them to buy-in to their vision. It is crucial that leaders are honest and fair at all times with team members, in order to gain their trust and convince them to believe in their vision. It was evident in the interview findings that the team members lacked trust in the executive management of the hospital.

‘Employees should trust in the leadership in any organisation.’ (R5/I)

Participants also stressed that it is the responsibility of every senior leader in the organisation to set a compelling vision based on logical thinking that sets the direction for the organisation. Bush (2012) described visionary leaders as people that set direction, focusing on what lies ahead, and inspiring and encouraging team members. Sound thinking skills are crucial for setting vision and defining goals in any organisation today, because it allows leaders to recognise the need for change, when to make change, and how to implement and manage change.

A powerful and compelling vision for Addington Hospital is crucial for improving the existing situation. It is the prerogative of every leader in the organisation to create goals and objectives that would illustrate the future direction of the organisation, where it has been, and where it is currently. There is a direct link between strong, inspiring visions and improved organisational performance as a result of greater job satisfaction and employee motivation. The research findings demonstrated that strong leaders with inspiring visions could contribute to improving productivity levels of team members at the hospital.

‘Good leadership will ensure fast service delivery and leaders who are innovative in such a way that they would introduce new mechanics of working.’ (R8/Q)

Visualisation of the future state of an organisation by team members can encourage them to focus their attention and energies on propelling the organisation towards that direction.

Similarly, if the senior leaders, supervisors and ordinary staff members at Addington Hospital have a strong vision to transform the facility, this can be achieved through robust stakeholder involvement. The literature refers to transformational leadership that highlights a group of professional nurses that were empowered and achieved success in their working environment through the inspiring visions of their leaders (Trofino: 1996). Visionary leaders are able to provide guidance and clear direction to team members; they have sound problem-solving capabilities, provide recognition and rewards for work performance, and treat all team members with respect. In this study, it is clear that Addington Hospital requires visionary leaders that can provide direction towards achieving the organisational goals.

The first step in setting priorities and goals for an organisation is to personally develop what that organisation aspires to be in the future. It is a reality that leaders are faced with increasing pressures to meet deadlines, solve work-related problems, manage specific projects, etc. However, it is imperative that leaders of today have a peripheral vision, which enables them to deal with current obligations and operational issues, whilst also striving towards achieving the dreams for the future. An inspiring vision should also instil enthusiasm in team members so that they can voluntarily focus their energy and commit their time on projects that they believe in. On the contrary, participants indicated that the vision at Addington Hospital is blurred, there is confusion, team members are demotivated, the morale is low and healthcare service delivery is on a rapid decline.

'There is lack of direction and guidance due to fragmented top leadership, loss of control from the top infiltrates down the hierarchy.' (R22/Q)

'Most of the past leaders seem to have personal agendas with trying to show staff and those under them their level of superiority. This then blurs their vision of all issues at hand.' (R10/Q)

Team members who understand the vision of an organisation will perform their duties with pride and give meaning to their work, no matter how routine the tasks are. The findings of this study demonstrated that there is no clear direction at Addington Hospital. The senior leaders of the hospital are failing to explain a vision to team members that would make them understand where they are going and how they can contribute positively towards

achieving the goals of the hospital. Daft (2008) stated that a powerful and inspiring vision releases people from the routine and provides them with challenges to achieve goals to the best of their abilities. Vision can also provide a yardstick to determine team members' contributions to the organisation and to see what impact this would have on the organisation as a whole.

Transformation in the public healthcare sector is perceived as a complicated change process that requires effective leadership skills, the ability to set a vision for the future and having the will to accomplish that vision. However, research studies have found that the success of transformation in public healthcare is dependent on maintaining a relative balance in setting a vision for the future, developing competencies and ensuring the continuation of current activities at satisfactory levels (Wronka et al., 2010). The implication is that various contradictions and conflicts may exist, which can be considered critical for transformation and its associated driving force. This, therefore, demands a strategic perspective, taking into account different points of view emanating from various sections in the organisation focusing on objectives, organisational structure, the environment and culture. Studies conducted by Naidoo and Kuye (2005) clearly explained that the full potential of public officials and public sector organisations can be optimally realised through diverse perspectives and approaches, incorporating transformational leadership, team leadership and traditional African values. This multi-dimensional approach is crucial for improving service delivery in any public sector organisation.

4.1.4. Theme 4: Communication

The participants stressed that the frequent change in the executive leadership of the hospital resulted in inappropriate delegation of responsibilities, causing communication breakdowns across the different levels in the hospital. This also derailed the planning process since the new management was reluctant to implement action plans and be held responsible for plans that were formulated by the previous management. This, therefore, opened up opportunities for fraud and corruption that would be difficult to overcome in the short term.

'Frequent changes in leadership can result in poor knowledge of history of the institution due to management changes, unidirectional communication, poor co-

ordination between levels of management (Head Office and Institution) and inappropriate delegation of responsibilities.’ (R17/Q)

‘... Inability for incoming management to deal with issues... either because they have just arrived and cannot be held responsible, or the level of fraud and corruption cannot be overcome.’ (R21/Q)

Respondents also emphasised that communication was crucial for effectively cascading information from the top to the operational levels of the hospital, so that staff members are given clear direction on the expectations of their roles and responsibilities in the organisation. The research findings indicated that there is no sense of direction and control in relation to specific issues such as equipment contracts and patient backlogs. It is the researcher’s opinion that the executive management team is responsible for ensuring that the hospital is adequately equipped in the clinical setting.

‘There is no direction or control evident in any department, leaving both the staff and patients at risk.’ (R/Q)

The majority of the respondents felt that communication was a major problem at Addington Hospital, and the cascading of information across all levels in the organisation was very slow and at times non-existent. It must be noted that a healthcare environment such as Addington Hospital is challenging and decisions are often urgent and crucial for patient care, therefore it is imperative that there is effective communication across all levels in the organisation.

‘Breakdown in communication is resulting in information not being filtered down to the lower operational levels of the hospital’ (R7/I).

Respondents also stressed the importance of communication between clinicians and non-clinical staff, because views may differ between them and can be crucial for patient care. For this reason, participants suggested that the Chief Clinicians from the respective clinical units be integrated into the management team to facilitate discussions on clinical issues at the hospital. It was also indicated that there should be regular meetings between middle

managers in the clinical arena, as they are directly responsible for ensuring that the clinical objectives of the hospital are achieved.

'Clinicians play a major role in running of the organisation; at this point there are no meetings with management' (R10/I).

Respondents also argued that managers demonstrated poor leadership and management skills in the administrative, technical and clinical domains of the hospital. This non-integrated management style has resulted in communication breakdowns in various sections of the hospital, resulting in poor information flow and lack of cooperation from staff members at all levels within the hierarchy.

'...Inability to cope with large influx of patients due to poor planning and management skills (administration, technical and clinical) and a non-integrated management system.' (R3/I)

The respondents also highlighted that vague policies, instructions and directives; slow response times to urgent reports; and ineffective processes have a negative effect on the operational functioning of Addington Hospital. This often resulted in confusion and ambiguity between managers, supervisors and operational staff. Communication therefore plays a critical role in any healthcare organisation today. The respondents in this study highlighted the effects of poor communication emanating from different levels in the organisation and the associated impact on healthcare provision. The work of Thyer (2003) emphasised the importance of communication in relation to leadership, team interaction and development, and its associated impact from different cultures, behaviours and the environment.

Healthcare service delivery necessitates effective communication at all levels in the organisation. Due to the complexity of the healthcare environment and despite having well trained and dedicated clinicians, there have been major communication failures as well as adverse events in the clinical settings as highlighted by the participants in this study. Communication and effective teamwork is crucial for the delivery of quality, safe and reliable healthcare to patients. Leonard and Frankel (2011) emphasised that the effectiveness of care and reduced clinical risks is dependent upon effective teamwork and

other reliable processes of care. This therefore necessitates a cultural shift, focusing on skilled professionals working collaboratively within a complex environment for enhancing training and promoting effective teamwork. It is the responsibility of both the senior leaders and the clinical leaders of the organisation to drive the performance within the team. The cascading of information such as safety and quality across all levels in the organisation by the senior leaders is a priority.

It is the responsibility of every manager or supervisor in an organisation to communicate the facts and decisions that could be useful for the direction and control of the organisation to all team members. Sometimes team members have a tendency to forget that managers and supervisors must be able to communicate upwards, downwards and sideways. Open communication should be encouraged at the point at which an interaction occurs, but leaders normally use downward communication, as this form of communication is important for influencing team members. Leaders are normally involved in communicating the bigger picture or the vision of the organisation rather than facts, data, information and statistics.

In this study, it was evident that the communication mechanisms at Addington Hospital were not structured and did not encourage interaction at all levels of the organisation, causing uncertainties, ambiguity and confusion, to the detriment of quality patient care. In addition, feedback was lacking and team members were not informed as to how well they had performed in achieving organisational goals. This, therefore, is in contrast to Connaughton, Shuffler and Goodwin (2011), who clearly stated that feedback is a communicative lens that is connected to the principle of framing, where leaders contextualise information with team members. Feedback is therefore critical for the identification of pertinent issues that prevail within the team and can assist in preparing the team for future goals.

A vast majority of respondents indicated that Addington Hospital is functioning on a reactive level, with critical staff shortages, ineffective communication, low staff morale, poor infrastructure, stock shortages and a lack of commitment and cooperation from managers and team members at all levels. Effective communication is critical for building trust and gaining team member's commitment for the realisation of the organisational vision, thus uniting and inspiring them towards a common purpose.

'Employees should trust in leadership in any organisation; if leadership is failing, it will lead to poor confidence and trust from employees.' (R5/I)

Leaders can also facilitate strategic conversations that can aid in driving the organisation forward through open communication channels, asking questions, discernment, active listening and dialogue.

'Management needs to adopt the management by walkabout strategy to engage with staff at ground roots, to identify pertinent issues and ensure communication, teamwork to resolve issues.' (R23/Q)

'Effective communication strategies to engage key people within the institution.' (R23/Q)

The research findings suggest that Addington Hospital lacks an open communication climate that could cut across boundaries in the organisation, and one that could obtain inputs from various sources that would support the organisational vision. However, Thyer (2003) emphasised that teams are ignited through changes in communication and leaders are transformed to the extent that they can promote an open communication climate in the organisation. Open communication channels have the added advantage of alleviating conflict and tension between departments, building trust and re-affirming followers' commitment towards the shared vision. Leaders can also engage in dialogue with followers, where they can reach common ground on critical issues that could contribute to building a better future for the organisation. Followers feel safe and flexible during dialogue sessions because they can now explore new ideas and reveal their emotions in order to build common ground in a rapidly changing environment. The literature review referred to leadership contingency theories that demonstrate how leadership behaviours are adapted according to situations, particularly with their followers. Daft (2008) pointed out that effective followers must know and understand what they stand for and they must be capable of expressing opinions and ideas to their respective leaders. Effective followers strive to serve the best interest of the organisation by accepting responsibility, participating in change, challenging authority and feeling free to leave when the need arises (Daft, 2008). In a study by Cox, Plagens and Sylla (2010), it was also highlighted that leaders and

followers should be able to play interchanging roles in the organisation, where the leader must be desirous and decisive in playing the follower's role and vice-versa.

A shared vision can motivate team members towards the future, incorporating important aspects such as decision-making, problem solving, team learning and strategic planning. Good leaders succeed in building personal relationships with team members through regular communication that provides a guide in the right direction towards achieving the organisational vision. The participants in this study explained the importance of communication and providing clear direction to team members for achieving the organisational goals. It is important, therefore, to distinguish between leadership and management in organisations today. In Kotterman's study (2006) it was expressed that although both leaders and managers are involved in providing direction, motivating team members and aligning resources, managers are focused on planning and budgeting whilst leaders provide direction and are involved in developing and aligning organisational goals. It was also highlighted that leaders will motivate and inspire team members, while managers will maintain order, organise resources and maintain control (Kotterman: 2006). Whilst managers are focused on organising structures, delegating responsibilities, planning and controlling work processes, leaders play a significant role in communicating the vision, mission and strategic direction to team members. Leaders are passionate about the organisational vision and goals, and will influence the creation of teams and partnerships that understand and are willing to accept the vision. Cameron and Green (2009) pointed out that any form of communication from a manager or leader should be well planned and clear so that the right information is transmitted at the right time, to the right people, and through the right medium.

4.1.5 Theme 5: Values

Participants recognised that the existing challenges that permeate across all sections at Addington Hospital are a consequence of leaders lacking in trust, honesty, integrity, discipline and interpersonal skills, which contribute to tension and uncertainty at the facility. It was indicated that strong leaders lead team members in the right direction and are focused on them achieving maximum output by providing the necessary resources, such as staff and supplies, that are essential for service delivery.

‘...those in leadership positions do not lead by example and lack honesty and integrity. Existing challenges come about through a lack of discipline and proper management and people skills.’ (R9/Q)

In fully understanding the role of leaders in organisations today, it is important to look at what happens deep within them and not to just observe their behaviours. Scharmer (2009) expressed that although it may sound easy to see reality together, it is something that can be really challenging to do properly. He elaborated that the primary role of leaders is to enhance their systemic capacity to see and focus deeply on the realities that people contend with and enact (Scharmer: 2009). Scharmer’s (2009) Theory U process expressed that in order for individuals to explore the world, they have to listen deeply and pay attention to what emerges from within. This can only be achieved by letting go of old habits and attitudes, and welcoming new ideas, suggestions and opinions.

Horner (1997) explained that leaders should think and act differently, with their actions being guided by personal values and innovation rather than focusing on textbook solutions. In order for future leaders to be successful, they need to uphold values, visions and paradigms that can result in an empowered and team-oriented workforce. This talks to charismatic leadership that identifies with leaders who are passionate, confident and have strong moral values for influencing team members to achieve organisational goals. It was highlighted that charismatic leaders are collaborative, promote motivation and commitment among team members, are good role models, communicate high expectations to team members and focus on innovation and creativity in the workplace. In this study, respondents felt strongly that the senior leadership of the hospital needed to adopt a sound value system. This could contribute to building trust and confidence in the senior leadership of the hospital. The following values apply to all public officials in the KZN Health Department (KZN Health Annual Performance Plan: 2013).

- Trust based on truth, integrity and reconciliation.
- Open communication climate, transparency and consultation.
- Officials’ commitment to performance.
- Courage to learn, change and innovate by all officials.

4.1.6 Theme 6: Transparency

The respondents expressed strongly that leadership qualities such as openness and transparency were critical for leading an organisation as dynamic as Addington Hospital.

'The current situation requires a transparent and open leadership, one that would not keep people in the dark.... but work with team members.' (R1/I)

It is critical for healthcare leaders to be open and transparent with the team so that they can be influenced to support the organisation in the realisation of strategic goals. Leaders exhibit openness and transparency when they talk openly about their own feelings and emotions and about their team's abilities to achieve organisational goals. The literature review describes transformational leaders who constantly engage with team members and articulate the organisational vision. Openness and transparency is important in order to make team members believe in their leaders, and create a sense of purpose for the realisation of this vision. Other studies have recognised transparency as a way in which citizens can exert an influence on the manner in which public services are rendered, taking into account their own views and preferences, as well as being informed about decisions made (Stirton and Lodge: 2001). In this view, transparency is associated with moral values because individual autonomy is enhanced through joint participation with citizens in the decision-making process that affects their lives and personal interests (Stirton and Lodge: 2001).

4.1.7 Theme 7: Strong organisational culture

An adaptability culture in organisations promotes autonomy where team members are involved in decision-making, are not restricted from meeting new needs and challenges, and emphasises high value in respect of customer responsiveness.

'If staff are seen as the greatest resource by management which is a leadership skill, then this value will impact the attitude and morale of staff. This will cascade into heartfelt and quality healthcare to our patients.' (R9/Q)

Leaders are also actively involved in creating change by rewarding innovation and creativity, encouraging team members, risk taking and experimentation. In this study, it was highlighted that the leaders at Addington Hospital are failing to create an adaptability culture that could encourage values within the team that could assist in translating into new behavioural responses pertaining to service delivery challenges at the facility. The research findings indicated that staff recognition for innovation and exceptional performance influenced their morale and attitudes towards their work, which could contribute to improved healthcare outcomes at the hospital. In recent years, increasing emphasis has been placed on cultural change and structural reforms in order to improve the performance of healthcare organisations. However, Parmelli, Flodgren, Beyer, Baillie, Schaafsma and Eccles (2011) argued that the management of cultural change in healthcare organisations is complex, and its specific function in relation to healthcare policies often remains unclear and underspecified. Parmelli et al. (2011) corroborated this finding by drawing on Scot et al. (2003), who indicated that it would be difficult to articulate the nature of the relationship between organisational culture and healthcare performance.

Values have been at the forefront of many organisations, and are associated with an enduring belief in importance and worth. Leaders are paying increasing attention to values in organisations today due to globalisation, diversity in the workplace as well changes in the nature of work processes. Leaders take into account the external environment as well as the organisational vision and strategy when determining what values are of importance for an organisation. Leaders should focus on finding the right combination of values that would assist in enhancing organisational performance. Organisational culture is a reflection of the beliefs, values and behavioural norms often used by followers in the organisation, which gives meaning to their situations and influences the behaviours and attitudes of followers. The literature review clearly indicates the importance of organisational culture and its impact on organisational performance. It was highlighted that leaders should be able to adapt to change as the work environment changes (Horner: 1997). In this study, the respondents expressed strongly that the existing culture at Addington Hospital is weak and that senior leaders are failing to create pathways for organisational efficiency. The fragmented executive management is lacking in direction, team members are not consulted regularly to discuss matters of mutual interests, and they are not involved in the decision-making process. The communication climate is weak and planning service

delivery imperatives at various levels is poor, which then impedes the accomplishment of the strategic goals of quality healthcare to all patients.

Other studies describe organisational culture as a belief that guides team members to know what is acceptable and what is not, including values, practices and assumptions pertaining to work (Tsai, 2011). Leadership characterises an organisation's core values, which subsequently evolves into a leadership style. These core values and leader behaviours motivate followers to the extent where the behaviours of both parties become increasingly aligned. The emergence of a strong organisational culture is dependent upon the development of strong, unified behavioural values and beliefs amongst the team. In this study, the respondents stressed that a fragmented leadership was failing to create a strong organisational culture that could promote effective and efficient healthcare service delivery.

Leaders therefore have a critical role to play in maintaining organisational culture, by ensuring team members in the organisation exhibit consistent behaviour, and also ensuring that conflicts are reduced and a healthy working environment is created. Therefore, Tsai (2011) emphasised that a strong organisational culture is the foundation for accomplishing organisational missions and goals, since commonalities exist in the code of conduct and values for employees. In a study by Tomlinson (2012), it was indicated that transformational leadership plays an important role in changing healthcare systems and cultures, as well as in encouraging staff engagement in the organisation.

4.1.8 Theme 8: Ethics

Ethical values can be considered to be one of the most important values that leaders should espouse in organisations today. There is renewed emphasis on ethical values in organisations due to the increasing financial scandals and moral decay that prevails in the modern era. The research findings indicated that fraud, corruption and mismanagement at Addington Hospital contributed to service delivery failures, since certain key officials were on suspension due to such allegations. This had serious implications for the procurement and finance components of the hospital, since both were on the brink of collapse without key managers, thus impacting negatively on service delivery.

'Fraud and corruption, cadre deployment, lack of accountability and changes to higher management positions every few months.' (R21/Q)

Ethics are dictated by values, beliefs and principles which govern the behaviours of individuals or groups in terms of what is right or wrong in a particular situation. Ethics also set specific standards when determining what is acceptable conduct and decision-making in an organisation. Ethical values extend far beyond legal requirements, therefore the belief that if you do not transgress the law you are behaving ethically, cannot be accepted. It is crucial that leaders incorporate ethical standards into their formal policy documents and informal organisational cultures, and this can be a positive step forward towards organisational success. In this study, participants expressed strongly that the high incidence of fraud and corruption at Addington Hospital continues to impact on healthcare service delivery. In a study by Naidoo (2012), the high incidence of corruption in the South African Public Sector for the period 2004 -2010 was highlighted:

Table 4.3: Corruption in the South African public sector

Category	Frequency	Percentages
Fraud and bribery	1 511	19%
Mismanagement of state funds	870	11%
Abuse of state resources	985	13%
Procurement irregularities	720	9%
Social housing irregularities	450	6%
Appointment irregularities	627	8%
Social grant fraud	420	5%
Identity document fraud	781	10%
Unethical behaviours	580	8%
Criminal cases	512	7%
Other	310	4%
TOTAL	7766	100%

Source: Naidoo (2012, 114-115)

As a result of the escalating incidences of corruption in the public sector, Naidoo (2012) suggested that greater emphasis should be placed on ethical leadership that could mitigate corruption and promote good governance in the public sector. Ethical leaders are recognised for inspiring team members to become leaders; they create awareness of what is important and right and they will go beyond their own interests for the benefit of the

organisation as a whole. Naidoo (2012) associated integrity with ethical behaviour, where an individual's moral behaviour such as trust and honesty is considered crucial for effective leadership. In this study, the participants stressed that leaders espoused unethical behaviours by engaging in corruption and that this was impeding healthcare service delivery. Ethical standards are embodied within each team member and within the organisation itself, therefore it is critical for healthcare leaders to create and sustain an organisational climate that recognises and emphasises ethical conduct for all team members in the organisation. Ethical leadership can promote good governance by implementing robust mechanisms for curbing corruption in public sector organisations. For this reason it is crucial for leaders to create organisational cultures of transparency and openness, in which unethical behaviours are clearly visible and senior leaders and team members are accountable.

There is an increased level of respect and trust from team members when they see the determination, courage and self-sacrifice that leaders demonstrate in upholding values that would achieve organisational goals. Various factors can contribute to a leader's ethical behaviour in organisations today, and can include the leader's personal beliefs and values, personality and behaviour traits. Research shows that a leader's personality characteristics such as self-confidence, ego strength and strength of independence plays an influential role in ethical decision-making, irrespective of if the decisions made may not be popular (Daft: 2008). It is therefore crucial that all healthcare leaders pertinent to this study remain focused on discovering their own ethical values, and they must ensure that these values are communicated to the team, both verbally and through actions. This values-based leader has the courage and determination to act according to their principles when presented with complex decisions in the organisation. Leaders can also empower team members within the organisation to contribute to decision-making within the framework of ethical standards.

In a study by Storch, Makaroff, Pauly and Newton (2013), it was emphasised that frontline nurses assuming informal leadership roles needed their nurse leader's support in order to enhance ethical conduct in the workplace. These individuals take responsibility for engaging in ethical behaviour and providing leadership that would build a moral workforce, where values are clear and are shared with team members (Storch et al., 2013). A values-based leader plays a critical role in developing and strengthening ethical values in

organisations by generating trust and respect from team members (Daft: 2008). Such leaders also focus on continuously communicating the ethical standards that they stand for, and empower team members to make decisions within the ambit of such standards (Daft: 2008). A participative, transformational leader that involves the team in decision-making will support team members in promoting ethical standards and sound values in the organisation. In Naidoo's (2012) study it was emphasised that key leadership characteristics such as accountability, transparency, efficiency, effectiveness, equity, inclusiveness, participation, consensus-orientation and inclusiveness were important for promoting ethical leadership in public sector organisations today. Naidoo (2012) also drew on Ngambi's (2011) holistic leadership model, where it was emphasised that the leader is required to incorporate head, heart and hands in promoting responsible, accountable, relevant and ethical leadership (Rare Principles) in an organisation.

4.1.9. Theme 9: Human Resources

The majority of respondents emphasised that the filling of critical management and clinical posts must be fast-tracked so that human resources gaps at Addington Hospital can be addressed. This would ensure that permanent managers are appointed in critical posts in the various clinical disciplines, as well as in the vacant executive management posts of the hospital.

'Fill all critical vacant posts, especially clinicians and managers/supervisors.'
(R1/I)

'Head Office intervention is needed to advertise posts and fill posts with qualified experienced managers.' (R9/I)

Respondents emphasised that it is the responsibility of the KZN Department of Health to appoint a permanent executive management at Addington Hospital, including the post of Chief Executive Officer. The human resource planning strategies should focus on bridging the gaps in human resources, and employees with the appropriate skills, competencies and qualifications should be appointed to the right jobs. The lack of stable leadership was also identified as a factor that contributed to the decline in service delivery at Addington Hospital.

'Departments have gone to a bad state due to lack of leadership, therefore a proper appointed management team and constant interaction between middle managers and senior managers is crucial.' (R10/I)

'Head Office has to intervene and come to the party. They should ensure that the appropriate Senior Executive is appointed to do the job.' (R2/Q)

'CEO to be visible amongst operational level staff members.' (R3/I)

Respondents expressed strongly that an effective performance appraisal system, staff training, staff development and team building sessions were crucial for improving the performance of staff members at Addington Hospital. Nominating officials to attend development programmes through specific courses, workshops and seminars could address the lack of capacity in certain key points of the hospital.

'Staff in-service training with regard to vision, mission and objectives, budgeting for staff development training; align human and equipment resources to meet level of care and caseload demand.' (R28/Q)

Participants also indicated that Addington Hospital is drastically under-staffed in various levels of the hierarchical structure. The shortages of senior managers, clinicians, nurses, administrative and technical staff are hampering service delivery at the hospital to a large extent. It is imperative that suitable and qualified personnel are appointed to expedite the various operational and management functions at the hospital. It was emphasised that managers and supervisors who lack the necessary skills, competencies and experience would not succeed as leaders. Murphy's (2005) study clearly pointed out that every nurse manager is responsible, accountable and autonomous, and is involved in planning, organising, controlling and motivating team members to achieve quality patient-care outcomes. However, in her study, Murphy (2005) also drew from Marquis and Huston (2000), who argued that nurse managers do not have legitimate power, authority and responsibility to manipulate people, resources and the environment for the achievement of organisational goals. Therefore, the findings by Trofino (1995) clearly pointed out that the present health-care system requires leaders who can develop and empower a committed workforce, focusing on transforming leaders into change agents. The shift from

management that focuses on command and control in organisations to leadership is critical, since leadership focuses on innovation, creativity and empowerment that can bring out the best from team members and to respond quickly to challenges and change.

It was also brought to the fore that appointments into key management posts for political reasons was not conducive for promoting effective leadership in an organisation such as Addington Hospital.

‘Poor leadership emanates from political appointments, lack of knowledge, skills and competencies.’ (R2/I)

‘Some people are naturally born to be leaders, it depends on their personality.’ (R6/I)

The literature review draws on the trait behaviour theory, where it is highlighted that people naturally assume leadership roles based on a leader’s personal characteristics, such as intelligence, honesty, appearance, personality, adaptability, confidence and so forth. Some studies have referred to prominent leaders such as Mahatma Ghandi and Napoleon, who were able to express themselves to others fully, communicating what they wanted and also having the respective knowledge to achieve organisational goals (Ismail and Al-Taee: 2012). However, in Horner’s (1997) study it was argued that leadership traits were not consistently found to be associated with great leadership, since the situational and environmental factors were ignored when determining the leader’s effectiveness. In this study the participants indicated that the senior leaders of the hospital did not have the respective traits that would make them succeed as leaders.

The respondents felt that there is no stability in executive management since critical executive management posts remain vacant for lengthy periods, and there has been continual change in leadership through the appointment of different acting CEOs over various timeframes. The human resources gaps in the procurement component is also affecting service delivery, since the limited staff capacity in the component cannot cope with the increasing demand for stocks such as surgical supplies, consumables, pharmaceuticals, stationery, etc. There were also criticisms from respondents in respect of

shortages of doctors in the casualty department of the hospital to attend to life threatening emergency cases.

Human resources play a critical role in any hospital and its staff members are the most important asset since they are directly responsible for achieving service delivery goals. The shortage of qualified, skilled and experienced staff in the respective sections of the hospital can be attributed to poor human resource planning. It is important that human resource planning should identify skills shortages as well as take appropriate steps to address the problem. Human resources planning will ensure that the organisation employs the right quantity of staff members with the required qualifications, skills and competencies, and focuses on developing a representative, multi-skilled and flexible workforce. There is a causal relationship between leadership competencies and organisational efficiency, since it is these skills, characteristics and behaviours that are critically important to an organisation's performance, especially in public healthcare. In addition to leading an organisation, leaders must also focus on solving problems, managing change and politics, making decisions, taking risks, setting the vision, enhancing skills and knowledge, and understanding and navigating the organisation (Bush: 2012). Leaders also have the responsibility of managing teams and work groups effectively, building and maintaining relationships, recognising diversity, encouraging development, and communicating effectively.

The participants in this study felt that the appointment of managers into critical posts who do not have the requisite skills, competencies and experience would not succeed as leaders in the hospital.

'Appointments of senior managers are not according to capabilities.' (R2/I)

'Qualified, experienced managers to be appointed in permanent positions.' (R9/I)

Senior officials in the public service are guided by generic benchmarks of competence in the various management levels of the organisation, which are based on a thorough analysis of all management functions, focusing on the expectations of effective managers in relation to service delivery outcomes. Naidoo and Xollie (2011) stated that for a particular area of competence, there is a specific set of standards that defines effectiveness pertinent to that

area. Managers are therefore expected to exhibit high levels of enthusiasm, energy, motivation and personal drive, as well as to remain work focused and task-oriented in their respective area of operations. Key competencies such as motivation, productivity, time management and stress management are essential for senior managers to perform optimally. The literature review in this study referred to transformational leaders who encourage development of team members and focus on building strong teams for achieving organisational goals. The respondents in this study stressed the importance of competent leaders that could promote effective and efficient healthcare at Addington Hospital. The following table clearly illustrates the core management competencies for managers in the public sector.

Table 4.4: Core Management Competencies (CMCs)

Type	Description
Strategic leadership	Provides a vision, sets a direction, and inspires team members to deliver on the mandates of the organisation.
Project and programme management	Planning, managing, monitoring and evaluating specific projects and programmes in order to achieve the expected outputs and outcomes.
Financial management	Manages the budgets, controls cash flows, implements risk management strategies and administers tender procurement procedures in accordance with sound financial practices in order to achieve strategic organisational goals.
Service delivery innovation	Championing innovative and new ways for delivery of services that could contribute to improving processes aimed at achieving organisational objectives.
Knowledge management	Promotes the generation and sharing of knowledge and learning in order to enhance the collective knowledge in the organisation.
Change management	Initiating, supporting and championing transformation and change for the successful implementation of new initiatives in the organisation.
Problem solving	Identifying, analysing and resolving existing and expected problems in a systematic manner in order to find optimal solutions timeously.
Communication	Exchanging information and ideas clearly and concisely such that the audience understands and are convinced and persuaded to achieve the desired organisational goals.
People management	Managing, encouraging, influencing people and effectively managing relationships in order to achieve organisational goals.
Honesty and integrity	Displaying and building high standards of ethical and moral conduct in order to promote trust and confidence in public sector organisations.
Client and customer satisfaction	Able to deliver public services efficiently and effectively,

	taking into account the spirit of client and customer satisfaction (Batho Pele).
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Source: Naidoo and Xollie (2011: 10)

Naidoo and Xollie (2011) emphasised that recognising the value of people in organisations today is dependent only on their contributions towards the attainment of goals. Although leaders should predominantly focus on maintaining stability and control in the organisation, they should also be adaptive to continual change in the external environment. Additionally, it is imperative that leaders have sound interpersonal skills such as effective communication, honesty, integrity, managing conflict, and building morale and cohesion within the team. A good leader will listen to his team members and be empathetic to their immediate needs. The rapid changes in public healthcare organisations today, which are due to new technologies, diversity, a shortage of skilled staff, corruption and legislation, necessitates leaders to keep abreast of these changes in order to enhance their skills in their respective areas of operation. The findings of this study clearly showed the ramifications of some of these factors in healthcare service delivery at Addington Hospital.

Strategic human resources leadership poses significant challenges for leaders in the healthcare sector, since human resource management policies, procedures and practices are not understood or implemented professionally. Various factors such as staff migration, HIV/AIDS, infrastructure developments and staff hiring moratoriums are placing an additional strain on government, since they lack the capacity to adapt to changes when necessary. Therefore, O’Neil (2008:2) pointed out that “Countries need visionary leaders to advocate that funding for HR solutions go hand-in-hand with funding for health programs”. Government, for example, has invested large amounts of money to make HIV/AIDS and tuberculosis drugs available to patients, yet there has been limited budget committed to ensuring that a sustainable workforce is available for administering these drugs. In this study, participants expressed strongly that human resources was lacking in various sections of the hospital, therefore the current workforce cannot cope with the excessive workload emanating from high patient turnover.

Healthcare leaders and managers are inundated with a myriad of prescriptive public service rules, with highly centralised, fragmented human resource management systems, poor

incentive schemes, underutilisation and misuse of staff members, and increasing external pressures to curtail expenditure. Although O’Neil (2008) referred to pilot projects and effective human resource solutions in organisations today, sustaining these is dependent upon new ways of thinking about leadership by human resources directors. The human resource crisis that prevails in healthcare organisations today is complex, therefore it is crucial that a new kind of leadership that encourages teamwork, empowerment and innovation dominates South African healthcare facilities in order to optimise healthcare outcomes. The literature review clearly explains that dynamic, responsible and progressive leadership can promote effective healthcare service delivery. In this study, participants mentioned that a transformational leader could set the direction for Addington Hospital; one that would motivate, encourage and inspire team members, energising and empowering them and focusing on achieving a shared vision for the organisation. Leaders can also conduct a SWOT (strength, weaknesses, opportunities, threats) analysis in order to determine and assess their human resources situation within their organisation. The changes in human resource procedures and the application of human resource policies should be assessed regularly in order to determine their effect on organisational performance.

In this study, respondents argued that the appointment of persons at Addington Hospital into key senior management posts for political reasons was not considered the best option to resolve the impending service delivery crisis at the facility.

‘Political appointments, lack of knowledge, skills and competencies..., is it for the money?’ (R2/I)

Botes, Brynard, Fourie and Roux (1992) explained that the policy of affirmative action necessitates appropriate measures for recruiting trained staff members from a large number of people that are suitable to do the job. Various countries overseas have adopted a quota or merit system for implementing a policy of affirmative action. The non-existence of racial classifications in certain countries has made it difficult for political parties to control the implementation of affirmative action, because the appointment of people is not based on race or ethnic origin. Therefore, Botes et al. (1992) suggested that appointments should be based on merit only, without discriminating on ethnic origin, gender, or religion. This is considered the most suitable approach for the implementation of affirmative action.

The appointment of senior managers into political posts is part of the government's strategy in filling critical posts with their own electives in order to ensure that they serve the agenda of the ruling party of the country. For this reason, Botes et al. (1992) stated that there should be no political or personal interference in the recruitment, selection and promotion of staff in the public sector. Imbalances and a failure to maintain standards of efficiency in government organisations is a result of preferential policies, e.g. affirmative action. In this study, participants felt that new appointments from affirmative action policies might lack the necessary training, or there is insufficient time to train and expose them to their respective operational areas. It is argued that strong executive leaders should have the freedom to exercise their rights in any organisation. The efficiency and effectiveness of public healthcare organisations is dependent upon the flexibility and power of senior leaders to choose qualified and skilled individuals, and those that are capable of implementing government policies with minimal interference. Government should therefore trust that organisational objectives would be achieved without interfering in the process of appointing senior leaders that they prefer.

The performance of human resources in public healthcare organisations today is largely influenced by the ability of strategic leaders to formulate and implement human resources policies. Research by Memon, Mangi and Rohra (2009) indicated that leaders that generate vision, motivate, fascinate and inspire a team are able to achieve long-term objectives. The respondents in this study felt that the senior leaders of the hospital should focus on creating ownership, pride and unity among team members, so that they could contribute to achieving maximum performance, thus adding value for the organisation through enhanced quality of services, increased productivity, reduced costs and improved client satisfaction. Leaders should be continuously assessing the human resources situation within and out of the organisation, so that they can make appropriate and successful decisions regarding the recruitment, development and retention of human resources. In a study by Curry, Taylor, Chen and Bradley (2012), it was highlighted that core competencies such as technical capabilities and management skills are useful for leadership roles in low-income healthcare settings. However, it was argued that because of increasing accountability in the healthcare setting, competencies relating to managing relationships was critical, particularly in sub-Saharan Africa (Curry et al., 2012). Future leaders can develop these skills by creating opportunities such as experiential learning, mentorship and close supervision, and recognising the value of managing relationships in the healthcare organisation. The

strengthening of any healthcare system is therefore dependent upon extensive engagements with the team, because such skills cannot be taught through external development programmes only (Curry et al., 2012).

Other studies by Savic and Robida (2013) indicated that the health-care system depends on appropriately skilled and motivated team members, who can optimise their performances for the achievement of safe, superior quality and effective patient-centred care. The performance of the team in the healthcare setting is therefore reliant upon sustainable policies and procedures in the management of human resources. Savic and Robida (2013) emphasised that people play a key role in delivering healthcare, therefore the effective management of human resources is crucial for reform in the healthcare setting.

4.1.10 Theme 10: Procurement of essential supplies for patient care

The majority of respondents pointed out that the procurement component of Addington Hospital is not functioning at optimum levels, and essential goods and services such as surgical supplies, syringes, needles, pharmaceuticals, etc. cannot be procured for the various clinical units at the hospital. The shortages of essential pharmaceuticals, drugs, syringes and medical equipment in theatres have resulted in patients being re-scheduled for surgeries. Respondents argued that the lack of essential supplies for healthcare service delivery indicates that the procurement planning process is sub-standard and is not contributing effectively towards optimising patient healthcare.

'...lack of supplies that are required to render basic nursing care to patients - syringes, needles, etc. how that's basic?' (R20/Q)

'Shortage of supplies results from the suspension of staff members in the supply chain management component causing more delays in procurement.' (R6/I)

'Companies refusing delivery due to unpaid accounts, no approval committees in place and reliance on other institutions to assist.' (R15/Q)

Participants expressed strongly that the procurement system was failing at Addington Hospital and was having a negative impact on healthcare service delivery. The shortages of

essential medical supplies are making it increasingly difficult for clinicians to perform their clinical functions effectively and efficiently. As a result of this, theatres have closed down and emergency surgeries have been re-scheduled to neighbouring hospitals in the Durban metropolitan area.

‘Leadership that is effective in terms of ensuring that staff have the resources to enable them to meet patient’s needs.’ (R23/Q)

Respondents specifically indicated that the procurement of goods and services for the hospital could be normalised by ensuring that the respective procurement committees and cash flow committees are duly appointed with full representation of all key role-players from the hospital, including the re-instatement of the procurement delegations to acquire essential goods and services. The rapid decline in the functionality of critical life support medical equipment or the lack thereof was noted with concern, therefore suggestions were made that proper maintenance contracts be introduced to prevent future breakdowns and malfunctions of such equipment in the clinical setting.

‘Introduction of proper contracts for maintenance and repairs, servicing of equipment etc. to improve support services for clinical areas.’ (R17/Q)

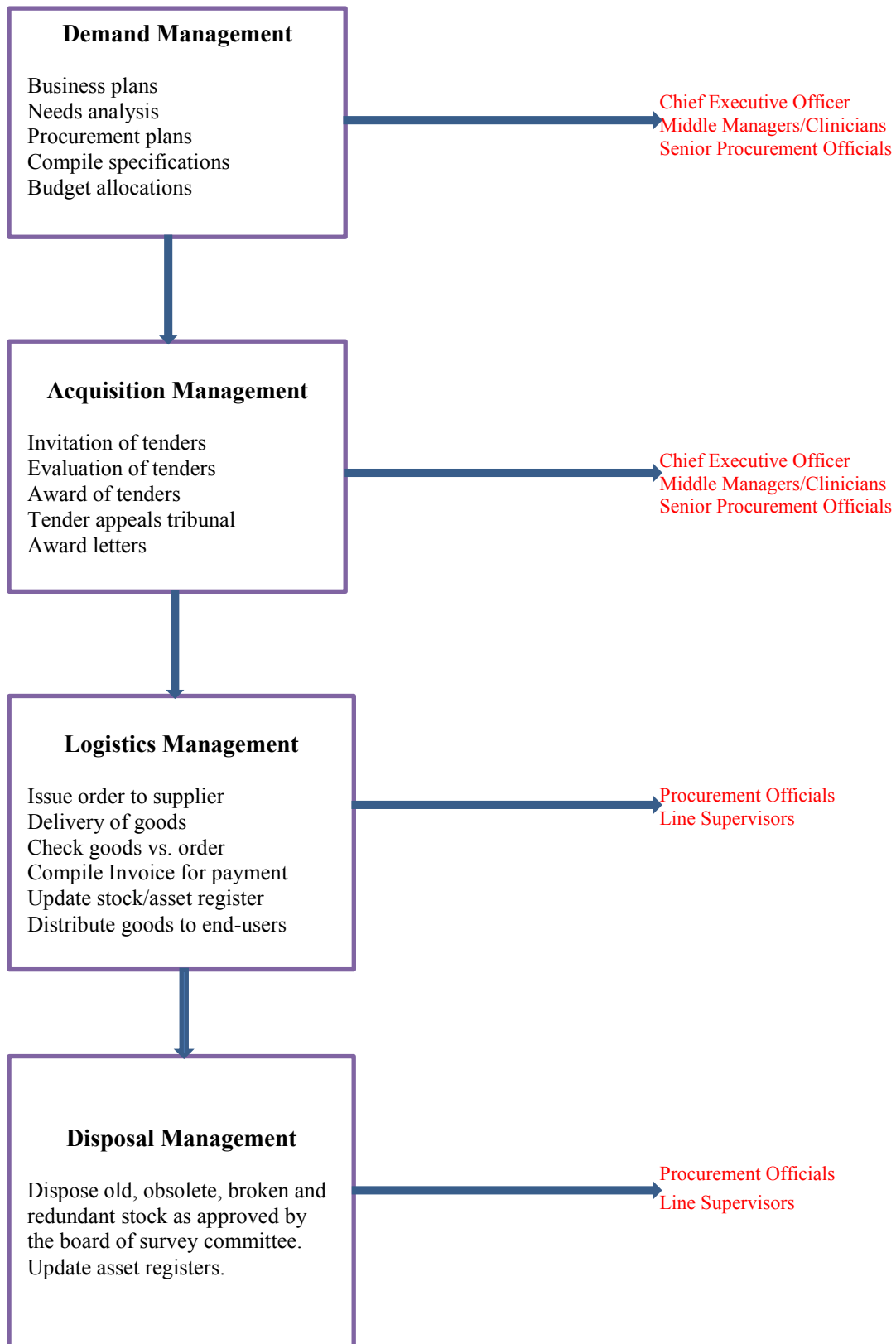
‘Patients have reported us to the media for our refusal to treat them or a family member. Truth is that we could not perform the procedure because equipment was lacking.’ (Q/25)

Respondents indicated that the lack of qualified and experienced staff in the procurement component of the hospital is a contributory factor for inefficiencies related to procurement of essential medical supplies. In this study, it was also found that key procurement officials were suspended due to allegations of fraud and corruption. Consequently, the available staff members from the component were appointed to act in senior positions without the necessary mentorship. Procurement in the public sector is perceived as highly vulnerable to fraud, corruption and bribery. Adebisi (2013) emphasised that the challenge of procurement is how to effectively use resources to establish lean systems that can be implemented by skilled and competent staff members. The literature review on transformational leadership emphasised the importance of development of followers in an

organisation in order for them to respond positively to new challenges. In this study, it was found that the senior leaders of the hospital assigned inexperienced officials who lacked the skills and competence to manage the procurement functions of the hospital, resulting in a lack of the medical supplies that are essential for service delivery.

Procurement is a complex process that faces a broad category of inherent risks, such as minor delays of delivery for goods and services, to major risks that can destroy the entire chain. However, the growing concern is for procurement managers to shift operations to effect efficiency and better service in the organisation, with due consideration to the consequences of risks. Bohlouli, Shahbazpour and Tabrizi (2012) specifically pointed out there is increasing vulnerability in supply chains or procurement, resulting in organisations experiencing more disruptions due to managers' lack of awareness of the consequences of their actions. Therefore, if any individual in the entire procurement process experiences a problem, this is expanded to other members of the chain, with the associated consequences that can result in supply chain risks. Although the problem may be relatively minor in the whole supply chain process, it may have wide implications - similar to the way delays in delivery can influence operations with regard to reputation of the organisation, perception of company brands, prices, quality, profits, lead-time, etc. This corresponds with systems thinking, where various parts of a system are constantly interacting and a change in a specific area will affect other areas of the system. The findings of this study indicated how disruptions in procurement processes due to staff suspensions and the appointment of incompetent procurement officials resulted in failing healthcare service delivery at Addington Hospital. The diagrammatic presentation of the procurement process depicted below clearly illustrates the critical role that healthcare leaders and clinicians play in the procurement of essential supplies for healthcare service delivery:

Diagram 1: Phases in the procurement process



Source: KZN Department of Health Interim Supply Chain Management Policy and Delegations (2006). Adapted (Govender, 2013).

4.1.11. Theme 11: Lack of modern medical equipment technology

The clinicians, in particular, emphasised the importance of having modern medical equipment in the clinical setting in order to achieve service delivery outcomes. They expressed immense dissatisfaction due to the withdrawal of funding by the Department of Health for the replacement of old, broken and dysfunctional life support medical equipment for the clinical units during the 2013/2014 financial year.

'There is no equipment in both gastro-intestinal unit and theatre, existing equipment in theatre is too old or non-functional; GI equipment is not being maintained or repaired timeously.' (R25/Q)

Participants also stressed the problems with critical life support medical equipment in various clinical units of the hospital. There were claims of old, out-dated technology and malfunctioning medical equipment that was still being used by clinicians in the hospital. Medical equipment in the clinical arena is extremely important, as the quality of medical treatment for patients is dependent on the effective and efficient functionality of such equipment. The findings indicated that a comprehensive medical equipment needs analysis was conducted for the hospital during 2012, specifically to replace old, out-dated and malfunctioning equipment for all clinical units in the hospital. Although this was a positive step forward in revitalising the hospital with modern medical equipment technology, the executive leadership of the KZN Health Department withdrew funding for the procurement of critical life support medical equipment for the hospital for this financial year (2013/2014). Respondents argued that quality patient care is being adversely affected because clinicians are using old medical equipment with out-dated technology to perform their clinical functions, even if they are well trained in their respective medical disciplines.

'Assessment for medical equipment was done during 2012 to address shortage of medical equipment as top priority. The Department did not make funds available to address hospital equipment needs.' (R1/I)

The vast majority of respondents expressed their concerns about the continuous closure of the oncology unit and the extensive media publicity that it has gained over the past months. The oncology unit provides radiotherapy treatment for thousands of cancer patients in the

region and failure to render such services has dire consequences for these patients. Respondents identified that the main cause for the closure of the oncology unit was the lack of servicing of the oncology machines, due to non-payment of the maintenance contract to the servicing agents.

‘Cancer patients are taken in for planning stages of treatment, but cancer machines are not operational, treatment delays results in progressive cancer of the patient – palliative care.’ (R1/I)

It is common for hospitals in KwaZulu-Natal to be defined by the type of medical equipment technology that it contains, for example, a hospital that has complex technology like radiotherapy machines or an emergency trauma unit with resuscitation medical equipment. Although Addington Hospital is identified as one of those hospitals that has an excellent oncology unit with modern technology radiotherapy machines, the unit has been closed for several months, denying desperate cancer patients radiotherapy treatment. There was an overwhelming response from the research findings that the executive leadership of the hospital failed to address this critical issue timeously, causing these radiotherapy machines to remain idle for months. It was established that the routine maintenance service on these high technology radiotherapy machines were not expedited timeously, due to non-payment of the maintenance contract fees to the contractor. In effect, the poor planning by senior leaders at Addington Hospital is having serious repercussions for the majority of cancer patients. The traditional management approach of any healthcare organisation recognises planning as one its core functions for the achievement of service delivery goals. Medical equipment maintenance is crucial in the healthcare environment and can present enormous challenges for leaders if not addressed appropriately and timeously. Research indicates that healthcare leaders should focus on creating and sustaining an organisational environment that is safe, effective and of high quality (Pipe, Buchda, Launder, Hudak, Hulvey, Karns and Pendergast: 2011). In this study, it has been argued that the healthcare leaders at Addington Hospital have failed to create and sustain a safe, effective and efficient patient-centred care environment, which is having serious implications for quality healthcare.

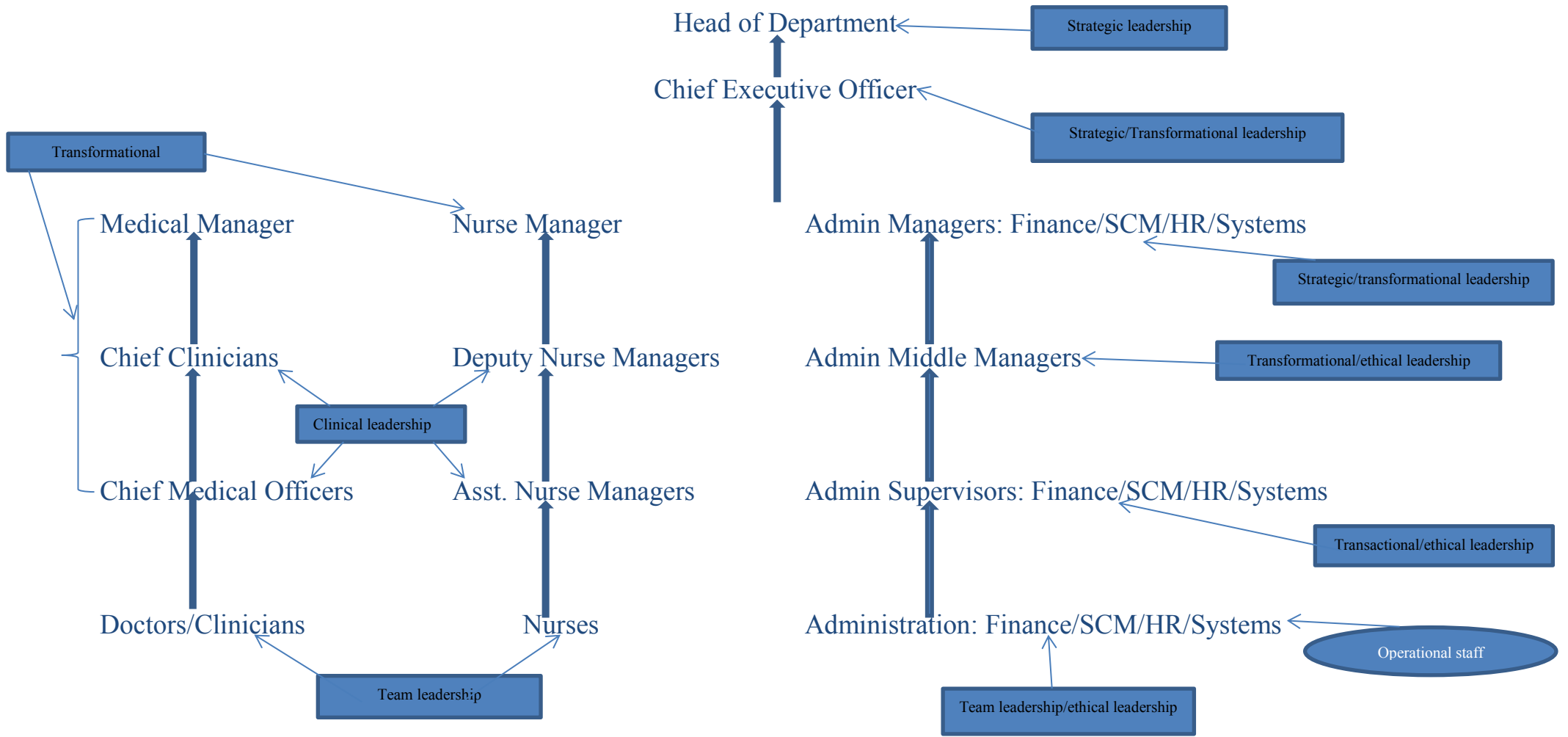


Figure 2: Model for effective leadership in a healthcare context

Figure 2 illustrates the various leadership styles that can exist in a large healthcare organisation such as Addington Hospital in order to ensure effective and efficient healthcare service delivery. The researcher constructed the figure based on the findings of the study. The diverse approaches to leadership are critical in public healthcare organisations in order to maximise performance for the achievement of service delivery goals. The Head of Department, Chief Executive Officer and Senior Managers of Addington Hospital have an important role to play in leading the organisation to achieve its strategic goal of providing quality healthcare for patients. Transformational leadership in the different levels of the organisation has the benefit of motivating and influencing team members, empowering them for the achievement of a shared vision. Team collaboration also has an important role to play in finding innovative solutions for the escalating problems that dominate Addington Hospital. The high incidence of fraud and corruption at the healthcare facility necessitates strong ethical leadership at the different levels of the organisation, in order to mitigate the scourge that is impeding healthcare service delivery. The clinicians could play a critical role in clinical leadership that could promote quality healthcare. Transactional leadership between operational staff and the supervisors was identified as being important. An integrated leadership approach could contribute to achieving maximum outcomes at various levels of the organisation, thus contributing to improving healthcare service delivery. In order to achieve organisational efficiency and prevent unintended consequences, it is important that the different levels at the hospital apply the respective leadership styles effectively.

The research findings identified a number of leadership-related challenges at Addington Hospital that are having a negative effect on healthcare service delivery at the facility. The findings suggested that human resources capacity at all levels was particularly important for optimising healthcare at Addington Hospital. There was emphasis on an effective and efficient procurement system for the facility. The findings also suggested that different leadership styles are required at different levels of the organisation in order to achieve healthcare goals. It was also indicated that effective communication, sound values and managing cultural diversity was extremely important for organisational performance at Addington Hospital. The under-mentioned CATWOE analysis by Checkland could also be used to address the various problems that inundate the healthcare facility.

Table 4.5: CATWOE (SSM tool from Checkland’s theory)

Type	Description
Customers	Represents the patients and staff that are affected by the transformation processes of the hospital.
Actors	The people performing the activities for transformation, e.g. Head of Department, CEO and the Senior Management team, line managers and supervisors.
Transformation	Transformation, i.e. this process must state what the desired transformation would be, e.g. employ more doctors in order to reduce the huge patient backlogs.
Worldview	Worldview is a perspective on how meaningful the transformation process was to the population in the local authority area, e.g. Improved confidence by residents in the local authority area due to improved patient waiting times and treatment.
Owners	Owners are the people that control the transformation process, e.g. The Auditor-General, The Public Protector or Legal entities.
Environment	Environment is external factors that can constrain the transformation process, e.g. Labour unrest, increased tariffs, Black economic empowerment, money, etc.

Source: Govender (2011: 6)

The researcher produced a CATWOE analysis (see Table 4.5 above) which is a tool used in Soft Systems Methodology (SSM), which “focuses on developing a learning tool in a structured manner with the aim of improving a complicated or awkward situation through systems thinking.” Govender (2011:4). CATWOE stands for customers (patients and staff), actors (Head of Department, CEO, etc.), transformation (employ more doctors to reduce patient backlogs), worldview (improved confidence by residents), owners (The Auditor-General, Public Protector, etc.) and the environment (labour unrest, increased tariffs, money, etc.)

It can also play an important role in producing root definitions for improving healthcare service delivery at Addington Hospital. A root definition describes what a system could be in the future instead of what it should be, and this makes it possible for the definition to be changed when necessary (Land, 1982). The model shapes interventions in problem situations experienced in the management and organisational context where there are often no easy solutions to such problems, facilitating differing viewpoints of a specific problem so that it makes sense to all stakeholders involved (Govender, 2011). Ultimately, it is the researcher's view that this could result in a better understanding of the problems at Addington Hospital and possible recommendations can be made for improvement at the healthcare facility.

4.2. Conclusion

This research study explored the role of leadership in relation to healthcare service delivery at Addington Hospital. The interviews and questionnaires identified a number of leadership challenges, ranging from poor leadership and communication to a lack of skills and resources, that are having an adverse effect on healthcare service delivery at the hospital. The findings suggested that human resources capacity at all levels of the hospital was crucial for optimising healthcare, since critical management positions remained vacant for lengthy periods. Procurement was also identified as a critical area that needed attention, as basic medical supplies essential for healthcare were not readily available.

Transformational leadership is required at the senior management level of Addington Hospital, but this leadership style does not necessarily work well at the lower levels of the organisation. Different leadership styles are therefore required at different levels of the hospital in order to achieve healthcare goals. The findings also indicated that effective communication in a complex healthcare environment such as Addington Hospital was extremely important. There was also emphasis on values, cultural diversity and the implications for organisational performance. The following chapter focuses on the conclusion of the study and makes recommendations for Addington Hospital as well as for future research.

CHAPTER 5: CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter presents the conclusion and recommendations of the study. This study aimed to establish the role of leaders in healthcare service delivery at Addington Hospital. Numerous challenges affected service delivery at the facility, and the executive leadership was failing to mitigate these challenges and implement effective turnaround strategies that could improve healthcare service delivery. This study was thus needed to examine how effective leadership can improve healthcare service delivery at Addington Hospital. The study identified healthcare service delivery issues at Addington Hospital and determined how these challenges were related to leadership in a healthcare setting. The study also identified the best form of leadership that was required for efficiency and organisational performance in Addington Hospital. Leadership-related interventions were also identified for addressing the service delivery challenges that dominated the healthcare facility.

The literature review focused on leadership on a broad spectrum and included articles from textbooks and academic journals. The literature enabled a deeper level of understanding on leadership, and its impact in relation to healthcare service delivery at Addington Hospital. Newspaper articles and management reports were used to obtain secondary data for the study. Qualitative research was used as the methodology and purposive sampling was employed at the research site. Ten semi-structured interviews were conducted and thirty questionnaires were handed out to participants in the study. The interviews were conducted and questionnaires were handed out during April and May 2013. Data was analysed and categorised into broad categories and respective themes were subsequently identified that formed that basis of rich descriptions in the results and discussions chapter.

The recommendations focus on the key findings of the research and suggest leadership-related interventions for improving healthcare service delivery at Addington Hospital, taking into account the theoretical background. Recommendations for future research will also be discussed in this chapter.

5.2 Key findings

The key findings of the research are discussed below.

5.2.1 Healthcare service delivery issues

Numerous service delivery challenges at Addington Hospital were identified throughout the research, which were found to be related to leadership at the facility. Some of the key challenges impeding healthcare service delivery at the facility are highlighted hereunder:

- Shortages of critical staff such as doctors, nurses, managers and engineering staff.
- Shortages of essential stock such as surgical sundries, drugs, medicines, pharmaceuticals, stationery, consumables, syringes, etc.
- Lack of adequate modern medical equipment technology essential for healthcare service delivery.
- Appointment of staff in acting capacities into senior management posts without the necessary qualifications, skills, knowledge and competencies.
- Poor leadership and management skills of executive management.
- Lack of accountability and responsibility from the executive management.
- Low staff morale affecting productivity at operational levels.
- Poor infrastructure (buildings and air conditioners).
- Poor communication across all levels in the organisation.
- Poor logistics and inefficient patient administration.
- High incidences of fraud, corruption and mismanagement.

5.2.2 Leadership related challenges

The findings clearly show that the above-mentioned challenges that are hampering healthcare service delivery at Addington Hospital are directly related to leadership. The participants in the study referred to the executive management of the hospital, who were responsible for leading the organisation to the realisation of its strategic goals of rendering quality healthcare to all patients. The instability in the executive management of the hospital due to critical executive management posts being vacant for lengthy periods was

highlighted as a driving force for healthcare service delivery failures at the facility. This research clearly demonstrated that leadership was of critical importance for improving healthcare service delivery at Addington Hospital. The leader must be focused on achieving organisational goals and promoting openness, transparency, team collaboration and leading by example. It was also highlighted that effective leadership could improve organisational performance, because such leaders provide the vision, encourage staff development, are innovative and creative, focus on staff motivation and recognise the importance of culture in the organisation. Trofino (2000) emphasised that a leader who facilitates the formulation of the organisational vision must engage with various stakeholders in the organisation for the development of the vision.

5.2.3 Form of leadership required for efficiency and organisational performance

The research findings established that transformational leadership was the best form of leadership for efficiency and organisational performance at Addington Hospital, specifically at senior management levels. The key characteristics of a transformational leader were highlighted as being critical for addressing the healthcare service delivery challenges at the hospital. Wang et al. (2012) stated that transformational leadership can bring new optimism in an evolving healthcare environment. Although this study highlighted that this was true at the senior management levels of Addington Hospital, other forms of leadership are also required at the different levels. It is also the researcher's view that transformational leaders should espouse the characteristics of honesty, respect, responsibility, accountability, transparency, empathy, commitment, good role models, sound values, sound interpersonal skills, good decision-makers and efficiency consistently.

The respondents clearly indicated the impact of transformational leadership on healthcare service delivery, which can be highlighted as follows:

- Providing a clear vision for the achievement of organisational goals.
- Increasing opportunities for team collaboration and decision-making.
- Promoting an open communication climate.
- Building trust and respect within the team.
- Sound problem-solving capabilities.

- Sharing information and inviting suggestions for improvement from the team.
- Encouraging innovation and creativity in order to introduce new and efficient operations that would enhance healthcare service delivery.
- Promoting a healthy and productive work environment by increasing the morale and motivation of the team.
- Empowering team members and embracing accountability and responsibility in order to achieve organisational goals.
- Encouraging organisational change and culture in order to improve operational processes.

The study also indicated that transactional leadership could play an important role in the operational arena of the hospital. The volatile healthcare environment therefore necessitates the negotiation and enactment of various leadership styles specifically for healthcare service delivery. A transactional leadership style will enable operational supervisors to use contingent rewards such as praise, promises and rewards, that could motivate the team for the achievement of organisational goals. Some of the respondents suggested that autocratic leadership that focuses on the centralisation of authority and positional power of individuals in an organisation would resolve the challenges that were highlighted at the hospital. It was argued that autocratic leadership would be appropriate during an emergency or crisis situation, whilst the clinicians should conform to bureaucratic rules and procedures in the clinical setting of the hospital, especially when human life is involved.

The healthcare environment was identified as complex and unpredictable, with a multitude of service delivery issues that overwhelm leaders. The research also demonstrated how the executive leadership of Addington Hospital failed to address the critical operational issues that were impeding healthcare service delivery. Comparative studies also highlighted the importance of strategic intent in respect of quality patient outcomes and safety. Strategic leadership and its multi-dimensional approach, incorporating aspects such as politics, culture, gender, religion and socioeconomic differences, was identified as being critical for optimising healthcare outcomes at Addington Hospital.

This research also established that frontline staff such as clinical managers, nurse unit managers and administrative supervisors at Addington Hospital played a critical role towards achieving organisational goals. The participants in the study recognised distributed leadership that involved all stakeholders in the decision-making process as important for achieving quality healthcare outcomes. Distributed leadership advocates leadership practices that allow interactions and engagements between leaders and team members striving for achieving common goals in an organisation. Horner (1997) stated that the notion that leadership refers to a person may not be appropriate, as the workforce is highly collaborative and involves various stakeholders

The study showed that the following factors contributed to a decline in team performance:

- Lack of trust and confidence amongst team members.
- No staff empowerment.
- Poor communication and decision-making.
- Managers and supervisors are not proactive.

The research identified team leadership that could make a positive contribution towards improving the performance of the team, empowering them and setting the direction of the team. It was emphasised that team collaboration generated most innovations in the workplace and is associated with open-mindedness, independence, curiosity, problem solving and self-confidence. Spinelli (2006) indicated that a leader's primary responsibility in modern healthcare organisations is providing resources and managing support systems that promote maximum team performance. The participants in the study stressed that the lack of collaboration within the team was an impediment to quality healthcare service delivery. It was highlighted that a systems thinking approach could be used to address the ineffectiveness and inefficiencies in a complex healthcare environment such as Addington Hospital. The evolution of the healthcare system also necessitates appropriate interventions to account for intended and unintended consequences.

Clinical leadership was identified in the study as an important aspect because it was established that the executive management team of the hospital needed the support of clinicians for achieving organisational goals. Their expert advice and guidance on clinical

issues was considered critical for clinical decision-making that could contribute to achieving healthcare outcomes at the hospital. Nowill (2011) stated that clinical executives have clinical knowledge and expertise that can make a significant contribution to healthcare transformation.

It was emphasised that the clinicians played a significant role in the procurement planning processes of life support medical equipment, medicines, drugs and pharmaceuticals. The study shows that the doctors should follow global trends on healthcare service delivery that involves the multi-disciplinary team of the hospital. In order for the clinicians to play an active role in clinical leadership, it was highlighted that the clinicians should be developed in leadership and management skills throughout the healthcare organisation. Comparative studies in the United States and Canada highlighted the benefits of clinical leadership. A distinction was also made between the private and public healthcare system; and referred to factors that influenced the migration of doctors to the private sector. According to Ashmore (2013), supportive public sector managers provide an incentive for medical specialists to stay in public healthcare organisations. The migration of doctors to private hospitals and the performance of remuneration outside the public service (RWOPS) were recognised as key factors for the shortage of doctors in state hospitals. It was indicated that the shortage of doctors at Addington Hospital also exacerbated the healthcare service delivery challenges at the facility.

5.2.4 Leadership-related interventions

5.2.4.1 Vision

The research established that the executive management team of Addington Hospital lacked vision and were failing to achieve optimal healthcare for all citizens. This caused confusion, team members were demotivated, the morale was low and healthcare service delivery was on the decline. Bush (2012) highlighted out that visionary leaders are people that set direction, focusing on what lies ahead, inspiring and encouraging team members. The participants also stressed the importance of trust and honesty from the executive leadership that would enable them to 'buy-in' to the organisational vision. Transformational leadership was recognised to be associated with visionary leaders who empower and provide clear directions for the team and strive to improve organisational

performance. It was emphasised that Addington Hospital needed such visionary leaders to provide clear directions for the achievement of its strategic healthcare goals.

5.2.4.2 Communication

The participants in the study felt that communication was a major problem at Addington Hospital. It was indicated that the frequent change in the executive leadership of the hospital resulted in communication breakdowns across the hierarchy, resulting in poor direction, planning and control. Healthcare service delivery is complex and challenging, as is evident at Addington Hospital, therefore effective communication is crucial for urgent decision-making that affects healthcare outcomes. The importance of effective communication between clinical and non-clinical staff was also highlighted in the research. It was emphasised that safe, reliable and quality healthcare service delivery is dependent upon effective communication and teamwork.

The research recognised the importance of a structured communication mechanism for Addington Hospital that encourages interaction at various levels of the organisation, also incorporating feedback for the contextualisation of information with the team. There was emphasis on leaders promoting an open communication climate within the team, which can be useful for providing direction, building trust and influencing the team to achieve the organisational vision. Thyer (2003) pointed out that teams are ignited through changes in communication and leaders are transformed to the extent that they can promote an open communication climate in the organisation. It was also indicated that an open communication climate alleviates tensions and conflicts, re-affirms the followers' commitment to achieving the shared vision and encourages dialogue between followers for reaching common ground on critical issues. The study also elaborated on the role of leaders and managers from a communication perspective.

5.2.4.3 Values

It was identified in the study that the leaders at Addington Hospital lacked values such as honesty, integrity, discipline and trust, which caused tensions and uncertainties among team members, thus affecting healthcare service delivery. Scharmer's (2009) Theory U process was referred to in the discussion in order to fully understand the role of leaders and

their behaviours in an organisation. Charismatic leaders were identified in the research as people that uphold strong moral values, are innovative, passionate and confident, and encourage motivation and commitment within the team in order to achieve organisational goals. It was highlighted in the study that Addington Hospital needed a strong value system that could restore the trust and confidence in its leadership.

5.2.4.4 Transparency

Leadership qualities such as openness and transparency were perceived as being critical for achieving healthcare service delivery goals at Addington Hospital. The study drew on transformational leadership, where the leader is constantly articulating the organisational vision with the team in a transparent and open manner. This attempt to create a sense of belief and purpose in the leaders can influence the team to achieve healthcare goals. It was emphasised that Addington Hospital needs an open and transparent leadership, with sound moral values that promotes team participation for the realisation of organisational goals. According to Stirton and Lodge (2001), transparency is associated with moral values because individual autonomy is enhanced through joint participation with citizens in the decision-making process.

5.2.4.5 Strong organisational culture

The study portrayed Addington Hospital as a healthcare organisation with a weak organisational culture, a fragmented executive management that lacked direction, no encouragement for stakeholder involvement in decision-making, and leaders lacking in innovation and creativity. An adaptability culture in organisations was viewed as one that promotes autonomy and involves the team in decision-making, encouraging innovation and creativity and emphasising customer responsiveness.

Although the study argued that cultural change in healthcare organisations is complex, there has been increasing emphasis on healthcare reforms and structural change to improve healthcare outcomes. It was indicated that an organisational culture with the right combination of values, beliefs and behavioural norms could influence the attitudes of the team towards improving organisational performance. Tsai (2011) emphasised that a strong organisational culture is the foundation for accomplishing organisational missions and

goals, since commonalities in the code of conduct and values for employees exists. The research emphasised that transformational leaders have an important role to play in cultural changes and healthcare systems reforms today in order to promote organisational efficiency.

5.2.4.6 Ethics

The participants in the study indicated that the high incidences of fraud, corruption and mismanagement at Addington Hospital were impeding healthcare service delivery. The research focused on ethical leadership as a means to mitigate unethical conduct and to promote good governance in the public sector. Ethics was viewed as setting standards, determining what is right or wrong, and recognising acceptable behaviours. According to Storch et al. (2013), these individuals take responsibility for engaging in ethical behaviour and providing leadership that would build a moral workforce where values are clear and are shared with team members. It was perceived that ethical leaders set the tone for inspiring team members to become leaders and creating awareness of sound ethical behaviours for the benefit of the organisation as a whole. The personal beliefs, values, personalities and behaviour traits were identified as a leader's key characteristics that contribute to ethical behaviours. It was emphasised that healthcare leaders should promote ethical values within the team when inundated with complex issues and also to empower team members to contribute to decision-making surrounding complex scenarios in compliance with ethical standards. The research related to transformational leaders who promoted team collaboration and supported their team in promoting ethical conduct throughout the organisation.

5.2.4.7 Human resources

The participants that were interviewed strongly expressed that all critical management and clinical posts should be filled urgently in order to bridge the gaps in human resources at Addington Hospital. It was indicated that the instability in the executive management of the hospital emanated from key executive management posts being vacant for lengthy periods. The shortage of doctors, nurses and administrative staff throughout the hospital was found to be hampering healthcare service delivery to a large extent. There was emphasis on the human resource planning strategies that should focus on appointing people

with the right qualifications, knowledge, skills and competencies into appropriate positions at the hospital. It was highlighted that the managers and supervisors that lacked these requirements would not succeed as leaders. Savic and Robida (2013) stated that people play a key role in delivering healthcare, therefore the effective management of human resources is crucial for healthcare reform.

The study also draws a distinction between leadership and management in the healthcare context, where the former focuses on planning, organising, command and control, whilst the latter encompasses leading, empowering and encouraging innovation and creativity within the team. The research also explained the traditional trait behaviour theory, where it was indicated that people naturally assume leadership positions in accordance with their character traits such as personality, honesty, intelligence, confidence and so forth. Ismail and Al-Tae (2012) argued that although a person's traits can be used for selecting leaders that could be successful, the trait theory clearly identify what traits are required and how much trait is needed to succeed as a leader in a given situation.

The following core management competencies of senior officials in the public sector were identified as being crucial for achieving service delivery outcomes:

- Strategic leadership.
- Project and programme management.
- Financial management.
- Service delivery innovation.
- Knowledge management.
- Change management.
- Problem solving.
- Communication.
- People management.
- Honesty and integrity.
- Client and customer satisfaction.

It was highlighted that public healthcare organisations are changing rapidly as a result of advanced technologies, diversity, shortages of skilled staff, corruption, and so forth. This therefore necessitates leaders to advance their skills in order to keep abreast of such

changes. It was also indicated that factors such as HIV/AIDS, staff migration, moratoriums on filling of posts and infrastructure developments are placing additional pressures on public sector organisations to adapt to change. The research showed that the human resources challenges in healthcare organisations are complex and require visionary leaders that would encourage empowerment, teamwork and innovations for optimising healthcare outcomes. The SWOT analysis was identified in the study as a mechanism for assessing human resource policies and procedures and its associated impact on organisational performance.

It was also argued in the research that the application of the policy of affirmative action in government organisations should not be based on race, ethnicity or religion only, but appointments should be on merit, without discriminating on race, gender or religion. Botes et al. (1992) stated that there should be no political or personal interference in the recruitment, selection and promotion of staff in the public sector. The participants that were interviewed also argued that political appointments into executive management posts at Addington Hospital would not resolve the impending service delivery challenges at the facility. It was found that preferential policies such as affirmative action create imbalances and impede service delivery in public sector organisations. It was emphasised that the senior leaders should have the power and flexibility to choose qualified, skilled, competent and experienced staff members with minimal interference.

The study clearly indicated that human resources play a critical role in public healthcare organisations today. It was emphasised that leaders should continuously assess the human resources situation within the organisation in order to make informed decisions regarding recruitment, selection, development and staff retention. Due to the increasing accountability of leaders in healthcare settings, core competencies such as technical capabilities and management skills were identified as being crucial for such leaders. Experiential learning, mentorship and close supervision were identified as opportunities for leadership skills development in healthcare organisations. Optimal team performance in healthcare organisations is dependent upon sustainable human resources policies and procedures.

5.2.4.8 Procurement of essential supplies for patient care

The study established that there were drastic shortages of essential supplies such as surgical supplies, syringes, pharmaceuticals, etc. for rendering patient care at Addington Hospital. This had serious repercussions in the clinical arena as the clinicians were not able to perform their functions without medical sundries. It was established that the theatres were closed indefinitely and emergency surgeries were re-scheduled to surrounding hospitals.

The participants in the study attributed the inefficiencies in the procurement component of the hospital to unqualified and inexperienced staff being appointed to act in senior positions. It was established that senior procurement officials from Addington Hospital were on suspension facing charges of fraud and corruption. The study clearly showed that procurement is a complex process with numerous inherent risks that can cause major disruptions in an organisation. Adebisi (2013) pointed out that the challenge of procurement is in effectively using resources for establishing lean systems that can be implemented by skilled and competent staff members. It was emphasised that transformational leaders encourage the development of followers so that they can respond positively to new challenges. It was also indicated that healthcare leaders and clinicians play a critical role in the procurement processes of the organisation. Their involvement in the following phases of the procurement process was considered crucial for effective and efficient procurement of essential medical supplies:

- Demand management.
- Acquisition management.
- Logistics management.
- Disposal management.

5.2.4.9 Lack of modern medical equipment technology

The clinicians in this study expressed their dissatisfaction in working with old, out-dated and malfunctioning medical equipment in their respective clinical units. It was emphasised that safe, effective and quality medical care for patients is reliant upon optimally functioning medical equipment. The participants indicated that the KZN Health

Department did not provide funding for the procurement of new medical equipment for 2013/2014 financial year for Addington Hospital. The continuous closure of the oncology unit at Addington Hospital and the implications for cancer patients who require radiotherapy treatment was also highlighted in the research. Medical equipment maintenance plays a critical role in the healthcare environment, therefore it was emphasised that healthcare leaders should address any challenges relating to same appropriately and timeously.

5.3 Recommendations

5.3.1 Human resources

One of the key challenges that was identified in the study that contributed to a decline in healthcare service delivery at Addington Hospital was the high number of vacant critical posts, including key executive management posts and clinical posts. This resulted in uncertainty and confusion across all levels of the organisation, and the team lacking direction for the achievement of healthcare goals. O'Neil's (2008) study pointed out that the complexity encompassing the human resource crisis in healthcare demands a collaborative leadership that encourages innovation and will adopt a professional approach to human resources management. It is recommended that the following be implemented to address the human resources issues at Addington Hospital:

- Addington Hospital's executive management should review the human resources planning strategies of the hospital, focusing on identifying the human resources gaps in the short term for all categories of staff in the organisational structure.
- Critical vacant executive management and clinical posts should be advertised and filled within three months.
- The advertising and filling of non-critical posts should be prioritised according to the needs of the respective components of the hospital.

5.3.2 Leadership and management development

The participants in the study emphasised that the existing executive management at Addington Hospital displayed poor leadership and management skills, which contributed to a large extent to the failing healthcare service delivery. The executive management was perceived as being unstable and fragmented, lacking team collaboration, incompetent, and lacking the knowledge and skills to perform at strategic levels. Leadership programmes such as the Management Development Programmes (MDP) and Advanced Management Development Programmes (AMDP) have been highly recommended for advancing leadership in the public sector. Therefore, it is highly recommended that the executive managers, middle managers and operational managers at Addington Hospital should be nominated to attend such intensive leadership and management training courses that could enhance their leadership and management capabilities.

5.3.3 Executive leadership

It was evident in the study that the executive leadership of Addington Hospital was not doing much to promote team and clinical leadership that could be beneficial for improving healthcare service delivery. It is recommended that the following be implemented:

- Empower team members to participate in decision-making.
- Invite suggestions for improvements from team members.
- Encourage innovation and creativity within the team when addressing problems.
- Involve clinicians in the procurement planning processes of the hospital.
- Promote the training and development of clinicians in leadership and management.

The research also pointed out that the executive leadership of Addington Hospital lacked vision in achieving its key strategic goal of providing quality healthcare for patients. The literature referred to visionary leaders that set direction, focus on the future, and encourage and inspire the team to achieve organisational goals. Team members feel valued when leaders request their inputs into the organisational vision, which enhances the relationship between the leader and the team member (Giltinane: 2013). In order for the leaders of

Addington Hospital to navigate the organisation in the right direction, the following are recommended:

- The executive management team must conduct a strategic planning workshop at the beginning of the financial year that clearly outlines the direction and plans for the organisation for that year. Middle managers and operational managers must be participants in this workshop.
- The operational managers must engage with all stakeholders from the respective units subsequent to the strategic planning workshop and communicate the hospital's vision to them. The trust, honesty and impartiality of team leaders play an important role in winning the confidence of the team for achieving the organisational vision.

It was highlighted in the study that all healthcare leaders should adopt a sound value system that could contribute to building trust and confidence in the leadership of Addington Hospital for achieving healthcare goals. Values of trust, integrity, honesty, transparency, open communication, commitment to performance and so forth were recognised as being crucial for optimising healthcare outcomes. Giltinane's (2013) study highlighted that a leader's trust and support from team members can lead the team more successfully through change than leaders who do not have such trust and support. It is recommended that the executive leadership should implement rigid monitoring mechanisms to establish staff members' compliance with the departmental value system and code of conduct.

The study also indicated that Addington Hospital had a weak organisational culture with failing systems, poor decision-making, leaders lacking innovations and low morale, which was impeding healthcare service delivery. Rong and Hongwei (2012) pointed out that team members displayed positive attitudes, team cohesion was enhanced and organisational systems were more effective when the organisational culture was more inclusive, which allowed the team to recognise the organisation's values and management culture. It is recommended that the executive leadership of Addington Hospital promote more inclusiveness in its organisational culture in order to improve organisational performance through positive attitudes, team collaboration and more effective organisational systems.

It is also recommended that respective forums be established in the respective clinical units that would facilitate stakeholder involvement in addressing clinical issues affecting healthcare outcomes. Such forums could also invite external consultants to deliberate on clinical issues and their expert advice would be beneficial for the clinicians in addressing the challenges that they are facing at the hospital.

5.3.4 Fraud and corruption

The respondents in the study also indicated that the high incidences of fraud and corruption in the procurement component of Addington Hospital also contributed to some of the service delivery challenges that inundated the facility. The following recommendations are made in this regard:

- The procurement manager must conduct daily inspections in all procurement components of the hospital.
- Members of procurement committees must be vetted before appointment to such committees to prevent conflict of interests.
- Ensure segregation of duties on all procurement activities.
- Procurement manager must provide weekly-consolidated reports to executive management for scrutiny.
- Install CCTV monitoring cameras at strategic points of the procurement component.
- Introduce a fraud and corruption hotline for the hospital.
- Introduce fraud and corruption awareness campaigns for the hospital.

5.3.5 Communication

Communication at Addington Hospital was highlighted as ineffective, often resulting in vague policies, instructions and poor response times on urgent service delivery issues. It was indicated that the healthcare environment is complex, therefore it is imperative that there is effective communication at all levels of the organisation in order to ensure safe and quality healthcare to patients. It is recommended that the following communication

strategies be implemented at Addington Hospital in order to improve communication across all levels in the organisation.

- A structured communication mechanism must be formulated for the hospital, clearly indicating the channels of communication throughout the hierarchical structure.
- The minutes of executive management meetings should be transmitted to all operational managers. These should be cascaded to operational staff working in the respective units.
- Circulars on managerial and operational changes of the hospital should be published on the notice boards of the hospital.
- The executive leaders and operational managers of the hospital should promote an open communication climate that encourages participation in decision-making for the achievement of healthcare goals.
- Operational managers should ensure that appropriate feedback mechanisms are established for the contextualisation of information with the team.
- The public relations office should communicate all strengths, achievements and negative criticisms of the hospital to staff members.

5.3.6 Medical equipment technology

The clinical respondents pointed out that the medical equipment that they used was old, out-dated and often malfunctioned in the clinical setting. It is crucial that clinicians have effective and efficient medical equipment to perform their clinical functions optimally. The following recommendations are made to address this issue:

- The executive management must conduct a needs analysis for new medical equipment for the hospital and ensure that a budget is allocated for procurement of such equipment.
- Interrogate the medical equipment audit report and identify clinical areas that are experiencing shortages of life support medical equipment and recommend for procurement as a priority.

- Encourage participation of clinicians in the decision-making process pertaining to procurement of life support medical equipment.
- Arrange scheduled meetings with the health technology committee to discuss critical medical equipment issues.
- Identify all life support medical equipment, radiology equipment and oncology equipment that requires maintenance agreements and arrange for new maintenance agreements to be signed with service providers in consultation with the Directorate: Health Technology Services and KZN Health: Head Office.
- Follow-up regularly with in-house health technology representatives regarding the status of medical equipment sent for repairs and services.
- Dispose of condemned (damaged/malfunctioning/out-dated) medical equipment in terms of departmental disposal procedures.
- Clinical managers must submit quarterly reports on the status of medical equipment to the executive management of the hospital.

5.4 Recommendation for further studies

The study attempted to examine the role of leadership in healthcare service delivery across a broad spectrum of employees at Addington Hospital. Due to the unavailability of certain key executive managers and middle managers during this research, it would be interesting to obtain their views, opinions and perceptions on the topic in future studies.

The actual leadership styles of managers and supervisors were not tested in this study. Future studies should focus on testing the actual leadership styles of managers and supervisors according to their behavioural traits and attributes.

The study amplified the role of clinicians in healthcare service delivery at Addington Hospital. It was established that clinical leadership was of critical importance in healthcare service delivery. This study should therefore be expanded further, focusing primarily on clinical leadership.

The CEOs of each regional hospital play a critical role in providing healthcare service delivery. Future studies can focus on testing the leadership styles of CEOs in relation to healthcare service delivery for all regional hospitals in the region.

This study also examined fraud and corruption at Addington Hospital and its impact in relation to healthcare service delivery. Further studies should focus on ethical leadership as a means to curb fraud and corruption and promote good governance in health organisations.

The primary healthcare clinics of Addington Hospital were not included in this study. All primary healthcare clinics should be incorporated into future studies.

The leadership model that was developed by the researcher could be tested through a quantitative research approach in the future.

5.5. Conclusion

It is the researcher's belief that the implementation of the suggested recommendations would contribute significantly to improving healthcare service delivery at Addington Hospital. Poor healthcare service delivery has proven to be violation of human rights particularly dignity, freedom and equality. Access to quality healthcare is fundamental to human dignity, and the social and psychological well-being of all citizens.

This study aimed to investigate the role of leadership in healthcare service delivery at Addington Hospital. The research demonstrated to a reasonable extent that Addington Hospital is inundated with severe challenges that are related to leadership, which have contributed to a decline in healthcare service delivery. Different leadership styles were identified at the different levels of Addington Hospital for efficiency and organisational performance. Transformational leadership could play a significant role at senior management levels of the organisation. Various leader-related interventions were identified in the study for addressing the healthcare service delivery challenges at Addington Hospital. This study is of significant value since it is the first to examine leadership in the healthcare context and the developed model of leadership could be used for improving healthcare service delivery.

In reaching the end of this research journey, the researcher related to a significant quote on leadership.

“To adapt and integrate leadership skills, and at the same time capitalize on strongly embedded norms and values..., and apply them to contemporary public administration in order to improve attitudes, service, efficiency and delivery both towards, and from within, the public service, must surely be the ultimate prize, for which to strive” (Naidoo, 2012: 122).

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Appendix 1: Informed Consent Letter Template

UNIVERSITY OF KWAZULU-NATAL
GRADUATE SCHOOL OF BUSINESS AND LEADERSHIP

Masters in Commerce: Leadership Studies Research Project

Researcher: Sagaren Govender (Tel: 031-4618407)

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Research Office: Ms P Ximba 031-2603587

Dear Respondent,

I, Sagaren Govender am a Masters in Commerce: Leadership Studies student in the Graduate School of Business and Leadership, at the University of KwaZulu-Natal. You are invited to participate in a research project entitled, *The role of leadership in healthcare service delivery at Addington Hospital*.

The aim of this study is therefore to investigate the role of leadership in healthcare service delivery at Addington Hospital.

Through your participation I hope to understand the specifics of the problem areas. The results of the study are intended to contribute to improving service delivery at Addington Hospital, thus promoting quality patient care.

Your participation in this project is voluntary. You may refuse to participate or withdraw from the project at any time with no negative consequence. There will be no monetary gain from participating in this research project. Confidentiality and anonymity of records identifying you as a participant will be maintained by the Graduate School of Business and Leadership, UKZN.

If you have any questions or concerns about participating in this study, please contact me or my supervisor at the numbers listed above.

It should take you about 15 minutes/s to complete the questionnaire and 45 mins to complete the interview. I hope you will take the time to complete the questionnaire.

Sincerely

Investigator's signature _____ Date _____

This page is to be retained by participant

**UNIVERSITY OF KWAZULU-NATAL
GRADUATE SCHOOL OF BUSINESS AND LEADERSHIP**

Masters in Commerce: Leadership Studies Research Project

Researcher: Sagaren Govender (Tel: 031-4618407)

Supervisor: Mrs. Cecile Gerwel (Tel: 031-2608318)

Research Office: Ms P Ximba 031-2603587

CONSENT

I _____ (full names of participant) hereby confirm that I understand the contents of this document and the nature of the research project, and I consent to participating in the research project. I understand that I am at liberty to withdraw from the project at any time, should I so desire.

Signature of Participant

Date

This page is to be retained by researcher

Appendix 2: Interview Schedule

- What are the existing service delivery issues at Addington Hospital?
- How are the challenges related to leadership?
- What is the best form of leadership that is required for efficiency and organisational performance in Addington Hospital?
- What leadership-related interventions can be introduced to address healthcare service delivery challenges?
- Leadership plays a significant role in driving the performance of an organization. Do you agree? Why?
- Should the leadership be vested in single person at Addington Hospital or should it be distributed? Please elaborate?
- What role can the clinicians (doctors) play in strengthening the leadership at Addington Hospital?
- What are the benefits of effective leadership in an organization such as Addington Hospital?
- What are the key factors that contribute to poor leadership in relation to service delivery?
- Relate an incident that you are aware of that highlights poor service delivery at Addington Hospital?

Appendix 3: Questionnaire

What are the existing service delivery issues at Addington Hospital?

How are the challenges related to leadership?

What is the best form of leadership that is required for efficiency and organisational performance in Addington Hospital?

What leadership-related interventions can be introduced to address healthcare service delivery challenges?

What is your understanding of leadership in relation to the provision of quality healthcare to the citizens of the Province?

Who are the key role-players for ensuring that Addington Hospital achieves the vision and mission of providing quality healthcare to patients?

In your opinion, what is the root cause of poor leadership in relation to healthcare service delivery at Addington Hospital?

What role can medical professionals, such as doctors, play in strengthening the leadership at Addington Hospital?

What influence does organised labour (Unions) have on staff members in respect of their day-to-day operational activities?

Describe a personal experience or media reports in respect of poor services rendered to patients at Addington Hospital recently?

Appendix 4: Ethical clearance



26 April 2013

Mr Rogerson Govender 211857104
Graduate School of Business and Leadership
Westville Campus

Dear Mr Govender

Protocol reference number: HSE/0254/01341
Project title: The role of leadership in healthcare service delivery at Addington hospital

EXPEDITED APPROVAL

I wish to inform you that your application has been granted Full Approval through an expedited review process.

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number. Please note: Research data should be securely stored in the school/department for a period of 5 years.

I take this opportunity of wishing you everything of the best with your study.

Yours faithfully



Professor Steven Collings (Chair)

/s/

cc Supervisor: Ms Cecilia Gerwel Prochaz
cc Academic Leader: Dr E Mungape
cc School Admin.: Ms Wendy Clarice

Humanities & Social Sc. Research Ethics Committee
Professor S. Collings (Chair)
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Telephone: +27 (0)31 260 3287/6300/4667 Facsimile: +27 (0)31 260 4809 Email: ethics@ukzn.ac.za /
humanities@ukzn.ac.za / hsr@ukzn.ac.za
Founding Companies: ■ Edgewood ■ Howard College ■ Natal School ■ Pietermaritzburg ■ Richards

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