UNIVERSITY OF KWAZULU NATAL

The impact of the coronavirus pandemic on female leaders in the School of Clinical Medicine, University of KwaZulu-Natal.

by

Mandisa Ndawonde
209536525

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Graduate School of Business and Leadership
College of Law and Management Studies

Supervisor: Professor Cecile Gerwel Proches
Co-Supervisor: Dr Serela Ramklass

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DECLARATION

I, Mandisa Ndawonde, declare that:

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

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ABSTRACT

The coronavirus pandemic has altered the working experience interface in higher educational institutions, by redirecting how tasks are completed and how individuals interact with one another. This study aimed to determine the challenges faced by female leaders in the School of Clinical Medicine (SCM) at the University of KwaZulu Natal (UKZN) during the coronavirus pandemic. The study explored the impact of the coronavirus pandemic on female leaders in the SCM at UKZN and mechanisms implemented to facilitate growth and maintain function. This qualitative study used purposive sampling to identify nine female leaders from the School of Management Committee (MANCO) to participate voluntarily. Participants included the Academic Leader of Teaching and Learning and heads of various disciplines within the school. Nine female leaders in the SCM were interviewed individually using the Zoom platform to determine the challenges they experienced in their role as academic and/or clinical heads of departments during the coronavirus pandemic. The study was motivated by the absence of prior studies that reported challenges experienced by female leaders within the SCM. The data were analyzed using thematic analysis. The themes identified explained their challenges and impact on female leaders within the SCM.

One of the reported challenges faced by the University of KwaZulu-Natal (UKZN) was the management of multiple programs. With various courses and programs running concurrently, it became difficult to allocate resources effectively. This led to issues such as inadequate staff for teaching and learning. The insufficient number of qualified staff members posed a significant challenge for UKZN. Due to resource constraints, there were not enough consultants available to meet the demands of all the programs. This resulted in larger class sizes and limited individual attention for students. Another challenge highlighted in the report was the contradictory staff policies between UKZN and the Department of Health (DOH). These conflicting policies created confusion among staff members regarding their roles, responsibilities, and reporting structures. It hindered effective collaboration between different departments within UKZN and with external healthcare institutions. The study highlighted the impact of the coronavirus pandemic on female leaders through challenges experienced. A discussion of the various changes that took place in teaching and learning is also included.

GLOSSARY OF TERMS

D.O.E	Department of Education
D.O.H	Department of Health
HOD	Head of Department
MANCO	School Management Committee
NRMSM	Nelson R Mandela School of Medicine
SCM	School of Clinical Medicine
UKZN	University of KwaZulu-Natal

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Chapter One: Introduction

1.1.Introduction

This chapter provides a broad description of the study and includes the background, study aim and objectives, research question, and problem statement. Women in leadership have increased in the School of Clinical Medicine (SCM) at the University of KwaZulu-Natal (UKZN) over the past few years. This study aims to unveil the challenges faced by SCM during the coronavirus pandemic.

1.2.Study Background

The Nelson R Mandela School of Medicine (NRMSM), situated in Durban, South Africa, has a profound history deeply intertwined with the tumultuous era of apartheid. Established in the early 1950s, during a time of systemic racial segregation, the medical school emerged as a testament to the perseverance of marginalized communities seeking education and equality. In the face of apartheid's discriminatory policies, the institution stood as a beacon of hope, providing opportunities for black South Africans to pursue careers in medicine despite the oppressive racial climate (Sunderlall, 2014).

During apartheid, the NRMSM faced numerous challenges, ranging from limited resources for black students to institutionalized racism within the medical field. Black students and faculty encountered barriers to entry, unequal access to facilities, and restricted opportunities for career advancement. Despite these adversities, the institution became a hotbed of activism and resilience, with students and staff actively engaging in the anti-apartheid movement. The struggles within the medical school mirrored the broader fight against apartheid, reflecting the intertwined nature of education, social justice, and political activism (Sunderlall, 2014).

In the Post-Apartheid Era in the early 1990s and the subsequent establishment of a democratic South Africa, the NRMSM underwent significant transformation (Botha, 2022). The institution became a symbol of the country's commitment to reconciliation and inclusivity. Efforts were made to address historical injustices, promote diversity, and ensure equal opportunities for all students, regardless of their racial background (Mandela, 2002). Today, the school stands as a

testament to the transformative power of education and its role in shaping a more equitable society, reflecting the enduring legacy of Nelson Mandela's vision for a united and just South Africa.

collaborates closely with the Department of Health (DOH) to provide a teaching platform for clinical education. This collaboration ensures that medical education aligns with the current clinical healthcare environment through partnerships in research, clinical training, and community health initiatives (Gonzalo, Lucey, Wolpaw, & Chang, 2017). The memorandum of agreement between UKZN and DOH supports the collaboration for student clinical education placements and internships.

Historically, many academic and medical institutions have faced issues of gender inequality, with women being underrepresented in leadership roles. This can be attributed to a variety of factors, including systemic biases, stereotyping, and limited opportunities for career advancement for women (Templeton et al., 2019).

There has been a significant shift in the representation of women as leaders of academic disciplines and other leadership roles in the SCM. This is evident from their membership on the school management committee (MANCO). Women's advancement in key leadership roles across various sectors is seen as a positive sign of change, as noted by Murrell (2018). Leadership challenges and barriers women face in leadership roles are extensively documented, with concepts such as the glass ceiling and career labyrinths receiving significant attention (Carel & Kidd, 2020).

The impact of the coronavirus pandemic on female leaders at the UKZN and the SCM sector has not received attention in studies and literature. The coronavirus pandemic, a transformative force in various aspects of our lives, including the workforce, has highlighted the need to examine how women in leadership roles navigated and responded to the challenges brought about by the crisis. Unlike certain aspects of the working environment that remain resistant to change, the pandemic forced leaders to adapt swiftly to the changing healthcare and higher education environments (Carel & Kidd, 2020). Little is known about how female leaders responded to the different policy imperatives that were in operation between DOH and UKZN during the coronavirus pandemic.

To understand the role of women leaders, the first step involves examining their adeptness in understanding and going through the new changes imposed by the pandemic. This exploration extends to how they arranged their teams, both in clinical settings and educational spheres, during the crisis. In addition, stay-at-home orders considered as a sound policy to curb the virus's spread, held significant consequences globally albeit with varying timings across nations. However, the impact of such measures on healthcare workers challenged the conventional application of these policies (Apedo-Amah et al., 2020). The dual roles ascribed to female leaders, encompassing both their gender identity and clinical responsibilities, add another layer of complexity to understanding their experiences and contributions.

1.3. Problem statement

Despite the growing presence of women in leadership roles globally and their proven success in such positions, they continue to confront unwarranted criticism, persistent skepticism, and unfavorable comparisons to their male counterparts regarding their effectiveness as competent leaders (Rhode, 2017). The stress induced by the coronavirus pandemic increased existing challenges. For instance, clinical teachings had to be halted, and the number of patients in hospital wards increased, creating more challenges with few solutions to normal operations (Donthu & Gustafsson, 2020). These operational changes disrupted standard processes, including face-to-face engagements and typical human interactions. Female leaders, already managing demanding roles, were under heightened pressure during the pandemic, operating within constrained hours (Heffernan & Bosetti, 2020).

Within the SCM, the specific impact of the coronavirus pandemic on female leaders remains unexplored. The coronavirus pandemic, with its lockdown regulations and altered basic operations, significantly diminished human contact and physical interaction among staff and students. This lack of direct contact posed a challenge to the traditional methods of teaching and learning medicine, which typically involve one-to-one physical interactions between students and consultants. In response to the constraints of the coronavirus pandemic, these teaching strategies had to be swiftly adapted to virtual platforms. Technological challenges, including the doctor's unfamiliarity with tools such as Zoom, further complicated the transition to online teaching (Etando et al., 2021).

The challenges women face in leadership roles are compounded by the rapid evolution of technology. Furthermore, challenges of dual role of female leaders as both academic and clinical heads in the SCM, the coronavirus pandemic presented unique challenges. Balancing full-time commitments to academic teachings while heading clinical responsibilities required a delicate interplay of roles. Understanding how female leaders overcame these challenges becomes crucial in unraveling the resilience and innovative approaches to navigating these uncharted territories imposed by the coronavirus pandemic.

1.4. Motivation for the study

The primary aim of this study is to explore the impact of the coronavirus pandemic on female leaders within the SCM and to describe how they addressed the challenges encountered during this period. Additionally, the study seeks to shed light on the success factors that contributed to maintaining a sustainable balance between academic and professional responsibilities for these leaders.

The coronavirus pandemic presented unique challenges that affected the female leaders within the SCM. By exploring the experiences of female leaders, this study aims to uncover the data of their responses to the crisis. Beyond merely identifying challenges, the study is driven by a keen interest in unpacking the adaptive strategies and innovative measures these female leaders undertook to navigate the complexities brought about by the coronavirus pandemic.

Furthermore, the study aspires to highlight success factors that enabled female leaders to sustain their academic and professional pursuits despite the challenges caused by the coronavirus pandemic. This study is motivated by a commitment to not only understand the challenges posed by the coronavirus pandemic but also to explore the resilience, adaptability, and strategic approaches employed by female leaders in the SCM. Through this exploration, the study aims to offer practical and actionable insights for fostering sustainable leadership practices in the face of unforeseen disruptions in the future.

1.5.Focus of the study

This study explores the experiences of female leaders in SCM serving in the capacity of HODs

within the context of the coronavirus pandemic. The primary objective is to gain insights into how these leaders were affected by the coronavirus pandemic, with a particular emphasis on their roles in academic and hospital settings.

This includes understanding how they ensured the continuity of crucial functions within academic and hospital domains. The focus extends beyond mere observation of challenges; it is a dedicated effort to spotlight the resilience and innovative practices demonstrated by these female leaders as they steered through the complex challenges introduced by the coronavirus pandemic.

1.6.Aims and Objectives

The study aimed to understand the impact of the coronavirus pandemic on female leaders in the SCM at UKZN.

The objectives were as follows:

- To identify the challenges that female leaders in the SCM at UKZN experienced during the coronavirus pandemic.
- To determine how the coronavirus pandemic impacted female leaders in their roles as Academic HODs at UKZN in the SCM.
- To identify how the coronavirus pandemic impacted female leaders in their role as clinical HOD in the KwaZulu-Natal healthcare context.

1.7.Research Questions

The study aimed to address the following questions:

- What are the specific challenges experienced by female leaders in the School of Clinical Medicine (SCM) at the University of KwaZulu-Natal (UKZN) during the coronavirus pandemic?
- How has the coronavirus pandemic affected the roles and responsibilities of female leaders serving as Academic Heads of Department (HODs) within the SCM at UKZN?
- In what ways has the coronavirus pandemic influenced the roles and functions of female leaders serving as Clinical Heads of Department (HODs) within the healthcare context of KwaZulu-Natal?

1.8. Structure of the Dissertation

Chapter 1: This chapter describes the study and includes the background, study aim and objectives, research question, and problem statement.

Chapter 2: This literature review chapter describes previous literature supporting the topic by addressing and responding to the research aim and objectives to identify gaps and supporting literature.

Chapter 3: This research methodology chapter describes the study methods used to address the research aim and objectives. The chapter describes the research design, study location, participant sampling, sample size, data collection and analysis techniques, and ethical considerations.

Chapter 4: This chapter provides a full description of the findings related to the challenges of the coronavirus pandemic, and the impact on female leaders.

Chapter 5: This is the discussion chapter where the findings are interpreted in association with other studies in the field.

Chapter 6: This is the conclusion and recommendation chapter highlighting the impact of the coronavirus pandemic on female leaders. The recommendations derive from the study findings whilst the limitations of the study will be listed in relation to the study methodology and findings.

1.9.Conclusion

This chapter outlined the problem statement, aim, and objectives of the study, and the study method. The following chapter will present the literature review.

Chapter 2: Literature Review

2.1. Introduction

This chapter explores the challenges faced by women in leadership roles, specifically those serving as HODs, during the coronavirus pandemic. The primary focus is to critically review the impact of the coronavirus pandemic on female leaders in both academic and hospital settings. As operational duties underwent significant shifts, the study aims to identify and understand how these female leaders navigated through uncharted territories during this global crisis.

The study seeks to unravel the strategies employed by female leaders in HOD roles to sustain their academic and hospital responsibilities despite the challenges posed by the coronavirus pandemic. This involves a detailed exploration of the impact of the coronavirus pandemic on female leaders in the SCM at UKZN.

2.2. Leadership Definition

Leadership defies a singular definition due to its complex and multidimensional nature. Attempting to encapsulate leadership within an inflexible framework is inherently limiting. Rather, leadership should be perceived through diverse perspectives, recognising its complexity and the countless ways leaders influence their followers. This broader perspective allows for a more comprehensive understanding, acknowledging the diverse leadership styles and theories associated with effective leadership (Dinh et al., 2014).

Scholars in different fields have varied definitions of leadership Islam et al. (2018) offer a definition of leadership rooted in interactive relationships between leaders and followers united in executing shared duties to achieve outcomes. Additionally, Nanjundeswaraswamy and Swamy (2014) measure leadership by efficiency and management character, evaluating its impact on key performance indicators, leadership behaviours, and attitudes, particularly in how leaders guide their teams. These perspectives underscore the dynamic and context-dependent nature of leadership, acknowledging its diverse manifestations and the varying ways leaders influence and interact with their teams.

In addition, the primary purpose of a leader in an academic healthcare centre is to inspire the multidisciplinary members of the organization to willingly engage together to deliver on the missions of providing high-quality patient care, educating and training the next generation of

healthcare providers, and creating new knowledge to advance the fields of science and medicine to improve patient care (Morley & Cashell, 2017). Moral purpose and social justice inspires effective and valued leaders in the healthcare domain. Such leader must also prepare to craft solutions in the challenging framework of conflicting priorities and resource limitations. The essential qualities of modern healthcare leaders are underpinned by the theories in leadership. Personal traits of optimism, humility, and integrity, coupled with mature emotional intelligence and a commitment to equity and inclusion are essential qualities of modern healthcare leaders (Bass, 2019).

2.3. Theories of leadership

Following is a list of recent and relevant theories that shape contemporary leadership practices. Theories such as servant leadership, virtual leadership, responsible leadership, authentic leadership, and shared leadership have emerged and significantly contributed to the evolving landscape of leadership studies. These theories provide nuanced insights into leadership dynamics in modern organisational contexts (Rosenhead, Franco, Grint, & Friedland, 2019).

The following table outlines some key leadership theories, including recent perspectives:

Table 2.1 Leadership Theories

Theory	**Description**
Servant Leadership	Focuses on leaders serving the needs of their team members, fostering collaboration and empathy.
Virtual Leadership	Examines leadership in virtual or remote work settings, emphasizing effective communication and team cohesion.
Responsible Leadership	Emphasizes ethical and responsible decision-making, considering the impact on stakeholders and society.
Authentic Leadership	Centres on leaders being true to themselves, transparent, and genuine in their actions and interactions.

Shared Leadership	Recognizes leadership as a collective effort, distributed among team members based on expertise and strengths.
Great Man or Trait school	Assumes the inheritance of the leadership measurements the education of specific character or behavioral features or personalities to recognize their actions as leaders.
Behavioral school	Describes leadership in terms of people – and task alignment, signifying that people can acquire to become leaders through training and observation.
Situational school	Emphasizes the importance of shaping leaders' responses to be more relationship or task motivated, or more authoritative or participative.
Contingency school	Suggests that leaders' influence is contingent on variables related to the environment determining leadership styles.
Transactional or Transformational school	Focus on the connection and the exchanges formed between leaders and followers. A transactional leader's job is to create structures that make abundantly clear what is expected of followers and the consequences associated with meeting or not meeting expectations, while transformational leaders are focused on the performance of group members, but also on each person to fulfilling his or her potential.
Participative theory	The ideal leadership style takes the input of others into account.
Skills theory	States that learned knowledge and acquired skills/abilities are significant factors in the practice of effective leadership.

Leadership styles and theories in effective management activity (Vasilescu, 2019))

Alade (2022) states that leadership is a social influence process wherein leaders seek voluntary participation to achieve organizational goals. Shaturaev and Bekimbetova (2021) define a leader as someone who delegates or influences others to act toward specified objectives. In the contemporary organizational landscape, effective leadership necessitates an understanding of the challenges posed by increased global changes. The leader's connection with employees significantly influences efficiency, making the leader's effectiveness contingent on the efforts of the staff.

Vasilescu (2019) contributes to the discourse by outlining various leadership theories and recognizing their impact on effective management activities. AlAhmari (2022) describes leadership as encompassing various capabilities, including influence, motivation, guidance, direction, and decision-making. The debates surrounding female leadership have been marked by discussions on both advantages and disadvantages. Nevertheless, gender-related issues persist in the evaluation of male and female leaders. Despite societal changes, men continue to dominate positions conferring decision-making authority and the ability to influence pay or promotions, as highlighted by Smith (2002).

The increasing presence of female leaders has instigated shifts in leadership theories and practices. Traditionally, leaders wielded authority through political, economic, or military power; however, in post-industrial societies, leadership is characterised by power-sharing and collaborative relationships (Lipman-Blumen, 1996). Modern interpretations of effective leadership underscore collaboration, partnership, and active involvement of employees, moving away from hierarchical structures toward a mentorship, guidance, and education-oriented approach. The transition from hierarchical structures is also a key component part of the evolving landscape of leadership roles.

2.4. The changing context of female leadership

The evolving landscape of leadership roles responds to the challenges posed by rapid technological progress, a diverse labour force, intense competitive pressures on organisations and governments, and reduced geopolitical limitations. Notably, Nosratollah and Farideh (2012) categorise women's leadership as interactive, involving collaboration and empowerment, while men's leadership is depicted as a command-and-control, emphasising authority and power accumulation. This distinction in leadership styles reflects a perception that men often adhere to a somewhat traditional leadership style that may not align with the dynamic requirements of modern organisations.

Murrell (2018) recognized that there is a positive trend in the growing number of women around the world holding leadership roles, which have traditionally been held by men. The journey of women into leadership roles has been accompanied by persistent challenges, encapsulated by concepts such as the glass ceiling, concrete walls, sticky floors, and career labyrinths, receiving considerable attention in research and popular media (Murrell, 2018).

Leadership is a process of identifying oneself as an individual of impact, who aims at achieving goals through collaboration with a practical group or organisation. Various leadership styles, including coercive, authoritative, affiliative, democratic, pacesetting, and coaching, offer diverse approaches. Leaders, including women in leadership roles, are tasked with inspiring, empowering, and leading change with a shared vision across different spheres of their lives, whether as teachers, heads of departments, mothers, or sisters. The multidimensional roles of women in leadership underscore the necessity for adaptive and versatile leadership approaches in various contexts (Alsoufi et al., 2020).

Internationally, the coronavirus pandemic has presented common challenges for public health systems (Frenkel et al., 2022). Women in leadership roles within the health sector found themselves grappling with numerous challenges in the unforgiving and isolated environment created by the coronavirus pandemic. Decision-making became a critical facet of their roles, demanding swift, decisive, and dynamic actions. This challenging scenario put the predominantly natural nurturing, yet competitive leadership styles exhibited by most women in leadership roles to the test (Ahmed, Suhag, Lashari, & Jamali, 2023).

An in-depth examination of the impact of the coronavirus pandemic on medical student teaching underscored the need for a recalibration of the curriculum (Kumar et al., 2021). This recalibration aimed to assist both students and medical professionals in navigating the post-coronavirus pandemic landscape. The evaluation also necessitated a re-evaluation of core clinical skills and departmental structures, leading to various challenges for female leaders in these positions.

Despite the increasing representation of female leaders in the global workforce and their demonstrated success in these roles, they continue to face criticism, second-guessing, and unfavourable comparisons to their male counterparts. The stress induced by the coronavirus pandemic has exacerbated existing challenges in these sectors. Clinical teachings had to be halted, and patient numbers in wards were reduced, prompting a need for more first hand and tactical solutions to maintain operational continuity (Donthu & Gustafsson, 2020). Face-to-face engagements and normal human interactions, essential for effective leadership, were compromised due to lockdown regulations.

2.5. Key challenges experienced by female leaders

One of the major challenges faced by female leaders is assuming dual roles as both academic and clinical heads of their departments. Currie et al. (2020) stated managing undergraduate and postgraduate teaching, clinical duties, and administrative responsibilities concurrently. Also, overwhelming workload and challenges in adapting to new teaching methods and assessment formats during the pandemic.

Furthermore, the management of multiple programs was a challenge in transitioning undergraduate programs to online learning. This included increased administrative workload due to program redirection. Also, difficulties in coordinating examinations and adjusting to online assessments (Simamora, De Fretes, Purba, & Pasaribu, 2020).

In addition, staff shortages challenge due to policies on staffing cause confusion, with differences between UKZN and DOH regulations. Therefore, inadequate staffing impacts both research productivity and patient care. Challenges in procuring resources and medications due to shortages.

2.6. Clinical changes after the Coronavirus pandemic

The impact of the coronavirus pandemic on healthcare professionals has been profound, particularly in their approach to patient treatment and interaction. The traditional direct teaching methods integral to training necessitated a significant mental shift and a reimagination of techniques, calling for innovative solutions.

As highlighted by the Organisation for Economic Co-operation and Development (OECD) in 2020 (Roberts, Burton, Loris, & Michel, 2021), the analysis underscores the emergence of pedagogical tools and virtual exchanges as the new norm in teaching. This shift has posed challenges for lecturers, especially with the reduction of one-on-one interactions. Consequently, many consultants found themselves navigating the learning curve of innovative technologies to effectively teach and respond to the evolving needs of students.

In response to this transformative landscape, department heads were compelled to implement and enforce recent changes, fostering innovative ways of learning. The adoption of technology-driven teaching methods became imperative, emphasising the adaptability and resilience required by educators to ensure a seamless transition to these novel approaches. The coronavirus pandemic has not only redefined the methods of healthcare education but has also underscored the

importance of continuous adaptation and technological proficiency in the face of unforeseen challenges (Basham, Blackorby, & Marino, 2020).

Furthermore, operational changes were one of the challenges including adapting to new regulations, including a shift to virtual learning and changes in teaching methods. The difficulties in conducting clinical teaching online, technology challenges, and adjustments in assessment methods. Overall, the challenges suggest that female leaders faced a multitude of challenges related to the dual responsibilities, program management, staff shortages, collaboration, and operational changes brought about by the pandemic. The study provides valuable insights into the unique struggles encountered by female leaders in the healthcare and academic sectors during the coronavirus pandemic.

2.7. Conclusion

This chapter extensively explored diverse definitions of leadership styles and theories, shedding light on the evolving landscape of female leadership and the associated gender-related challenges. Moreover, the literature review underscored how occupying a female leadership position can impose limitations on leadership styles, offering insights into the nuanced dynamics at play.

Within this body of literature, the discussion emphasised the pivotal role of leadership style in shaping a leader's characteristics and guiding their approach. Additionally, Kumar et al. (2021) contributions delved into the transformative impact of the coronavirus pandemic on medical students' education. His insights illuminated the redirection of innovation, the challenges faced, and the potential future directions crucial for an effective curriculum change. This comprehensive exploration provides an understanding of the interplay between leadership theories, gender dynamics, and the external forces shaping educational practices, contributing valuable perspectives to the broader discourse on leadership in the context of contemporary challenges.

Chapter 3 Research Methodology

3.1. Introduction

Chapter 2 presented a literature review of the study, offering a foundational understanding of the topic. In this chapter, the research methodology was employed to explore the impact of the coronavirus pandemic on female leaders in SCM at the UKZN. Research methodology serves as the guiding philosophy that ensures that the study adheres to the correct approaches, allowing it to address all pertinent questions and fulfil the study's aims and objectives.

As per Kothari (2004), research methodology encompasses an exploration of the approach chosen for conducting the research. It involves critically examining the rationale behind the researcher's selection of research techniques and clarifying why a specific method was chosen over other available research methods. Additionally, Sekaran and Bougie (2016) argue that research methodology entails identifying challenges and procedures related to the research problem, encompassing the collection and analysis of data, followed by implementing any necessary corrective actions.

This chapter elucidates the research design and introduces the qualitative methodology utilized in this study. Furthermore, it explores the fundamental philosophical principles that underpin research in a broader context. The chapter also introduces the interpretive paradigm and briefly examines the research philosophy that provided direction for this study. Additionally, it underlines the rationale for choosing qualitative research as the method. Moreover, this chapter discusses the methods and tools employed for data collection, the approach to data analysis, and ethical considerations that have been integrated into the research process. In conclusion, the chapter highlights the inherent limitations of this study.

3.2. Research Design and Methods

The primary objective of this study is to gain a comprehensive understanding of the impact of the coronavirus pandemic on female leaders within the SCM departments at the UKZN. The central aim is to address the research questions using a qualitative research approach.

According to Hamilton and Finley (2019) qualitative research methodology focuses on depth rather than quantity, recognizing that numbers alone cannot capture the full essence of a phenomenon; what individuals express is equally valuable. Creswell (2014b) further elaborates that qualitative research was developed to enable researchers to investigate cultural and social phenomena. It is rooted in a specific set of assumptions, allowing for an in-depth exploration and presentation of individual experiences. Moss and Shank (2002) emphasizes that qualitative research inquiry follows an organized, systematic procedure guided by conventions established within the qualitative research community. It is argued that this form of inquiry is experimental and firmly grounded in lived experiences. Creswell (2014b) highlights the effectiveness of qualitative research as a subjective and contextual approach.

This research employed a qualitative methodology to capture the experiences of female leaders, facilitating a deeper exploration from various perspectives. Qualitative research, as Creswell (2014) notes, aligns with the nature of the research problem and yields insights from different participants, valuing their perspectives with equal validity.

3.3. Target population

As defined by Saunders et al. (2018), a population represents the complete set of cases from which a sample is derived. Sekaran and Bougie (2016) emphasize that a population encompasses a variety of entities that pique the researcher's interest, including both individuals and groups. In the context of this study, the population of interest is comprised of female leaders within MANCO of SCM.

3.4. Sampling Method

Qualitative research employs various sampling techniques, among which convenience sampling and purposive sampling stand out.

For this study, a purposive sampling technique was deliberately chosen to identify and enlist female leaders in SCM from their respective departments within the MANCO committee. Purposive sampling is a widely recognized qualitative technique, involving the deliberate

selection of individuals or groups who possess knowledge and experience relevant to the phenomenon under investigation (Palinkas et al., 2015). The study specifically employed purposive sampling to target participants holding leadership positions. Moreover, purposive sampling considers the availability and willingness of research participants to express their experiences vividly and reflectively (Etikan, Musa, & Alkassim, 2016).

In this study, purposive sampling was utilized to identify the sample population. "Purposive sampling is frequently employed in qualitative research to identify specific groups of individuals with particular characteristics or relevant circumstances related to the phenomenon of interest" (Hook, Gilson, Hughes, & Dobson, 2011, p. 137). The sample pool included women holding various leadership roles within SCM who members of the MANCO are also. Specifically, there were nine female members within MANCO.

3.5. Sample Size

Qualitative analysis necessitates a sample size that is smaller yet sufficient to capture feedback from all perspectives. It is important to note that qualitative research places its emphasis on understanding meaning rather than generating generalized hypothesis statements (Creswell, 2014). According to Mason (2010), the guiding principle for determining sample size in qualitative research revolves around the concept of saturation, wherein the researcher reaches a point of data saturation, having collected all relevant perceptions.

In this study, the researcher aimed to encompass diverse viewpoints and experiences, ensuring the collection of comprehensive and quality data to support the research. Initially, ten female leaders within the SCM were invited to participate in the study, with invitations conveyed through emails and followed up with telephone contacts. However, due to constraints related to their work schedules and clinical duties, only nine participants agreed to take part, resulting in a final sample size of nine individuals from various areas within the school.

The data collected from these nine participants yielded a rich pool of information that effectively addressed the research questions. As highlighted by Malterud, Siersma, and Guassora (2016), when employing a qualitative research methodology, smaller sample size is not only acceptable but often preferable to ensure in-depth exploration and understanding.

3.6. Data collection

Sekaran and Bougie (2016) stress the pivotal role of data collection methods in any research project. They further note that researchers have various avenues to collect data, one of which is through individual interviews. In this study, purposive sampling was employed to identify and select knowledgeable and experienced individuals with expertise in the phenomenon of interest.

Data collection encompasses the systematic process of gathering information from participants. As described by Creswell (2014), this data collection process involves setting parameters, employing unstructured or semi-structured observations and interviews, analyzing documents and visual materials, and establishing protocols for recording this valuable information. Korstjens and Moser (2018) underline the multi-faceted nature of this process, which employs a range of data collection techniques to comprehensively capture all relevant insights.

Interviews provide a platform for a detailed exploration of a specific phenomenon and individual experiences (Kvale, 2007). Bell, Bryman, and Harley (2022) advocate for the use of interviews as they facilitate an in-depth understanding of participants' perspectives on the issues under investigation. The flexibility of interviews allowed participants to elaborate on their responses, promoting detailed insights. Additionally, interviews create a relaxed environment, encouraging participants to be candid and forthcoming. The questions posed in this study were aligned with it itis research aim and objectives. The average interview duration was approximately one hour, ensuring participants had ample time to provide comprehensive responses. Walliman and Walliman (2005) suggests that interviews enable the researcher to assess the quality of responses, gauge the participant's understanding of the questions, and allow them to respond fully. Considering the participants' busy schedules, the researcher made careful arrangements to accommodate their availability.

Initial contact with participants was made via email to schedule appointments. During the first meeting, the researcher conveyed the research's aim and objectives by providing information sheets to all participants. Informed consent letters were issued and signed by participants before conducting the interviews. The researcher conducted interviews with female leaders in SMC via Zoom. This study utilized semi-structured, in-depth interviews as the primary method for data

collection. As per Creswell (2014a), a semi-structured interview is an effective technique for cross-referencing data from various sources.

Before the interviews, the researcher provided a clear explanation of the interview's purpose. Each participant received assurances of complete anonymity, allowing them to make informed decisions regarding their participation in the study. Participants were then requested to formally acknowledge their consent by signing a consent form, which explicitly indicated permission for the interview and the use of Zoom's recording function to document the conversation.

To ensure that participants felt at ease, they were assured that there were no right or wrong answers, as the questions primarily concerned their personal experiences. They were encouraged to express themselves freely, without any inhibitions or reservations. The researcher took meticulous notes and made memos during the interviews to ensure that emerging and critical issues were accurately recorded. This practice helped maintain the integrity of the data collection process and safeguard against any potential loss of valuable insights.

3.7. Participant consent

Prior to conducting the interviews, explicit consent for participation was sought from all the participants. It's important to highlight that participation in the study was entirely voluntary, and each participant possessed the right to decide whether to engage in the research. For reference, a copy of the informed consent form is provided in Appendix 1.

In addition to securing participant consent, necessary applications were duly submitted to the Registrars and Research Information Gateway (RIG-Ethical Clearance Application). These applications were subjected to review and approval before commencing the study, ensuring that all ethical and regulatory standards were met.

All participants willingly provided their electronic signatures, signifying their consent for the interviews to be recorded and affirming their understanding that all data would remain strictly confidential. The informed consent process was instrumental in guaranteeing that participants were fully aware of and agreed to their involvement in the study, thus allowing the researcher to capture their experiences and perspectives effectively.

To maintain the integrity of the data collection process, all recordings and informed consent documents were securely retained for future transcription and analysis.

3.8. Interviews

Interviews are a valuable tool for gaining insights into participants' perspectives and understanding the profound meaning behind their words. They serve as a rich source of data collection, enabling researchers to actively listen and comprehend the nuances of participants' experiences. As Korstjens and Moser (2018) highlight, interviews provide a platform for interactive conversations and firsthand insights, enriching our understanding of respondent experiences and perceptions.

In this study, discussions through interviews were thoughtfully designed to facilitate in-depth exploration, utilizing open-ended questions to encourage participants to express themselves fully. Hamilton and Finley (2019) emphasizes that in-depth interviews offer a unique opportunity for researchers to delve into the participants' point of view and allow them to articulate their perspectives and experiences. This, in turn, yields valuable information that illuminates the complexities of participants' behaviors and the challenges they face (Creswell, 2014).

To enhance participant convenience, interviews were conducted via Zoom, allowing them the flexibility to engage from the comfort of their homes, workplaces, or even while on the move. This approach aimed to create an environment where participants could share their experiences openly. Participants were encouraged to ask questions and seek clarification as needed, fostering a dynamic and interactive dialogue. The study's interview questions and schedules were meticulously planned, as detailed in Appendix 2.

The interviews were recorded using Zoom, which generated transcripts for subsequent analysis. These transcripts were further refined and edited to align with the English dialect used in the study. The interview questions in Appendix 2 were used. The interview schedule was as follows:

Table 3.1. Interview Schedule

Date	Interviewee	HOD/ Department of
07/07/2022	P1	Obstetrics & Gynecology
05/07/2022	P2	Geriatrics
21/07/2022	P3	Dermatology
20/07/2022	P4	Finance Manager
08/08/2022	P5	Otorhinolaryngology (ENT)
15/08/2022	P6	Rheumatology
18/08/2022	P7	School Operation Manager
24/08/2022	P8	Academic Leader (Teaching & Learning).
05/09/2022	P9	Child health (PMB)

Semi-structured interviews serve as a versatile tool that encourages participants to express additional insights and delve into relevant data beyond the provided questions. Participants often seize this opportunity to share valuable, connected information, as noted by Hamilton and Finley (2019). Both Yunis, Jamali, and Hashim (2018) and Korstjens and Moser (2018) emphasize that semi-structured interviews offer the flexibility to probe deeper, comprehensively understand, and clarify responses. This approach enriches the data by encouraging participants to provide comprehensive answers that not only address the specific question asked but also encompass broader insights.

The purpose of these interviews was to explore the unique experiences and perspectives of female leaders in the context of the coronavirus pandemic, focusing on the 'Five W's' – what, how, when, where, and why – of their emotions and experiences. These interviews took place over three months, across July, August, and September 2023, with each interview lasting approximately 45 to 60 minutes.

3.9. Data Analysis

Data analysis is a crucial process aimed at comprehending the information that has been gathered.

This involves unpacking the dialogues and responses to the questions by condensing the transcribed transcripts. The information is then meticulously broken down into meaningful sections to make sense of the collected data. Relevant information is further categorized into codes, themes, and sub-headings, allowing for a systematic organization of the data. The collected information is then processed by conducting a comparative analysis, evaluating, and synthesizing it into a coherent and meaningful narrative, as emphasized by Yunis et al. (2018).

The data for analysis was obtained from recorded transcripts of interviews conducted via Zoom. The labeling of records via Zoom indicates that each recording was appropriately identified and categorized, withheld participant names or identifiers, to ensure organization and ease of reference during the analysis process.

Korstjens and Moser (2018) elaborate that data analysis is about breaking down the collected information into a collective body of knowledge. This process involves the careful gathering, organization, and management of various pieces of data. By observing patterns and drawing conclusions, essential concepts can be discovered. This process aligns with Creswell's (2014) explanation, wherein results are distilled to reveal findings as themes and sub-themes, which highlight emerging patterns.

The study employed semi-structured, in-depth interviews conducted via Zoom, the recorded transcripts would have captured the verbal responses of the participants during these interviews. These transcripts served as the primary source of data for analysis, enabling to review and analyze the participants' experiences, perspectives, and insights related to the impact of the coronavirus pandemic on female leaders within the SCM departments at UKZN.

Thematic analysis is a valuable tool that allows for the emergence of new themes, expanding our understanding of the research topic. Babbie (2014) underscores the importance of using popular software for coding collected data, making it easily retrievable for future use by other researchers. Furthermore, thematic analysis is rooted in prioritizing the participants' subjective reality when presenting their experiences. As Braun and Clarke (2006, p. 135) suggest, ‘thematic analysis considers how people's experiences, meanings, and realities both influence and are influenced by societal structures, highlighting the dynamic interplay”. Thematic analysis is particularly useful when dealing with rich, qualitative data, such as interviews, focus groups, or open-ended survey

responses. It uncover the depth and complexity of participants' experiences or perspectives.

Creswell (2014) notes that all significant emerging themes are interconnected within a particular overarching theme. The derived sub-themes are extracted from shared patterns. The thematic content is then further dissected into various categories, which collectively encapsulate the idea conveyed through different variations, providing valuable context and insights. Thematic analysis was used to analyse the transcripts, identifying patterns, themes, and sub-themes within the data. By closely examining the content of the transcripts, researchers could extract meaningful insights, interpretations, and conclusions regarding the research questions and objectives.

The use of recorded transcripts from Zoom interviews provided a rich and detailed source of data to explore the impact of the pandemic on female leaders within the SCM departments at UKZN. Data interpretation and analysis entail the comparison of ideas outlined within the themes. This process not only elaborates on these ideas but also refines them into actionable knowledge. Hamilton and Finley (2019) suggest that categories are instrumental in structuring comprehensive knowledge by distinguishing between relevant and irrelevant themes. This approach simplifies the interpretation of information and streamlines the process of presenting findings in writing, as all data is thoughtfully organized within its respective thematic categories, thus facilitating an easier and more coherent narrative.

3.10. Ethical issues

Qualitative researchers face distinctive challenges in their efforts to balance the imperative of ensuring confidentiality and anonymity to provide a comprehensive understanding of social life (Kaiser, 2009). These challenges are a critical consideration in the ethical planning phase of any research project. Respecting participants' rights involves addressing all dimensions of ethical principles and rights, ensuring that each aspect is fully and appropriately respected. Central to this respect is the fundamental principle that participation in the study is entirely voluntary, with participants having the unreserved right to either accept or decline involvement.

Before commencing the study, it was imperative to obtain ethical clearance. This step ensured that all necessary measures to protect participants, including safeguarding their confidentiality and anonymity, were meticulously considered. Ethical clearance, which was approved by the

UKZN, is documented in Appendix 4. Furthermore, conducting the study within the university premises necessitated official approval, which was obtained in the form of a gatekeeper's letter.

The gatekeeper's letter, as seen in Appendix 3, was secured through the University Registrar's office. Prior to conducting interviews, participants volunteered to be part of the study, with each individual electronically signing the informed consent form (Appendix 1). Ensuring participant confidentiality, as emphasized by Hamilton and Finley (2019) was of paramount importance, and all informed consents were obtained before the commencement of each participant's interview.

Creswell and Miller (2000)recommend that participants should be guaranteed the anonymity and confidentiality of the data they provide. To ensure transparency and maintain participant privacy, the study refrains from including participants' names. Instead, participants are identified using designations such as P1 to P9. This system is consistently applied in the results and discussion chapters to clarify and attribute statements made during the interviews.

All data collected during the study has been securely stored with the Graduate School of Business and Leadership, where it will be retained for a period of five years. After this period, in accordance with the requirements of the Ethical Clearance Committee, the data will be securely disposed of.

3.11. Conclusion

This chapter comprehensively addressed all the components incorporated into the study, encompassing the research aims and objectives, as well as the meticulous delineation of the research methods employed. The methodological design was strategically crafted to encompass all facets of the study's scope, ensuring that every research expectation was met. Notably, the study's data collection was conducted using a qualitative approach. The subsequent chapter will unveil and discuss the findings derived from the research.

Chapter 4: Findings

4.1. Introduction

The previous chapter outlined the research design that was used to conduct the study. This chapter will present the findings of the investigation on the impact of the coronavirus pandemic on female leaders in the SCM at UKZN. The findings are in response to the following study objectives:

- To determine the challenges that female leaders in the UKZN School of Clinical Medicine experienced during the coronavirus pandemic.
- To determine how the coronavirus pandemic impacted female leaders in their roles as Academic HODs in the UKZN School of Clinical Medicine
- To identify how the coronavirus pandemic impacted female leaders in the UKZN School of Clinical Medicine in their roles as clinical HOD in the KwaZulu-Natal healthcare context.

4.2. Demographics of the participants

The study aimed to understand the impact of the Coronavirus pandemic on female leaders in SCM. There were nine participants; of these there were five black females, 3 Indian females, and one white female.

Participants were from departments within the SCM.

Table 4.1: list of participants

Department of:
Obstetrics & Gynecology
Geriatrics
Dermatology
Finance Manager
Otorhinolaryngology (ENT)
Rheumatology
School Operation Manager
Academic Leader (Teaching & Learning).
Child Health (PMB)

4.3. Themes and sub-themes

The themes and sub-themes highlighted in themes 4.3 to 4.5 demonstrate the various challenges faced by female leaders on the MANCO in the SCM at UKZN during the Coronavirus pandemic. Furthermore, female leaders' dual roles impacted both the academic and clinical setting in 4.6 to 4.7 showing the core challenges they faced during the Coronavirus pandemic.

The table below outlines the themes and subthemes:

Table:4.2 Themes and Subthemes:

Themes	Sub- Themes
4.1 Multiple Roles:	4.1.1H.O. D's were from various departments: Academic & Clinical heads
4.2 Management of multiple programs	4.2.1Undergraduate programs 4.2.2Departmental Research projects
4.3 Staff shortages	4.3.1Policies on staffing 4.3.2 Inadequate staff
4.4 Collaboration	4.4.1 Support from executive Leadership 4.4.2 Teamwork
4.5 Operational Changes	4.5.1 COVID Regulation (UKZN-DOH) Update/feedback meetings 4.5.2 Teaching & learning transformation

4.4. Multiple Roles

The participants indicated that they assumed multiple roles by managing undergraduate and postgraduate teaching and learning and managing service delivery in the clinical environment. The roles in both academic and clinical arenas are executed concurrently.

One HOD stated that *"the role itself is very challenging"* (P2). Participants indicated that they were not only academic heads but also clinical heads of the department. This implied that they were employees

of both UKZN and DOH.

"I operate both the academic undergraduate program and I have to be at the clinic doing ward rounds. The work can be very overwhelming" (P1).

"I am the head of the department and academic head, as well as head of clinical departments. I must mention that I felt like it was the job of two people" (P8).

In addition, the participant indicated that her leadership role was *"responsible for the professional staff within the school (SCM) and contribute to the leadership of the school and serve within the leadership of the College of Health Science"* (P5).

Another participant indicated that her role was manager "*of finance and Human Resources as she oversees all procurement of the SCM*" (P6).

Many of the participants served in the teaching and learning of the UKZN portfolio and served with the public service delivery of D.O.H.

"The *undergraduate and postgraduate program as far as student teaching is concerned, and also the clinical work*" (P7).

Another participant indicated *as head of the department as well as head of the department of the specialist team within D.O.H*" (P4).

Another participant indicated that her role was *"head of the clinical unit of service delivery and academic head of the department"* (P3).

4.4.1. HODs were from various departments

Participants highlighted that their overlapping portfolios were associated with multiple tasks. As HOD, they were required to oversee all programs in their department; these being the undergraduate program, postgraduate program, and departmental research projects. Most participants reported that lack of information and communication about students on the clinical platforms were major issues during the Coronavirus pandemic. This affected productivity because the clinical support staff who formed the link between the hospital sites and the academic departments were not always present.

In addition, there are students from different levels of study on the clinical platforms and there are two programs that overlap *i.e.,* one program for mainstream UKZN medical students and the other is another program for the Cuban Collaboration students. Coordinating different groups of students and different programs across clinical sites with different levels of administrative support, presented challenges.

"The other challenge is the platforms, the different types of platforms, different administrators, and different types of support. It's easier to get information about a platform like King Edward Hospital as opposed to a platform that's further away" (P1).

During the Coronavirus pandemic, it was difficult to handle all the responsibilities in the academic and clinical environments. They were required to adopt new measures to operate patient clinics, ward rounds, and teaching and learning. Whilst teaching and learning were halted for a few months, these programs were restarted in a new format when the university revised its lockdown regulations.

"Coronavirus has forced everyone into online learning and there are specific challenges with online learning" (P2).

Participants reported that it was very difficult to reconstruct new ways of teaching and learning, especially with physical teaching on ward rounds in the clinical context.

In addition, the participant indicated that *"the channel flow had to change, as in signature approvals and receiving of the document*" (P6).

Another participant indicated, "I *did not only sit in leadership to come up with strategies but also have to implement these given tools*" (P5).

4.4.2. Undergraduate teaching

The undergraduate program in the SCM is dedicated to students in the 3rd year (Cardinal symptoms), 4th, 5th, and 6th year of the medical program and includes the 6th-year Cuban collaboration students. Six core departments contribute to the program. These are Internal Medicine, Child Health, Mental Health, Obstetrics & Gynecology, Surgery, and Family Medicine including Acute care offered only in 4th year.

Participants agreed that during the early stages of the Coronavirus pandemic in 2020, the program had to be redirected online with students receiving no clinical experience. Participants indicated that the administration of the UG program was challenging.

"The undergraduate program is overwhelming with the amount of administrative work that is required to be done which meant I had to always be on overdrive" (P2).

Furthermore, coordination of the examination process is challenging because it requires the identification of examiners for the clinical exam, setting papers for both theory and clinical components of the examination, moderation of examination papers and results, and coordinating examiner meetings. Participants reported this as being a major challenge because they had to oversee all these processes.

"*In addition, undergraduate teaching, registrar teaching, setting and writing papers including lectures too*" (P3).

Furthermore, most participants indicated that the move to online assessments from face-to-face assessments presented new challenges to the examination process.

"Examination had become a problem as there had to be a lot of adjustment in terms of assessment of patients" (P4).

In addition, participants highlighted that the "*undergraduate ward rounds had to be stopped and done online and projected pictures*" (P1).

Another participant added that "*a lot of system changes had to be on the operations of the undergraduate program as to facilitate equipping staff with necessary equipment such as laptops and data to work from home*" (P5).

Furthermore, participants included that "*when it came to technological issues, for example, people, not knowing how to use adobe signing and needed to be trained more often, on submission of documents that needed a signature*" (P6).

4.4.3. Departmental Research projects

Participants indicated that they did not only execute duties as HODs but were required to conduct research projects within their units. This was possible before the Coronavirus pandemic, however, during the Coronavirus pandemic, it became difficult to conduct research.

"Sometimes working in clinics is overwhelming and we have ward rounds. This is besides the fact that we still need to produce research projects" (P4).

Participants highlighted that it was not easy to conduct research during the Coronavirus pandemic, because patient engagement was low, and patients stopped coming to the clinics because of fear of getting sick. High-risk cases were prioritized for consultation at the clinic during the pandemic whilst other patients were redirected to another site or a later date for assistance. Accessing patients for research projects was difficult.

"It was quite difficult to facilitate my clinic as my patients are elderly patients above the age of 60 with comorbidities. This meant fewer visits by patients to the hospital due to fear" (P7).

"There was little or no time to do department projects and we have fewer academic staff to execute the work" (P3).

Another participant indicated that "*with the numbers of outpatients being reduced due to Coronavirus pandemic regulations restriction increased the numbers of patients we were unable to see and visit, which meant less outreach project to be done"* (P8).

4.5. Staff Shortage

Participants agreed that inadequate staffing was a major challenge and with the Coronavirus pandemic, it became worse. The departments are coordinated by two employers *i.e.*, UKZN and the DOH: each being a different institution with different regulations during the Coronavirus pandemic. This created confusion amongst the staff as the administrative staff was told to work from home whilst medical personnel had to be on site. It was challenging that administrative support was limited because of the work-from-home policy. However, they were available *via* e-mail and telephonically.

"One had to be on overdrive all the time because I had to be doing clinical and administrative work as well" (P7).

4.5.1 Policies on staffing

The discrepancies between UKZN and DOH staff policies created much confusion. It was challenging to navigate the different policies that were implemented by each institution.

"Decisions were made for medical school by the executive that had no idea how we operate. Work became difficult because there was little administrative support. People making decisions for medical school at Howard College did not understand how we operate" (P5).

The human resource expectations between UKZN and DOH were different and DOH-employed staff prioritized service delivery over teaching. *"We were unable to fully function onsite due to the shortage of staff"* (P6).

Participants highlighted that they had many challenges with the absence of administrative staff and attending to service delivery. It meant that the participants had to take on a load of onsite administration.

Most of the participants indicated that there was a shortage of clinical and teaching staff within departments.

"I am overwhelmed with patients during/after COVID regulations, and our uptake has grown. We are unable to see all patients as we are short-staffed and have few specialist consultants or registrars" (P7).

"We are so short-staffed. We've had no trainees in the department for the last three years and we've got no junior consultants" (P4).

Another participant added that "*a lot of procurement and appointments had to be stopped due to delays on the signatures*" (P6). The new system of circulating documents and forms had to be streamlined to effectively provide all services to our team.

In addition, a participant included that "*policies were challenging because there was no precedence, I'm sure you've heard that, over and over again, nobody was telling us this is how we shouldn't"* (P5).

There was never a manual or guideline for understanding cases such as the Coronavirus pandemic.

4.5.2. Inadequate staffing

Inadequate staff during the Coronavirus pandemic also impacted negatively research productivity because patient care had to be prioritized. *"Research in such a setting was extremely difficult. Although we identified several good projects it was difficult to start these projects because the staff was so overwhelmed by service delivery that they don't have free*

time" (P7). Another participant indicated that not only did they have limited staff but also a shortage of resources. It was very difficult to prescribe medication.

"Almost 70% of medicines prescribed are not available and it's not just a one-off issue but a recurring one" (P2).

Staff shortages meant that HODs had to take on more responsibilities in the clinical and academic environments. Participants highlighted that "*there was a shortage of consultants, and we have no trainees in the past 3 years and therefore we had a lot of clinical work*" (P3).

Furthermore, participants indicate that patient transfer was challenging and difficult *"we had to reduce outpatient consultants and priorities high-risk patients*" (P4).

The participant indicated that once half-staff returned to the office "*it was difficult overseeing new working strategies*" (P6).

Another participant indicated that "*a lot of doctors had to priorities ICU unit in medicine due to the high infection rate"* (P8) and "*many specialists had to be redirected to out of the unit as we had short of staff in various hospital sites*" (P1).

In addition, a participant added that "an *overlap of staff needed to know other staff duties to assist when needed and other staff not being available*" (P5).

4.6. Collaboration

Participants reported receiving good support from the executive structures of leadership within the university.

"I reached out to the leadership to the DVC, and deans a lot to guide my actions, because I didn't know exactly what I was doing in the beginning" (P1).

4.6.1. Support from executive leadership

Participants highlighted that communication and engagement with the management were essential for guidance during the Coronavirus pandemic.

"I always asked for help, if I was unable and not sure of something or a policy, I would ask certain managers for assistance" (P4).

Another participant indicated that:
"With every challenge, I faced I knew someone who had done a similar thing and was in a position to give me advice" (P5).

Participants reflected that it was important to support each other, as this pandemic was new to everyone. Furthermore, the participants agreed that "*it was best to always follow up on all things and verify new methods of working"* (P3).

In addition, the participant indicated that "we *always had leadership meetings and consist of feedback sessions, this helped"* (P6).

Also, another participant added that *"we had staff meetings to feedback and debrief and catch up, this motivated everyone they said during our meetings"* (P7).

Most participants indicated that *"I was in so many leadership meetings and also I had to have meetings with my staff to ensure smooth operations in the department"* (P8). This was to ensure everyone was aware of the progress and new system changes.

4.6.2. Teamwork

Teamwork was cited as an important strategy to address the changes and challenges that arose with the Coronavirus pandemic. This assisted female leaders to continue their work effectively.

"We spent a lot of time in meetings and discussing all challenges that the department was facing and finding solutions" (P5).

Participants reported that it was a challenging period, and they spent a lot of time discussing issues they were experiencing in clinics and the increasing cases of the coronavirus pandemic -infected patients that had to be attended to with limited staff. The teamwork made this service delivery issue manageable. Another participant added that ongoing meetings to discuss the ways forward and clinical operations were important for the operational function of the clinics.

"I had meeting after meeting and had to report back to my staff for solutions" (P4).

Participants agreed that it was important that they communicated frequently and had various meetings to direct the department's work operations. This included international departments coming together to guide new ways of running clinics.

"We had collaborations with the national department and international departments to facilitate effective learning of the Coronavirus" (P2). Participants reported that they created a safe space for their staff to communicate their feelings. This meant always communicating with staff and nurses to ensure effective work.

"I consistently *found that I needed to motivate myself a lot* as well for my staff" (P3).

Participants argued that there was mixed communication between UKZN and DOH in terms of UKZN working from home and DOH requiring on-site work. Unfortunately, their line of duty required them to be on-site always "as front-line workers".

4.7. Operational Changes

4.7.1. COVID Regulation

Participants included that Coronavirus regulations reinforced changes that impacted teaching and learning. Lecturers had to teach remotely which meant that they had to record sessions and upload them on Learn (Moodle) and have Zoom sessions to facilitate teaching.

"We needed to change teaching in ward rounds into virtual learning. We had to record and upload material on Learn (Moodle)" (P7).

"Redesign how we offered our services within the clinic as well, in terms of social distancing where we would keep patients, how we would bring patients in see them" (P3).

Another participant added that the UKZN policy supporting administrators working from home was very challenging because she could not do or function as fast in some areas. And concluded that the team liaising changed and, therefore had to rely on different people and other sections to get work done especially administration-required work. It was mentioned that the different sites and clinic functioning were important and, therefore. could not be shut down.

"We Were told to work from home, but you know some things cannot be done from home and the reality is that we cannot stay home and deliver babies" (P9).

Participants indicated that the many challenges that Coronavirus meant new changes that came with changes.

"We had to redesign how we offered our services within the clinic as well, in terms of social distancing where we couldn't keep too many patients" (P5).

"So that has been one major challenge in terms of ensuring that you know that the teaching is in a way optimized despite you know, the social distancing and no easy bedside teaching" (P2).

4.7.2. Teaching & learning transformation

Participants highlighted that teaching and learning had to be done differently and new changes in teaching and learning methods had to be implemented. Teaching and learning had to be redirected from clinical base teaching into virtual teaching and they had to facilitate online engage learning through Zoom. These interactive sessions were done to ensure teaching and learning were done. At the same time, it was quite different and difficult because it was not easy to do any or most physical practice online, clinical teaching and learning require physical teaching. Participants agreed that technology was also a challenge in most cases, and the ability to use the laptop and internet connection was a challenge.

"Of course, we tried the online upload everything on Learn (Moodle), or the new and the learn and get the student to try and get most of the people who are waking out day" (P5).

Another participant indicated that *"terms of the Coronavirus pandemic, it has had an impact in terms of a lot of things that had to be changed so that we could adjust to this situation of accommodating teaching in a virtual platform in designing or coming up with ideas that would be easy you know, accepted by students as well you know they're easily the deals for teaching where they can be at the bedside and you know, a help"* (P2).

A Participant indicated that it was difficult "for *them out in terms of making quizzes and sending to students and it has created a challenge in terms of that content, Our problem is you appreciate more by seeing patients touching and you know the feeling, so it has created a problem where they had to be a lot of adjustment in terms of assessment of patients, for that matter, and management of patients as well"* (P4).

4.7 Conclusion

This chapter presented of the results of the study. The outcomes were analyzed with thematic analysis, and the findings offered the various challenges females according to themes and subthemes aligned to show the challenges that female leaders on the MANCO in the SCM at UKZN experienced during the Coronavirus pandemic. Furthermore, female leaders' dual roles

were impacted in both the academic and clinical settings during the Coronavirus pandemic. Chapter 5 provides a discussion of the research findings of the study by interpretation and compares them with previous studies.

Chapter 5: Discussion

5.2. Introduction

The previous chapter presented the findings of the study which highlighted the impact of the coronavirus pandemic on female leaders in SCM at the UKZN. The findings highlighted challenges in multiple roles that leaders had to managed, staff shortages, management of multiple programs, operational changes within teaching and learning transformation, and the coronavirus pandemic regulations. This chapter will discuss the study findings and compare them with those reported in the current literature to establish similarities and differences in the findings. The study aimed to explore the impact of the Coronavirus pandemic on female leaders in the SCM at the UKZN.

5.2. Key challenges:

The challenges faced by female leaders in the clinical - -academic setting during the coronavirus pandemic, , primarily involved the management of multiple roles and responsibilities. Here are the key challenges identified:

5.2.1. Multiple roles

The study found that the HOD's at UKZN and DOH serve as academic and clinical heads. A recent study by Gaur et al. (2020) examined the challenges female leaders experienced in the medical-academic setting during the coronavirus pandemic. The study found that department heads are clinical heads and faced difficulties in conducting academic teaching in clinical settings due to the overwhelming issues brought by the coronavirus pandemic and face-to-face interaction. The study findings highlighted that female leaders assumed multiple roles by managing undergraduate and postgraduate teaching and learning together with managing service delivery in the clinical environment. Their roles in both academic and clinical environment were executed concurrently. The study found that it was challenging to transform from face-to-face clinical teaching and learning to innovative online approaches.

Another study by Coscieme et al. (2020) focused on the experiences of female leaders during the

coronavirus pandemic , particularly their ability to balance and perform multiple roles within the public health sector and higher education environments. The study identified various factors, including social, economic, and personal aspects, that influenced the execution of different roles by female leaders in their respective fields. These factors included the availability of support systems, access to resources, the impact of gender norms and stereotypes, and the ability to prioritize and manage competing demands. The study highlights the importance of addressing these factors to support female leaders in effectively navigating the challenges posed by the pandemic and promoting gender equity in leadership roles.

Female leaders, particularly those serving as academic and clinical heads, were tasked with managing multiple roles simultaneously. This included overseeing undergraduate and postgraduate teaching and learning while also managing service delivery in clinical environments. The transition from face-to-face clinical teaching to online learning posed significant challenges, requiring innovative strategies to ensure effective teaching and learning

In addition, Barber and Sher (2022) emphasized that leadership responses during the pandemic were more oversensitive than in normal circumstances, where decision-making processes are usually more deliberate. The study findings highlighted the importance of being able to manage the multiple roles of female leaders and being able to continue with their duties within the teaching and learning of environment.

5.3. Management of multiple programs

The study findings highlighted that there was an overlapping of portfolios that involved the HOD's functions as program heads. These include undergraduate, postgraduate, and departmental programs. The study findings highlighted that due to the restrictions imposed by the coronavirus pandemic, clinical training programs experienced significant disruptions, leading to a suspension of activities such a face-to-face teaching and learning. However, ensuring that clinical teaching continued with adequate risk management to facilitate normal operations was crucial (Hayat et al., 2021).

Higher education universities had to adapt to new teaching and learning platforms due to the coronavirus pandemic (Rajab, Gazal, & Alkattan, 2020). This required a redirection of

approaches, strategies, methods, and technologies in the teaching and learning of students.(Rajab et al., 2020). Another point raised by Rajab et al. (2020) was the difficulty of reintegrating students back to campus in the post-pandemic environment. Effective tools for student participation and teacher training were among the concerns expressed regarding the suitability of online learning (Rajab et al., 2020).

The challenges faced by higher education during the coronavirus pandemic were wider than the immediate effects on teaching undergraduates and postgraduates (Gabster, Van Daalen, Dhatt, & Barry, 2020). Additionally, it also had long-term implications for teaching and integrating students into clinical practice (Gabster et al., 2020). Hybrid teaching and learning became the new normal, with online teaching being used to engage students and facilitate learning. However, it was essential to recognize that this approach assisted in continuing with the face-to-face experience. Furthermore, the hybrid system reduced the assistance available in hospital public service delivery (Gabster et al., 2020).

Female leaders also faced challenges with managing overlapping portfolios, that included their significant roles in the undergraduate, postgraduate, and departmental programs. The disruptions caused by the pandemic, included the suspension of face-to-face teaching and learning activities, that required the adoption of new teaching approaches to ensure continuity in clinical training programs. This involved shifting to alternate clinical teaching platforms while addressing concerns about the appropriateness of the clinical sites for effective learning.

In addition, the coronavirus pandemic presented numerous challenges for higher education institutions, particularly medicine. The suspension of clinical training programs required alternative approaches to ensure the continuity of clinical teaching. The transition to online teaching and learning platforms brought about a shift in teaching methods and raised concerns about effective student engagement. While hybrid teaching and learning became the new normal, clinical learning and skills acquisition associated with bedside teaching were compromised (Anthonio, Mehndiratta, Maroof, Kar, & Puri, 2021). These challenges highlight the need for ongoing adaptation and transformation in medical education during and beyond the coronavirus pandemic. With the increase of patients and reduced staff it was difficult to operate the clinics with staff shortage.

5.4. Staff shortage

The study findings highlighted that inadequate staffing was a major challenge in general and it increased during the coronavirus pandemic. The study finding highlighted that the two employers (UKZN & DOH) had different staffing policies and requirements on how they recruit employees. One of the key findings from Stefan and Nazarov (2020) study was the integral role of policy in addressing the staff shortage. The impact of the coronavirus pandemic has exacerbated an existing shortage of frontline workers, and both employers had difficulties agreeing on the staffing issues. Moreover, recruitment in the healthcare sector has been put on hold, further exacerbating the staff shortage (Bufquin, Park, Back, de Souza Meira, & Hight, 2021) . This suggests that the delivery of public services and medical education have been significantly impacted by the shortage of workers such as consultants are available for teaching and mentoring. The requirements for their potential employees, consequently, each employer had unique recruitment policies that were tailored towards meeting their respective occupational needs. Both employees' vacancies were frozen during the coronavirus pandemic about teaching and learning.

The shortage of staff also includes less technical support on platforms such as Zoom and has increased data costs and limitations of network coverage. Additionally, cyberattacks and intimidation on online platforms have further hindered the smooth functioning of educational institutions. This has increased time consumption and limitations, particularly for underprivileged students with limited computer technical skills. Furthermore, insufficient infrastructure and support and the absence of institutional policies continue to pose threats, particularly in low and middle-income countries (Gabster et al., 2020).

The hybrid teaching and learning approach gained prominence as educational institutions adapted to the new normal. However, this approach required additional training for consultants to effectively operate the latest programs and platforms. Understanding the intricacies of hybrid teaching and learning becomes crucial for all those involved in the educational process, emphasizing the need for ongoing professional development and support (Rajab et al, 2020).

The coronavirus pandemic has brought numerous challenges to the healthcare sector, particularly

concerning staff shortages and service delivery. This dissertation has highlighted the challenges and impact of the coronavirus pandemic on female leaders in SCM at the UKZN and ensuring the continuity of medical education and public service delivery. The transition to online teaching and learning has presented numerous challenges for students and faculty. The findings underscore the need for comprehensive policies to address staff shortages and enhanced IT support, infrastructure, and training programs to facilitate online teaching and learning. By addressing these issues, healthcare institutions can navigate the current crisis and prepare for future challenges in medical education.

5.5. Positive outcome: Collaboration

The study highlighted the importance of receiving good support from the executive structures of leadership. These include communication and engagement with management to navigate all challenges that are raised. Therefore, this meant, the pandemic strengthened existing partnerships between healthcare institutions and educational organizations and developed improved lines of communication among stakeholders from multiple sectors This has created opportunities to broaden teaching and learning that align with healthcare needs. The ability to integrate what has been learned into the post-pandemic period will serve as evidence of how this crisis has enabled the reimagining of health professions education (Schmutz et al., 2021).

The study findings highlighted collaborative teamwork from different departments and the international department was directed at optimizing clinical operations. Furthermore, the participants indicated that UKZN and DOH staff had major challenges of staff shortage and policies of employment that hindered a few processes. These include working from home (UKZN staff) and a shortage of clinical staff for service delivery (Chanderpaul, 2023)

The transitional challenges medical intern doctors and department heads face have necessitated strategic redesigning. The government and hospital staff have worked together to create a supportive structure that extends assistance to various units and departments (Sitobata & Mohammadnezhad, 2022). The frontline workers have been working tirelessly, new HR policies had to be developed to accommodate the changing trends in their workload. In addition, new policies were implemented to elevate working conditions and provide optical support.

5.6. Operational changes

The study findings highlighted that coronavirus regulations reinforced changes that impacted teaching learning and service delivery. The coronavirus pandemic has profoundly impacted medical education, which is likely to have ongoing consequences for student learning (Walters, Alonge, & Zeller, 2022). It was found that academic leadership has faced immense pressure regarding course delivery, access, and assessment while upholding principles such as integrity, equity, inclusiveness, fairness, ethics, and safety. Participants indicated that the coronavirus pandemic had essentially adoption of online education as a backup measure, leading to challenges and opportunities in medical education.

The study findings highlighted that teaching and learning transformation was necessary for implementing a hybrid teaching and learning system. One of the significant challenges in providing online education is the need for more reliable system infrastructure, including hardware, software, and network bandwidth, as well as compatible online platforms that integrate with existing learning management systems (Alsoufi et al., 2020). This includes that all HODs and staff had to be educated by the new technology system to be utilized. This has hindered the smooth transition to online teaching and learning platforms at UKZN. However, these challenges have also sparked innovations and transformations in teaching and learning approaches (Alsoufi et al., 2020).

Participants indicated it was difficult to load or use the new platforms. The hybrid teaching system that emerged during the pandemic required vital clinical teachings and effective administrative communication (Hayat et al., 2021). Many of the new platforms there were not used to them, however had to navigate across all challenges of technology advancement. Furthermore, hospital restrictions imposed by the pandemic necessitated changes in how the public sector operates, leading to new systemic changes (Hayat et al., 2021). Medical schools and institutions have had to adapt new teaching methods to ensure students receive face-to-face (hands-on) clinical experience and engage effectively (Hayat et al., 2021).

Efforts are being made to address the challenges faced by medical education during the pandemic. This includes enhancing infrastructure, improving IT support, and developing comprehensive policies to support student learning and engagement (Hayat et al., 2021). Additionally, medical

schools prioritize communication, supporting students' well-being, and fostering partnerships to address inequities and support historically disadvantaged students (Walters et al., 2022).
Despite these challenges, the study identified positive outcomes, including strengthened partnerships between healthcare institutions and educational organizations and improved communication among stakeholders. Collaborative efforts and adaptive strategies were emphasized as essential for navigating the challenges posed by the pandemic and ensuring the continuity of medical education and public service delivery.

In addition, the coronavirus pandemic has brought about significant medical education changes, presenting challenges and opportunities. The shift to online education has highlighted the need for improved infrastructure and compatible platforms. However, it has also sparked innovations and transformations in teaching and learning approaches. Effective leadership, comprehensive policies, and enhanced IT support are crucial in addressing these challenges and ensuring the continuity of medical education. Ongoing adaptation and transformation are essential in navigating the current crisis and preparing for future challenges in medical education (Walters et al., 2022).

5.7. Conclusion

In conclusion, the study findings highlighted the need for inclusive policies to address staff shortages and enhance IT support, infrastructure, and training programs for online teaching. The challenges highlighted the importance of ongoing adaptation and transformation in medical education to navigate crises and prepare for future challenges. Furthermore, the study highlighted the challenges faced by female leaders during the coronavirus pandemic, and the importance of collaborative efforts, adaptive strategies, and comprehensive policies to ensure the continuity of medical education and public service delivery. The study underlines the importance of inclusive policies, and awareness of adaptative strategies to support female leaders address the multifaceted challenges they face in the clinical-academic setting, particularly during times of crisis such as the coronavirus pandemic.

Chapter 6: Conclusion and Recommendations

6.1. Introduction

This chapter includes the conclusion and recommendations of the study taken from the key findings that were presented previously.

The study explored the impact of the coronavirus pandemic on female leaders in SCM at UKZN. The study focuses on how the female leaders positioned as HODs were impacted by the pandemic. The focus was to understand how they were able to continue with academic and clinical leadership during this time. The pandemic had prompted a shift in operational duties, and it was important to know how female leaders were able to overcome ever-occurring challenges.

The study identified the various challenges and issues that impacted female leaders during the pandemic. A central challenge that leaders experienced was how to manage the teaching and learning programmes between the higher education and healthcare contexts. HODs were required to overcome most of those challenges including technological difficulties. The literature discussed what a leader opts to be. The study was a qualitative research approach and selected nine MANCO female leaders as purposive sampling for the study. The data were collected using semi-structured interviews *via* Zoom and were analyzed using thematic analysis. The conclusion highlights the key findings of the study about the study objectives, addressing the specific questions based on the study aim. The conclusion will include the findings and recommendations for further investigation if needed.

6.2. Key findings

6.2.1. Objective 1

- To determine the challenges that female leaders in the UKZN School of Clinical Medicine experienced during the coronavirus pandemic.

The findings revealed that the HODs had multiple roles, translating to having independent functions as heads in the academic and clinical platforms. These roles included administrative responsibilities, such as managing budgets and resources, overseeing personnel and staffing, and coordinating departmental activities. Additionally, HODs were also involved in restructuring academic duties to align with the shifts in the academic program that were brought about by the pandemic. Revisions were required in curricula, teaching, and mentoring students, and how they conducted and published their research.

In the clinical setting, HODs play a crucial role in ensuring quality patient care. They were responsible for supervising clinical staff, developing clinical protocols and guidelines, monitoring patient outcomes, and implementing improvements to enhance the overall delivery of healthcare services. Furthermore, HODs served as liaisons between their departments and other stakeholders within the organization. They collaborated with other department heads, administrators, faculty members, and external partners to promote interdisciplinary collaboration and achieve common goals.

The findings also highlighted the challenges faced by HODs in balancing these multiple roles. The demands of administration often took up a significant amount of their time and energy, leaving limited opportunities for academic pursuits or direct involvement in clinical care. This led to feelings of frustration among some HODs who desired more engagement in these areas.

Overall, the study emphasized the importance of recognizing and supporting the diverse functions of HODs in both academic and clinical domains. Providing adequate resources, training opportunities, and support systems can help enable HODs to effectively fulfil their roles and contribute to the success of their departments.

They had to coordinate different platforms across different clinical years. The study highlighted the new ways of conducting teaching and learning across eight SCM disciplines between mainstream students and Cuban collaboration students. HODs were expected to assume multiple roles by managing undergraduate and postgraduate education as well as managing service delivery in the clinical environment. Both roles being an academic and clinician are executed concurrently.

The study reported that, amongst other curriculum changes, new assessment measures needed to be implemented to align with the restrictions brought about by the pandemic lockdown. This was in the form of online assessments and hybrid clinical examination processes. A disadvantage to using an online platform is based on the technical ability of the user, which many had found challenging when operating the new platforms, from both an educator and student perspective. Many individuals found resistance to adopting the new methods of teaching and learning, thus preferring the traditional methodologies.

Furthermore, the study findings indicated that the challenges of staff shortage had a negative impact. Inadequate staffing was a major challenge and during the pandemic, this challenge was heightened. Different policies related to HR and operating procedures between UKZN and DOH that were enforced during the coronavirus pandemic created uncertainty and tension in the working environment. The different policies with a working-from-home model versus a physical presence in the hospital had negatively impacted the HODs. This also required all HODs to be hands-on with clinical duties and administrative duties parallel to ensuring adequate service delivery.

In addition, the study indicated a high level of uncertainty among staff and students. The effect that collaboration and support from executive leadership structures had on HODs allowed them to disseminate the information to all professional staff and consultants to reduce the confusion of how teaching and learning had to continue despite mass fear regarding the pandemic and the possible outcomes.

This further highlighted major operational changes between UKZN and DOH. How professional staff were to support consultants, HODs, and the students was under immense pressure. These were enforced by the new coronavirus pandemic regulation policies between UKZN and DOH, impacting working duties. The findings indicated that teaching and learning had to be done differently and new changes in teaching and learning methods had to be implemented. Hybrid teaching and learning systems were a challenge as clinical-based teaching had to be restructured and redirected to virtual learning. This impacted the level and quality of clinical exposure that the students would have rotated in. Some of the challenges included technological advancement of using the new learning platform and the system for teaching for interactive engagement. This did not only include technological challenges but also shortage/ limited resources such as laptops, data, and network connectivity to connect teaching.

6.2.2. Objective 2

- To determine how the coronavirus pandemic impacted female leaders in their roles as Academic HODs in the UKZN School of Clinical Medicine.

The study findings highlighted that the coronavirus pandemic impacted female leaders' roles by having to perform multiple functions as academic heads and clinical heads as well. Furthermore, this was a challenge that impacted productivity in clinical / hospital duties as most professional services staff who were employed to manage administrative functions for student activity at hospital teaching sites, were instructed to work from home by university regulations This created disruptions in student scheduling of clinical duties in the hospital environment which impacted their clinical education program.

The major impact of the coronavirus pandemic on HODs in the hospital setting is related to the clinical cover of wards because of staff shortages. Furthermore, insufficient staffing was created by the different policies between UKZN and DOH that affected administrative, teaching, and clinical functions. The challenge was managing increasing numbers of patients with fewer doctors and a decreased number of medical students to support clinical demands in the absence of support from professional service staff.

The impact of the coronavirus pandemic on HODs in the hospital setting, particularly related to clinical coverage of wards, has been substantial. Here are some key aspects of this impact: including staff shortage due to coronavirus pandemic has led to increased staff shortages due

to illness among healthcare workers, quarantine requirements, and burnout. This has put a strain on the clinical coverage of hospital wards. The shortage of healthcare professionals, including doctors and support staff, has made it challenging for HODs to ensure adequate and timely patient care.

In addition, policy differences between UKZN and DOH varied policies between institutions did have contributed to administrative and operational challenges. HODs may have faced difficulties in aligning policies and procedures between the academic institution and the health department, affecting the overall functioning of the hospital. Furthermore, the findings highlighted the impact on administrative, teaching, and clinical functions that the coronavirus pandemic has disrupted the normal functioning of hospitals, affecting not only clinical services but also administrative and teaching responsibilities. HODs had to adapt to new administrative challenges, such as coordinating schedules, managing resources, and ensuring compliance with evolving health protocols. Teaching functions may have been affected due to the need for remote learning, reduced student numbers (within the various sites), and the prioritization of clinical care over educational activities.

The study findings indicated a lack of support from Professional Service Staff. In the face of increased patient numbers and reduced staffing, support from professional service staff becomes crucial. The lack of such support may further strain the ability of HODs to manage clinical responsibilities effectively. the challenges faced by HODs in the hospital setting during the coronavirus pandemic include navigating staff shortages, addressing policy differences, managing administrative complexities, and ensuring the continuation of quality education amid disruptions. The ability to adapt to these challenges and implement effective strategies is essential for maintaining optimal patient care and overall hospital functionality.

In addition, academic teaching and learning had to conform to the new coronavirus pandemic regulations. This included learning through a hybrid system of teaching. The HOD's challenges with the new system and lack of resources also negatively impacted their ability to perform academic duties and had to be trained and learn new system applications such as Zoom, Microsoft Teams, etc.

6.2.3. Objective 3

- To identify how the coronavirus pandemic impacted female leaders in the UKZN School of Clinical Medicine in their roles as clinical HOD in the KwaZulu-Natal healthcare context.

The study findings indicated the negative impact of the coronavirus pandemic on clinical sites and the challenges faced by HODs in maintaining operations. Those included several key issues such as increased workload for HODs that meant extra effort and personal time from HODs and the coronavirus pandemic created additional responsibilities and challenges for these individuals. To mention a few responsibilities making critical decisions, implementing new protocols, and adapting to changing circumstances.

Furthermore, limited clinical support indicated reduced clinical support from professional staff that added to the burden on HODs. With a strain on resources and personnel, maintaining the usual level of patient care and operational efficiency would have been challenging. This further, increased challenges in clinical settings as patient's categorization of patients into low-risk or high-risk groups is a common strategy during a pandemic to allocate resources effectively. However, this process can be complex and emotionally taxing, especially when dealing with limited resources and the potential for difficult decisions regarding patient care. The HODs had to enforce a reduction in patient numbers to ensure that they prioritize the coronavirus pandemic cases, conserve resources, and minimize the risk of virus transmission within healthcare facilities. This included that certain clinics were closed for measures to streamline operations, redirect resources, and focus on essential services. However, this would have implications for patients who rely on those specific clinics for their healthcare needs.

Furthermore, the study highlighted that various new coronavirus pandemic regulations on 1.5-meter distance were a major challenge as the doctor and patient interactions were face-to-face, and physical touch was unavoidable. This also meant that students couldn't return to wards to ensure safety and minimize exposure for everyone due to a lack of personal protective equipment as well.

6.3. Limitations of the Study

The study, which aimed to understand the impact of the coronavirus pandemic on female leaders in the SCM at UKZN, had several limitations. Firstly, the sample size was small, consisting of only nine participants who volunteered for the interviews. This limited sample size may only partially represent female leaders' diverse experiences and perspectives in SCM.

Additionally, the study exclusively focused on female leaders, excluding male leaders within SCM. While the intention was to specifically analyze the leadership dynamics of female executives, excluding male leaders may have hindered a comprehensive understanding of leadership in SCM during times of crisis. Future research should include a more extensive and diverse sample, encompassing both male and female leaders within SCM, to provide a more holistic analysis. By incorporating the experiences of male leaders, a more comprehensive understanding of leadership dynamics within SCM can be achieved.

6.4. Recommendations for future research

The study reveals so many challenges that have impacted female leaders during the coronavirus pandemic. How these challenges were resolved to ensure effective working relations between HODs and professional staff and academic staff as well as clinical staff was a testament to effective leadership. Even though the coronavirus pandemic was a new challenge plans on how to move forward had to take place. Studies during and post-coronavirus pandemic explored medical education teaching and learning difficulties through the coronavirus on how to continue with the programs. And how will the department be prepared should anything develop again?

The following recommendation was based on the findings on the impact of the coronavirus pandemic on female leaders.

6.4.1. Multiple roles and Management of multiple programs

It can be recommended that extra support be provided to the HODs to allow more oversight of all academic and clinical duties. This is to ensure that all-year coordinators are given authority to handle all administrative site inquiries and be able to run clinics. Under the various departments and disciplines of running multiple programs throughout the undergraduate program with massive numbers and limited sites to conduct teaching and learning with limited staff. To introduce new learning platforms such as new accredited hospitals to facilitate teaching and learning for all 3rd, 4th, 5th, and 6th-year mainstream as well as Cuban collaboration students. Increase the number of decentralized learning program platforms, this will increase the number of students that are to be trained across KwaZulu Natal. This will reduce the workload on certain hospitals that have been previously given too many students. This will motivate staff and the continuity of departmental research projects as this was reduced/ stopped due to the coronavirus pandemic restrictions.

6.4.2. Manage staff shortage

It can be recommended that UKZN and DOH come to more agreeable terms of employment. This meant that recruitment policies of staffing must be transparent between UKZN and DOH including teaching and learning as a product key performance indicator. This will motivate consultants, and medical officers to the teaching of undergraduate programs and enhance postgraduate programs. This will also increase the number of teaching staff within the DOH and UKZN.

6.4.3. Collaboration

It is recommended that major policy changes on collaboration. These collaborations not only include internal departments but also external departments. This will give rise to more research and extended support between departments. Furthermore, this will strengthen the bonds between UKZN and DOH.

In addition, extended support from executive leadership re-introduces the strengthening of bonds and confidence in the team. Furthermore, this could have a good impact on global studies between countries, and universities the list is not limited to how far this could go. Teamwork

makes the dream work: this is a classic example of how much can get done when everyone is a team player.

6.4.4. Operational Changes

It can be recommended that communication be a core rule of interaction. It was revealed that certain participants felt that certain decisions were taken without consultation. This made certain changes difficult to conduct as medical teaching required different systems of working collaboratively. Collaboration of operational changes between UKZN and DOH should all joint flow on moving forward without hindering teaching and learning or conducting clinical duties. This means ensuring teaching and learning transformation as hybrid learning systems are introduced and everyone is aware and can use the system. This will reduce time spent on fixing teaching and learning and concerns about technological issues excluding how limited resources can be vital to this as well.

6.5 Conclusion

In conclusion, the study aimed at understanding the impact of the coronavirus pandemic on female leaders in the SCM in the UKZN. The purpose was to identify the challenges that HODs had faced during the coronavirus pandemic. The finding highlighted challenges such as multiple roles of managing multiple programs with SCM. Including staff shortages due to staffing policies between UKZN and DOH. In addition, it highlighted the importance of collaboration of executive leadership and support to be provided across all staff and departments. This ensures effective teamwork among all professional staff and doctors and transparency in working together. And included all operational changes to not only negative but positive in learning new ways to execute teaching and learning on new learning platforms. This introduced teaching and learning transformation on hybrid learning.

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Appendix 1: Informed Consent

UKZN HUMANITIES AND SOCIAL SCIENCES
RESEARCH ETHICS COMMITTEE (HSSREC)

APPLICATION FOR ETHICS APPROVAL
For research with human participants

INFORMED CONSENT

Information Sheet and Consent to Participate in Research

Date:

Dear Candidate

My name is Mandisa Ndawonde from the Graduate School of Business and Leadership at the University of KwaZulu-Natal.

You are being invited to participate in a study that examines the impact of the Coronavirus pandemic on female leaders in the School of Clinical Medicine, University of KwaZulu-Natal. The study is expected to enroll nine participants. Semi-structured interviews will be conducted. The duration of your participation, if you choose to enroll and remain in the study, is expected to be only for once-off at a minimal one-hour session for each interview session. The study is not funded.

We hope that the study will create the following benefits (a) to understand your leadership role in the School of Clinical Medicine (b) to appreciate how your leadership role/s was challenged during the pandemic, and (c) to share the strategies you implemented to successfully navigate the crisis as a female leader.

There are no potential risks to the research participants. Participation in this research is voluntary and participants may withdraw participation at any point. There will be no potential consequences should you choose to withdraw from the study. You can choose to withdraw at any time during the interview should you feel the need. Should you feel uncomfortable about the interviews, we can remove your recording from the study should you wish. There will be no cost to you and none shall be incurred during and after the study. No incentives will be given for participation in the study.

The informed consent form will be provided to ensure and protect the confidentiality of all participants. All data will be stored on a USB with password protection to ensure the confidentiality of all participants and that of the School of Clinical Medicine will be maintained.

This study has been ethically reviewed and approved by the UKZN Humanities and Social Sciences Research Ethics Committee (approval number: HSSREC/00004188/2022).

In the event of any problems or concerns/questions, you may contact the researcher Mandisa Ndawonde on my cellphone - 068 334 5072 &/or by email at 209536525@stu.ukzn.ac.za or the UKZN Humanities & Social Sciences Research Ethics Committee. The contact details are as follows:

HUMANITIES & SOCIAL SCIENCES RESEARCH ETHICS ADMINISTRATION

Research Office, Westville Campus
Govan Mbeki Building
Private Bag X 54001
Durban
4000
KwaZulu-Natal, SOUTH AFRICA
Tel: 27 31 2604557- Fax: 27 31 2604609
Email: HSSREC@ukzn.ac.za

CONSENT (Edit as required)

I .....have been informed about the study entitled, *The Impact of the Coronavirus Pandemic on Female Leaders in the School of Clinical Medicine, University of KwaZulu-Natal*, by Mandisa Ndawonde.

I understand the purpose and procedures of the study are to gain an understanding of the impact of the Coronavirus pandemic on female leaders in the School of Clinical Medicine, University of KwaZulu-Natal.

I will be allowed to answer questions about the study and will provide answers to my satisfaction.

I declare that my participation in this study is entirely voluntary and that I may withdraw at any time without affecting any of the benefits to that I usually am entitled.

If I have any further questions/concerns or queries related to the study, I understand that I may contact Mandisa Ndawonde at 068 334 5072 (cellphone) or by email at 209536525@stu.ukzn.ac.za.

If I have any questions or concerns about my rights as a study participant, or if I am concerned about an aspect of the study or the researchers then I may contact:

HUMANITIES & SOCIAL SCIENCES
RESEARCH ETHICS ADMINISTRATION

Research Office, Westville Campus

Govan Mbeki Building
Private Bag X 54001
Durban
4000
KwaZulu-Natal, SOUTH AFRICA
Tel: 27 31 2604557 - Fax: 27 31 2604609
Email: HSSREC@ukzn.ac.za

Additional consent, where applicable

I hereby provide consent to:

Audio-record my interview YES / NO

_____ _____
Signature of Participant **Date**

_____ _____
Signature of Witness **Date**
(Where applicable)

_____ _____
Signature of Translator **Date**
(Where applicable)

Appendix 2: Interview Questions

UNIVERSITY OF KWAZULU-NATAL
GRADUATE SCHOOL OF BUSINESS AND LEADERSHIP

MBA Research Project
Researcher: Mandisa Ndawonde (0683345072)
Supervisor: Prof Cecile Gerwel Proches (0312608318)
Co-supervisor: Dr Serela S Ramklass (0312604123)
Research Office: HSSREC (0312604557)

Title of study: The impact of the Coronavirus pandemic on female leaders in the School of Clinical Medicine, University of KwaZulu- Natal.

Interview Questions

1. Which department are you from within the School of Clinical Medicine?
2. Describe the scope of your leadership role.
3. What challenges did you face as a leader in the role of academic HODs in the SCM?
4. What challenges did you face as a leader in the role of clinical HODs in the KZN healthcare context?
5. How did the Coronavirus pandemic affect your leadership role as the academic head in your discipline?
6. How did the Coronavirus pandemic affect your leadership role as the clinical head in your discipline?
7. What strategies did you employ to overcome the leadership challenges you experienced during the coronavirus pandemic?
8. How have you been able to shape/ share your space in balancing your work-life roles?
9. What are/were the major issues you have in terms of balancing your dual roles?
10. Is there anything else you would like to add?

Appendix 3: Gatekeeper letter

UNIVERSITY OF KWAZULU-NATAL
INYUVESI YAKWAZULU-NATALI

2 June 2022

Mandisa Ndawonde (SN 209536525)
Graduate School of Business and Leadership
College of Law and Management Studies
Westville Campus UKZN
Email: 209536525@stu.ukzn.ac.za

Dear Mandisa

RE: PERMISSION TO CONDUCT RESEARCH

Gatekeeper's permission is hereby granted for you to conduct research at the University of KwaZulu-Natal (UKZN), towards your postgraduate degree, provided Ethical clearance has been obtained. We note the title of your research project is:

"The impact of the Coronavirus pandemic on female leaders in the School of Clinical Medicine, University of KwaZulu-Natal."

It is noted that you will be constituting your sample by conducting interviews with female leaders in the School of Clinical Medicine (Zoom, Skype or telephone interviews recommended) at UKZN.

Please ensure that the following appears on your notice/questionnaire:

- Ethical clearance number;
- Research title and details of the research, the researcher and the supervisor;
- Consent form is attached to the notice/questionnaire and to be signed by user before he/she fills in questionnaire;
- gatekeepers approval by the Registrar.

You are not authorized to contact staff and students using the 'Microsoft Outlook' address book. Identity numbers and email addresses of individuals are not a matter of public record and are protected according to Section 14 of the South African Constitution, as well as the Protection of Public Information Act. For the release of such information over to yourself for research purposes, the University of KwaZulu-Natal will need express consent from the relevant data subjects. Data collected must be treated with due confidentiality and anonymity.

Yours sincerely

[redacted]

Dr KE CLELAND: REGISTRAR

Appendix 4: Ethical clearance

UNIVERSITY OF KWAZULU-NATAL
INYUVESI YAKWAZULU-NATALI

15 June 2022

Mandisa Ndawonde (209536525)
Grad School of Bus & Leadership
Westville Campus

Dear M Ndawonde,

Protocol reference number: HSSREC/00004188/2022
Project title: The impact of the coronavirus pandemic on female leaders in the School of Clinical Medicine, University of KwaZulu-Natal.
Degree: Masters

Approval Notification – Expedited Application

This letter serves to notify you that your application received on 12 May 2022 in connection with the above, was reviewed by the Humanities and Social Sciences Research Ethics Committee (HSSREC) 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.

This approval is valid until 15 June 2023.
To ensure uninterrupted approval of this study beyond the approval expiry date, a progress report must be submitted to the Research Office on the appropriate form 2 - 3 months before the expiry date. A close-out report to be submitted when study is finished.

All research conducted during the COVID-19 period must adhere to the national and UKZN guidelines.

HSSREC is registered with the South African National Research Ethics Council (REC-040414-040).

Yours sincerely,

[redacted]

Professor Dipane Hlalele (Chair)

/dd

Appendix 5: Editorial Letter

Confirmation of Editing

To whom it may concern,

This is to confirm that I, Sinethemba Charity Cele, on a professional basis, edited the work of Mandisa Ndawonde titled:

The impact of the coronavirus pandemic on female leaders in the School of Clinical Medicine, University of KwaZulu-Natal

As requested, editing consisted of the following:

*Proofreading and
editing
*Spelling and grammar correction
*Referencing (in-text and reference list)
*Formatting and
* Verifying whether examiner's comments were addressed by the student to the best of her ability.

Date: 30 November 2023

Sincerely,
Charity Cele (Editor) [redacted]

Mané Editorial Loft
(Reg No: 2020/019789/07)
Tel: 078 089 7451
Address: 44 Ronald Road, Montclair, Durban, 4004
Email: cele.charity@gmail.com

Appendix 6: Turnitin Report