AN ASSESSMENT OF HEALTHCARE LEADERSHIP COMPETENCIES AT BUSAMED GATEWAY PRIVATE HOSPITAL IN UMHLANGA

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DECLARATION

I, **Leeshalan Govender** (212511624), declare that:

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

ii. This dissertation has not been submitted for any degree or examination at any other tertiary institution.

iii. This dissertation does not contain other persons' data, tables, figures and any other information, unless specifically acknowledged as being sources from other persons.

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a) Their words have been paraphrased but the general information attributed to them has been referenced;

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ABSTRACT

Scholars argue that there is need to for healthcare managers/supervisors to be talented in management if they are to effectively deal with today's increasing complicated healthcare environment. Managers/supervisors should work in such a way that they show measurable results and effectiveness to put into practice management operations informed by credible evidence on management. On the other hand, academic and professional programmes are underscoring the need for managers/supervisors to acquire competencies that would make them effective in their workplace. Even then, it remains unknown the competencies of healthcare managers/supervisors in the South African healthcare including managers/supervisors at the Busamed Gateway Private Hospital. Thus, this study was conducted to determine the competencies of healthcare managers/supervisors as lack of appropriate competencies among healthcare managers/supervisors may be the cause of some of the healthcare challenges faced by the Busamed Gateway Private Hospital. A case study research design was used to guide the study. A quantitative research methodology was used to underpin the study, and census sampling was used to select twenty-four respondents. Data was collected using a questionnaire. Data was analysed with SPSS version 24.0. Generally, findings indicate that managers/supervisors at the Busamed Gateway Private Hospital believe to have communication and relationship management, professionalism, leadership, knowledge of the healthcare system and business skills competencies. However, with regards to communication/relationship management competencies the study indicates that managers/supervisors do not show negotiations competencies. There is need therefore for managers/supervisors to explore the principles of seeking mutual benefit with employees as this key to a successful leadership in hospitals. With regards professionalism competencies managers/supervisors are strong in ethical and health profession competencies than in other competencies. There is need for managers/supervisors to consider all professional competencies as important in hospital operation. Findings on healthcare environment competencies show that improving the health system competence is not prioritised, as results managers/supervisors do not have the freedom to implement whole scale changes to the health care system. There is need to revisit the hospital regulations and laws to allow leaders to be creative and innovative. The study found that leaders lack competencies to organise employees and resources that are critical in the process of delivering health care services. Thus, systems for the management of employees within the hospital should be revisited to maximise employee performance. On leadership competencies, the study found that managers/supervisors do not believe to have mutual trust competencies. Therefore, managers/supervisors lack skills to promote workplace trust. There is need to run programmes to specifically teach employees on the importance of relationships between internal stakeholders and external stakeholders. This is important because the foundation of all relationships is trust. Without parties trusting each other it will be hard for stakeholders to come to an agreement or consensus on issues affecting the hospital.

CHAPTER ONE

BACKGROUND AND INTROUDCTION TO THE STUDY

1.1 INTRODUCTION

Some people seem to be natural-born leaders and others seem to be not born leaders such that organisations need to develop them for their business to excel. When organisations such as hospitals employ inadequately trained supervisors and managers into positions of power and authority, it is likely to cost hospitals dearly. This is why poor management is a huge hidden cost for South African employers (The South African Board for People Practices, 2014). Promoting supervisors and managers who are not equipped with basic leadership and management skills can have serious repercussions on organisations that may include high turnover, low morale, and unhappy service users. This chapter presents the background and introduction to the study and the research problem. This is followed by research questions, research objectives, aim of the study, the justification and importance of the study, and a brief introduction to the research methodology. The last section of the chapter deals with definitions of terms, outline of the chapters, and summary of the chapter.

1.2 BACKROUND OF THE STUDY

Leadership competencies are critical leadership behaviours and skills that influence high performance in an organisation (Rossiter and Stefl, 2005). When leaders employ competency-based type of approach to leadership, it makes it easy for organizations to identify and develop the next yield of leaders for their organisations. Essential leadership competencies however, future business strategy and trends need to drive the development of new leadership competencies that will make organisations successful. While some leadership competencies are essential to all organisations, there is need for organisations to define what leadership attributes are unique to the particular organization to create competitive advantage. This study is going to be conducted at Busamed Gateway Private Hospital a private hospital in KwaZulu-Natal province in particular Durban. The hospital has close to 160 beds and facilities include a 24-hour accident and emergency department (Busamed Gateway Private Hospital Report, 2016). Busamed Gateway Private Hospital is arguably the first tailored and purpose-built surgical hospital in KwaZulu-Natal. The hospital is designed and positioned to meet the increasing need for surgical services in the province. The hospital boasts two Intensive Care Units (ICUs), care unit and standard patient accommodation in given specialty units. The hospital also offers an atmosphere and environment that is conducive for quick recovery. The

hospital is supporting six state-of-the-art operating theatres and two cardiac catheterization labs that are set and built to meet the unique needs of surgical disciplines, and has the modern technology and instrumentation in place (Busamed Gateway Private Hospital Report, 2016). Besides, the hospital has several managers and supervisors, and their role in the healthcare is increasingly seen as one of the toughest and complex roles in healthcare (Thrall, 2006). Managers and supervisors in the healthcare are supposed to translate strategic goals and objectives generated at the operational level into practice. This means that the position of managers and supervisors demand that they have the ability to interpret general concepts and put them into specific clinical and management performance at the same time monitoring and determining healthcare results (Rossiter and Stefl, 2005). In other words, the role of managers and supervisors is critical in the healthcare administration mission and vision, and those involved in the provision of direct health care. Besides, Scholars argue that managers and supervisors do not only provide administrative and clinical leadership, but are accountable for patient care activities (Thrall, 2006). Thus, the role of managers and supervisors in the healthcare is critical especially when it comes to the development and retention of healthcare staff and overall productivity of the healthcare system. All in all, managers and supervisors in the healthcare are expected to ensure that the mission of the organisation is put into practice at the same time assuring the quality and efficiency of the healthcare operations.

This study explored the competencies of healthcare managers and supervisors in South Africa in particular at Busamed hospital. The study was motivated by the changes that have occurred in the healthcare managers and supervisors' roles caused by challenges in the South African health environment in the past ten decades. There is no argument that healthcare managers and supervisors' roles are increasingly complex because of the changing environment of the healthcare delivery. Change in the healthcare over the years include the management of increased complexity in clinical practice, shorter hospitalization for very sick patients and pressures exerted by compliance and regulatory agencies (American College of Medical Practice Executives (ACMPE, 2003).

Economic changes, technological advancements and structural changes in the manner service is delivered are some of the reasons for organisational change in healthcare institutions affecting managers and supervisors (Kleinman, 2003). Healthcare managers and supervisors are also important because they are expected to be role models and set the bar for what is expected of healthcare workers especially of the importance of high quality, transparent and

patient-focused care. Managers and supervisors are also the channels of communication between the bedside staff and the top management by providing the main messages and setting the organizational culture (Futurescan, 2008).

The role of managers and supervisors in the success of healthcare organisations today in priceless, therefore it is important to ascertain the competencies of managers and supervisors at Busamed Gateway Private Hospital as this may help to address competency and leadership challenges the hospital is facing.

1.3 RESEARCH PROBLEM

Scholars argue that there is need to for healthcare managers and supervisors to be talented in management if they are to effectively deal with today's increasing complicated healthcare environment (Carman and Johnson, 2006; Groves, 2011). Managers and supervisors should work in such a way that they show measurable results and effectiveness to put into practice management operations informed by credible evidence on management. On the other hand, academic and professional programmes are underscoring the need for managers and supervisors to acquire competencies that would make them effective in their workplace (Futurescan, 2008).

The emphasis on the evidence-based management has revolutionalised the need to define competences that are appropriate for healthcare practitioners. Scholars through the Health Leaders Alliance made up of six professional membership organisations explained that there are several competencies most appropriate for healthcare starting with information sharing and leadership, professionalism, leaderships, knowledge of the healthcare, and business knowledge (Carman and Johnson, 2006).

Even then, it remains unknown the competencies of healthcare managers and supervisors in the South African healthcare including managers and supervisors at the Busamed Gateway Private Hospital. Thus, this study will be conducted to determine the competencies of healthcare managers and supervisors as lack of appropriate competencies among healthcare managers and supervisors may be the cause of some of the healthcare challenges faced by healthcare system at the Busamed Gateway Private Hospital.

1.4 RESEARCH QUESTIONS

- What are managers/supervisors' communication/relationship management competencies at the Busamed Gateway Private Hospital?

- What are managers/supervisors' leadership management competencies at the Busamed Gateway Private Hospital?

- What are managers/supervisors' professionalism competencies at the Busamed Gateway Private Hospital?

- What are managers/supervisors' knowledge of the healthcare environment management competencies at the Busamed Gateway Private Hospital?

- What are managers and supervisors' business skills and knowledge competencies at the Busamed Gateway Private Hospital?

1.5 RESEARCH OBJECTIVES

- To understand managers/supervisors' communication and relationship management competencies at the Busamed Gateway Private Hospital.

- To determine managers/supervisors' leadership management competencies at the Busamed Gateway Private Hospital.

- To ascertain managers/supervisors' professionalism competencies at the Busamed Gateway Private Hospital.

- To understand managers/supervisors' knowledge of the healthcare environment management competencies at the Busamed Gateway Private Hospital.

- To determine managers/supervisors' business skills and knowledge competencies at the Busamed Gateway Private Hospital.

1.6 JUSTIFICATION/RATIOANALE

This study is important because it will enable the healthcare sector in South Africa to learn management competencies that affect the performance in healthcare institutions. The study will

inform health institutions to promote effective management competencies aligning employees' performance with the goals and objectives of the healthcare. This may influence the healthcare in South Africa to perform according to their missions. By assessing the management competencies at Busamed Gateway Private Hospital, the study will show why it is important for healthcare institutions to assess and have managers and supervisors with management competencies to ensure that they meet healthcare needs. At Busamed Gateway Private Hospital, the management competencies have not been assessed. For this reason, if this study was not conducted it would have not be known if managers and supervisors at Busamed Gateway Private Hospital have management competencies to carry out their work effectively.

1.7 AIM OF THE STUDY

The aim of the study is to understand what the researcher aspires to be in terms of understanding the research problem after conducting the study (Creswell, 2014). The aim of this study is to understand the management competencies of managers and supervisors at Busamed Gateway Private Hospital.

1.8 PURPOSE OF THE STUDY

The study explored the management competencies exhibited by managers and supervisors at Busamed Gateway Private Hospital. In particular, the study investigated the issue of communication and relationship management, professionalism, leadership, knowledge of the healthcare system, and business skills and knowledge among managers and supervisors at the Busamed Gateway Private Hospital.

1.9 BRIEF INTRODUCTION TO THE RESEARCH METHODOLOGY

This study was underpinned by the Healthcare Leadership Alliance (HLA) Competency Model. The model explains that there are five overlapping competency domains common among all practicing healthcare managers: communication and relationship management, professionalism, leadership, knowledge of the healthcare system, and business skills and knowledge. The study employed a case study research design. A case study research design is a research approach that allows a researcher to dig deeper into the phenomenon and bring out the nuance of what is being studied (Yin, 2009). Besides, the study used a quantitative research methodology and was conducted at Busamed Gateway Private Hospital in Durban. The target population for this study were all managers and supervisors at Busamed Gateway Private Hospital. To select respondents for this study, census sampling was used. This technique allows the researcher to select all respondents based on his or her knowledge of a population and the purpose of the study. The sample for this study included all managers and supervisors at

Busamed Gateway Private Hospital. The sample size for this study is twenty four (24). This study used twenty four (24) respondents; managers (14) and supervisors (10) to provide data needed to understand the phenomenon under study. This quantitative study adhered to these two principles and procedures so as to ensure that the findings are credible in measuring the phenomenon under study. This being a quantitative study, SPSS version 23.1 was used to analyse data using descriptive and inferential statistics (Braun and Clarke, 2006).

1.10 LIMITATIONS OF THE STUDY

This study only involved one private hospital in Umhlanga. Furthermore, the study did not include all employees at Busamed Gateway Private Hospital but the researcher ensured that the sample was credible in order to engender plausible research findings.

1.11 DEFINITION OF TERMS

- **Communication and relationship management:** this is the ability to disseminate information in a clear and succinct manner to the target audience such as customers both internal and external is viewed as one of the leadership competencies in the healthcare sector. Criffith (2001) states that when leaders are able to develop and sustain relationships that is a clear demonstration of competencies as this is a critical component in communication and relationship management. In addition, Institute of Medicine (IOM) (2003) argues that competencies include being able to facilitate constructive interaction with different people and entities. Thus, literature in this domain shows that competencies in the healthcare sector include leaders' ability to manage relationships in workplace by promoting interpersonal relationships and developing relationships with stakeholders. Kouner (2001) found that being able to make practical and transparent decisions shared by stakeholders and understanding the impact of these decisions on both internal and external stakeholder as a demonstration of competencies. Kouner and Rundall (2006) said that when healthcare workers demonstrate collaborative skills by engaging and working with stakeholders that is a demonstration of competencies.

- **Leadership:** Kouner (2001) argues that competencies in the healthcare sector includes having leadership qualities or the ability to encourage individuals and entities to excel in their operations. The National Center for Healthcare leadership (NCHL) (2005) stated that the understanding of competencies is incomplete if it does not include leadership. Besides, the National Commission for Certifying Agencies (NCCA) (2007)

explained that leadership includes the aptitude to effectively manage change to realise the strategic objectives of the health organisations and enhancing their performance. In agreement, O'Connor, Stefl, Clement and White (2008) said that leadership is demonstrated through good leadership and behaviour, engaging in in culture and environment, leading change, and driving innovations in the healthcare sector.

- **Professionalism:** according to Raymond (2001), competencies are demonstrated by people's professionalism or ability to align both individual and organizational conduct with the existing ethical and professional standards. Professionalism includes taking responsibility of patients and communities, and having service orientation and being committed to learning and improving organizational performance. A study by Ross, Wenzel and Mitlyng (2002) shows that professionalism should enable leaders to show personal and professional accountability, professional development and willingness to learn, contribute to the profession, self-awareness, and being ethical in conduct and socially conscious.

- **Knowledge of healthcare environment:** this is the knowledge of the healthcare system in which healthcare managers and supervisors and health providers operate. Thus, literature suggests that leaders in the healthcare sector should have an understanding of healthcare systems and organisation, health workforce, personal-centred health and public health.

- **Business skills and knowledge:** this is the ability to put into practice business principles in the healthcare system. This is in agreement with Shewchuk, O'Connor and Fine (2005) who hold that leadership should be able to apply systems thinking to the healthcare environment. The principles to be applied should include financial management, human resource management, strategic planning and marketing, organizational dynamics and governance, risk management, information management and improvement.

1.12 CHAPTER OUTLINE

- **Chapter one:** is the introduction to the study that presents the background to the study, research problem, aim of the study, research objectives, research questions, significance

of the study, brief introduction to the methodology, limitations, definition of terms, and structure of dissertation and summary of the chapter.

- **Chapter two:** is review of literature related to the study. The chapter covers concepts of leadership competencies and the theoretical framework informing the study, and the summary to the chapter.

- **Chapter three:** is the methodology chapter. It covers the research design, research methodology, data collection tools, study site, population, sampling methods, data collection tools and reliability and validity of the study. The study covers the data analysis tools, ethical consideration and conclusion to the chapter.

- **Chapter four:** is data presentation, analysis of results and findings. The chapter models data with the goal of discovering useful information, and suggesting conclusions.

- **Chapter five:** is the summary, conclusion and recommendations of the study.

1.13 CONCLUSION

This study investigated the management competencies of managers and supervisors at Busamed Gateway Private Hospital. This chapter presents an overview of the study by covering the background to the study, research problem, aim of the study, purpose of the study, and research objective and research questions. The chapter also presents the brief methodology to be used in the study, the limitations of the study, definition of terms, chapter organization of the dissertation and summary.

CHAPTER TWO
LITERATURE REVIEW

2.1 INTRODUCTION

This study sets out to explore healthcare competencies at Busamed Gateway private hospital in Durban. This chapter deals with literature review related to the research topic. Literature review is understood as a conscious activity of assessing the existing knowledge to have a thorough understanding of the research problem under study; what has been studied and what needs to be studied. In particular, this chapter deals with literature review on healthcare leadership competencies. The first section deals with the critical role leadership plays in the healthcare organisation. The second section presents literature on different concepts of leadership. The third section deals with leadership styles, traits and competencies. The fourth and last section reviews literature on leadership competence models followed by the chapter summary.

2.2 THE ROLE OF LEADERSHIP IN HEALTH ORGANISATIONS

Environments in health organisations are ever changing. The change is influenced by a myriad of factors including social change, increasing levels of competencies, legal changes, demands from stakeholders, globalisation, characteristics of employees, regulatory frameworks, and technological dynamics (Bass, 2008). A study by Hartley and Bennington (2010) found that there are multiple reasons competent leadership is needed hospitals. Bennington (2010) said that effective leadership is needed in hospitals because there are new and several health challenges that individuals and communities today face that include illnesses and sicknesses.

Hospitals like any other organisations are not immune to change. As a result, effective leadership is critical in hospitals to deal with the existing new health goals and new health culture (Jackson and Parry, 2008).

The coming of internet and its effects is also felt in hospitals. Internet to some extent has reduced demand of health professionals and medical authorities as people are able to access health information and get medicine online (Groves, 2011). Therefore, there is need for flexible healthcare competencies among healthcare leaders to manage evolving interment healthcare environment. Jennings and Wargnier (2008) said that internet use by healthcare professionals has serious challenges on the healthcare practice, therefore there is need to have a competent

healthcare workforce to deal with a myriad of healthcare challenges including e-medicine. In this this regard, Martilla and Sams (2007) argues that the new health technologies and techniques call for new ways of interacting among health workers and patients.

World over, there is a call for radical innovative transformation in the health sector rather than improvements that are ongoing. Radical innovations are needed to support different aspects of healthcare. Atiken and Higgs (2010) said that radical innovation in healthcare sector should ensure that patients are not harmed when receiving healthcare services that are meant to assist them. Studies show that in South Africa alone more than 160, 000 people die in hospitals every year because of medical errors (Bobroff, 2014). The medical errors are common in all healthcare environments. The problem is not because of negligence and lack of modern systems that can prevent errors from happening and reaching to patients.

Blake and Mouton (2014) said that there is need for radical innovation in the healthcare system to enhance the effectiveness of the healthcare system. For this to happen, there is need for competent health personnel able to use scientific evidence from laboratory experiments, clinical research, epidemiological studies and research outcomes to inform healthcare services to increase desired health outcomes (Rosen, 2015).

Black (2008) argues that radical innovation in the healthcare system without ensuring timelines in the provision of health services is in vain. Therefore, there is need for the healthcare workforce that is organised to adequately meet the needs of the hospitals and patients in a timely manner (Mourison, 2010). It is through competent health workforce that health facilities can beat delays experienced in seeking and receiving healthcare such as getting appointments and waiting in doctors' offices and emergency rooms.

Ostand (2014) stated that radical innovation and competent leadership is key to having a patient centred healthcare system that is able to listen to patients' values, needs and preferences, as this is critical in providing quality healthcare service. Rugman (2013) said that radical health innovation is one way of ensuring that healthcare services are personalised for patients, effectively coordinated, family members for the patients are involved and emotional and physical care is provided (Srinivas, 2015).

Radical innovation in the health sector requires leaders who are competent to produce the best healthcare outcomes (Yip, 2012). South Africa has one of the most experienced healthcare system in Africa but not producing the best healthcare outcomes expected. Whitener and Stahl (2014) said that the level of healthcare satisfaction in South Africa is low partially because of lack of competent leadership. It is only when there is competent healthcare leadership that the healthcare system can effectively continue to identify inefficiencies and waste in the provision of healthcare services and eliminate them (Rhinesmith, 2006).

A study by Brake (2007) found that competent leadership is critical in hospitals to promote equity where all people can benefit from the health services. Current evidence shows that the healthcare system in South Africa is failing to achieve equity in the healthcare system. Competent healthcare leadership can deal with pervasive differences in the care provided to poor communities. Evidence is strong that previously disadvantaged communities continue to receive poor quality of healthcare even when the difference in the healthcare divide has been accounted for (Caligiuri, 2006).

Competent leaders in the healthcare system are needed because hospitals are changing in different ways in; structure, culture and manner of doing things (Black and Gregersen, 2009). In agreement, Bird and Ostand (2014) said that hospitals need competent leadership because their environments are changing dramatically such that they have to deal with dynamics of regulations, local and global markets forces, issues of service quality, and cost-conscious environments (Spencer, McClelland and Spencer, 2014). For all these changes to be managed there is need for competent healthcare leadership to analyse the changing hospital environments and come up with strategies that can effectively deal with the different characteristics of healthcare system environments (Jackson and Parry, 2008).

2.3 CONCEPT OF LEADERSHIP

Scholars agree on the importance of leadership in any organisation, but there is no consensus on the understanding of the concept of leadership and its main features and components (Bass, 2008; Atiken and Higgs, 2010; Groves, 2011). It is for this reason that Burn (2008) stated that leadership is one phenomenon that is mostly observed but the last understood worldwide. Yukil (2016) explained that though the phenomenon of leadership has been studied from different angles, narrow approaches to the investigation have been used. Besides, there is a dearth of efforts to integrate findings emerging from different strategies and studies (McAlearney, 2010).

In an effort to understand leadership, Hartley and Bennington (2010) suggested a leadership framework called Warwick Six C that provides a structure and presents different facets of leadership. The six Cs stand for concepts, contexts, characteristics, challenges, capabilities and consequences. These six Cs have different definitions and approaches.

Stodgill (2010) understands leadership as an act or process an individual or a group of people exerts to influence activities of a group to set goals and realise the set goals. For Stodgill (2010), leadership is an influential relational and social process that takes place in a group. This understanding pays attention to the individual characteristics and what happens between a leader and his or her followers. This definition of leadership underscores the aspect of one who leads, one who is led, and the group's common processes as critical conditions that need to be in place if leadership is to take place (McAlearney, 2008).

Homans (2011) subscribe to part of Stodgill (2010)'s definition that says that leadership occurs in groups when a leader gives suggestions, requests and mandates followers to act as expected, an action that comes with rewards. In this definition of leadership, the common purpose is not stated as a motivating factor although the realisation of the common goals is viewed as a factor.

Burns (2008) explained that leadership is exercised when people with specific purposes and motives mobilise to compete and fight with others for institutional, psychological, political, economic, and other resources in order to arouse, engage and satisfy wants and needs of their followers. From this definition, it seems competition is placed as an important element for group cohesion for leadership to occur.

Smirch and Morgan (2012) explained that leadership occurs in a situation where an individual or group of people succeed in defining and framing reality of others. Compared to definitions presented above, this definition does not include values and motivation that are critical components of leadership. However, it can be assumed that this definition considers values and motivation as key to leadership because it is not possible for leadership to occur if there is no motivation and values followers can buy in (McAlearney, 2010). Therefore, it is hard to define people's reality if there is nothing people find to be valuable that they would get from their leaders (Groves, 2011).

Locke (2011) understands leadership as a process of influencing others to take action towards group objectives. Group objectives are understand as determining factors for leadership. It is critical to note that according to Locke (2011), "the influence the leader has on others is understood as a process not as a particular competence". Influence does not mean to be articulate but to exhibit social, professional and personal condition that makes a person to be trustworthy or have potential to persuade others (McAlearney, 2010).

According to Heifetz (2014), leadership is a process of mobilising leaders to deal with tough issues or problems. Both Burns (2008) and Heifetz (2014) understand tough problems as the determining factors of leadership.

Goodwin (2006) with a healthcare industry background understands leadership as a process of pursuing a vision to influence change. In this understanding of leadership, a leader does not work alone but supported by his followers in the organisation and external players. A leader in this definition is expected to have a broad approach that does not only look at his group but at all those people directly and indirectly affected by his leadership (Rosen, 2015).

A critical review of these definitions of leadership above, show different understandings of the the meaning of leadership. Others stress the importance of purpose, goals, social, process dynamics, organisation and social systems. Other definitions focus on challenges followers face, others underscore challenging situations as the meaning of leadership. Though there are differences in the understanding of leadership, there is one common characteristic that leadership is the ability to exert influence among people with the intention to achieve set goals.

2.4 STYLES, TRAITS AND COMPETENCIES

In the 1940s, scholars argue that research on leadership focused on the inner characteristics linked to effective leadership (Bass, 2008; McAlearney, 2010; Rosen, 2015). Literature shows that scholars were not satisfied with research that viewed leadership more as a cognitive or personality phenomenon as they argued that there was more to leadership (McAlearney, 2010). Scholars who argued that leadership is associated to personality traits stated that self-acceptance, optimism, intelligence, mood and physical skills are linked to effective leadership (Spencer, McClelland and Spencer, 2014). According to Adair (2016), integrity, justice, determination, justice, humility, empathy, trust, and peace are generic traits of effective

leadership. Brinan (2016), Yukl (2006) and Jackson and Parry (2008) said that the innate traits mentioned above, may not be needed in all leadership situations.

Hartley and Benington (2010) said that many scholars were dissatisfied with the traits theory of leadership that focused on personality features. As a result, scholars started focusing on what leaders were doing not on innate traits. In other words, scholars started focusing their investigations on the style of leadership and behaviour exhibited by leaders (Spencer, McClelland and Spencer, 2014). Therefore, the focus of scholars now is on the development of leadership than choosing of leaders.

Some of the studies that focus on development of leadership are Ohio studies conducted by Halpin and Winner (1975) as cited in Spencer, McClelland and Spencer (2014) who argued that leadership should focus on people and their tasks. Blake and Mouton (1961) as cited in Spencer, McClelland and Spencer (2014) built on Ohio studies and generated a leadership grid that understands leadership along the aspects of focusing on people and the work to be done. They explained that leadership has five components as presented in the figure below.

Figure 1: Ohio Studies Understanding of Leadership

Source: Halpin and Winner (2015)

Impoverished leadership; is about low focus on people and on work; authority compliance leadership focuses on the work to be done than on people; middle of the road leadership has a medium focus on people and on work to be done; country club leadership has high focus on people and low focus on tasks.

Literature suggests that Boyatzis (1982) as cited in Atkin and Higgs (2010) was the first scholars to employ the frame of reference for competencies in an effort to improve and understand the qualities of leadership. According to Boyatzis (1982) as cited in Atkin and Higgs (2010), competencies is an innate characteristic of a person that gives him or her the push to work in an effective manner or above average. Hirsch and Strebler (2015) understand competencies as experience, abilities, attributes, knowledge and behaviour needed by people to function in a desirable way. Groves (2011) argued that there is a difference between traits and competencies stating that competencies can be learnt and improved while traits as intrinsic characteristics cannot be learnt.

Several scholars do not show the difference between the concept of competence and capability. However, Boyatzis (2006:9) states that the two concepts can be used to mean "to do a task". In addition, it means interaction between a person and context; which has to do with requirement and the environment work that is performed. He argued that leadership does not only depend on the qualities of a leader but affected as well by the existing situation at the time leadership is exercised. He also explained that leadership is demonstrated when a person has maximum stimulation and faced with challenges (Atkin and Higgs, 2010). The best leadership takes place at the intersection of individual traits; values, vision, knowledge, interest and competencies; organisational environment; structure, culture, and core competencies; and job demands; responsibilities, roles functions and tasks. According to Hirsh and Strebler (2015) experience, knowledge, attributes, skills and behaviour are the fundamental competencies needed for people to effectively do their job. These factors are found in the context of job performance and environmental setting.

2.5 LEADERSHIP COMPETENCE MODELS

There are several models of competencies and this section looks at different models in no particular order. It is important to note that there are common competencies in the models.

2.5.1 Adair Competencies and Behaviour Model

Adair (2005) conducted a study that examined different leadership views. The first perspective examined is functional approach. This approach dealt with the issue of competencies arguing that leaders are meant to help those they lead to do their tasks, create and sustain unity in the organisation and help individuals to grow (Atkin and Higgs, 2010). However, this cannot happen on its own as there is a need to carry out activities that would help achieve tasks by

defining the tasks, spelling out plans, informing stakeholders, and putting in place control measures (Srinivas, 2015). Besides, the team should be built and individuals as well through evaluations, motivations and leading by examples (Atkin and Higgs, 2010).

Adair (2005) explained that leaders should have the following competencies for them to be suitably regarded as leaders:

- **Coordination and teamwork:** leaders should have the ability to influence people to work together as a team.

- **Decision making**: leaders should be able to think clearly and effectively deal with problems and make informed decisions.

- **Communication:** leaders should be able to share their ideas in a way that is easy for people to understand.
- **Self-management:** leaders should manage the organisation and time as presented below.

Table 1: Adair Competencies and Behaviours Model

Teamwork and Coordination	Decision Making	Communication	Self-Management
•Sets direction and initiates action. •Plans and organizes. •Delegates responsibility. • Coordinates and controls. •Shows sensitivity to individuals' needs and feelings. •Motivates and encourages others. •Sets group standards. •Disciplines where necessary.	•Analyses problems. •Shows reasoning and logical thinking. •Is swift on the uptake. •Thinks imaginatively and creatively. •Has a sense of reality. •Has helicopter ability to stand back. •Demonstrates good judgment.	•Speaks audibly and clearly. • Uses simple and concise language. • Communicates on paper easily and well. •Listens to others with perception. •Reads with speed and comprehension. •Argues assertively but not aggressively. •Chairs a meeting well. •Ensures good group communications, upwards, downwards, and sideways.	•A self-motivator; lights his or her own fire. •Able to work on own initiative with little supervision. •Sets and achieves challenging goals. •Works to deadlines. •Makes good use of his or her own time.

•Seeks help and advice. •Plays positive role as team member.	•Has an inquiring mind. •Generates solutions. • Is decisive when required.	• Shows awareness of Nonverbal communication. • Gets others enthusiastic about his ideas.	

Source: Adair (2005)

Osborne (2008) discussed leadership competencies including some discussed by Adair above. Osborne (2008) does not include self-management and group work but mentions several competencies not mentioned by Adair (2005) including continuous innovation, lifetime learning, focusing on customers and knowledge sharing. Marvis, Thompson and Marquis (2010) stated that leaders should develop meta-skills in order to be successful: should be able to lead themselves, lead others and lead the organisation.

2.5.2 Rubino Competence Model

Rubino (2007) introduced his model that examines leadership through four domains similar to Marvis et al (2010)'s model. The differences between the two models is that Marvis et al (2010) model includes technical and functional competencies presented below.

Table 2: Rubino Competence Model

Functional and Technical Competencies Self-development and Self-understanding	**Functional and Technical Competencies Self-development and Self-understanding**
Interpersonal Competencies Organizational Competencies	**Interpersonal Competencies Organizational Competencies**
• Communication • Motivation • Empowerment of subordinates • Guidance of group processes • Handling and solution of conflicts • Negotiation • Formal presentations • Social interactions	• Organizational design • Team building • Setting of priorities • Political shrewdness •Performance management and evaluation • Development of collaborators • Human resources • Community and external resources • Management of cultural diversity

Source: Rubino (2007)

2.5.3 Vodafone Competence Model

The corporate leadership council (2014) reported that at Vodafone competencies in six domains; ability to engage in impactful communication, delivering the expected outcomes, managing changing organisation environments, making individual differences, performing by working with people, and prioritising customers. This model is different from other models reviewed above because it explains competence as an ability to manage a dynamic environment and make personal impact (Mourison, 2010), that are not mentioned in other models.

Nike developed a model as well but simpler than Rubino (2007) and Marvis et al (2010) by stating that competence implies that a leader should know himself or herself, should be able to lead the team and lead the business as presented below.

Table 3: Nike's Competencies Model

Lead the people	Lead the business	Know yourself
• **Creating team success** •**Effective communications** • **Nike leadership** • **People skills**	• Business mastery • Focus on growth • Global perspective	• Courage • Personal mastery • Winning attitude

Source: Nikel (2007)

The model promotes simplicity as it calls on leaders to set their priorities correct.

2.5.4 Danske Bank's Competence Model

The model classifies leadership into several categories:

- **Business competencies;** the ability to develop capable employees, possess market knowledge and able to focus on quality.

- **People;** a leader should motivate employees, communicate effectively, effect change management and have a quality of self-awareness.

- **Personal;** a capable leader should find it easy to acquire new knowledge and skills to deal with pressure, and in possession of the sense of self-acknowledge.

- **Strategic management;** leaders need the ability to explore business opportunities, share the mission of the organisation in all possible management settings and should have a good understanding of organisational culture.

- **Taking the business plan into action;** a leader should possess good communication skills, able to engage in conflict resolution, and should be output oriented than process oriented.

This model reveals a business leadership as majority of the competencies deal with business.

2.5.5 M Model

This model discusses leadership in three broad categories of competencies (Corporate leadership council, 2014).

- **Fundamental:** a leader must be able to develop his skills and increase his knowledge and progress through successive managerial ranks.

- **Essential competencies;** a leader should grow in accountability as he or she grows in organisational roles and responsibilities.

- **Visionary competencies;** leaders should be able to entertain realistic dreams on how they want the organisation to grow. Leaders should see beyond what is within their reach and control and present a clear leadership decision that can arouse hope of organisational growth as presented below.

Table 4: 3 M Model

Fundamental Leadership Competencies	Essential Leadership Competencies	Visionary Leadership Competencies
• **Ethics and Integrity**	• Customer Orientation	• Global Perspective
• **Intellectual Capacity**	• Developing People	• Vision and Strategy
• **Maturity and Judgment**	• Inspiring Others	• Nurturing Innovation
•	• Business Health and Results	• Building Alliances
•	•	• Organizational Agility

Source: Corporate leadership council (2014)

The 3 M model is different from the other models discussed above because it does not emphasise the sphere of influence as the determinant of leadership but underscores development stages such as having a vision, virtue of accountability and growth in managerial position.

2.5.6 Corporate Leadership Council Competencies Model

A survey was conducted by the corporate leadership council (2014) on 8 000 leaders and established that there are six competencies that can be grouped into three categories presented below.

Table 5: Corporate Leadership Council Competencies Model

Block one Who you are	Block two What you know	Block three What you do
• Personal Core-Courage and confidence, drive for results, conceptual ability, willingness to learn, emotional stability.	• Experience-Business, geographical, functional track record of achievement. • Know-how-Commercial know-how, customer and market focus, mastery of best business practices.	• Business direction setting-Strategic thinking, broad scanning, business acumen. • Execution-Holding to account, management and control. • Taking people along- • Visionary leadership, developing others, strategic influencing, versatility.

Source: Corporate Leadership Council (2014)

The model has business as its frame of reference. It explains competencies for human beings. The model states that a competent leader should have the capability of knowledge and capability to do things.

2.5.6 Four-Cornerstone Model

Dye and Garman (2006) put forward a leadership competence model that explains competence in health institutions based on four-pillar-structure made up of 16 competencies. The model is substantiated in a healthy self-concept. The four cornerstone competencies are:

- **High activated self-awareness competence;** this competence explains that a leader should acknowledge himself or herself as leader should have strong personal convictions and should have the quality of emotional intelligence.

- **Compelling vision;** a leader should have a clear plan for the future or for the organisation that should be clearly communicated to his or her followers. The vision should be informed by a clear understanding of the past and present to envisage the future. Therefore, a leader should have an understanding of risks uncertainties and rewards. In short, a leader should have a vision, communicate the vision, should be trustworthy and loyal.

- **Work with people;** a leader should make things happen in the organisation by working with people and organisation processes. In working with people, a leader should have the competencies of listening, growing, giving feedback to stakeholders, mentoring members, influencing teamwork, and energising others (Dye and Garman, 2006).

- **Master execution;** a leader should achieve desired results by making appropriate decisions. A leader should complete his or her programmes and adhere to agendas. The model explains leadership in six ways; being able to develop informal power, make informed decisions, encourage innovations and inspire people. The four pillars discussed in this model emanate from a health self-concept. This means that a leader should be satisfied to be a leader and should have a purpose. Besides, a leader should have a sense of control of his own life, destiny, and should believe in his own ability to realise his or her goals, should have a positive image of himself or herself and should feel comfortable in the manner he or she interacts with other people (Dye and Garman, 2006).

2.5.7 Dye and Garman model

This model acknowledges that the health industry is facing challenges including financial, corporate, competition, deaths, and others. Therefore, the healthcare business requires pragmatic leadership (Atkin and Higgs, 2010).

2.5.8 The National Health Services Model

The model explains that leadership should show the following capabilities:

- Leaders should show personal capabilities by developing self-awareness and sense of self-management, continuing personal development, working with high level of integrity.

- A leader should work with others by developing networks, building and sustaining relationships, encouraging people to contribute towards his or her own leadership and vision. A leader should as well promote teamwork.

- A leader should have capabilities to manage services by being able to effectively plan, manage resources, people and performance.

- A leader should have the competence to work towards improving services by ensuring that patients are safe, evaluate services, encourage innovations, and engage in transformation.

- A leader should be able to set a clear direction by being able to identify situations for change. A leader should make use of the available evidence to ensure that all decisions are adequately informed.

- A leader should lead both the organisation and the system. This means that a leader should generate a vision for the organisation and promote his or her vision of the healthcare system. The vision should be communicated to all stakeholders and be made part of the strategy. The model therefore understands leadership as a continuous increasing span of influence that moves from affectively individuals to affecting systems. The model is designed to serve patients but when patients are moved from the model, then model can be used in the business industry.

2.5.9 The National Centre for Health Leadership Model

The model was developed in 2004 and uses 18 behavioural competencies and technical competencies to explain leadership; leadership is a transaction transformation and execution of work.

- Transformation means that a leader should have a vision for the organisation and stimulate change processes needed in the health institutions and needed by patients and health professionals to promote healthcare and wellness. The model puts value on achievement orientation, analytical thinking, financial skills, innovative thinking, information seeking, and strategic orientation.

- A leader is expected to be execution oriented by putting a vision and strategy into action in the organisation. Meaning, a leader should translate a vision into actions. It calls for a leader who is accountable, ready to bring change, collaborate, communicate effectively, have influence on others, able to use and understand the value of technology, and capable to deal with management issues.

- A leader should create an organisation environment that is employee oriented by valuing all employees regardless of their backgrounds. A leader should energise all employees and understand his or her own influence on people. The model explains that leaders should have competencies in human resource management, professionalism, interpersonal relationships, relation building, self-development and teamwork leadership. In other words, the model seems to suggest that competencies are functions that need to emerge from a leader. Though the model is from the healthcare industry, it has been adapted and applied in other industries.

2.5.10 Healthcare Leadership Alliance Competency Model

The existing body of knowledge in the healthcare sector indicate that there are many, and overlapping and complementing competencies (Carman and Johnson, 2006). Scholars have put competencies into five categories that are common in the healthcare.

Communication and relationship management: studies show that the ability to disseminate information in a clear and succinct manner to the target audience such as customers both internal and external is viewed as one of the leadership competencies in the healthcare sector. Criffith (2001) states that when leaders are able to develop and sustain relationships that is a clear demonstration of competencies as this is a critical component in communication and relationship management. In addition, Institute of Medicine (IOM) (2003) argues that competencies include being able to facilitate constructive interaction with different people and entities. Thus, literature in this domain shows that competencies in the healthcare sector include leaders' ability to manage relationships in workplace by promoting interpersonal relationships and developing relationships with stakeholders. Kouner (2001) found that being able to make practical and transparent decisions shared by stakeholders and understanding the impact of these decisions on both internal and external stakeholder as a demonstration of competencies. Kouner and Rundall (2006) said that when healthcare workers demonstrate collaborative skills by engaging and working with stakeholders that is a demonstration of competencies.

Leadership: Kouner (2001) argues that competencies in the healthcare sector includes having the ability to encourage individuals and entities to excel in their operations. The National Center for Healthcare leadership (NCHL) (2005) stated that the understanding of competencies is incomplete if it does not include creating and attaining a common vision. Besides, the National Commission for Certifying Agencies (NCCA) (2007) explained that competencies

include the aptitude to effectively manage change to realise the strategic objectives of the health organisations and enhancing their performance. In agreement to the finding on leadership presented above, O'Connor, Stefl, Clement and White (2008) said that leadership is demonstrated through good leadership and behaviour, engaging in in culture and environment, leading change, and driving innovations in the healthcare sector.

Professionalism: According to Raymond (2001), competencies are demonstrated by people's ability to align both individual and organizational conduct with the existing ethical and professional standards. Professionalism includes taking responsibility of patients and communities, and having service orientation and being committed to learning and improving organizational performance. A study by Ross, Wenzel and Mitlyng (2002) shows that professionalism should enable leaders to show personal and professional accountability, professional development and willingness to learn, contribute to the profession, self-awareness, and being ethical in conduct and socially conscious (Raymond, 2001).

Knowledge of healthcare environment: Studies show that there is need for healthcare leaders to understand the healthcare system in which healthcare manager and supervisors and health providers operate. Thus, literature suggests that leaders in the healthcare sector should have an understanding of healthcare systems and organisation, health workforce, personal-centered health and public health (Raymond, 2001).

Business skills and knowledge: Rossiter and Stefl (2005) argue that effective leaders should demonstrate the ability to put into practice business principles in the healthcare system. This is in agreement with Shewchuk, O'Connor and Fine (2005) who hold that leadership should be able to apply systems thinking to the healthcare environment. The principles to be applied should include financial management, human resource management, strategic planning and marketing, organizational dynamics and governance, risk management, information management and improvement (Raymond, 2001).

The five domains discussed above are viewed as common competencies especially in the health sector. The outlining of the five domains sends a powerful message to the healthcare sector on what managers and supervisors in the healthcare institutions should possess to be effective and help health institutions achieved their objectives. However, it remains unknown the leadership

of competencies of the healthcare sector in South Africa enhance the need to conduct this study to fill this gap (Raymond, 2001).

The Healthcare Leadership Alliance Competency Model will underpin this study. The model as seen above explains that there are five overlapping competency domains common among all practicing healthcare managers: communication and relationship management, professionalism, leadership, knowledge of the healthcare system, and business skills and knowledge. The five competency domains are viewed as independent and mutually supporting with leadership as the central and stabilizing domain. These five domains are used to inform the study including research questions, research objectives, and data collection instruments (Raymond, 2001).

Figure 2: The Healthcare Leadership Alliance Competency Model

Source: Rossiler and Stefl (2005)

2.6 SUMMARY

This chapter presented literature review on healthcare leadership competencies. The first section dealt with the critical role leadership plays in the healthcare organisation. The second section presented literature on different concepts of leadership. The third section dealt with leadership styles, traits and competencies. The fourth section reviewed literature on leadership competence models followed by the chapter summary. The following chapter presents the research methodology.

CHAPTER THREE
RESEARCH METHODOLOGY

3.1 INTRODUCTION

Research methodology is a systematic and critical way of conducting research. This chapter presents the research methodology used to conduct this study. The chapter starts by presenting the research design, methodology, study site, target population, sampling method, and sample for the study. The chapter also presents measures for validity and reliability, data collection instruments, data analysis techniques, and summary for the chapter.

3.2 RESEARCH DESIGN

This study employed what is called a case study research design. A case study research design is a research approach that allows a researcher to focus on one particular issue in an organisation or entity thus avoid the generalization of the research problem being investigated (Creswell, 2009). The design allows a researcher to dig deeper into the phenomenon and bring out the nuance of what is being studied (Yin, 2009). This makes it easy to understand the research problem under study. Creswell (2014) explained that a case study is effective when exploring a current real-life situation and sets the foundation for research apply their findings and extend the existing way of doing things. Yin (2009) understands a research design as a comprehensive empirical inquiry plan on a contemporary phenomenon within an everyday context. The design is used "when the boundaries between phenomenon and context are not clearly evident; and in which multiple sources of evidence may be used" (Yin, 2014:23). Researchers have continued to apply the case study research design with success in well-planned studies focusing on real-life issues, situations, events, and problems. This is because researchers find a case study research design practical in bringing out information that can help to understand a complex problem or issue and contributes new idea to the existing body of knowledge. The research design also allows for the employment of different research methods in one study hence allowing the study to generated rich and comprehensive data to understand a research problem (Creswell, 2009). The case design is appropriate for this study as it allowed the researcher to focus on one issue and hospital, and generate multifaceted data using different data collection methods so as to have a comprehensive understand of the management competencies of managers and supervisors at Busamed Gateway Private Hospital.

3.3 RESEARCH APPROACHES

This study used quantitative research methodology to explore managers and supervisors' management competencies at Busamed Gateway Private Hospital. The method is mainly used to quantify a phenomenon being studied by collecting numerical data or data that can easily be transformed into statistics that can help understand a research problem. Creswell (2009) explained that quantitative methodology is used to quantify or measure opinions, attitudes, behaviours, and any defined constructs. Quantitative research methodology uses measurable data to uncover patterns and formulate research facts (Guba, Hunter and Brewer, 2008). This study used quantitative research methodology to measure the management competencies of managers and supervisors at Busamed Gateway Private Hospital. Quantitative research methodology was also employed because it allows data to be collected using structured research instruments. This study used a structured questionnaire to collect data. Quantitative research methodology allows research results to be generated from a large sample size that is representative of the whole population under study. This study generated a representative sample. Quantitative research methodology has highly reliability. For this reason, the researcher used this methodology to facilitate the replication of the approach in future research. The researcher had to use quantitative research methodology because it is effective in generating objective answers that this study sought. Quantitative research methodology was used for a reason that it makes all facets of the study to be meticulously designed prior to data collection. Since a phenomenon under study is complicated, quantitative research methodology will help to provide instruments that will help to carefully study leadership competencies. The methodology also enabled the researcher to quantify respondents' attitudes, views, and behaviours towards the management competencies of managers and supervisors at Busamed Gateway Private Hospital. To have a better understanding of management competencies of managers and supervisors, the researcher wanted data to be presented in the form of statistics using different non-textual arrangements. Hence quantitative research methodology was used so that data is presented using tables, figures, charts, and other non-textual forms. The quantitative research methodology enabled the researcher to conduct a structured study and generate results that would be generalised to the large population. Results generated in the study may be used to predict future results on leadership competencies in hospitals, and explore causal relationships.

3.4 STUDY SITE

A study site is defined as place where a study is conducted in or from (Mutinta, 2017). This study will be conducted at Busamed Gateway Private Hospital in Durban. The hospital is built in the vibrant, modern new town centre of Umhlanga. Busamed Gateway Private Hospital is the first tailored, purpose-built surgical hospital in KZN. The hospital has 160 beds and designed to help meet the increasing demand for surgical services in KwaZulu-Natal. The hospital offers several dedicated specialty units and a hospital environment that is promoting wellness and rapid recovery. The hospital has attracted qualified and experienced surgical specialists and management personnel in South Africa to offer healthcare service informed by the value of accountability, friendliness, respect, integrity, and quality care.

3.5 TARGET POPULATION

The target population is a specific population a researcher is interested in making as part of the study (Bruan and Clarke, 2006). Maxwell (2012:11) defines the target population as a "group of individuals or objects to which researchers generate a sample and are interested in generalizing the conclusions". Mutinta (2016) said that in many cases target populations also known as theoretical population have varying parameters or characteristics. According to Giggs (2014), researchers should try to ensure that target populations' characteristics corresponds to entire population. The target population for this study fourteen (14) managers and ten (10) supervisors at Busamed Gateway Private Hospital.

3.6 SAMPLING STRATEGIES

According to Creswell (2014), sampling is as a process of selecting a small portion of the population to represent the entire. Since the researcher will use quantitative research methodology to conduct the study, probability sampling method was used to select employees. Probability entails that selection of respondents is dependent on random selection (Guba, Hunter and Brewer, 2008). Random selection is a process a researcher follows to gather a sample that is representative of the target population or entire population for a specific study. Random in this context means the people or units are selected by chance, which means that each person or unity has the same probability of being selected to be part of the study. To select respondents for this study, census of sampling was used. Census of sampling is the selection of every subject or everything or every unit in the population. It is also known as a complete conscription that implies that it is a complete study of everyone. This technique allows the researcher to select all respondents based on his or her knowledge of a population and the purpose of the study. The researcher selects all respondents as they are needed to give him or

her information to understand the phenomenon under investigation. There are fourteen (14) managers and ten (10) supervisors at Busamed Gateway Private Hospital therefore all twenty four were selected to participate in the study

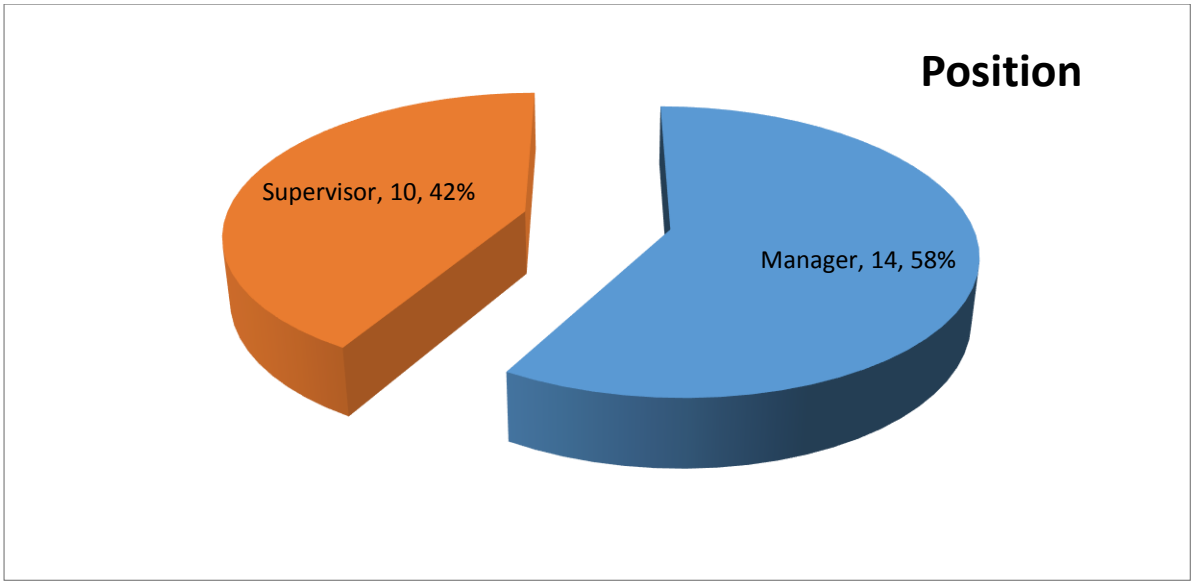
3.7 SAMPLE

A sample is defined as a subset of the entire population selected to participate in the study (Mirriam, 2008). In quantitative research, a sample is understood as a subset or portion of a population generated to represent the entire population. When conducting research, it is sometimes unfeasible to study every subject or every unit of a given population because the number of people or units is too large or infinite to be managed. The census for this study included all fourteen (14) managers and ten (10) supervisors at Busamed Gateway Private Hospital.

3.8 SAMPLE SIZE

A sample size is defined as the total number of units or people selected to participate in a study. Lincoln and Denzin (2012) define a sample size as the entire number of individuals or pieces from which data is collected in a study. The sample size is an important aspect of any study as it helps to make inferences about a population under study. The sample size for this study is twenty-four (24) including all fourteen (14) managers and ten (10) supervisors.

Figure 3: Sample Size



3.9 DATA COLLECTION INSTRUMENTS

Creswell (2014) defines data collection as a process of gathering information on the research questions or variables to understand the research problem under study. This is done using established and systematic methods that then enable the researcher generate data that answers the main research questions.

3.9.1 Questionnaires

This study used questionnaires to collect data. A questionnaire is a data collection research tool that has a series of questions and other prompts in order to gather information from respondents (Cohen and Crabtree, 2006). Questionnaires was used because they are easy to analyse, and are familiar to managers and supervisors to be studied. Questionnaires also allow researchers to study a large population in an affordable way and are easy to administer. Questionnaires had several sections: section A dealt with the short biographical information; section B explored communication and relationship management competencies; section C studied professionalism competencies; section D dealt with leadership competencies; and section E studied knowledge of the healthcare system competencies; section studied business skills competencies. Twenty (24) respondents; managers (10) and supervisors (14) were given the questionnaire to provide data needed to understand the phenomenon under study.

3.10 DATA QUALITY CONTROL

In order to have a credible study it is important to put in place several data quality control measures that include validity and reliability (Braun and Clarke, 2006). This quantitative study adhered to these two principles and procedures to ensure that the findings are credible in measuring the phenomenon under study.

3.10.1 Validity

Validity is the extent to which a research concept or construct is accurately measured (Yin, 2009). The researcher used *content validity* to ensure that the questionnaire adequately covered all the content that it should with respect to the leadership competencies. Using content validity, the research ensured that the study covered all constructs the questionnaire is designed to measure. This was done by ensuring that all constructs in the theory informing this study receive greater coverage. The researcher employ *face validity* by asking subject experts' opinion on whether the questionnaire measured the concept of leadership competencies.

3.10.2 Reliability

Reliability is understood as the consistency of a measure (Creswell, 2014). To ensure that the questionnaire consistently measures what it is intended to measure, leadership competencies, a pilot study was conducted with two supervisors and two managers at two different times to ascertain if the same responses would be given each time the questionnaire was completed. In other words, inter-rater/observer reliability and test-retest reliability was used to achieve consistency in questionnaire test.

3.11 DATA ANALYSIS

Data analysis is defined as the organization and interpretation of the data gathered in a study (Creswell, 2009). This being a quantitative study, SPSS version 23.1 was used to quickly and easily analyse data using descriptive and inferential statistics (Braun and Clarke, 2006).

3.11.1 Descriptive statistics

Data was analysed to help the study to describe and present data in a meaningful way by presenting patterns that might emanate from the data. No conclusions are made beyond the data analysed. Descriptive statistics technique was used to describe data. Maxwell (2012) argues that descriptive statistics enables researchers to present data in a more meaningful way that makes it easy to interpret the data. The technique helped to measure central tendency. This central position is realised using statistics such as median, mode, and mean. Descriptive statistics was used to measure the spread of data using range, quartiles, variance and standard deviation. In short:

- **Descriptive statistics**: including means and standard deviations were applicable; frequencies are represented in tables or graphs.

- **Pearson's correlation:** correlations that measure how variables or rank orders are related was applied. Pearson's correlation coefficient is a measure of linear association.

- **One sample t-test:** Tests whether a mean score is significantly different from a scalar value was used.

- **Independent samples t-test:** a test that compares two independent groups of cases was applied.

3.12 ETHICAL CONSIDERATIONS

The University of KwaZulu-Natal Ethics Committee provided ethical clearance and Busamed Gateway Private Hospital provided the gatekeeper's letter. The researcher obtained consent from the respondents after explaining to them in detail what the study is all about. In addition, confidentiality, privacy and anonymity of the respondents were upheld in order to avoid compromising respondents' rights.

3.13 SUMMARY

This chapter presents the systematic plan to be used to conduct this study. The chapter presents the research design, methodology, study site, target population, sampling method, and sample for the study. The chapter also presents measures for validity and reliability, data collection instruments, data analysis techniques, and summary for the chapter.

CHAPTER FOUR
DATA PRESENTATION, ANALYSIS AND DISCUSSION

4.1 INTRODUCTION

This chapter presents research results and discussion on the findings obtained in this study. This chapter has four sections. The first section presents the research process followed in this study. The second section deals with the research objectives that the study wanted to achieve, the third section presents data under five themes; communication and relationship management, professionalism, leadership, knowledge of the healthcare system, and business skills, and the fourth section presents the summary to the chapter.

4.2 RESEARCH OBJECTIVES

- To understand managers/supervisors' communication/relationship management competencies at the Busamed Gateway Private Hospital.

- To determine managers/supervisors' leadership management competencies at the Busamed Gateway Private Hospital.

- To ascertain managers/supervisors' professionalism competencies at the Busamed Gateway Private Hospital.

- To understand managers/supervisors' knowledge of the healthcare environment management competencies at the Busamed Gateway Private Hospital.

- To determine managers/supervisors' business skills competencies at the Busamed Gateway Private Hospital.

4.3 RESEARCH PROCESS FOLLOWED

Ethical clearance was obtained from the University of KwaZulu-Natal Ethics Committee, a gatekeeper's letter from Busamed Gateway Private Hospital, and the consent from the respondents. Ethics upheld in order to avoid compromising respondents' rights include confidentiality, privacy, and anonymity. The questionnaire was the primary tool used to collect data. The research instrument consisted of 41 items, with a level of measurement at a nominal or an ordinal level. The questionnaire was divided into 6 questions which measured various themes as illustrated below: biographical data, leadership, Communication/relationship

management, responsibility, healthcare environment, and business. Twenty-four questionnaires were distributed, and the study achieved 100% response rate.

4.4 RELIABILITY STATISTICS

The two most important aspects of precision are reliability and validity. Reliability is computed by taking several measurements on the same subjects. A reliability coefficient of 0.70 or higher is considered as "acceptable". The table below reflects the Cronbach's alpha score for all the items that constituted the questionnaire. The data collected from the responses was analysed with SPSS version 24.0. The results are presented using the descriptive statistics in the form of graphs, cross tabulations and other figures. Inferential techniques include the use of correlations and chi square test values; which are interpreted using the p-values.

Table 1: The Cronbach's alpha score

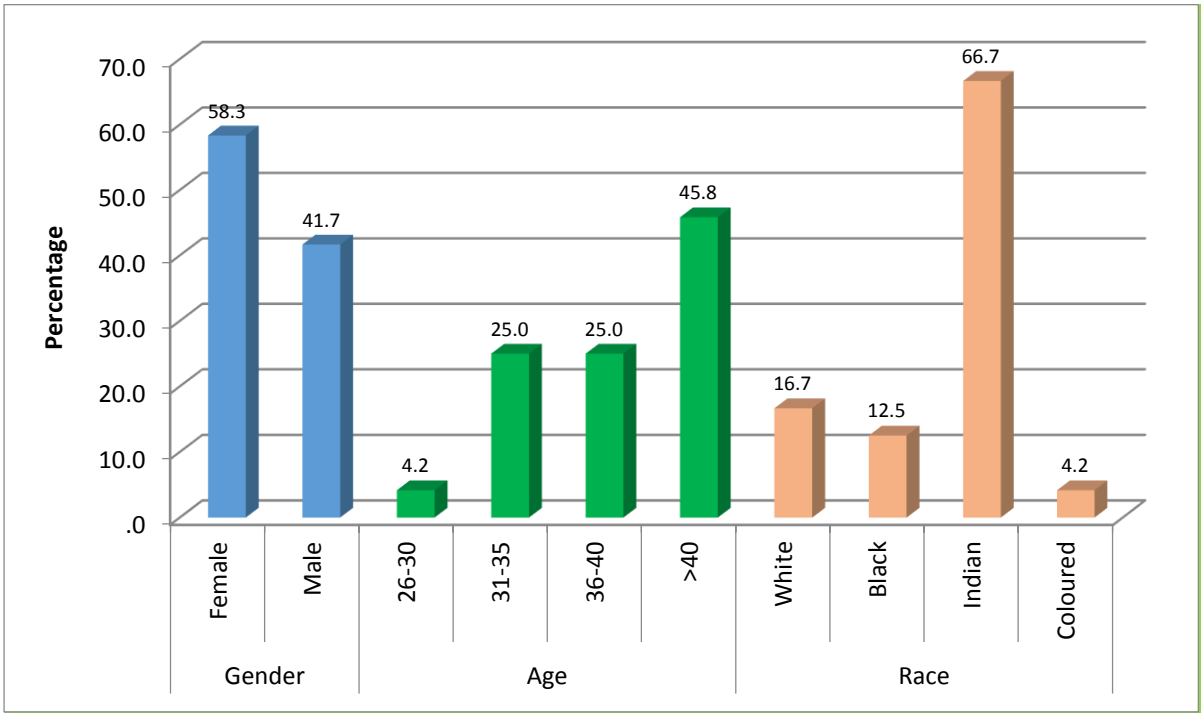
Competency Construct	Items included	Cronbach's alpha	Name of single measure
Leadership	B1-B11	.883	LEAD
Communication/ Relationship management	C12 – C15	.603	CRM
Responsibility	D16 – D21	.716	RES
Healthcare environment	E22 – E25	.726	HE
Business	F26 – F35	.920	BUS

The reliability scores for all but one section exceeds the recommended Cronbach's alpha. This indicates a degree of acceptable, consistent scoring for these sections of the research. The section on communication/relationship management has a small number of variables in it which reduces the score with a small number of responses.

4.5 BIOGRAPHICAL DATA

This section summarises the biographical characteristics of the respondents.

Figure 4: biographical characteristics of the respondents



The figure above describes the overall gender, age and racial composition of the sample.

4.5.1 Gender composition

Overall, figure 4 above shows that the ratio of males to females is approximately 2:3 (41.7%: 58.3%). This means that there was an adequate representation between males and females in the study.

4.5.2 Age composition

Figure 4 above shows that a little less than half of the respondents were older than 40 years (45.8%), with similar levels observed in the middle age groups and 4.2% comprising respondents less than 30 years old. The findings suggest that the study involved older people than younger people aged 26-30 years old.

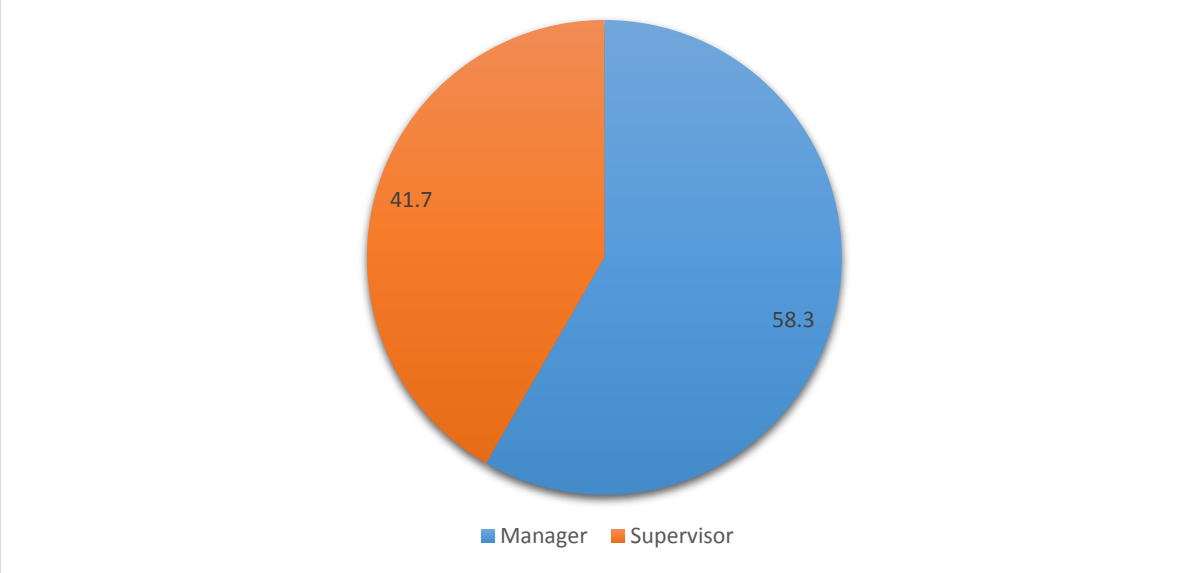
4.5.3 Ethnic composition

The racial composition indicated that the sample comprised two-thirds (66.7%) Indian respondents displayed in figure 1 above. The observed differences for each variable for was tested for each variable. The results are shown below; Gender ($p = 0.110$), Age ($p < 0.001$) and Race ($p < 0.001$). The findings imply that the frequencies per category per variable was not evenly spread out. That is, there was more responses on one side of the scale than the other. The figure below indicates the positions that respondents hold in the hospital.

4.5.4 Positions of respondents

The ratio of managers to supervisors was approximately 3:2 ($p = 0.110$). The findings indicate that there is an adequate representation of managers and supervisors in the study.

Figure 5: Managerial level of respondents



The ratio of managers to supervisors presented above in figure 5 resonates well with Criffith (2001) who argued that for an organisation to succeed it should have an adequate number of managers to deal with the issue of decision making and adequate number of supervisors to implement managers' decisions. The table 7 on the next page indicates the length of service of the respondents.

Table 7: Length of service of the respondents

	N	Minimum	Maximum	Mean	Std. Deviation
Experience	24	9	39	20.08	7.956

The findings show that the mean working timespan for the respondents was 20.08 ± 7.96 years. The finding implies that respondents had been in employ for a while and this is a useful fact as it indicates that responses were from experienced workers (P=0.110). The section below presents key findings in this study, and analyses the scoring patterns of the respondents per variable per section, using the mean scores. The results are first presented using summarised means for the variables that constitute each section. Results are then further analysed according to the importance of the statements.

4.6 COMMUNICATION / RELATIONSHIP MANAGEMENT COMPETENCIES

The research objective was to understand managers/supervisors' communication/relationship management competencies at the Busamed Gateway Private Hospital. A t-test was conducted to determine whether the mean scores were equal to 3 as results show in the table below.

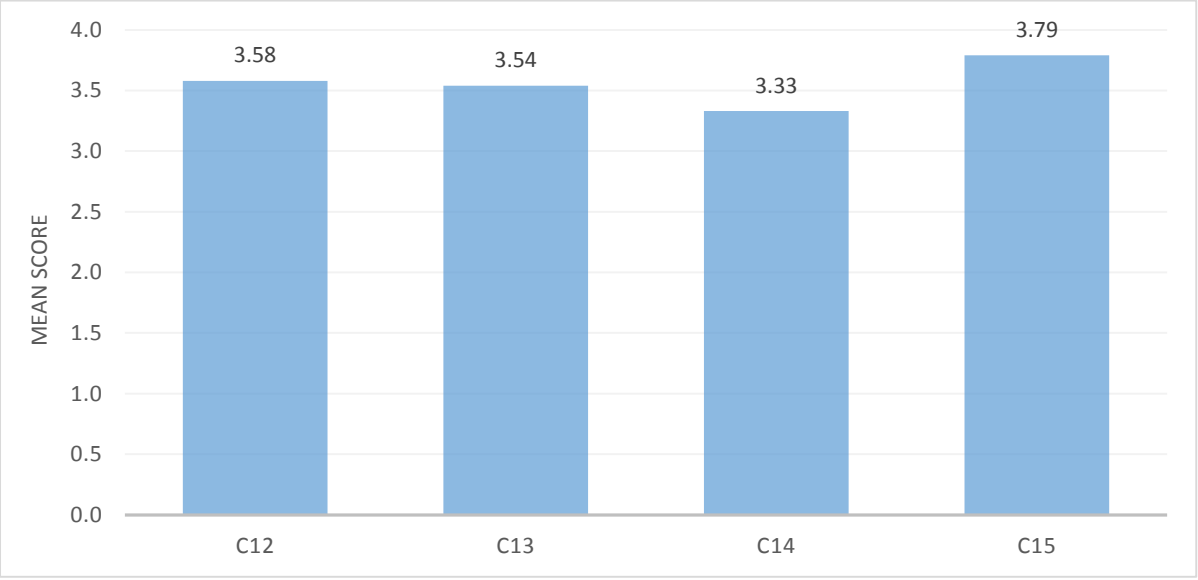
Table 8: Descriptive statistics for the data reporting the mean and standard deviation

		N	Mean	Std. Deviation	t	df	T-Test Sig. (2-tailed)
C12	Leaders at this hospital demonstrate communication competencies	24	3.58	0.881	3.245	23	0.004
C13	Leaders at this hospital show facilitation competencies	24	3.54	0.588	4.511	23	0.000
C14	Leaders at this hospital show	24	3.33	0.917	1.781	23	0.088

	knowledge of the healthcare environment management competencies						
C15	Leaders at this hospital show professional competencies	24	3.79	0.977	3.969	23	0.001
C16	Leaders at this hospital show professional competencies	24	3.33	0.917	1.781	23	0.087

Half of the sample scored more than the mean value 3 therefore agreed more to the statements in the figure above. The figure 6 below represents the mean scores for the statements.

Figure 6: Comminication mean scores for the statements



The findings suggest that the respondents agree more with the statements that leaders at the hospital demonstrate communication / relationship management competencies (p = 0.001).

4.6.1 Communication competencies

When respondents were asked if leaders at the Busamed Gateway Private Hospital demonstrate communication competencies, 60% agreed, 30% disagreed and 10% were neutral to the statement. The mean value was 3.58 and the statement mentioned above was significant (p=0.004) as presented in figure 6 in the previous page. The possible implication of the findings is that managers/supervisors at the Busamed Gateway Private Hospital believe to have the ability to disseminate information to the target audience such as customers both internal and external, which is viewed as one of the needed leadership competencies in the healthcare sector. Criffith (2001) states that when leaders have communication competencies it becomes easy for them to develop and sustain relationships, which is a clear demonstration of leadership competencies that are critical in the health sector management. In agreement, Aitken & Higgs (2010) pronounced that when leaders believe to be communicative, it implies that they are able to send and receive messages within the organisation to achieve individual and common goals. However, it is not known if managers/supervisors at the Busamed Gateway Private Hospital transmit messages through written, or face-to face, or mediated channels, or using different communication methods. The advantage of having managers/supervisors with communication competencies is that it helps hospitals to accomplish tasks linked to specific roles and responsibilities, helps employees and the hospitals to acclimate to changes through creativity and adaptation. It also helps employees to complete their work by upholding the policy and regulations guiding hospital operations. Adair (2005) added his view that communication competencies in leaders help to influence morale, satisfaction, attitudes and fulfilment in employees and make it easy to plan, coordinate and control the operations of the hospital management.

4.6.2 Facilitation competencies

The study found that 70% agreed, 30% disagreed, and 0% were neutral to the statement if managers/supervisors at the Busamed Gateway Private Hospital have facilitation competencies. The mean value was 3.54 and the significance was p=0.000. Thus, respondents agree more that leaders at the hospital have facilitation competencies. This means that managers/supervisors perceive themselves to have the ability to maximise employees' contribution. Managers/supervisors may be doing this by influencing a supportive and outcome-focused hospital environment. This finding is supported by Goodwin (2006) who said that facilitation competencies make it easier or less difficult for employees to carry out their work. However, for this to happen, managers/supervisors in hospitals should be willing to let

go of their power and be open to different outcomes and approaches (Adair, 2005). The study suggests that managers/supervisors at the Busamed Gateway Private Hospital are perceived to have the aptitude to make employees get involved in identifying and solving challenges the hospital is facing.

4.6.3 Health care environment management competencies

When respondents were asked if leaders at the Busamed Gateway Private Hospital demonstrate health care environment management competencies, 20% agreed, 75% disagreed, and 5% were neutral. The mean value was above 3.33, with the statement mentioned above being non-significant p=0.088. The findings indicate that managers/supervisors view themselves as making an effort to create a healthful atmosphere and milieu at the hospital in which patients undergo treatment. The findings may also imply that managers/supervisors employ collective efforts that make several factors to work in tandem in the hospital. In agreement, Martilla & James (2007) said that creating and maintaining a proper healthcare environment is mainly the responsibility of top leaders, policy makers, stakeholders, and individual healthcare worker involved in providing care to patients.

4.6.4 Professional competencies

The study found that 65 agreed, 30% disagreed, and 10% were neutral to the statement that managers/supervisors at the Busamed Gateway Private Hospital demonstrate professional competencies. The finding was significantly ($p = 0.001$) while the mean was 3.79. The findings show that the respondents agree more with the statement that managers/supervisors at the hospital demonstrate professional competencies ($p = 0.001$). This finding indicates that managers/supervisors see themselves as able to perform their job duties. This may be attributed to managers/supervisors' capacity for personal learning. Besides, some professional competencies may be possessed consciously or unconsciously based on managers/supervisors propositional and personal knowledge. This is in agreement with Smircich & Morgan (2012)'s study that argues that effective managers/supervisors have the capability to perform the duties of their professions with skill of an acceptable quality. This finding is supported by Rubino (2007) who argued that analytical and critical thinking skills to interpret professional processes and develop strategy for tasks are some of the competencies leaders in hospitals need to have. Deducing from the findings presented above, it is logical to state that managers/supervisors employees at the Busamed Gateway Private Hospital are perceived to be courteous, honest and responsible when dealing with stakeholders. This may be because managers/supervisors may

be including a high level of excellence going above and beyond basic work they are supposed to do. When such happens, Osborne (2008) said that it may mean that managers/supervisors have good work ethic being instilled in the hospital employees. In agreement, Martilla & James (2007) said that when managers/supervisors are seen as professional, it means that they do their work in a timely manner with the highest quality possible and have pride in completing tasks.

4.6.5 Negotiation competencies

The study investigated managers/supervisors' demonstration of negotiation competencies at the Busamed Gateway Private Hospital, and 35% agreed, 60% disagreed, and 5% were neutral to the statement. The study found that the mean was less than 3.34, with the statement mentioned above being non-significant p=0.087. This means that managers/supervisors are seen as lacking in methods by which organisations and employees settle differences. In other words, managers/supervisors do not prioritise the processes by which compromises or agreements are reached without avoiding arguments and disputes. This may be attributed to the common phenomenon among leaders that sometimes in wanting to stamp their authority and power they tend to use non-negotiable methods consciously or non-consciously. There is need therefore for managers/supervisors to explore the principles of seeking mutual benefit, fairness and maintaining good relationship with employees as these are keys to a successful leadership in hospitals.

4.7 PROFESSIONALISM COMPETENCIES

The research objective was to understand managers/supervisors' leadership competencies at the Busamed Gateway Private Hospital. A t-test was conducted to determine whether the mean scores were equal to 3 as results show in the table below.

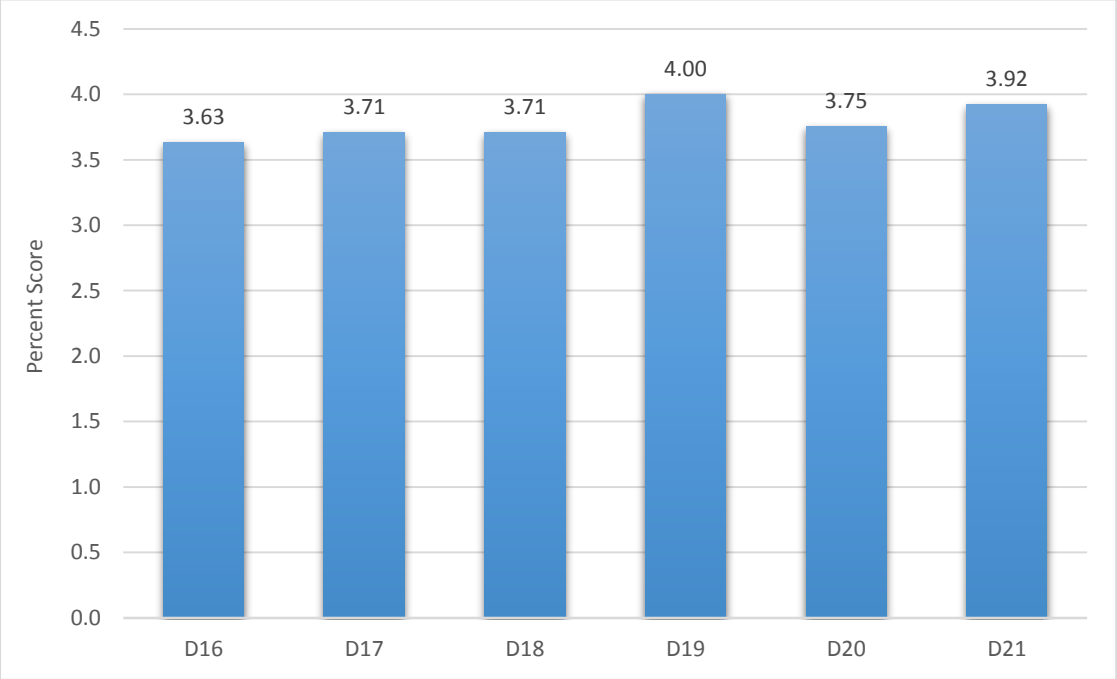
Table 9: Descriptive statistics for the data reporting the mean and standard deviation

		N	Mean	Std. Deviation	t	df	T-Test Sig. (2-tailed)
D16	Leaders at this hospital show social responsibility competencies	24	3.63	0.77	3.98	23	0.001

D17	Leaders at this hospital show personal accountability competencies	24	3.71	0.62	5.56	23	0.000
D18	Leaders at this hospital show professional development competencies	24	3.71	0.75	4.62	23	0.000
D19	Leaders at this hospital show health profession competencies	24	4.00	0.78	6.28	23	0.000
D20	Leaders at this hospital demonstrate self-awareness competencies	24	3.75	0.85	4.34	23	0.000
D21	Leaders at this hospital demonstrate ethical conduct competencies	24	3.92	0.72	6.26	23	0.000

In general, the findings show that all of the p-values are less than the level of significance of 0.05. This implies that more respondents tended to agree in the same manner.

Figure 7: Professional mean scores for statements



The findings suggest that the respondents agree more with the statements that managers/supervisors at the hospital demonstrate leadership competencies (p = 0.001).

4.7.1 Social responsibility

When respondents were asked if managers/supervisors at the Busamed Gateway Private Hospital demonstrate social responsibility competencies, 75% agreed, 15% disagreed, and 10% were neutral. The findings show that all of the p-value is 0.001. This implies that more respondents tended to agree to the statement above. An inspection of the mean value indicates that the mean is greater than 3.36. This implies that respondents agreed with the statements regarding leadership competencies. The findings suggest that managers/supervisors emphasise the need to balance between profit-making activities and activities that benefit the hospital and society at large. This may imply that managers/supervisors carry out their work with a positive relationship to society, which is the environment in which they operate. In agreement, Spencer, McClelland & Spencer (2014) reported that when managers/supervisor are viewed as socially responsible, it may mean that they want employees and the hospital to behave ethically and with sensitivity toward economic, social, cultural, and environmental issues. Smircich & Morgan (2012) found that when managers/supervisors embrace social responsibility, they help employees and the hospital to have a positive impact on business, development and society, and this has a positive influence on hospitals' bottom-line results.

4.7.2 Personal accountability competencies

When respondents were asked if managers/supervisors at the Busamed Gateway Private Hospital demonstrate personal accountability competencies, 80% agreed, 10% disagreed, and 10% were neutral. The p-value is p=0.000. The mean value is 3.71. This implies that respondents agree with the statements regarding personal accountability competencies. Yukl (2006) argues that when leaders in an organisation show qualities of accountability, it means that they make their individual actions and decisions answerable to themselves and the organisation. The finding suggests that managers/supervisor at the hospital under study take ownership for their performance and other employees in the hospital. In short, managers/supervisor seem able to take responsibility of the happenings in the hospital. In agreement, Spencer, McClelland & Spencer (2014) said that leaders who take responsibility are courageous and their actions move them from being nothing more than a martyr because a martyr is the opposite of a leader.

4.7.3 Professional health development competencies

The findings show that 75% agreed, 15% disagreed, and 10% were neutral to the statement on whether managers/supervisors show professional health development competencies. In addition, the p-values are less than the level of significance 0.05. This means that more respondents tended to agree to the statement above. An inspection of the mean value indicates that the mean is greater than 3. The findings indicate that managers/supervisors are perceived to be learning to get or are maintaining their professional credentials such as academic degrees to formal and informal learning opportunities situated in practice. The findings hold water because the researcher in this study works for the hospital under study and is carrying out this research project to develop his professional competencies and get a Master's degree. The findings indicate that managers/supervisors are viewed as engaging in collaborative and intensive evaluative stage professional development activities. Spencer, McClelland & Spencer (2014) explained that continuing professional development in the health sector especially among managers and supervisors is important because it ensures that they continue to be competent in their profession. Yukl (2006) cautions that for professional develop to bear fruit, there is need for an ongoing process for health professional development.

4.7.4 Health profession competencies

When respondents were asked if leaders demonstrate health profession competencies, 60% agreed, 30% disagreed, and 10% were neutral. The findings show that the p-value is 0.000. This implies that more respondents tended to agree to the statement above. The mean value is 4.00. This implies that respondents agreed with the statements regarding health profession competencies. The findings suggest that managers/supervisors are perceived to be educated to deliver patient-centred care, able to emphasise evidence-based practice, informatics, and quality improvement approaches that matter to meet the needs of the 21st-century health care system. Burns (2008) argues that, when leaders are perceived to have health profession competencies, it may mean that they are promoting respect, and care about patients' values, differences, preferences, and needs. In addition, the same author stated that the advantage of having leaders with health profession competencies helps to provide patients with care that relieves them from pain and suffering, leading to effective coordination of continuous care. In agreement, Spencer, McClelland & Spencer (2014) alleged that having leaders in hospitals with profession health competencies makes decision making and management, call for disease prevention, promotion of wellness and healthy lifestyles easy. According to Grandshaw & Porter (2009), when managers have profession health competencies, it may mean that they are making an effort to work in interdisciplinary teams by promoting cooperation, collaboration, communication, and integration of care in teams to ensure that health care is reliable and continuous. Stogdill (2010) added his opinion that for leaders to see themselves to have profession health competencies it means that leaders at the Busamed Gateway Private Hospital may be promoting evidence-based practice where they integrate research with clinical expertise and patient values for optimum care. This is supported by Parry & Bryman (2006) who said that when leaders apply quality improvement measures to identify errors and hazards in care, try to understand and put in place basic safety design principles, such as simplification and standardisation, and understand and measure quality of care in terms of processes, structure, and outcomes in relation to patient and community needs, and make an effort to design and test interventions to change processes and systems of care, it is possible to improve health care quality. Hirsch & Strebler (2014). said that leaders cannot have profession health competencies if they do not utilise informatics by communicating, managing knowledge, mitigating errors, and supporting decision making using information technology.

4.7.5 Ethical conduct competencies

When respondents were asked if leaders at the Busamed Gateway Private Hospital demonstrate ethical conduct competencies, 65% agreed, 35% disagreed, and 10% were neutral. The p-value is 0.000 implying that more respondents tended to agree in the same manner. The mean is 3.92 suggesting that respondents agreed with the statements regarding ethical conduct competencies. The findings indicate that managers/supervisors in their work underscore having professional knowledge and skills but ethics-related competencies as well. The findings mean that managers/supervisor believe to have professional ethics, reflected maybe in the manner they act as public health managers/supervisors. This suggests that managers/supervisors understand the principles of proper conduct concerning the rights and duties of health professionals, relations with patients and fellow practitioners. Parry & Bryman (2006) added his view by stating that for leaders in hospitals to be viewed to have ethical competencies it means that they are making an effort to apply ethical thinking to their decision-making in public health practice, which simply means that they are applying the philosophical knowledge and analytic reasoning necessary for careful thinking and decision making in creating and implementing public health policy. It also implies that managers/supervisors are demonstrating believe they have integrity by carrying their managerial/supervisory work responsibly at individual level and at the institutional level. At the individual level it means that managers/supervisors are committed to intellectual honesty and personal responsibility, and at the institutional level, they are committed to creating an environment that promotes responsible conduct by trying to embrace standards of trustworthiness, excellence, and lawfulness.

4.7.6 Self-awareness competencies

The researcher asked respondents if leaders at the Busamed Gateway Private Hospital show self-awareness competencies, and 60% agreed, 30% disagreed, and 10% were neutral. The findings show that the p-value is 0.000, thus more respondents tended to agree. The mean value is 3.75. This may mean that managers/supervisors perceive themselves to have a clear understanding of their work, strengths, weaknesses, personality, thoughts, beliefs, and motivation towards their work. Osborne (2006) said that a leader with the quality of self-awareness finds it easy to understand others. The perception that managers/supervisors demonstrate self-awareness is a positive happening because McAlearney (2008) argues that there are few leaders with the capacity for introspection and the ability to recognise themselves as individuals separate from the environment and other individuals because their life can affect the operation of the organisation if not well-guided. Mirvis, Thompson & Marquis (2010)

stated that no one can be a good leader without self-awareness because self-awareness lies at the root of strong character, giving people the ability to lead with a sense of authenticity, openness, trust, and purpose. In other words, managers/supervisors at the Busamed Gateway Private Hospital are perceived to have the ability to know what they can offer and what they need most from other employees to complement their own deficiencies in leadership.

4.8 HEALTHCARE ENVIRONMENT COMPETENCIES

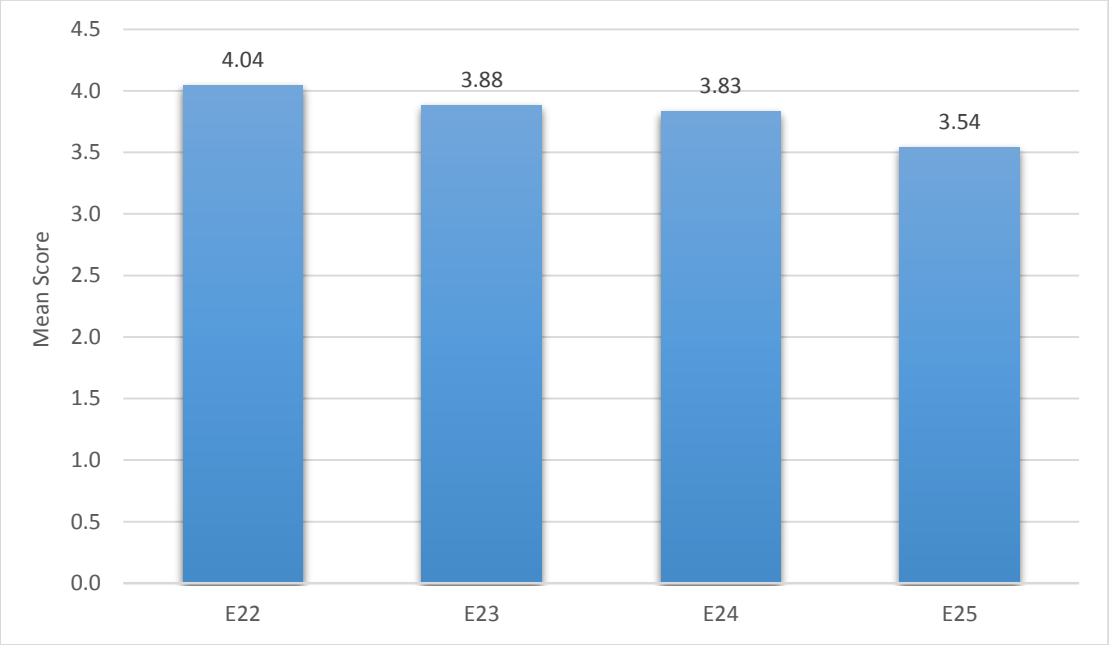
The research objective was to understand managers and supervisors' healthcare environment competencies at the Busamed Gateway Private Hospital. A t-test was conducted to determine whether the mean scores were equal to 3 as results show in the table below.

Table 10: Descriptive statistics for the data reporting the mean and standard deviation

	N	Mean	Std. Deviation	t	df	T-Test Sig. (2-tailed)
E22. Leaders at this hospital demonstrate a health system understanding	24	4.04	0.69	7.39	23	0.000
E23. Leaders at this hospital demonstrate the ability to optimise the health workforce	24	3.88	0.54	7.99	23	0.000
E24. Leaders at this hospital demonstrate person-centred health competencies	24	3.83	0.70	5.82	23	0.000
E25. Leaders at this hospital demonstrate competencies to improve public health	24	3.54	0.88	3.00	23	0.006

In general, the findings show that all of the p-values are less than 0.05 an indication of the significance of the findings.

Figure 8: Mean scores for statements



The mean scores are closer to 4 which again shows an overall alignment of agreement with the statements.

4.8.1 Health system understanding competencies

When respondents were asked if leaders at the Busamed Gateway Private Hospital demonstrate health system understanding, 75% agreed, 15% disagreed, and 10% were neutral. The p-values is 0.000 and the mean score is 4.04, which shows high alignment of agreement with the statement. The findings suggest that managers/supervisors are believed to have an understanding of employees and resources in the hospital that deliver health care services to meet the health needs. Locke (2011). explained that, it is important for managers to have health system understanding competencies as it has influence on functions of hospitals including the direct provision of services. The finding may also imply that managers/supervisors have understanding of enabling functions, such as stewardship, financing, and resource generation such that they believe in their competence of health system understanding.

4.8.2 Optimisation of the health workforce competence

When respondents were asked if leaders at the Busamed Gateway Private Hospital demonstrate optimisation of the health workforce competencies, 60% agreed, 35% disagreed, and 5% were

neutral. The p-value 0.000. The mean scores 3.88 showing a high agreement with the statement. The findings above may mean that managers/supervisor believe in having a strategy that integrates contact health technologies for customer experience to promote health operational efficiency. Heifetz (2014) deliberated that optimisation of the health workforce is possible if there is a strategy involving automating processes, data visibility, compliance on legislation and solving hospital problems related to staff.

4.8.3 Personal centred health care competencies

The study found that 60% of the respondents agreed, 29% disagreed, and 11% were neutral to the statement that managers/supervisors demonstrate personal centred health care competencies. The p-values is less than 0.000. The mean scores is 3.83, which shows high agreement to the statement. The finding implies that that managers/supervisor may believe in promoting person-centred health care. This finding suggest that managers/supervisors seem to work in a manner that people using health services are seen as equal partners in planning, developing and monitoring care making sure it meets their needs. The Corporate Leadership Council (2004) reported that a personal centred health care approach should be supported because it puts people and their families at the centre of decisions. In agreement, Dye & Garman (2006) explained that the personal centred health care approach empowers people, encourages their participation, focuses on the role of the family and community in process of health, and discourages gender inequalities.

4.8.4 Public health competencies

When respondents were asked if leaders at the Busamed Gateway Private Hospital demonstrate public health competencies, 66.6% agreed, 58.3% disagreed, and 16.7% were neutral. The p-values is 0.006 and the mean score is 3.54, which is high agreement to the statement above. The findings may be implying that managers/supervisors are perceived to have the capacity to influence employees in the hospital to prevent diseases, prolong life and promote human health through organised efforts and informed choices of the hospital and workers. In addition, the findings can be interpreted to mean that maybe managers/supervisors believe in having measures for surveillance of cases and health indicators, and promoting healthy behaviours in patients and employees such that they believe to have public health competencies.

4.9 BUSINESS COMPETENCIES

The research objective was to understand managers/supervisors' business competencies at the Busamed Gateway Private Hospital. A t-test was conducted to determine whether the mean scores were equal to 3 as results show in the table below.

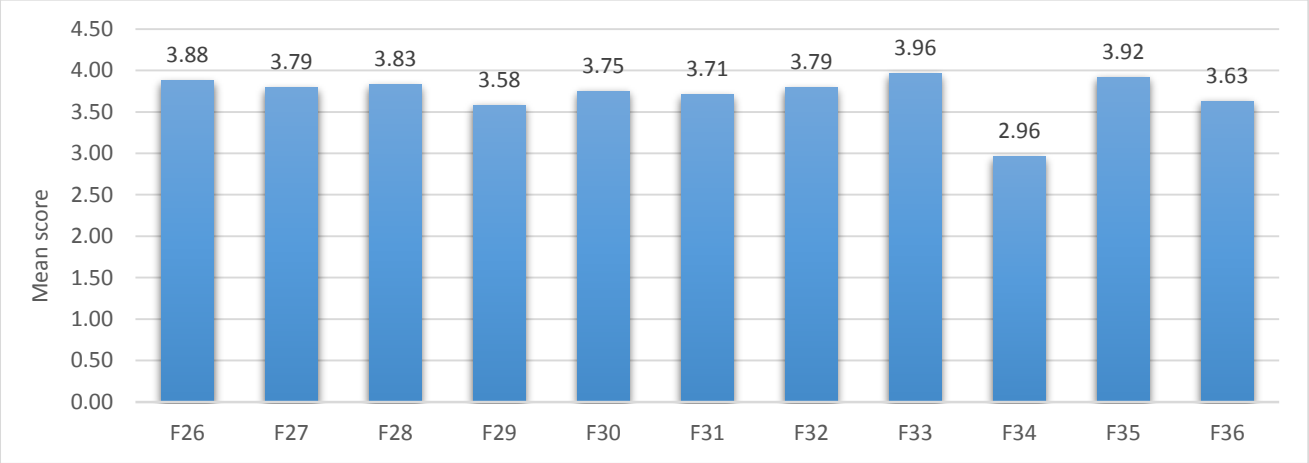
Table 11: Descriptive statistics for the data reporting the mean and standard deviation

	N	Mean	Std. Deviation	t	df	T-Test Sig. (2-tailed)
F26. Leaders at this hospital demonstrate general management competencies	24	3.88	0.80	5.38	23	0.000
F27. Leaders at this hospital demonstrate knowledge in laws/regulations	24	3.79	0.83	4.66	23	0.000
F28. Leaders at this hospital demonstrate financial management competencies	24	3.83	0.82	5.00	23	0.000
F29. Leaders at this hospital demonstrate human resource management competencies	24	3.58	0.83	3.44	23	0.002
F30. Leaders at this hospital demonstrate organizational governance competencies	24	3.75	0.79	4.63	23	0.000
F31. Leaders at this hospital demonstrate strategic planning competencies	24	3.71	0.91	3.82	23	0.001
F32. Leaders at this hospital demonstrate information management competencies	24	3.79	0.88	4.39	23	0.000
F33. Leaders at this hospital demonstrate risk management competencies	24	3.96	0.86	5.47	23	0.000

F34. Leaders at this hospital demonstrate marketing management competencies	24	2.96	1.00	-0.20	23	0.840
F35. Leaders at this hospital demonstrate quality improvement competencies	24	3.92	0.78	5.79	23	0.000
F36. Leaders at this hospital demonstrate supply chain management competencies	24	3.63	0.82	3.72	23	0.001

Findings show that significantly more respondents scored in the direction of agreement (p=0.05).

Figure 9: Mean score for statements



The mean score value is close to 4, which is a higher level of agreement.

4.9.1 Quality improvement competencies

Respondents were asked if managers/supervisors at the Busamed Gateway Private Hospital demonstrate quality improvement competencies, 70% agreed, 20% disagreed, and 10% were neutral. Further, the study found that the p-value 0.000 implying that significantly more respondents scored in the same direction. The mean score is 3.92, which is a higher level of agreement. The study suggests that managers/supervisors are seen to be systematic and influencing formal approaches to the analysis of health practice performance to improve

performance at the Busamed Gateway Private Hospital. The Corporate Leadership Council (2004) in support of this perceptions said that there is need in hospitals to combine efforts of healthcare professionals, patients and their families, payers, researchers, planners and educators to make the changes that can lead to better patient outcomes, better performance and better professional development which may be the direction the Busamed Gateway Private Hospital is moving towards.

4.9.2 Risk management competencies

The study found that 65% of the respondents agreed, 35% disagreed, and 0% were neutral to the statement that leaders at the Busamed Gateway Private Hospital demonstrate risk management competencies. In addition, the p-values for the statement is 0.000, and mean score is 3.96, a higher level of agreement. These findings imply that managers/supervisors are perceived to prioritise the need to identify, assess and control threats to the hospital's capital and earnings. This is a good approach because risks in hospitals can come from a wide variety of sources, including financial uncertainty, strategic management errors, legal liabilities, accidents, and natural disasters. In support of the perceptions of managers/supervisors at the Busamed Gateway Private Hospital, the Corporate Leadership Council. (2003) put it that threats, and the risk management strategies to alleviate them should be a top priority in hospitals. In other words, there is need for a risk management plan at the Busamed Gateway Private Hospital if there is none. The plan should include the hospital's processes for identifying and controlling threats especially to its digital assets, proprietary data, patients' information and intellectual property (Aitken & Higgs, 2010).

4.9.3 Information management competencies

Respondents were asked if leaders at the Busamed Gateway Private Hospital demonstrate information management competencies, 75% agreed, 15% disagreed, and 10% were neutral. The p-value 0.000. This means that significantly more respondents scored in the same direction. The mean score value is 3.79. Thus, the views of the respondents indicate that they believe that managers/supervisors have capabilities to influence the collection, custodianship and distribution of information to people in the hospital. If respodents perceive managers/supervisors this way then managers/supervisors should be supported because Adair (2005) reported that information management is a demnding cycle of organisational involvement with information and people. Aitken & Higgs (2010) explained that there cannot be an effective information management sytem in a hospital if there are no people responsible

for assuring the quality, accessibility and utility of acquired information an area the Busamed Gateway Private Hospital through its managers/superviosrs seem to be underscoring in this finding. Groves (2011) alleged that effecctive information management can only exist if there are employees who are responsible for the safe storage of the information and disposal. Having an information management system means that the hospital has huge chance of mkaing correct decisions. The views of the respondents that managers/supervisors demonstrate information management competencies may mean that managers/superviosrs underscore the need for planning, organising, structuring, processing, controlling, evaluation and reporting of information activities in this regards at the hospital.

4.9.4 Strategic planning competencies

Respondents were asked if leaders at the Busamed Gateway Private Hospital demonstrate strategic planning competencies, 55% agreed, 30% disagreed, and 15% were neutral. The p-values is 0.001. This means that significantly more respondents agreed. The mean score is 3.71, which is a higher level of agreement. The findings imply that managers/supervisors at the Busamed Gateway Private Hospital believe to have organisational management activity for setting priorities, focusing energy and resources, strengthening operations, and ensuring that employees are working toward common goals. The other possible explanation is that managers/supervisors may have agreements around for intended outcomes, and are able to assess and adjust hospital direction in response to a changing environment. Parry & Bryman (2006) said that when leaders have strategic planning competencies, it means that hospitals will have disciplined efforts that require good leadership to produce fundamental decisions and actions that shape and guide what hospitals are, the people they serve, the service they provide, and why they provide such services, with a focus on the future. Goodwin (2006) stated that when employees know where the hospital is going, the actions needed to make progress, and whether the hospital is excelling, it means leaders are playing their role well.

4.9.5 Organisational governance competencies

One of the subject statement was to seeking to understand if leaders at the Busamed Gateway Private Hospital demonstrate organisational governance. The study found that 70% agreed, 30% disagreed, and 0% were neutral to the statement above. The p-value for the statement above is 0.001, an indication that significantly more respondents agreed. The mean score value is 3.75, which is a higher level of agreement. The findings indicate that managers/supervisors seem to emphasise the need for long-term strategies and the strategic direction of the

hospital. Osborne (2008) said that for organizational governance to be experienced by stakeholders it means that leaders have the ability to facilitate the legal structure, define policy and define the organisation's culture. In agreement, Parry & Bryman (2006) explained that for a hospital to be effective, it needs rules and a defined sense of direction and purpose. The perceptions that managers/supervisors at the Busamed Gateway Private Hospital demonstrate organisational governance competencies may be an indication that managers/supervisors offer employees a clear understanding of employees' roles, and those outside the hospital have a better informed perspective of how the hospital operates.

4.9.6 Knowledge in laws/regulations competencies

The study found that 65% agreed, 29% disagreed, and 6% were neutral to the statement that managers/supervisor demonstrate knowledge in laws/regulations competencies. The p-values was less than 0.05 and the mean score value closer to 4. The study shows that managers/supervisors may be encouraging employees to conform to hospital rules, policies, standards or laws. If this is the case, then managers/supervisor at the Busamed Gateway Private Hospital seem to underscore to employees the goal of the hospital such that employees see to associate managers/supervisors with laws and regulations of the hospital. Rubino (2007) argues that a working knowledge of laws governing the health industry is not just a nice bonus piece of knowledge. Employees, managers and other staff members have to know enough about the law to avoid breaking it because failing to follow laws can result in fines, lawsuits and negative hospital publicity.

4.9.7 Financial management

In one of the statements, respondents were asked if managers/supervisors at the Busamed Gateway Private Hospital demonstrate communication competencies. The findings indicate that 60% agreed, 35% disagreed, and 5% were neutral. The mean score value is 3.79 while the p-value 0.000. This implies significance and higher level of agreement respectively. The study suggests that managers/supervisors seem to be aware of the importance of financial management as it forms the basis of the hospital's business operations. The finding underscore the importance of effective and efficient management of money or funds to accomplish the objectives of the hospital. The finding may also be an indication that the hospital has an effective financial strategy.

4.9.8 Human resource management competencies

The found that 30% agreed, 60% disagreed, and 10% were neutral to the statement that leaders at the Busamed Gateway Private Hospital show human resource management competencies. The p-values is 0.005, and the mean score is 3.58 and is the lowest of mean scores. The findings suggest that the managers/supervisors place the least emphasis on the wellbeing of personnel. This may be due to lack of measures put in place to manage human resources in spite having a human resource department designed to maximise employee performance in service of the hospital's strategic objectives. There is ned for managers/supervisors to prioritise the management of people within the hospital. More focus on policies and systems that are responsible for overseeing employee-benefits design, recruitment, training, development, performance appraisal and rewarding are need.

4.9.9 Supply chain management competencies

When respondents were asked if leaders demonstrate supply chain management competencies, 75% agreed, 15% disagreed, and 10% were neutral. The p-values is less than 0.05. Again, this implies that significantly more respondents scored in the same direction. An inspection of the mean scores indicate that the value is 3.63, which corresponds to higher levels of agreement. The findings imply that managers/supervisors seem to allow the management of the flow of goods and services in the hospital, which in some cases may involve the movement and storage of materials, of work-in-process inventory, and of finished goods from point of origin to point of consumption. Rubino (2007) said that when an organisation has supply-chain management system, it may be because it has the design, planning, execution, control, and monitoring of supply chain activities which may be the case with the Busamed Gateway Private Hospital.

4.9.10 Marketing management competencies

The researcher asked respondents if managers/supervisors at the Busamed Gateway Private Hospital demonstrate marketing management competencies. The findings show that 20% agreed, 70% disagreed, and 10% were neutral. The mean score is 2.96, and the p-value for the statement above is 0.084, which means that there were as many respondents who believed that the managers/supervisors were good marketers as there were who did not. The study implies that marketing management activities from managers/supervisors are not convincing to some people. Therefore, though they may be a process of developing strategies and planning for health products or services, such as advertising, some people feel there is very little being done in the area of marketing. There is therefore need for the hospital to have tools from economics

and competitive strategy to analyse the health industry context in which the hospital operates. Yukl (2006) said that for a hospital to thrive, there is need to build detailed profiles of each competitor, focusing on their relative competitive strengths, weaknesses, opportunities, and threats using SWOT analysis. The findings that there is lack of convincing marketing management competencies among managers/supervisors may be an indication that managers/supervisors need to conduct market research and marketing research to perform marketing analysis.

4. 10 LEADERSHIP COMPETENCIES

The research objective was to understand managers/supervisors' leadership competencies at the Busamed Gateway Private Hospital. A t-test was conducted to determine whether the mean scores were equal to 3 as results show in the table below.

Table 12: Descriptive statistics for the data reporting the mean and standard deviation

One-Sample Statistics				
	N	Mean	Std. Deviation	Std. Error Mean
B1. Leaders at this hospital articulate the mission of the hospital	24	3.83	.761	.155
B2. Leaders at this hospital incorporate management techniques into	24	3.71	.751	.153
B3. Leaders at this hospital analyse hospital problems	24	4.08	.717	.146
B4. Leaders at this hospital encourage decision making	24	3.79	1.103	.225
B5. Leaders at this hospital create a hospital climate built on mutual trust	24	3.46	.977	.199
B6. Leaders at this hospital create a hospital climate that supports diversity	24	3.79	.977	.199
One-Sample Test				
	Test Value = 3			

					95% Confidence Interval of the Difference	
	t	df	Sig. (2-tailed)	Mean Difference	Lower	Upper
B1. Leaders at this hospital articulate the mission of the hospital	5.362	23	.000	.833	.51	1.15
B2. Leaders at this hospital incorporate management techniques into	4.623	23	.000	.708	.39	1.03
B3. Leaders at this hospital analyse hospital problems	7.399	23	.000	1.083	.78	1.39
B4. Leaders at this hospital encourage decision making	3.518	23	.002	.792	.33	1.26
B5. Leaders at this hospital create a hospital climate built on mutual trust	2.298	23	.031	.458	.05	.87
B6. Leaders at this hospital create a hospital climate that supports diversity	3.969	23	.001	.792	.38	1.20

Findings show that the p values are less than 0.05 and indication of significance agreement in the research results.

Figure 10: Mean scores for statements

4.10.1 Leaders at this hospital articulate the mission of the hospital

When respondents were asked if managers/supervisors articulate the mission of the hospital, 70% agreed, 20% disagreed, and 10% were neutral. The p-values is 0.000. This means that significantly more respondents scored in the same direction. An inspection of the mean scores indicate that the mean value is 3.83, which is to high level of agreement. The findings suggest that managers/supervisors try to explain the mission of the hospital to employees and stakeholders by defining the hospital, services, and customers. Hospitals should articulate their missions to differentiate themselves form other competitor hospitals. The findings may imply that managers/supervisors believe that they explain what the hospital does, the people it serves, and the benefit from the service they provide. This finding is supported by McAlearney (2010) who said that the importance of articulating the mission of the hospital is that it helps to build and identify the relationships between employees and the mission, the hospital itself, patients, suppliers, and co-workers. In the same vein, Yukl (2006) said that articulating the mission is an indication of commitment and as a result, the mission becomes a mantra that is imprinted

on people's hearts, against which every action is weighed and measured. In other words, the mission is a litmus test for the hospital's future actions (Hartley & Benington, 2010).

4.10.2 Management techniques competencies

When respondents were asked if managers/supervisors articulate the mission of the hospital, 70% agreed, 20% disagreed, and 10% were neutral. The findings show that the p-value is less than 0.05. This implies that more respondents tended to agree to the statement above. The mean is greater than 3. For managers/supervisors to say that they have management techniques competencies as done in this study, the finding suggests that they may be effective manager/supervisors with experience in the hospital and experience with different management techniques. Goodwin (2006) cautioned at viewing management techniques as short-term tricks for motivating employees, but instead they are effective techniques of managing that are of great help to developing a productive workplace. In the same line, Hartley & Benington (2010) said that there is no single management technique that works in all hospital situations. For this reason, it is important for managers/supervisors to become familiar with more than one management technique.

4.10.3 Problem analysis competencies

The study found that managers/supervisors articulate the mission of the hospital (50% agreed, 30% disagreed, and 20% were neutral). The findings show that the p-value is 0.001. This implies that more respondents tended to agree to the statement above. The mean is greater than 3. The finding seems to indicate that managers/supervisors encourage decision making. This finding suggests that managers/supervisors seem to understand what good decision making involves especially knowing what can be accepted and enthusiastically supported in the hospital. It is important for managers/supervisors to have problem analysis competencies because unpopular decisions can result in apathetic non-compliance or outright mutiny by employees. It is for this reason, that the Vroom-Yetton-Jago Normative Leadership Decision Model encourages leaders to ask employees questions to help the decision maker construct the best possible way to arrive at a successful decision (Dye & Garman, 2006). In other words, managers/supervisor seem to believe that at the hospital under study there is quality and commitment, goal congruence, and examination of the strengths, weaknesses, opportunities and threats in the decisions managers/supervisors make.

4.10.4 Mutual trust competencies

The majority of the respondents agreed (68%) to the statement of managers/supervisors articulate the mission of the hospital, 20.3% disagreed, and 2% were neutral. The p-value is 0.001. This implies that more respondents tended to agree to the statement above. An inspection of the mean value indicates that the mean is greater than 3.38. This implies that respondents agreed with the statements regarding leadership competencies. The managers/supervisors' perspectives suggest that they are making an effort to ensure that both the employer and employee at the hospital behave in such a way that does not damage the employment relationship. This is important and challenging at the same time because trusting others means that one has to convince oneself that your colleagues are reliable, one has confidence in them and one feels safe with them. Boyatzis (2006) said that trust in a hospital environment is something that two people, be it an employee with a fellow employee or an employee with the managers/supervisors can build together when they decide to trust each other. Hence, people in business now talk of the duty of good faith in the employment relationship where both parties should look out for each other.

4.10.5 Diversity competencies

When respondents were asked if managers/supervisors articulate the mission of the hospital, 65% agreed, 35% disagreed, and 0% were neutral. The findings show that the p-value is 0.001meaning that more respondents tended to agree to the statement above. The mean value is greater than 3. This implies that respondents agreed with the statements regarding leadership competencies. In the findings managers/supervisors claim that they support variety of differences between people in the hospital. The finding is supported by socio-demographic results in this study that indicate that diversity at the hospital encompasses gender, age, experience, tenure, and others. However, diversity talked about by managers/supervisors is undermined by the fact that 67% of the managers/supervisors are Indians. This is one issue that needs to be addressed if the hospital is to claim workplace diversity. In addition, Adair (2005) claims that diversity is key to success as competitiveness depends upon the hospital's ability to embrace diversity and realise the benefits. In support of Adair (2005)'s view, Burns (2008). said that workplace diversity increases adaptability, broadens service skills range, variety of viewpoints, and effective execution. However, these benefits can only be realised if the hospital is ready and willing to put resources aside specifically for managing diversity in the workplace now.

4.11 SUMMARY

This chapter dealt with research results and discussion on the findings generated in this study. The first part presented the research process followed in this study. The second part presented the research objectives that the study wanted to achieve, the third part presents data under five themes; communication and relationship management, professionalism, leadership, knowledge of the healthcare system, and business skills, and the fourth section presents the summary to the chapter.

CHAPTER FIVE
CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

This chapter presents the conclusion and recommendations of the study. The conclusion is based on the findings on leadership competencies focusing on the communication and relationship management, professionalism, leadership, knowledge of the healthcare system and business skills competencies. The conclusions section is followed by recommendations.

5.2 CONCLUSIONS ON THE KEY FINDINGS

The key findings are presented using five overlapping competency domains common among all practicing healthcare managers/supervisors: communication/relationship management, professionalism, leadership, knowledge of the healthcare system, and business skills.

5.2.1 COMMUNICATION / RELATIONSHIP MANAGEMENT COMPETENCIES

The study shows that managers/supervisors at the Busamed Gateway Private Hospital believe to have leadership competencies in all aspects of communication/relation management; communication competencies, facilitation competencies, healthcare environment management competencies, and professional competencies. This means that managers/supervisors have skills on how to work with colleagues and skills in ensuring the formal flow of information in the hospital using upward, downward, or horizontal communication channels. However, the study found that managers/supervisors are not strong in negotiations competencies. The finding suggest that managers/supervisors have challenges with regards to the process by which agreements or compromises are arrived at while keeping away from disputes and arguments that characterise workplaces. McAlearney (2010) argues that there cannot be a conducive work environment if leaders are not able to exercise principles of fairness, seek reciprocal benefit and maintain good relationship with employees, which are key to being good negotiators.

5.2.2 PROFESSIONALISM COMPETENCIES

The study found that all of the p-values were less than the level of significance of 0.05. This implies that more managers/supervisors believe that they have professionalism competencies. The mean values were greater than 3 implying that managers/supervisors believe that they have professionalism expertise. In short, the study found that managers/supervisors are perceived to have responsibility competencies, personal accountability competencies, professional development competencies, health profession competencies, self-awareness competencies, and

ethical conduct competencies. On the other hand, it is important to note that the study managers/supervisors are perceived to be strong in ethical and health profession competencies than with other competencies. Thus, managers/supervisors consider these competencies as most important in hospital operation.

5.2.3 HEALTHCARE ENVIRONMENT COMPETENCIES

The findings show that all of the p-values for the health system understanding competence, ability to optimise the health workforce competence, person-centred health competence, and improving public health competence are less than 0.05. The mean scores fo all are closer to 4. The finding therefore indicate that managers/supervisors are seen as competent in their knowledge of the health care environment. This is important because managers/supervisors have a degree of faith that they are able to function within the frameworks of the health care system due to their expert knowledge. However, the findings show that managers/supervisors do not have the freedom to implement whole scale changes to the health care framework as they are governed by strict regulations and laws. Goodwin (2006) counsels organisations that when leaders lack competencies to organise people, institutions, and resources that are critical in the process of delivering health care services, the organisation is likely to face more healthcare environmental challenges.

5.2.4 BUSINESS COMPETENCIES

The study found that p-values for all of the business competencies (general management, knowledge in laws/regulations, financial management, human resource management, organizational governance, and strategic planning competencies) except one to be less than 0.05. The mean scores values are closer to 4. This means that managers/supervisors seem to have skills that allow for success in the world of healthcare. Dye & Garman (2006) said that, in the absence of the business competencies demonstrated by managers/supervisors, hospitals may find the task of maintaining and improving hospitals difficult than it would be. However, the study found that many managers/supervisors believed that they were good marketers as there were who did not. There is therefore need for managers to pay attention to the broad promotion of hospital's brand image and service line. This will help the managers/supervisors to put the hospital and its services into the minds of potential customers. The study found that the lowest of the significant means relate to human resources. This means that managers/supervisors believe that they place the least emphasis on the well being of human resources.

5.2.5 LEADERSHIP COMPETENCIES

The study found that p-values for all of the business competencies are all less than 0.05. The mean scores values are closer to 4. The findings imply that managers/supervisors are strongly believed to have leadership competencies. Thus, managers/supervisors are for example, able to articulate the mission of the hospital, incorporate management techniques into leadership activities, and analyse problems, which had the highest score. The findings imply managers have leadership skills and behaviours that can contribute to superior performance at the hospital although emphasis is put on problem analysis a useful technique for understanding the hospital's strengths and weaknesses, and for identifying opportunities and the threats the hospital is facing. The study however found that the lowest of the significant means relate to mutual trust competencies. This means that managers/supervisors place the least emphasis on workplace trust. This is opposite of what Groves (2011) said that mutual trust is essential when it comes to motivating health workforce, unfortunately many hospitals do not know how to create an atmosphere of trust in the workplace.

5.3 RECOMMENDATIONS

- Under communication/relationship management competencies the study indicates that managers/supervisors have challenges with regards to the negotiations competencies, which is a way of realising agreement or compromise workplace disputes or arguments. There is need to put in place deliberate measures such as seminars/workshops to promote principles of dialogue between employees as this can help managers/supervisors to reach beneficial outcome over hospital issues where a conflict exists.

- Findings from the theme on professionalism competencies show that managers/supervisors are strong in ethical and health profession competencies than in other competencies. There is need for managers/supervisors to consider all professional competencies as important in hospital operation.

- Findings related to healthcare environment competencies show that improving the health system competence is not prioritised, as results managers/supervisors do not have the freedom to implement whole scale changes to the health care system. There is need to revisit the hospital regulations and laws to allow leaders to be creative and innovative. The study also found that leaders lack competencies to organise employees and resources that are critical in the process of delivering health care services. Thus,

the plans, policies and systems for the management of employees within hospitals should be revisited to maximise employee performance in service of hospital's strategic objectives.

- Under leadership competencies, the study found that managers/supervisors do not believe to have mutual trust competencies. Therefore, managers/supervisors lack skills to promote workplace trust. There is need to run seminars to specifically teach employees on the importance of relationships between employers and employees, staff and customers, internal stakeholders and external stakeholders. This is important because the foundation of all relationships is trust. Without parties trusting each other it will be hard for stakeholders to come to an agreement or consensus on issues affecting the hospital.

5.4 CONTRIBUTION TO KNOWLEDGE

The study findings indicate that managers/supervisors at the Busamed Gateway Private Hospital believe to have communication and relationship management, professionalism, leadership, knowledge of the healthcare system and business skills competencies. However, with regards to communication/relationship management competencies the study indicates that managers/supervisors do not show negotiations competencies. With regards professionalism competencies managers/supervisors are strong in ethical and health profession competencies than in other competencies. Findings on healthcare environment competencies show that improving the health system competence is not prioritised, as results managers/supervisors do not have the freedom to implement whole scale changes to the health care system. The study found that leaders lack competencies to organise employees and resources that are critical in the process of delivering health care services. On leadership competencies, the study found that managers/supervisors do not believe to have mutual trust competencies. In other words, the Healthcare Leadership Alliance (HLA) Competency Model used in this study is a good referential frame for identifying leadership competencies required by managers/supervisors in the private healthcare industry in South Africa.

5.5 DIRECTION FOR FUTURE STUDIES

- There is a need to conduct a similar study using qualitative methodology to generate data with deep insights into the phenomenon of the leadership competencies at the hospital under study.

- The hospital under study in Durban is a private hospital; therefore, other related studies should be conducted with public hospitals to have a comprehensive understanding of leadership competencies in the healthcare sector in South Africa.

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APPENDIX 1
QUESTIONNAIRE

RESEARCH TOPIC

AN ASSESSMENT OF HEALTHCARE LEADERSHIP COMPETENCIES AT BUSAMED GATEWAY PRIVATE HOSPITAL IN UMHLANGA

SECTION A: SHORT BIO DATA					
Position					
Gender	Female			Male	
Age	20-25	26-30	31-35	36-40	Above 40
Race	White	African	Indian	Coloured	Other
Years of work experience					

SECTION B: LEADERSHIP COMPETENCIES

1. Leaders articulate the mission of the hospital
    1. Strongly disagree
    2. Disagree
    3. Neither agree nor disagree
    4. Agree
    5. Strongly agree

2. Leaders incorporate management techniques into leadership activities
    1. Strongly disagree
    2. Disagree
    3. Neither agree nor disagree
    4. Agree
    5. Strongly agree

3. Leaders analyse hospital problems
    1. Strongly disagree
    2. Disagree
    3. Neither agree nor disagree
    4. Agree
    5. Strongly agree

4. Leaders encourage decision making
    1. Strongly disagree
    2. Disagree
    3. Neither agree nor disagree
    4. Agree
    5. Strongly agree

5. Leaders create a hospital climate built on mutual trust
    1. Strongly disagree
    2. Disagree
    3. Neither agree nor disagree
    4. Agree
    5. Strongly agree

6. Leaders create a hospital climate that supports diversity
    1. Strongly disagree
    2. Disagree
    3. Neither agree nor disagree
    4. Agree
    5. Strongly agree

7. Leaders encourage a high level of commitment from employees
    1. Strongly disagree
    2. Disagree
    3. Neither agree nor disagree
    4. Agree
    5. Strongly agree

8. Leaders hold all employees accountable
    1. Strongly disagree
    2. Disagree
    3. Neither agree nor disagree
    4. Agree
    5. Strongly agree

9. Leaders promote ongoing personal improvement in the hospital
    1. Strongly disagree
    2. Disagree
    3. Neither agree nor disagree
    4. Agree
    5. Strongly agree

10. Leaders respond to the need for change
    1. Strongly disagree
    2. Disagree
    3. Neither agree nor disagree
    4. Agree
    5. Strongly agree

11. Leaders support creativity
    1. Strongly disagree
    2. Disagree
    3. Neither agree nor disagree
    4. Agree
    5. Strongly agree

SECTION C: COMMUNICATIONS/RELATIONSHIP MANAGEMENT COMPETENCIES

12. Leaders demonstrate communication competencies
    1. Strongly disagree
    2. Disagree
    3. Neither agree nor disagree
    4. Agree
    5. Strongly agree

13. Leaders show facilitation competencies
    1. Strongly disagree
    2. Disagree
    3. Neither agree nor disagree
    4. Agree
    5. Strongly agree

14. Leaders show negotiation competencies
    1. Strongly disagree
    2. Disagree
    3. Neither agree nor disagree
    4. Agree
    5. Strongly agree

15. Leaders show professional competencies
    1. Strongly disagree
    2. Disagree
    3. Neither agree nor disagree
    4. Agree
    5. Strongly agree

SECTION D: RESPONSIBILITY COMPETENCIES

16. Leaders show social responsibility competencies
    1. Strongly disagree
    2. Disagree
    3. Neither agree nor disagree
    4. Agree
    5. Strongly agree

17. Leaders show personal accountability competencies
    1. Strongly disagree
    2. Disagree
    3. Neither agree nor disagree
    4. Agree
    5. Strongly agree

18. Leaders show professional development competencies
    1. Strongly disagree
    2. Disagree
    3. Neither agree nor disagree
    4. Agree
    5. Strongly agree

19. Leaders show health profession competencies
    1. Strongly disagree
    2. Disagree
    3. Neither agree nor disagree
    4. Agree
    5. Strongly agree

20. Leaders demonstrate self-awareness competencies
    1. Strongly disagree
    2. Disagree
    3. Neither agree nor disagree
    4. Agree
    5. Strongly agree

21. Leaders demonstrate ethical conduct competencies
    1. Strongly disagree
    2. Disagree
    3. Neither agree nor disagree
    4. Agree
    5. Strongly agree

SECTION E: HEALTHCARE ENVIRONMENT COMPETENCIES

22. Leaders demonstrate a health systems understanding
    1. Strongly disagree
    2. Disagree
    3. Neither agree nor disagree
    4. Agree
    5. Strongly agree

23. Leaders demonstrate the ability to optimise the health workforce
    1. Strongly disagree
    2. Disagree
    3. Neither agree nor disagree
    4. Agree
    5. Strongly agree

24. Leaders demonstrate a person-cantered health competencies
    1. Strongly disagree
    2. Disagree
    3. Neither agree nor disagree
    4. Agree
    5. Strongly agree

25. Leaders demonstrate competencies to improve public health
    1. Strongly disagree
    2. Disagree
    3. Neither agree nor disagree
    4. Agree
    5. Strongly agree

SECTION F: BUSINESS COMPETENCIES
26. Leaders demonstrate general management competencies 1. Strongly disagree 2. Disagree 3. Neither agree nor disagree 4. Agree 5. Strongly agree
27. Leaders demonstrate knowledge in laws/regulations 1. Strongly disagree 2. Disagree 3. Neither agree nor disagree 4. Agree 5. Strongly agree
28. Leaders demonstrate financial management competencies 1. Strongly disagree 2. Disagree 3. Neither agree nor disagree 4. Agree 5. Strongly agree
29. Leaders demonstrate human resource management competencies 1. Strongly disagree 2. Disagree 3. Neither agree nor disagree 4. Agree 5. Strongly agree
30. Leaders demonstrate organizational governance competencies 1. Strongly disagree 2. Disagree 3. Neither agree nor disagree 4. Agree 5. Strongly agree
31. Leaders demonstrate strategic planning competencies 1. Strongly disagree 2. Disagree 3. Neither agree nor disagree 4. Agree 5. Strongly agree
32. Leaders demonstrate information management competencies 1. Strongly disagree 2. Disagree 3. Neither agree nor disagree 4. Agree 5. Strongly agree

33. Leaders demonstrate risk management competencies
    1. Strongly disagree
    2. Disagree
    3. Neither agree nor disagree
    4. Agree
    5. Strongly agree

34. Leaders demonstrate marketing management competencies
    1. Strongly disagree
    2. Disagree
    3. Neither agree nor disagree
    4. Agree
    5. Strongly agree

35. Leaders demonstrate quality improvement competencies
    1. Strongly disagree
    2. Disagree
    3. Neither agree nor disagree
    4. Agree
    5. Strongly agree

36. Leaders demonstrate supply chain management competencies
    Strongly disagree
    2. Disagree
    3. Neither agree nor disagree
    4. Agree
    5. Strongly agree

Thank you for participating!

APPENDIX 2
ETHICAL CLEARANCE

UNIVERSITY OF KWAZULU-NATAL
INYUVESI YAKWAZULU-NATALI

03 November 2017

Mr Leeshalan Govender (212511624)
School of Management, IT & Governance
Westville Campus

Dear Mr Govender,

Protocol reference number: HSS/2070/017M
Project title: An assessment of Healthcare Leadership Competencies at Busamed Gateway Private Hospital in Umhlanga

Approval Notification – Expedited Approval

In response to your application received on 01 November 2017, the Humanities & Social Sciences Research Ethics Committee has considered the abovementioned application and the protocol has been granted **FULL APPROVAL.**

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 discipline/department for a period of 5 years.

The ethical clearance certificate is only valid for a period of 3 years from the date of issue. Thereafter Recertification must be applied for on an annual basis.

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

Yours faithfully

Dr Shamila Naidoo (Deputy Chair)

/ms

Cc Supervisor: Dr Vannie Naidoo
Cc Academic Leader Research: Professor Isabel Martins
Cc School Administrator: Ms Angela Pearce

Humanities & Social Sciences Research Ethics Committee
Dr Shenuka Singh (Chair)
Westville Campus, Govan Mbeki Building
Postal Address: Private Bag X54001, Durban 4000
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Website: [illegible]

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APPENDIX 3

CONSENT FORM

Title of research project:

An Assessment of Healthcare Leadership Competencies at Busamed Gateway Private Hospital in Umhlanga.

Name and Position of Researcher:

Leeshalan Govender, Postgraduate student, School of Management, Information Technology and Governance, University of Kwa Zulu Natal.

CONSENT FORM

Mrs Mariette Snyman
Humanities and Social Science Ethics (HSSREC) Research Office,
Govan Mbeki Building, Westville Campus, Private Bag X54001, DURBAN 4000
Tel: 031 260 8350 Snymanm@ukzn.ac.za
Researcher: Leeshalan Govender (071 859 9521)
Supervisor: Dr Vannie Naidoo (031 260 8080

APPENDIX 4

GATEKEEPER'S LETTER

BUSAMED
GATEWAY PRIVATE HOSPITAL

Tel: +27 31 492 1130 | Fax: +27 21 492 1430
Physical Address: 36 - 38 Aurora Drive, Umhlanga Rocks, 4319
Posta Address: Private Bag X36, UmNanga, 4320
GPS Coordinates: 29.7227° S, 31.0725° E
E-mail: bgpatrns@busamed.co.za | Website: www.gatewayhospital.co.za

16 October 2017

To whom it may Concern

RE: DISSERTATION APPROVAL FOR LEESHALAN GOVENDER

We, Busamed Gateway Private Hospital hereby give authorisation to Leeshalan Govender student number 212511624 at the University of Kwa Zulu Natal to use our Company for research for his dissertation.

Please note that research from the Company is not allowed to be published without written consent from Busamed Gateway Private Hospital. We ensure that all information will be treated with utmost confidentiality.

Many thanks for your understanding and co-operation.

Chris Mbhele
Hospital Manager

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PRIVATE HOSPITAL
VAT NO: 4800261871
36 AURORA DRIVE
UMHLANGA ROCKS 4319
TEL: 031 - 492 1130