THE INFLUENCE OF PREVAILING MANAGERIAL LEADERSHIP STYLE ON EMPLOYEE ENGAGEMENT, JOB SATISFACTION AND ORGANISATIONAL COMMITMENT: A SOUTH AFRICAN PUBLIC HEALTH SECTOR PERSPECTIVE

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DECLARATION

I, Matome Edward Teffu declare that:

(i) The reported information in this thesis is my original work;

(ii) This thesis was not previously submitted in its entirely by any person and an organisation for any degree or examination at any other university;

(iii) This thesis acknowledges all sources where graphics, tables, pictures and information were copied;

(iv) In this thesis where other person's exact words were used, quotation marks are used for their writing and sources are referenced.

MR. MATOME EDWARD TEFFU **DATE**

SUPERVISOR (DR NOLEEN D LOUBSER) **DATE**

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ABSTRACT

There are many commonalities in public policy implementation areas. In South Africa there are many public policies which, though well developed, face challenges such as poor leadership, shortage of resources including human resources, inadequate finance, and poor infrastructure, specifically at implementation levels, in most of sectors including the public health sector. This study was conducted to explore the leadership styles of managers working at Public Hospitals in Vhembe District of the Limpopo Department of Health (LDoH) in South Africa. The study was conducted in support of the pilot implementation of the National Health Insurance (NHI) Public Policy which is being piloted in some districts (including Vhembe District) in South Africa, and also to prepare the South African public health sector, in particular the LDoH, for countrywide implementation of a NHI policy. The LDoH, like any other organisations in the world, is faced with the challenges of an ever-changing environment such as an increasing burden of disease, high attrition rates, difficulty to retain employees with scarce skills, and increased demand for health care services, to mention a few. These challenges necessitate the urgency to have good leaders in public hospitals to ensure the smooth running of the hospitals and achievement of the organisational goals. The study's aim therefore was to investigate managerial leadership styles adopted by managers employed at public hospitals with the aim of identifying the dominant style of leadership and evaluate its influence on employee engagement, job satisfaction and organisational commitment. Additionally, the study was undertaken to identify challenges, obstacles and problems faced by managers working at public hospitals of the LDoH, particularly when executing their daily tasks or responsibilities. There have been limited studies on the influence of the managerial leadership style on employee engagement, job satisfaction, and organisational commitment, especially in the South African Public Health Sector. Both qualitative and quantitative methods (mixed methods) were employed to understand managerial leadership styles and answer the research questions. For quantitative data collection, the instrument used was a questionnaire and for qualitative data collection, a semi-structured interview was employed. Quantitative data were analysed using Excel spreadsheets and Statistical Package for Social Sciences (SPSS) software. Qualitative data were transcribed and analysed using narrative thematic analysis. To explore the influence of the prevailing managerial leadership style adopted by managers, the researcher used factor

analysis regression analysis. The results of this study identified two leadership styles adopted by managers working at public hospitals in Vhembe district, autocratic, and participative or democratic leadership styles. This study showed that the prevailing managerial leadership style adopted by managers of public hospitals in Vhembe District is an autocratic leadership style. This predominant managerial leadership style was found to have a positive influence on employee engagement in clinical employees, and a negative influence on employee engagement in non-clinical employees. The study also revealed a negative influence of the prevailing leadership style on clinical employees' job satisfaction, and a positive relationship between the prevailing managerial leadership style and non-clinical employees' job satisfaction. Furthermore, the study findings indicated a negative correlation between clinical employees' organisational commitment, and a positive relationship between non-clinical employees' organisational commitment. With regard to challenges faced by managers working at public hospitals in Vhembe district, the findings revealed the greatest challenges as acting in higher posts, bad attitude by some employees, poor communication, absenteeism and lack of respect as key challenges faced by managers. In view of the NHI's main objective which is Universal Health Coverage (UHC), this research recommends democratic or participative and transformational leadership styles as suitable leadership styles for managers working at public hospitals.

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ABBREVIATIONS

APP	Annual Performance Plan
AIDS	Acquired Immunodeficiency Syndrome
CEOs	Chief Executive Officers
CHCs	Community Health Centres
DDI	Development Dimensions International
EMS	Emergency Medical Services
EFA	Exploratory Factor Analysis
FA	Factor Analysis
FOSAD	Forum of South African Directors-General
HIS	Health Information System
HIV	Human Immune-deficiency Virus
HR	Human Resources
HRD-SA	Human Resource Development Strategy for South Africa
HRH	Human Resources for Health
JSQ	Job Satisfaction Questionnaire
KZN	KwaZulu-Natal
LBDQ	Leaders Behaviour Descriptive Questionnaire
LDoE	Limpopo Department of Education
LDoH	Limpopo Department of Health
OCB	Organisational Citizenship Behaviour
OPD	Outpatient Department
OSD	Occupation Specific Dispensation
MLQ	Multifactor Leadership Questionnaire
MMS	Middle Management Services
MSQ	Minnesota Satisfaction Questionnaire
NA	National Assembly
NDP	National Development Plan
NCOP	National Council of Provinces
NDoH	National Department of Health
NGO	Non-Governmental Organisation
NHI	National Health Insurance
PCA	Principal Component Analysis
POS	Perceived Organisational Support
PSS	Perceived Supervisor Support
PSR	Public Service Regulations
PHC	Primary Health Care
PPPs	Private Public Partnerships
SA	South Africa
SAMJ	South African Medical Journal
SD	Standard Deviation

SOP	Standard Operating Procedures
Stats SA	Statistics South Africa
SHRM	Society for Human Resource Management
SPSS	Statistical Package for the Social Sciences
SMS	Senior Management Services
UHC	Universal Health Coverage
UJ	University of Johannesburg
WHO	World Health Organisation

CHAPTER 1: INTRODUCTION

1.1 INTRODUCTION

This first chapter introduces the study, providing a background to the study and motivation for conducting it. Additionally, this chapter explains the significance of conducting the study, describes the problem statement, aim of the study, lists the key objectives as well as key research questions. This chapter thus provides the reader with an overview of the study.

In terms of the Constitution of the Republic of South Africa, 1996, Chapter 2, Section 27 Subsection (1), everyone has the right to have access to "health care services, including reproductive health care, sufficient food and water, and social security, including, if they are unable to support themselves and their dependents, appropriate social assistance". Furthermore, subsection (2) stipulates that "the state must take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of each of these rights". In terms of subsection (3), "no one may be refused emergency medical treatment". Chapter 10, section 195 (1) of the Constitution of the Republic of South African (1996) specifies basic values and principles which govern public administration. Public administration's basic values and principles enshrined in the Constitution are as follows: "A high standard of professional ethics must be promoted and maintained; efficient, economic and effective use of resources must be promoted; public administration must be development-oriented; services must be provided impartially, fairly, equitably and without bias; people's needs must be responded to, and the public must be encouraged to participate in policy-making; public administration must be accountable; transparency must be fostered by providing the public with timely, accessible and accurate information; good human resource management and career development practices, to maximise human potential, must be cultivated; public administration must be broadly representative of the South African people, with employment and personnel management practices based on ability, objectivity, fairness, and the need to redress the imbalances of the past to achieve broad representation.

In view of what the Constitution requires, the researcher's argument is that public administration always requires effective and ethical leadership, well engaged and completely satisfied employees, as well as employees who are committed to their entire work environment for achievement of organisational goals. Green (2004), cited in Femi and Chukwubueze (2015:75) claimed that organisations will find it difficult to function in an effective manner in the absence of effective leadership. Green's argument was that

organisational goals are defined by leaders who are also responsible for planning and the development of control systems within organisations for clear guidance and monitoring of the organisation's destiny. According to Muhammad (2014:66), it is difficult to govern in the absence of effective leadership and to pursue a development agenda and accomplish developmental goals. Muhammad (2014:66) further argued that the greatest challenge has been encountered in the area of policy implementation which should give effect to the development intentions of states and their respective members. Leadership challenges and poor governance account for persistent failure in public policy implementation and development irrespective of the good administrative or management practices adopted.

Hunter and Marks (2002:5) asserted that policy failure can result from non-implementation or from unsuccessful implementation. Moreover, Mohammed (2014:66) maintained that in this regard governance and leadership challenges are perceived to have taken a fair share of essential phenomena having a direct impact on and also posing a threat towards implementation of public policies and subsequent development across the world. Bateman and Snell (2002), cited in Wiza and Hlanganipai (2014:135), described leadership as "a topic with a broad appeal as most of the people are consciously or unconsciously involved in the process of being influenced or influencing others in the role of leadership". According to these researchers, many people want to know what contributes to making an ordinary person a great leader.

Jing-zhou, Xiao-xue and Xia-qing (2008:2) explained that organisational core and spirit is essentially leadership. Because leaders are in charge of the organisations, they play pivotal roles such as the one for ensuring that organisational affairs are well managed and also broadly interact with the employees on a daily basis. Although leaders are entrusted with communication of organisational goals, vision and ideas to employees, it is also their responsibility to maintain and implement organisational rules and systems and they have the final say when it comes to employees' promotional activities, retention strategies and dismissal. Therefore, generally leaders serve organisations as spokespersons at all levels and also as the bridge and link that connects employees. According to Ispas (2012:1), for one to define leadership which is a complex construct, a person needs to take into consideration many dimensions and variables. Năstase and Barbu (2011) cited in Ispas (2012:2), introduced leadership's new approach which defines leadership through a "leadership mix". The variables used are: "knowledge, brain competence and social competence" which lead to a

"leadership mix", composed of "Flexibility, Followers, Force and Firmness, Facilitator and Feelings' Intelligence".

Bass (1997), Bass and Avolio (1993), cited in Metzler (2004), postulated that "leaders relate to their employees and their employees relate to their work. Due to this connection, the leadership style and behaviours an individual uses may have an influence on important subordinate outcomes, such as performance, satisfaction, and perceptions of that leader's effectiveness". Singh, Nadim and Ezzedeen (2012), cited in Lojpur, Aleksic, Vlahovic, Bach and Pekovic (2014:13), revealed that research on leadership and leadership styles has been present in scientific research for decades, yet despite its strong recognised importance, it remains an elusive concept, and an object of interest for many researchers. Pretorius (2008:2) stipulated that "leadership is mainly influenced by the context in which it takes place and differs from organisation to organisation and from culture to culture". Thus, according to Pretorius (2008:2), "any study which focuses on leadership, will have to state very clearly the context in which it has been studied and acknowledge the fact that its findings may only have reference within that specific context".

With regard to employee engagement, Soieb, Othman and D'silva (2015:1) explained that since introduction of the concept by Kahn (1990), its reconceptualisation by managers is apparent and "it has been the subject of interest". Markos and Sridevi (2010:89) emphasised that managers should focus on how to keep employees engaged in their jobs. These researchers further postulated that employers should now realise that a more efficient and productive workforce could be created and maintained through continuous focus on employee engagement (Markos & Sridevi, 2010:89). Markos and Sridevi (2010:89) further highlighted that any improvement initiatives undertaken by management will be unsuccessful without employees' intentional involvement and engagement. This was supported by Kowalski (2003:62) who argued that an organisation would achieve minimal return on investment especially where large percentages of employees are not actually engaged. Sundaray (2011:53) assumed that engaged employees will find it easy to work well and closely with their colleagues for a common purpose of enhancing job performance in an organisation and these employees will also have an understanding of the organisation's context. Above all, engaged employees are "hardworking, energised and committed to continuously and consistently endeavour to assist the organisation to succeed" (Richman, 2006:38).

On the concept of job satisfaction, Wadhwa, Verghese and Wadhwa (2011:109) argued that increasing employee's satisfaction level, active involvement, and commitment remains one of the most tenacious challenge experienced by today's organisations. Bateman and Snell (1999) cited in Maniram (2007:14), stipulated that "staff will be satisfied if they are justifiably treated by the outcomes they receive or the processes that are implemented. However, they also warn that a satisfied worker may not necessarily be a productive worker". Sarwar, Muntaz, Batool, and Ikram (2015:836) explained job satisfaction as an emotional state and they further posited that is about how one evaluates one's job and this evaluation can be negative, neutral or positive. Dalluay and Jalagat (2016:739) stated that "job satisfaction is undeniably important for employees because it determines how they will perform in their organisations". Bin Shmailan (2016) revealed that an understanding of key factors which motivate employees as individuals in an organisation situation, leads to a good feeling by management.

Regarding organisational commitment, Mousa and Alas (2016:33) asserted that the concept of organisational commitment "offers an explanation for employees' anxiety, inefficiency, and carelessness during work". Rajendra and Raduan (2005), cited in Mousa and Alas (2016:33), postulated that "since its existence, organisational commitment has become one of the premier management and behaviour aspects because of its effect on the levels of absenteeism, turnover, and intentions to leave". Chang (1999), and Mousa and Alas (2016), cited in Mousa and Alas (2016:33), explained that organisational commitment's thorough understanding provides an explanation for "employees' misuse of power, irresponsibility, inefficiency and the case of being careless in doing work". Similarly, Leng, Xuan, Sin, Leng, and Yan (2014: 8) pointed out that Meyer and Allen (1997) emphasised that through understanding of commitment, practitioners' position on prediction of a specific policy or practice's impact on the organisation will be enhanced.

Based on the introductory discussions, the researcher was interested in conducting the study on the influence of the prevailing leadership style adopted by managers working at public hospitals, on employee engagement, job satisfaction, and organisational commitment. This study further identified key challenges, obstacles and problems encountered by managers employed at public hospitals in the execution of their daily tasks or duties. The study was conducted in Vhembe District of the LDoH, in the Limpopo Province of South Africa. Limpopo Province is essentially a rural area with no large cities except for Polokwane.

Approximately 12% of the population lives in urban areas, versus 88% in non-urban areas. Most of the population is located in rural towns and villages within the former homeland areas. In addition, many of the villages contain less than 1000 inhabitants. Due to the small size and scattered location of the settlements, municipal services and infrastructures are difficult and costly to supply (Limpopo Development Plan, 2015-2019:12). A map of Limpopo Province is shown in Figure 1.1.

Figure 1.1: Map of Limpopo Province (Source: maps.google.co.za)

The LDoH is one of the provincial departments in the Province of Limpopo in South Africa. According to the Department's Human Resource information reports for 2014 / 15 financial year, the Department's staff establishment is 63 460 (approved posts), with a total number of 35 202 filled posts and a total number of 28 258 vacant posts. This Department, like any other provincial Departments of Health in the country, "is committed to provide quality health care service that is accessible, comprehensive, integrated, sustainable and affordable" (Annual Performance Plan (APP), Vote 7: Health, 2014/15:8). As outlined in the Annual Performance Plan, Vote 7: Health, 2014 / 15:8), key values and ethics which the LDoH

adhere to in support of the Constitution of the Republic of South Africa include the ones shown by the researcher in Figure 1.2.

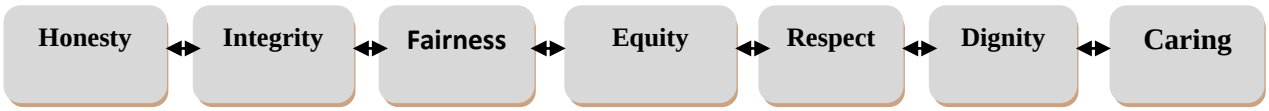

Figure 1.2: LDoH Values and Ethics (Source: Compiled by Author)

The core business of the LDoH is to provide quality and accessible health care services to the citizens of the Province and improve the health status of all people in the Province. The ultimate outcome is for everyone to have a long and healthy life in terms of Outcome 2 of the National Development Plan (NDP). This province is predominantly rural and it is estimated that 5, 4 million residents need to be provided with health care services by this Department (Statistics South Africa, 2013).

The LDoH is the second biggest Department with the Limpopo Department of Education (LDoE) being the biggest Department in the province with regard to the number of employees and budget. The LDoH consists of 40 hospitals which include District, Regional and Tertiary hospitals providing levels 1, 2 and 3 health care services. In addition to these hospitals, there are about 477 Primary Health Care (PHC) Clinics including Community Health Centres (CHCs) facilities. This Department, like any other provincial Department of Health countrywide and worldwide, is faced with a number of challenges, and according to its monthly, quarterly and annual reports, the Department is experiencing the following (and more) challenges: high vacancy rates, high attrition rates, financial constraints, lack of reliable human resources (HR) information systems, difficulty in retaining both health professionals and support personnel, and failure to recruit and retain health professionals with scarce skills, such as medical specialists, clinical psychologists, etc.

Additionally, the LDoH, like any other organisations in the world, is faced with challenges of an ever changing environment such as economic, social, technological and other challenges in the macro environment. This ever-changing environment necessitates the urgency to have good leaders in the public institutions to ensure that these institutions' objectives are fulfilled. The LDoH is amongst provincial Departments of Health implementing the National Health Insurance (NHI) public policy, an initiative introduced by

the National Department of Health in South Africa in the year 2011. In Limpopo Province, the NHI public policy is being piloted in Vhembe District of the LDoH.

Based on the above, adopting of leadership styles which have a positive impact on employee engagement, job satisfaction and organisational commitment, will be beneficial to the LDoH as the department is also required to implement the NHI public policy like all other Provincial Departments of Health in South Africa. Basically, adopting leadership styles which are suitable to the hospital settings might significantly assist the department in achieving its pre-determined strategic objectives and the NHI policy objectives. Bucata and Rizescu (2016:159) emphasised the importance of managers being aware of leadership styles advantages and disadvantages and as well as the way subordinates perceive their management style. These authors argued that organisational climate, labour productivity and all activities in an organisation are influenced significantly by the management style that leaders adopt (Bucata & Rizescu, 2016:159). Uche and Timinepere (2012:204) stipulated that "management styles practised to a large extent are critical determinants to the level of organisational effectiveness".

Furthermore, the researcher saw it necessary to understand challenges and obstacles that are experienced by managers working at public hospitals on a daily basis, as these challenges could be amongst potential predicting factors of employee engagement, job satisfaction and organisational commitment.

According to Lester (1975:3), "each person's leadership style has an important bearing on how effectively an organisation reaches its objectives". Lester further postulates that this is especially true where individuals have major responsibilities and are in decision-making roles. Additionally, Lester (1975:3) asserted that "leadership which is exhibited by individuals through a broad scope of talents and abilities; remains an important resource of all organisations". Alkahtani (2015:24) shared the view that "the suitability of leadership styles to be used in an organisation is based on the sector of business in which they are operating". Leng *et al*. (2014:4) proposed that good and appropriate leadership styles would lead to an increase in the levels of employees' commitment, performance and productivity.

The main aim of this study was therefore to investigate and understand different leadership styles adopted by managers employed at public hospitals with an intention to ascertain the prevailing style of leadership, and evaluate its impact on employee engagement, job

satisfaction, and as well as organisational commitment. The study also aimed to identify challenges, obstacles, and problems facing managers on a daily basis when performing their tasks and duties with specific reference to public hospitals in Vhembe District of the LDoH.

1.2 BACKGROUND TO THE STUDY

Sebola (2014:30) wrote that "the Republic of South Africa and other African countries experience shortfalls in policy decision and implementation consequently resulting in an unacceptable service delivery backlogs and problems which threatens internal peace and stability". Accordingly, Muhammad (2014:66) revealed that many studies unveiled commonalities and failures in the area of public policy implementation at different levels of government and in most parts of the world. Mthethwa (2012:36) explained that implementation of any policy or intervention with the aim of benefiting the social groups that are amongst the poorest, is faced with numerous challenges. He argued that there were many factors within the policy context, such as nature of its process, its content, and those involved in the formulation and implementation process that influence policies. Bhuyan, Jorgensen and Sharma (2010), cited in Mthethwa (2012:40), outlined seven dimensions that influence policy implementation: "the policy, its formulation, and dissemination; social, political, and economic context; leadership for policy implementation; stakeholder involvement in policy implementation; implementation planning and resource mobilisation; operations and services; and feedback on progress and results".

Regarding leadership, Minnaar and Bekker (2005:138) pointed out that an organisation may have the most responsive organisational structures, an ideal knowledge creation and distribution system and the best possible performance management framework, but if the one element of "the leader of men and women" is absent, the organisation has no chance of achieving its goals and objectives effectively. Pradeep and Prabhu (2011:198) claimed that for an organisation to optimise human resources through its leadership and succeed in its operations, it is imperative that capable and good leaders are available. They emphasised that a good leader is one who understands that achievement of organisational goals is possible through employees who are motivated. Accordingly, Tutu (2002:623) stated that, "The good leader is one who is affirming of others, nurturing their best selves, coaxing them to become the best they are capable of becoming".

Khathamuthu and Kanagaletchimy (2012:2) viewed leaders and their employees as the prime determinants of any organisational success. They explained that job performance in organisations is enhanced through an effective style of leadership and excellent manager and employee working relationships. In addition, they claimed a leader is someone who is diligent, respects his employees, thinks and acts positively towards employees and the organisation, and ensures professionalism; these will lead to employees adopting the same behaviours and enjoying their work. In contrast, the outcome of poor leadership will affect the organisation in many direct and indirect ways (Khathamuthu & Kanagaletchimy, 2012:2). Thus, in this study, the researcher argues that leaders play a crucial role especially for efficient and effective policy implementation by any organisation. The effect of leadership styles adopted by managers at public hospitals of LDoH should not be underestimated. The researcher agrees with Khathamuthu and Kanagaletchimy (2012) and others listed above that leadership is extremely important to any organisation and leadership styles in an organisational setting will ultimately determine organisational success or failure. The objective of this study was, therefore, to understand leadership in support of the public policy implementation which is the NHI implementation in the context of South Africa. As a result, key important features relating to leadership, different styles of leadership, distinction between leadership and management, and leadership theories are broadly discussed in this study.

1.3. RATIONALE AND MOTIVATION FOR THE STUDY

The researcher is one of the employees of the LDoH and on a daily basis observes managers in the Department adopting different leadership or managerial styles. The influence of the prevailing managerial leadership style on the three dependent variables of employee engagement, job satisfaction and organisational commitment was, however, not known. The researcher was therefore interested in investigating leadership, particularly for public policy implementation in the South African health sector. The reason why the researcher chose to investigate leadership in support of public policy implementation in the South African public health sector was because of the implementation of a newly introduced National Health Insurance (NHI) public policy in South Africa.

The researcher's arguments were that, (a) in preparing the South African Public Health particularly the LDoH for a countrywide implementation of the NHI public policy, managerial leadership styles adopted by managers working at public hospitals should be

identified and understood. The predominant managerial leadership style adopted by managers working at public hospitals should then be identified and its impact on employee engagement, job satisfaction and organisational commitment should also be assessed. Once the predominant managerial leadership style is identified, understood, and its impact is on the mentioned constructs of employee engagement, job satisfaction and organisational commitment is assessed, then recommendations for suitable managerial leadership styles can be made; (b) Once challenges, obstacles and problems facing managers working at public hospitals on a daily basis when executing their tasks or responsibilities are known, appropriate measures to address the challenges can be recommended. The researcher observed a research gap in that since the NHI public policy was introduced in South Africa, no one has investigated leadership of the LDoH in order to ascertain the prevailing leadership style adopted by managers employed at public hospitals, nor has anyone evaluated the impact on employee engagement, job satisfaction and organisational commitment, in order to support or implement a NHI public policy. Additionally, there is limited literature on key challenges, obstacles and problems facing managers working at public hospitals of the LDoH, and the South African public sector as whole. Above all, there is limited literature on studies which have investigated managers' understanding of a NHI public policy, leadership and the three concepts of employee engagement, job satisfaction and organisational commitment, with particular reference to South African public health sector.

It is vitally important for managers of the LDoH to have a clear understanding that their leadership styles influence employee engagement, job satisfaction, and organisational commitment, either positively or negatively. Furthermore, it is imperative for the LDoH to ensure that as a department, its employees are highly engaged, completely satisfied, and continuously committed to their jobs or responsibilities as well as the department while providing continuous quality health care services to the communities. It was important for the researcher to undertake the study to investigate leadership, specifically different managerial styles adopted by managers to ascertain the impact of the dominant style on employee engagement, job satisfaction and organisation commitment. Furthermore, it was deemed useful to document challenges, obstacles and problems faced by managers employed at public hospitals of the LDoH for the purpose of recommending interventions in order to implement a NHI public policy efficiently and effectively.

1.4 SIGNIFICANCE OF THE STUDY

Leng *et al*. (2014:5) shared the view that "employees who come to work faithfully every day and do their work independently are no longer good enough". Tiftik, Kılıç, and Sağlam, (2015:312) stipulated, "Employees act as a part of the institution or organisation in it and perform their obligations in direction of the objectives and purposes of the organisation they are in is to a large extent related with leadership styles which managers present". In this study, the researcher's argument was that increasing and consistently maintaining employees' engagement levels, job satisfaction and organisational commitment, could no longer be something which any modern organisations overlook. There is abundant research in the field of leadership, job satisfaction, employee engagement, and organisational commitment. It is, however, evident that an area which has not been adequately researched especially in the South African Public Health Sector is leadership and its influence on the concepts of employee engagement, job satisfaction, and organisational commitment, especially in support of public policy implementation, specifically the NHI public policy. This study therefore aimed to fill the gap by ascertaining the influence of the prevailing managerial styles of leadership on employee engagement, job satisfaction and organisational commitment in the South African public health sector. The importance of this study, therefore, lies in its attempt to investigate the leadership styles adopted by managers working at public hospitals of the LDoH and identify the prevailing leadership styles and assess the influence of this on employee engagement, employee job satisfaction and organisational commitment. The study's aim was to identify challenges, obstacles and problems facing managers working at public hospitals, by researching the Vhembe District. The intention was to make recommendations to the management of the LDoH especially with regard to suitable leadership styles of managers in various situations in the hospital setting. Finally, the researcher hoped to increase managers' and employees' awareness of the dominant leadership style and its influence on employee engagement, job satisfaction and organisational commitment.

Additionally, this study is of importance as it will be useful to managers working at Public Hospitals of the LDoH, other health establishments and South Africa sectors, and perhaps even beyond. Managers should be able to adopt suitable leadership styles in different situations, which impact positively on employee engagement, job satisfaction and organisational commitment, which also improves employees' productivity. This study thus contributes to an identified research gap particularly in understanding the interplay between

predominant leadership styles and the concepts of employee engagement, job satisfaction and organisational commitment.

In addition, management and subordinates will receive an overview of the findings, relevant conclusions and possible recommendations to improve employees' productivity and workplace success as well as achieve the Department's Strategic Objectives. The study provides a basis for other scholars interested in research related to leadership styles in public institutions and private organisations in South Africa and beyond. It was also crucial that this study be conducted in the LDoH, a department that is experiencing, amongst other issues, high staff turnover, high vacancy rates in terms of the Department's organisational structure, and financial constraints.

What is more, it is imperative to note that any leadership style that a manager adopts will definitely have an influence on employee engagement, job satisfaction and organisational commitment.

What needed to be done in the current study was to identify the prevailing style and establish the impact, positive or negative of the prevailing style on the three dependent variables of employee engagement, job satisfaction and organisational commitment. Onyia, Enyinnah and Olubiyi (2019:358) argued that an organisation's success or failure is largely dependent on the employees because they are any organisation's bed rock. Likewise, Alanazi, Alharthey and Rasli (2013:49) argued that the existence of leadership which is effective and which ensures that there is guidance and direction of the subordinates to the right way for achieving goals set by organisation makes subordinates' contributions possible.

1.5 STATEMENT OF THE PROBLEM

South Africa's National Department of Health (NDoH) launched the Green Paper on a NHI scheme in 2011 (Sekhejane, 2013:1). Sekhejane (2013:1) postulated that Section 27 of the Bill of Rights governs and guides the NHI scope and ensures that principles such as "the right to access, social solidarity, effectiveness, appropriateness, equity, affordability and efficiency" are observed. Sekhejane (2013:3) further stressed that the NHI public policy's main prerequisite is to achieve strengthened operations of public health system in South Africa.

It is, thus, against the above sketched background that the researcher identified a research gap especially in the field of leadership, precisely its understanding in a hospital setting in support of public policy implementation since the launch of NHI public policy. Brauns and Stanton (2015:17), stipulate that "South Africa has some of the world's best policies, yet sometimes struggle with their implementation". It is insisted by the South African government that there is transparency with regard to the policy framework and also that it is well defined. What government says is that effective implementation is what is required (Brauns and Stanton, 2015:17). There has been no research to date which investigates the combination of leadership styles and dependent variables such as employee engagement, job satisfaction and organisational commitment in the South African public health sector, particularly in the Limpopo Province. Specifically, there has been no study which has investigated the influence of the dominant leadership style on employee engagement, job satisfaction and organisational commitment in support of implementation of the NHI public policy in Vhembe District, which is amongst pilot districts with regard to implementation of the NHI public policy.

There are, however, different leadership studies which have been undertaken worldwide and these were mainly concerned with the interplay between leadership styles and job satisfaction (Amin, Shah, and Tatlah, 2013; Javed, Jaffari, and Rahim, 2014; Voon, Lo, Ngui, and Ayob, 2011; Shurbagi and Zahari, 2012; Sarwar, Mumtaz, Batool, and Ikram, 2015); leadership styles and employee engagement (Soieb, Othman, and D'silva, 2013; Zhang, 2010; Pillai, 2013; Soieb, Othman, and D'silva, 2015); and leadership styles and organisational commitment (Usma Mirza and Javaid, 2012; McLaggan, Bezuidenhout, and Botha, 2013, Keskes, 2013, Alkahtani, 2016.

Although different leadership studies have been conducted around the world, their focus was predominantly on leadership styles and one dependent variable of the following: job satisfaction, employee engagement and organisational commitment. A literature search has shown limited studies on the influence of leadership styles on all three mentioned constructs in the South African Public Health Sector. The researcher's argument was that as far as South African Public Health Sector is concerned, a sound contribution regarding leadership styles, employee engagement, job satisfaction, and organisational commitment, especially for efficient and effective public policy implementation is needed. This study, therefore, intended to investigate the interplay between the prevailing leadership style adopted by

managers working at public hospitals and the three constructs namely, employee engagement, job satisfaction and organisational commitment in one study. The researcher's view was that any style of leadership adopted by a particular manager will influence employee engagement, job satisfaction, and organisational commitment in a particular way, and in turn influence employees' decisions on whether to leave the department or not.

Although there has been no reference made to studies which have investigated leadership styles in the South African Public Health Sector, particularly in the province of Limpopo, Mosadeghrad (2003) as cited in Ahmad, Adi, Noor, Rahman and Yushuang (2013:172), stressed that research in the area of leadership specifically in other sectors and organisations was extensive worldwide and has identified common leadership styles: " (1) autocratic, (2) bureaucratic, (3) laissez-faire, (4) charismatic, (5) democratic, participative, (6) situational, (7) transactional, and (8) transformational". Rad and Yarmohammadian (2006, as cited in Ahmad, Adi, Noor, Rahman and Yushuang, 2013:172) pointed out that situations differ and call for leadership styles which are also different. Leng *et al*. (2014:19) share the view that "no one leadership style is ideal or best for every situation, since a leader may have knowledge and skills to act effectively in a situation but which may not emerge as effective in a different situation". Equally important, Bucata and Rizescu (2016:164) pointed out that choosing a management style is an open problem that persists.

In view of limited or no academic research to understand the influence of leadership styles on employee engagement, job satisfaction, and organisational commitment in the South African Public Health Sector, particularly in Limpopo Province, the researcher, therefore, conducted this study in support of a NHI public policy launched in 2011.

1.6 AIM OF THE STUDY

The overall aim of the study was to investigate managerial leadership styles adopted by managers working at selected public hospitals of the LDoH in South Africa and evaluate the effect of the prevailing leadership style on employee engagement, job satisfaction and organisational commitment, with regard to both clinic and non-clinical employees, and also to identify the challenges, obstacles and problems facing managers working at public hospitals, particularly in executing their daily tasks or responsibilities. Furthermore, the study meant to understand the manner in which public policy is formulated in general, and also, in the context of South Africa. What is more, the study attempted to get managers

understanding of (a) NHI public policy in the context of South Africa, (b) the concept of leadership, (c) employee engagement, (d) employee job satisfaction, and employee organisational commitment. The intention was to make recommendations to the management of the LDoH, especially on suitable managerial leadership styles to be adopted by managers in different situations. Furthermore, it would be helpful to increase managers' and employees' awareness of the dominant leadership style and its influence on employee engagement, job satisfaction and organisational commitment of both Clinical and non-Clinical employees.

1.7 OBJECTIVES OF THE STUDY

The specific objectives of this study were to:

1. To understand the manner in which public policy is formulated in general, and also, in the context of South Africa.

2. Identify the prevailing managerial leadership style adopted by managers working at public hospitals of the LDoH.

3. Assess the influence of the prevailing managerial leadership style on (a) employee engagement, (b) employee job satisfaction, and (c) employee organisational commitment.

4. Get managers understanding of (a) NHI public policy in the context of South Africa, (b) the concept of leadership, (c) employee engagement, (d) employee job satisfaction, and employee organisational commitment.

5. Identify the challenges, obstacles and problems facing managers working at public hospitals on a daily basis when executing their tasks or responsibilities.

6. Recommend managerial leadership styles appropriate for different situations in the hospital settings of the LDoH.

1.8 RESEARCH QUESTIONS ANSWERED IN THE STUDY

In order to achieve the research objectives, the following questions guided the study:

1. How is public policy being formulated in general, and also, in the context of South Africa?

2. What is the prevailing managerial leadership style adopted by managers working at public hospitals of the LDoH?

3. What is the influence of the prevailing managerial leadership style on (a) employee engagement, (b) employee job satisfaction, and (c) employee organisational commitment?

4. What is managers understanding of (a) NHI public policy in the context of South Africa, (b) the concept of leadership, (c) employee engagement, (d) employee job satisfaction, and employee organisational commitment?

5. What are challenges, obstacles and problems faced by managers employed at public hospitals of LDoH when executing their daily tasks or responsibilities?

6. Which managerial leadership styles can be recommended for managers working at public hospitals particularly in the province of Limpopo?

1.9 RESEARCH HYPOTHESIS

A hypothesis is a "statement or proposition that can be tested by reference to empirical study" (Welman, Kruger & Mitchell, 2005:26). Similarly, Mourougan and Sethuraman (2017:34) stipulated that, "a research hypothesis is the statement created by researchers when they speculate upon the outcome of a research or experiment". Regarding hypotheses, the following were tested in this research:

It was hypothesised that the prevailing managerial leadership style adopted by managers employed at selected public hospitals of the LDoH may have a positive effect on employee engagement with regard to both Clinical and non-Clinical employees. It was also hypothesised that the prevailing managerial leadership style adopted by managers employed at selected public hospitals of the LDoH may have a positive effect on employee job satisfaction with regard to both Clinical and non-Clinical employees. Finally, it was hypothesised that the prevailing managerial leadership style adopted by managers working at selected public hospitals of the LDoH may have a positive effect on organisational commitment with regard to both Clinical and non-Clinical employees.

1.10 DEFINITION OF KEY CONCEPTS USED IN THE STUDY

Clinical Employee: Deherty (2014), define Clinical employee as "any health professional (from any disciplinary background) who is directly involved in diagnosing a patient's health problem, deciding upon the treatment required, overseeing the care of the patient and participating in the care of the patient, including conducting procedures". Similarly, according to Doncaster and Humber (2014:4), "Clinical staff is taken to mean nurses, allied health professionals, doctors of all grades, pharmacists, psychologists and psychological therapists, social workers and all non-professionally qualified clinical support staff who have involvement in the care of service users".

Non-Clinical Employees: Doncaster and Humber (2014:4) point out that, "Non-clinical staff includes any member of staff not directly involved in the care / treatment of patients / service users".

Employee: In term of the Basic Conditions of Employment Act, No 75 of 1997, as amended, employee means "any person, excluding an independent contractor, who works for another person or for the state and who receives or is entitled to receive any remuneration". Also, employee is described in the Public Administration Management Act, No 11 of 2014, as "a person appointed in the public administration, but excludes a person appointed as a special advisor in terms of section 12 A of the Public Service Act and a person performing similar functions in a municipality".

Employee Engagement: Kowalki (2003:62) stated that employee engagement is "the degree to which individuals are personally committed to helping an organisation by doing a better job than what is required to hold the job". It is also defined as "the extent to which employees commit to something or someone in their organisation, how they work and how long they stay as a result of that commitment" (Lockwood, 2007:2). Essentially, Sultana (2015:111) defined employee engagement as "a workplace approach designed to ensure that employees are committed to their organisation's goals and values, motivated to contribute to organisational success, and are able at the same time to enhance their own sense of well-being". Correspondingly, Kumar (2015:112) maintained that "employee engagement is a concept that is generally regarded as managing discretionary effort, that is, when employees have choices, they will act in a way that fosters their organisation's interest. Engaged employees attach an emotional bond to the organisation that employs them".

Job Satisfaction: Zhu (2013:294) explained that in 1976, Locke defined job satisfaction "as the positive and pleasant effective state, which an individual holds about his or her job". Sigh and Jain (2013:105), define job satisfaction as "a collection of positive or negative feelings that an individual holds toward his or her job. Job satisfaction is the amount of pleasure or contentment associated with a job and is part of life satisfaction. Equally, Singh and Gupta (2012:517), job satisfaction is "simply how people feel about their jobs. It is the extent to which people like (satisfaction) or dislike (dissatisfaction) their jobs, and it can also be a reflection of good treatment and an indicator of emotional well-being".

Leadership: According to Nemaei (2012:8), leadership is "a way leaders behave towards or treat (giving direction and motivating) the individuals they are leading to achieve objectives". Equally important, Bhatti, Maitlo, Shaikh, Aamir Hashmi and Shaikh (2012:192) defined leadership as "a social influence process in which the leader seeks the voluntary participation of subordinates in an effort to reach organisation goals, a process whereby one person exerts social influence over other members of the group, a process of influencing the activities of an individual or a group of individuals in an effort towards goal achievement in given situations, and a relational concept involving both the influencing agent and the person being influenced". Likewise, Alkahtani (2015:24), define the concept leadership as "a process where an individual influences a group of other individuals to achieve a common goal". Also, Bucata and Rizescu (2016:161) defined leadership as "the process by which a person, a leader, through the use of interpersonal relations, one or more people acts in order to achieve the objectives set out on the basis of a strong and attractive scheme". What is more, Leadership was defined by Chekole (2015:6) as "the relationship between an individual and a group built around some common interest wherein the group behaves in a manner directed or determined by leader". Similarly, leadership was defined by Sharma and Jain (2013:310) as "a process by which a person influences others to accomplish an objective and directs the organisation in a way that makes it more cohesive and coherent". Finally, a leader was defined by Mmela (2017:10) as "someone who can convince others to believe in him/her by following instructions given to achieve a set goal".

Leadership Style: it means "the manner in which a leader provides direction, implements plans and motivates people, and their approach to each of these functions" (Ojokuku, Odetayo and Sajuyigbe, 2012:202). Similarly, is about "the consistent behaviour pattern that

leaders use when they are working with other people as perceived by those people" (Mishra, Grunewald and Kulkarni, 2014:73).

Management: in terms of the National Health Act (NHI), 2003 (Act No 61 of 2003), management refers to "executive management and all heads of departments including clinical and non-clinical service areas of a health establishment". According to Kotter (1990:86), "management is about coping with complexity". Algahtani (2014:74) stipulated that "management in general is a process that is used to achieve organisational goals".

Managerial Leadership: Ibrahim (2016:73), express that a term managerial leadership combines both management and leadership into a coherent concept. According to Ather and Sobhani (2008:9), a term managerial leadership refers to "organisational leadership where two positions exist in an organisation: Boss and Subordinate". These authors refer to a boss as a leader and subordinates as followers (Ather and Sobhani (2008:9). According to Leithwood, Jantzi, and Steinbach (1999) cited in Bush (2007:395), "managerial leadership assumes that the focus of leaders ought to be on functions, tasks and behaviours and that if these functions are carried out competently the work of others in the organisation will be facilitated".

Organisational Commitment: according to Hornby (2001:224) the term commitment means "willingness to work hard and give your energy and time to a job or an activity". Mousa and Alas (2016:34) pointed out that Haim (2007) explained organisational commitment as "a rational behaviour of employees, designed to protect their occupational and employment assets in terms of salary and benefits and as a function of tenure". Moreover, organisational commitment is defined by Tabatabaei and Soleimanian (2015:525), as "a state of mind which reflects the need, tendency, and commitment of an employee to remain in an organisation, and it goes beyond routine tasks".

Public Policy: Fox and Meyer (1995:107) cited in Roux (2002:424), defined public policy as "authoritative statements made by legitimate public institutions about the way in which they propose to deal with policy problems". Equally important, Marume, Ndudzo and Jaricha (2016:24) stipulate that "public is viewed as a comprehensive enforceable, binding, authoritative, deliberate and purposeful framework of and for interaction within a multiplicity of public policy decisions by political office-bearers can be made, and various courses of action can be put into operation by public officials in order to realise the

postulated governmental aims and objectives as economically, efficiently, effectively and legally as possible". Similarly, Anyebe (2018:8) stresses that "public policy should mean actual resource allocation presented by projects and programmes designed to respond to perceived public problems and challenges requiring government action for their solution. That is, it should mean hard patterns of resource allocation presented by projects and programmes designed to respond to perceived public demands".

Policy Cycle: Bridgeman and Davis (2003:100) expressed that, "a policy cycle is just a heuristic, an ideal type from which every reality will curve away. It is designed to answer the daunting question 'what do I do now?' followed, a policy cycle might assist a public servant move from vague problem to authoritative government deliberation". Also, policy cycle is defined as "the recurrent pattern shown by procedures that ultimately lead to the creation of a public policy" (Savard, 2012:1).

1.13 OUTLINE OF CHAPTERS

The thesis comprises eight chapters. The **first chapter** presents an introduction to the study, study background, explanation of study motivation by the researcher, the study's significance, statement of the problem, study aim, study objectives which had to be achieved, research questions that were answered, definitions of key concepts, and principles relating to ethical considerations. The **second chapter** describes the legal and regulatory frameworks underpinning the study, theoretical framework, and it then discusses the concept of public policy, including the process of public policy making, factors influencing public policy, policy approaches, policy implementation and policy implementation challenges. This chapter is concluded by a discussion of the National Health Insurance Policy in the South African Health Sector. The **third chapter** presents a review of relevant literature with a principal aim to specifically and broadly understand the concept of leadership including its definitional issues, leadership theories, principles as well as different leadership styles. The **fourth chapter** provides a review of relevant literature on the concept of employee engagement i.e. definitional issues, factors or drivers leading to engagement, and its benefits as well as its importance to organisations. Additionally, this chapter focuses on the concepts of job satisfaction and organisational commitment (definition, importance to organisations, factors influencing job satisfaction and organisational commitment, job satisfaction theories, and benefit to organisations). The **fifth chapter** presents the research methodology employed by the study for realisation of study objectives. This chapter thus presents

sampling methods, data collection and analysis methods followed by the study. The **sixth chapter** of the research report presents the results of data collected through quantitative and qualitative methods. This chapter discusses key findings from the study through the use of tables and diagrams to present study results. The **seventh chapter** deals specifically with discussions relating to achievement of the study aims and objectives. The chapter then identifies the study limitations, provides relevant recommendations and highlights key areas of future research. The **final chapter** provides an overall study conclusion based on key study findings and recommendations.

1.14 CONCLUSION

In summing up, Chapter One as an introductory chapter presented an introduction to the study, the study background, researchers' motivation regarding the study, the study significance, statement of the problem, the study aim, objectives of the study, research questions, defined key concepts used in the study, discussed key principles relating to ethical considerations and has been concluded by an outline of chapters. The next chapter which is Chapter Two focuses on the legal and regulatory frameworks underpinning the study, the theoretical framework, understanding the concept of public policy, as well as key objectives and features of the NHI policy as introduced particularly in the South African health sector.

CHAPTER 2: THE SOUTH AFRICAN LEGISLATIVE FRAMEWORKS UNDERPINNING THE STUDY, CONCEPT OF PUBLIC POLICY, AND NHI PUBLIC POLICY

2.1 INTRODUCTION

The preceding chapter provided an introduction and a brief study background, motivation for this study, statement of the problem, study objectives, key research questions, research hypotheses, and delimitation of the study. The chapter then defined key concepts used in the study, explained the research design and methodology considered in the study and gave a brief description of each chapter. This chapter begins by providing a brief description of the South African Legislative and Regulatory Frameworks underpinning the study, and then focuses on a theoretical framework. The concept of public policy is then discussed with a view to understanding public policy formulation and implementation both in general and in the South African context. The distinctiveness of public sector hospitals, problems in public hospitals of South Africa, and specific policy documents in the South African Public Health Sector which the researcher found relevant to this study are then explained. The chapter concludes with a discussion on the implementation of a NHI public policy in the South African Public Health Sector. The chapter commences with a brief overview of public policy in the South African context before discussing other dimensions such as public policy definitional issues, types and kinds of public policy, public policy implementation approaches and formulation of public policy in the South African context.

As early as 1993/4, South Africa was characterised by comprehensive constitutional and political changes which led to socio-economic transformations (Roux, 2002:418). According to Roux (2002:418), South Africa had an opportunity to re-enter the global village after breaking away from the boundaries of isolation. This phase saw South Africa experiencing significant changes and transformations throughout all spheres of government and administration, as well as public policy. Roux (2002: 418) explains that changes and transformations in South Africa led to policy makers facing heavy burdens as it was important to align public policies with international global requirements and demands – especially for facilitation of transformation and change (Roux, 2002:418). Furthermore, Roux (2002:418) explained that it was of utmost importance that public institutions have the ability to continuously and successfully formulate, assess or analyse policies for change in order to survive, have productive growth and render quality services to the public. Implementing

sound policies and ensuring that change occurs requires awareness, knowledge and skills at all levels of public institutions.

Mthethwa (2012:36) asserted that the process of public policy-making at a national level with the intent to implement policies at a local level remains long and unsteady. Mthethwa's argument was that there were many factors influencing public policy-making and implementation, including political, economic, social and technological issues. These need serious attention at international, national, regional and local levels (Mthethwa, 2012: 36). Ahmed and Dantata (2016:60) stipulated that, "Public policy is not a bed of roses, it is often challenging and creative, and many proposals faced obstacles on their way to implementation". They further stated that not all proposals survive, and those which do survive are distorted, leading to proposals not achieving their intended outcomes (Ahmed and Dantata, 2016:60). Okoli and Onah (2002) cited in Ikechukwu and Chukwuemeka (2013:60), explained that there are problems in every society in areas such as housing, education, transportation, health and politics. These require formulation of policies by government in order to be addressed. In view of these introductory remarks, this chapter focuses on the legislative and regulatory frameworks underpinning the study, a theoretical framework and the understanding of public policy as a concept. The chapter then discusses a NHI public policy, including key findings from previous researchers on the implementation of a NHI policy in South Africa.

2.2 SOUTH AFRICAN LEGISLATIVE AND REGULATORY FRAMEWORKS UNDERPINNING THE STUDY

This study was conducted in the public health sector of South Africa and outlines relevant legislative and regulatory frameworks. . It is undisputed that managers in the public health sector have to ensure that legislative and regulatory frameworks are well understood by employees and daily execution of duties is in compliant with the legislative and regulatory frameworks as approved by South African Government. It should be noted that to avoid misinterpretation of legislative and regulatory frameworks, the researcher decided to quote these frameworks as they appear in South African legislation

2.2.1 The Constitution of the Republic of South Africa, (Act 108 of 1996)

In terms of Section 195 (1) of the Constitution, "Public Administration must be governed by the democratic values and principles enshrined in the Constitution, including the following

principles: a high standard of professional ethics must be promoted and maintained; efficient, economic and effective use of resources must be promoted; public administration must be development-oriented; services must be provided impartially, fairly, equitably and without bias; people's needs must be responded to, and the public must be encouraged to participate in policy-making; public administration must be accountable; transparency must be fostered by providing the public with timely, accessible and accurate information; good human resource management and career-development practices, to maximize human potential must be cultivated". The key emphasis of the Constitution is that democratic values and principles such as proper use of resources and the promotion of ethics of a high standard are vitally important. It is evident from the Constitution that the public participation in policy making cannot be ignored and the public must be provided with accurate information timeously in order to hold public administration accountable.

2.2.2 The Employment Equity Act (Act 55 of 1998) as amended

In terms of the Employment Equity Act, Chapter 2 (5), "every employer must take steps to promote equal opportunity in the workplace by eliminating unfair discrimination in any employment policy or practice". Section 6 (1) stipulates that "no person may unfairly discriminate directly or indirectly against an employee in any employment policy or practice on one or more grounds, including race, gender, sex, pregnancy, marital status, family responsibility, ethnic or social origin, colour, sexual orientation, age, disability, religion, HIV Status, conscience, belief, political opinion, culture, language and birth". It is evident from this Act that unfair discrimination in employment policies or practices must not be allowed and must in fact be entirely eliminated. Also, this Act highlights the importance of fair treatment of everyone since unfair discrimination will be in contrary to the Act. It is, therefore, vitally important that managers in public administration ensure compliance with this Act especially in employment policies or practices.

2.2.3 The National Health Act (Act 109 of 2003) as amended

The National Health Act, Chapter 5, section 49 (1) states that "the health establishment must lead and guide care personnel to ensure the delivery of safe and quality health services". Sub-section (2) stipulates that "for the purpose of sub-regulation (1), the person in charge and the health establishment's executive management must: maintain up to date policies and procedures for all key operational and clinical functions in the Health Establishment; oversee service areas to identify problems and provide guidance and support to the health care

personnel; demonstrate that the inputs on improvements from all service areas are sought and used by management; maintain monitoring systems to ensure that improvements to service delivery are implemented in the service areas; and maintain mechanisms to communicate with health care personnel regarding the operations of the health establishment". Additionally, Section 3 (1) of the National Health Act states that "the Minister must within the limits of available resources – (**a**) endeavour to promote, improve and maintain the health of the population; (**b**) promote the inclusion of health services in the socio-economic development plan of the Republic; (**c**) determine the policies and measures necessary to protect, promote, improve and maintain the health and well-being of the population; (**d**) ensure the provision of such essential health services, which must at least include primary health care services, to the population of the Republic as may be prescribed after consultation with the National Health Council, and (**e**) equitably prioritise the health services that the State can provide". This Act puts emphasis on care personnel being guided to ensure the delivery of safe and quality health services. In addition, the Act says that key operational and clinical functions must be in line with up to date policies and procedures within health establishments. Also, it is apparent from this Act that available resources must be used for the provision of quality health services to the population. Lastly, policies which protect, promote improve and maintain the population's health and well-being must be determined.

2.2.4 The Basic Conditions of Employment Act (Act 75 of 1997) as amended

Chapter Ten (part C) of the Basic Conditions of Employment Act, section (79) sub-section (1) stipulates that "every employee has the right to: make a complaint to a trade union representative, a trade union official or a labour inspector concerning any alleged failure or refusal by an employer to comply with this Act; discuss his or her conditions of employment with his or her fellow employees, his or her employer or any other person; refuse to comply with an instruction that is contrary to this Act or any sectoral determination; refuse to agree to any term or condition of employment that is contrary to this Act or any sectoral determination; inspect any record kept in terms of this Act that relates to the employment of that employee; participate in proceedings in terms of this Act; request a trade union representative or a labour inspector to inspect any record kept in terms of this Act and that relates to the employment of that employee". The Act gives employees rights to express their dissatisfaction to a trade union representative, trade union official or a labour inspector with the employer who fails to comply with the provisions of this Act. It is thus extremely

important that managers in the public administration understand and ensure compliance with the provision of this Act.

2.2.5 Public Service Regulations (PSR) 2016

In terms of the PSR 2016, Regulation (**11**), "an employee shall-(**a**) be faithful to the Republic and honour and abide by the Constitution and all other law in the execution of his or her official duties, (**b**) put the public interest first in the execution of his or her official duties, (**c**) loyally execute the lawful policies of the Government of the day in the performance of his or her official duties, (**d**) abide by and strive to be familiar with all legislation and other lawful instructions applicable to his or her conduct and official duties, and (**e**) co-operate with public institutions established under the Constitution and legislation in promoting the interest of the public". The importance of employees being faithful to the Republic of South Africa is emphasised in the PSR 2016. In addition, the PSR 2016 makes it evident that when employees execute their official duties, their interests should come last and those of the public should be prioritised.

2.2.6 Public Administration Management Act (Act 11 of 2014)

In terms of Section 10 (1) of the Public Administration Management Act, "the head of institution must-(**a**) through the education and training of its employees develop its human resource capacity to a level that enables it to perform its functions in an efficient, quality, collaborative and accountable manner, and (**b**) for the purpose referred to in paragraph (**a**) comply with the Higher Education Act, 1997 (Act No. 101 of 1997), Skills Development Act and the Skills Development Levies Act". According this Act, institutional heads are required to develop the capacity of human resources to such levels which enable the performance of functions in a manner which is collaborative, well-organised and responsible.

2.2.7 The Skills Development Act (Act 97 of 1998)

Chapter 7, section 30 (A) of the Skills Development Act states "that if 80 per cent or more of the expenditure of a national or provincial public entity is defrayed directly or indirectly from funds voted by Parliament, that entity must annually budget at least one percent of its payroll for the training and education of its employees". Budgeting for training and education of employees is emphasised by this Act and it is evident that to improving the skills of employees is something which cannot be ignored by managers. Proper execution of official

duties and rendering of services certainly requires skilled personnel and motivated employees.

2.2.8 The National Health Insurance (NHI) Act (Act 22 of 2017)

In terms of the NHI policy (2017:3), the National Health Insurance (NHI) is "a health care financing system that is designed to pool funds to actively purchase and provide access to quality, affordable personal healthcare services for all South Africans based on their health needs, irrespective of their socio-economic status. The NHI is intended to move South Africa towards Universal Health Coverage (UHC) by ensuring that the population has access to quality health services and that it does not result in financial hardships for individuals and their families". In addition, the policy (2017:3) outlines that, "the NHI represents a substantial policy shift that will necessitate massive reorganisation of the current health care system to address structural changes that exist in both the public and private sectors". A NHI policy highlights important aspects relating to access to quality of healthcare services by all South Africans based on their health needs. Additionally, it come out clear that through implementation of a NHI policy, individuals and their families' financial hardships will be addressed. UHC is what the NHI policy aims for and managers have to bear that in mind when implementing all other public policies in the public health sector.

In addition to the above legislative and regulatory frameworks, the next section briefly discusses selected policy documents relating Human Resources for Health (HRH) in the South African public health sector relevant to this study which investigates leadership styles, employee engagement, job satisfaction and organisational commitment. The researcher understands that the policies relating to HRH are critical especially for implantation of a NHI policy in South Africa.

2.3 SELECTED POLICY DOCUMENTS IN THE SOUTH AFRICAN PUBLIC HEALTH SECTOR RELEVANT TO THIS STUDY

2.3.1 HRH Strategy for the Health Sector: 2012/13-2016/17

As outlined in the HRH strategy (2012/13-2016/17:20), there are key issues in the South African Public Health Sector which need to be addressed. The issues are "there was a stagnant to negative growth in public sector clinical posts for 10 years from 1997 –2006; sufficient planning and budgeting for clinical posts in the public sector is not undertaken; the numbers of health professionals in the public sector have started to grow slowly since 2002;

expenditure on health personnel in the public sector has doubled in the past 5 years due to the Occupation Specific Dispensation (OSD); there is high attrition from the key health professions; there is insufficient of retention of Community Service professionals with about 23.1% indicating they are likely to leave the country due primarily to working conditions in the public sector; there is a lack of retention of health professional graduates in the public health sector due to various 'push' factors and limited public sector posts; more graduates being produced than are absorbed into the public sector; there is a maldistribution of health professionals between rural and urban areas, and the public and private sectors, and this pattern has not changed in the past 15 years; there are high numbers of 'vacancies' in the public sector although this data is not reliable and it would be impossible to fund the 'unfilled' posts; South Africa compares poorly with its peers in relation to health professionals per 10,000 and health outcomes; and foreign recruitment is not managed efficiently and effectively". The researcher's view point is that considering these challenges faced by the health sector, a clear understanding of managerial leadership styles in the public health sector is something which cannot be ignored, hence this study was conducted.

2.3.2 Nursing Strategy for South Africa (2008)

The purpose of this strategy (2008:8) is aimed at "addressing as a matter of urgency the challenges faced by nursing in South Africa. It is a document that, in a nutshell articulates how nursing education and training, practice, resources, social positioning, regulation and leadership are planned and linked together with prescripts of professionalism to support of the nation's health system". The researcher's emphasis is that although training of health professionals is important, aspect relating to employee engagement, job satisfaction and organisational commitment are also crucially important especially for employee retention in an organisation.

2.3.3 Human Resource Development Strategy for South Africa (HRD-SA), 2010-2030

This strategy was launched as a country's intervention to promote its development agenda. Its importance lies in the fact that there is a tangible problem which emerged from the mismatch between the supply of and demand for skills in the SA labour market. The challenges and priorities which served as the basis for the formulation of the HRD Strategy for SA as identified in the strategy (2010-2030:13) include but not limited to the following: "There is a need for credible and effective institutional mechanisms in the stewardship, implementation, coordination, and monitoring and evaluation of the HRD-SA; there is a need for credible

capability to identify the demand for priority skills and to formulate effective short-term strategies to ensure supply in a manner that mitigates the negative impact of any shortages in growth. Supply should include the development of talent within timeframes; there is a need for credible capability to identify the demand for priority skills and to formulate effective short-term strategies to ensure supply (including the development of talent within timeframes) in a manner that mitigates the negative impact of any shortages in growth; there is a need to ensure optimal responsiveness of education and training activities to the country's development agenda, and the demand for skilled human resources in the labour market; there are pressing challenges related to the quality of learning attainment and competency acquisition within the skills development pipeline, starting from basic education; the effectiveness of public education and training institutions, in general, has yet to reach optimal levels; the current challenges with regard to effectiveness have made it difficult for the country to reap the rewards when compared with international levels of public and private investment in education and training; while planning capacity has grown significantly since 1994, it has not yet reached levels across the HRD system that are commensurate with the levels required for effective implementation of HRD interventions in the country; and the primary driver of supply is undoubtedly the output generated by various education and training activities in the country; however, numerous other factors – such as those that determine the way the labour market operates, also play a significant role in shaping supply". This actually highlights that the South African Public Health Sector still need to address key issues pertaining to education, training and distribution across the national health system. Thus, it is indisputable that this requires leadership that is good and also puts the interest of the communities first.

2.3.4 Remuneration Policy for Health Professionals Employed in the Public Health Sector

In terms of this policy (2010:13), there are a number of remuneration principles should be maintained. These include but not limited to the following: compliance with the regulatory framework, equal pay for work of equal value, sustainability and affordability of the remuneration system, career progression, transparency, a long-term solution and focus, clear and objective recruitment and progression requirements. All these aspects are critical, especially for improving employee's job satisfaction and organisational commitment.

2.3.5 White Paper for the Transformation of the Health System in South Africa (1997)

The South African Department of Health (1997) has outlined in the white paper for the transformation of the health system in South Africa health sector strategies which are critical for achieving its objectives. The strategies are: "The health sector must play its part in promoting equity by developing a single, unified health system; the health system will focus on districts as the major locus of implementation, and emphasise the primary health care (PHC) approach; the three spheres of government, non-governmental organisations (NGOs) and the private sector will unite in the promotion of common goals; the national, provincial and district levels will play district and complementary roles; and lastly, an integrated package of essential PHC services will be available to the entire population at the first point of contact".

2.3.6 Policy on the Management of Public Hospitals: 2011

This policy's aim (2011:4) is at "…ensuring that the management of hospitals is underpinned by the principles of effectiveness, efficiency and transparency". The specific objectives of the policy as identified by the NDoH in the policy (2011:4) are to: "…ensure implementation of applicable legislation and policies to improve functionality of hospitals; ensure appointment of competent and skilled hospital managers; provide for the development of accountability frameworks; ensure training of managers in leadership, management and governance". In terms of this policy (2011:6) public hospitals are classified into five levels.

2.3.6.1 Brief overview of District Hospitals

They are classified into three categories, small district hospitals with no less than 50 beds and no more than 150 beds; medium size district hospitals with more than 150 beds and no more than 300 beds; and large district hospitals with no less than 300 beds and no more than 600 beds.

2.3.6.2 Brief overview of Regional Hospitals

The policy on Management of Public Hospitals (2011:7) states that, "Hospitals at this level render services at a general specialist level, receive referrals from district hospitals and provide specialist services to a number of district hospitals. They also serve as a platform for training of health workers and research".

2.3.6.3 Brief overview of Tertiary Hospitals

As stipulated in the Management of Public Hospitals (2011:8), specialist and sub-specialist care is rendered to a number of hospitals on this level. Also the hospitals are a platform for health worker's training, and research (Policy on Management of Public Hospitals, 2011:8).

2.3.6.4 Brief overview of Central Hospitals

At this level, high specialised and quaternary services on a national basis are rendered. These hospitals are also a platform for health workers training, and research highly trained employees and high technologies are employed at these hospitals (Policy on Management of Public Hospitals, 2011:8).

2.3.6.5 Brief overview of Specialised Hospitals

These hospitals include Psychiatric hospitals, Tuberculosis hospitals and Rehabilitation Centres. According to the Policy on Management of Public Hospitals (2011:8-9), psychiatric hospitals "render specialist psychiatric hospital services to people with mental illness and intellectually disability and provide a platform for the training of health workers and research". Tuberculosis hospitals "provide for the hospitalization of acutely ill and complex TB patients (including XDR & MDR-TB)". Rehabilitation Centres "are responsible for rendering of specialized rehabilitation services for persons with physical disabilities, including the provision of orthotic and prosthetic services".

2.3.6.6 Reasons for Classification of the Health Facilities in South Africa

Owolabi, Mhlongo, and Evans (2016:127) explain that healthcare facilities classification in South Africa may be due to reasons of mitigating the issues such as reducing waste, eliminating poverty, redressing social and economic injustices, increasing efficiency, and promoting access to quality health. Additionally, through classification of the health facilities, equitable access by everybody to essential and quality healthcare can be improved thus leading the improvement of the healthcare system (Owolabi, *et al*., 2016:127)

The policy documents which were found to be more appropriate to this study and also to implementation of a NHI policy were discussed. The study was conducted in the Public Hospitals and therefore it was necessary to give a broader view of public sector hospitals, particularly their distinctiveness, and this is discussed in the next section.

2.4 PUBLIC SECTOR HOSPITALS: THEIR DISTINCTIVENESS

According to Joshi (2017:52), hospitals are described as "…complex organisations due to multi-department, multi-technical, multi-specialty areas as well as diverse culture, ethnicity, skills, and talent of employees". Generally, like any other organisations and other hospitals, the public hospitals are not different because their mandate is about service delivery to the community of a particular country. It is, however, important to understand the interaction between management values, and business and economic as well as medical aspects (Rust and de Jager, 2010:2282). An example given by Rust and de Jager (2010:2282) is that decision making needs in the management process should be awarded maximum deliberation through proper handling of information. Rust and de Jager (2010:2282) postulate that management in a hospital includes patient management where there is a hand over from hospital management to clinical management, reaching right to the bedside. Additionally, these authors express that decentralisation, delegation and formalisation in the public hospital may have different characteristics as compared to other organisations and sectors (Rust & de Jager, 2010:2282). Moreover, characteristics like the line of authority and employee relations (administrators, managers and clinicians) in public hospitals may be different from the other sectors or organisations (Rust & de Jager, 2010:2282). Likewise, organisational culture and identify are also key issues to note with regard to public hospitals and other organisations in different sectors (Rust & de Jager, 2010:2282). Certainly, the structure and use of technology in a public hospital may differ with that of a manufacturing company. It is therefore apparent that public hospitals are not that different from other hospitals, especially with regard to what needs to be achieved in terms of provision of health care services to the community. These hospitals' characteristics may differ when compared to other sectors such as agriculture, mining, tourism, to mention a few. This section discussed the distinctiveness of public hospitals and in the next section brief summary of problems in public hospitals from the empirical study by Rust and de Jager (2010) is provided. The study by Rust and de Jager (2010) was found to be more relevant to the current study because the current study is also investigating public hospitals in the South African context. It was necessary to give a broader view of the public sector hospitals, particularly their distinctiveness. In the next section summaries of the South African Health System prior to 1994 and after 1994 are provided.

2.5 SUMMARY OF THE SOUTH AFRICAN HEALTH SYSTEM PRIOR TO 1994

According to Coovadia, Jewkes, Barron, Sanders and Mclntyre (2009:825), fragmentation which was between the public and private sectors and in the public health sector has been a feature of health service's history, notable in SA. Additionally, the Public Health Amendment Act of 1897 ensured racial segregation of health facilities, and this resulted to separation of curative and preventive services during apartheid (Coovadia *et al.*, 2009:825). What is more, fragmentation of health care was further entrenched by the apartheid system through the creation of Bantustans, which had own health departments. Also, health departments for the government and their Bantustans acted independently from each other with Pretoria manipulating their control in a cautious manner (Coovadia *et al.*, 2009:825).

Likewise, South African Human Rights Commission (SAHRC) report (2007:12) explained that as a result of apartheid system that has failed and fragmentation, "Abject discrimination, unequal distribution of resources, unethical execution of responsibilities by health practitioners and large scale complicity" were found to have characterised the health care system. In addition, it was reported that accountability and coordination were not considered and "…a co-existence of first-world and third-world health, with the first-world experience being the almost exclusive preserve of whites", were offered by the apartheid SA (SAHRC report, 2017:12). It is also written in the SAHRC report (2017:12) that, fragmentation of health care was necessitated by the apartheid system which resulted in fourteen health departments which were separate and represented the four provinces in SA, which were Cape province, Natal, Orange Free State and Transvaal, with four homelands, Transkei, Bophuthatswana, Venda and Ciskei, the six territories (Gazankulu, KaNgwane, KwaNdebele, KwaZulu, Lebowa and Qwagwa, which were self-governed (SAHRC report (2017:12).

Further, fragmentation complicated things where provincial health departments were divided in order to cater for Black, Coloured and Indian race groups. Black people's ability to access public health care was severely compromised by the racially-based allocation and this resulted to social consequences which were disastrous in most situations (SAHRC report, 2017:12). Again, SAHRC report (2017:13) explained that less money was spent for black people's health care by the apartheid government. The health system of apartheid government's key feature was its emphasis which was robust on the privatisation of healthcare which resulted to additional health inequalities. In fact, the white population and people minorities who were able to afford private health care had access to the private sector,

while the Black people who were in majority could not have access to private sector because they could not afford it (SAHRC report, 2017:13). Above all, inequalities in health were inherited by South Africa's first democratic Government in 1994, and inequalities which are included are "…the impact of disease across races, access to healthcare services between urban and rural inhabitants, and between South Africa's nine new provinces, and the quality of health care services in the public health system and the private health system" (SAHRC report, 2017:13).

Van Rensburg (1994:95) explained that what contributes to inequalities in the South African health sector are geographical areas and conditions which are rural, urban and peri-urban, race groups like white versus non-white, purchasing power and socioeconomic status. In addition, Van Rensburg (1994:95) outlined other dimensions which are associated with inequalities in the health care of South Africa, and this author specified that inequality in South Africa: " (i) it manifests itself in disproportionate distribution and thence also overconcentration and underconcentration of personnel, services and facilities; (ii) it refers to unequal provision and availability of services and facilities, and to the accompanying over- and under provision, over –and underservicing, and problematic phenomena such as over- and undermedication, over- and underdoctoring, and over- and underhospitalisation; (iii) it is expressed in different or unequal accessibility of services and facilities together with the phenomena of inclusion or exclusion and discriminatory measures which limit or bar admission or access to sectors of the health care system; (iv) it assumes the guise of differential attainability and even unattainability of services and facilities, especially in relation to the location of facilities and the deployment of personnel; (v) it refers to consumption or utilisation in as much as the clientele do not to an equal extent make use of available services and facilities, resulting in either excessive, unnecessary and unjustified consumption or underutilisation of services and facilities, and (vi) it also surfaces in the different quality of services and facilities in the sense that some receive more and better services and facilities while others receive less and poorer". Equally important, Coovadia *et al*. (2009:825) point out that, when apartheid came to an end, underdeveloped primary level service became evident because of health services being focused on the hospital sector, and also fourteen separate health departments were available in SA. Coovadia *et al*. (2009:817), said that "after 15 years, South Africa is still grappling with the legacy of apartheid and the challenges of transforming institutions and promoting equity in development".

2.6 SUMMARY OF THE SOUTH AFRICAN HEALTH SYSTEM AFTER 1994

South African Human Rights Commission report (2009:17) explained the right to access health care in recognised by the South African Constitution Act, 108 of 1996 in Section 27: "health care, food, water and social security", and the Constitution stipulate that:

"(i) everyone has the right to have access to:

a. health care services, including reproductive health care;

b. sufficient food and water; and

c. social security, including, if they are unable to support themselves and their dependents, appropriate social assistance.

(ii) The state must take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of each of these rights.

iii. No one may be refused emergency medical treatment."

The above provision actually affirms that provision of health care services for everyone is the South African government's obligation and this includes putting legislation and programmes in place for ensuring the provision of health care services to everyone (South African Human Rights Commission Report, 2009:17). Most importantly, Coovadia *et al*. (2009:828) point out that, several successes were achieved by the new government of South Africa. This is supported by the fact that consolidation of the 14 health administrations of Bantustans was achieved through the establishment of one national and nine provincial health departments. Also, post-apartheid saw a disaggregation of health facilities, and transformation of the public health system led to national service which is integrated and comprehensive (Coovadia *et al*., 2009:828). Further, some of the achievements include the passing of Public Health Legislation which allows termination of pregnancies that are safe and legal, cigarette smoking reduction, and also the legislation aimed at strengthening the health sector especially in post rape care (Coovadia *et al.*, 2009:828). Again, Coovadia *et al*. (2009:828) enlightened that in terms of the National Health Act which was passed in 2004, provincial responsibilities included both the primary health care and district health system. Thus this led to centralisation of power to the provinces and in turn made it possible for local authorities to relinquish several health functions including preventative and promotive, with

marginalisation of the activities posing a potential threat (Coovadia *et al.*, 2009:828). It is worth noting that, although the new government achieved some successes, there are several factors facing the public health system in South Africa and they include "inadequate human resource capacity and planning, poor stewardship, leadership, and management, and the increased stress on the public health system caused by the AIDS epidemic and restricted spending in the public health sector". With this in mind, Coovadia *et al*. (2009:832) wrote, "Poor leadership has also resulted in a failure to effective deliver intersectoral programme, which was initially a responsibility of the Department of Health, but has since moved to the Department of Education". Correspondingly, Benatar, Sullivan and Brown (2017:10) said that 57% of total health expenditure, inclusive of health professionals salaries, is consumed by hospitals, and 17% of total expenditure goes to PHC services, with the remaining 26% channelled to other public health services areas, and each person's overall annual per capita expenditure amounting to R3225 ($323). Benatar, *et al*. (2017:10) maintained that, "The public sector is clearly under resourced for the demands made on it". The researcher's view point is that certainly achieving UHC in South Africa really needs everyone's commitment irrespective of whether that person is in the urban or rural area, employed or unemployed. In fact, access to health care by all rests on each person's shoulder and contribution in any form. With summaries of the South African Health System prior to 1994 and after 1994 being provided, the next section, therefore, focuses on understanding the current structure of the South African Health System.

2.7 THE CURRENT STRUCTURE OF THE SOUTH AFRICAN HEALTH SYSTEM

The current structure of the South African Health System consists of the public health sector and the private health sector (Centre for Health Policy in the Equity Briefing paper, 2007:1), and the structure is shown in Figure 2.1 below:

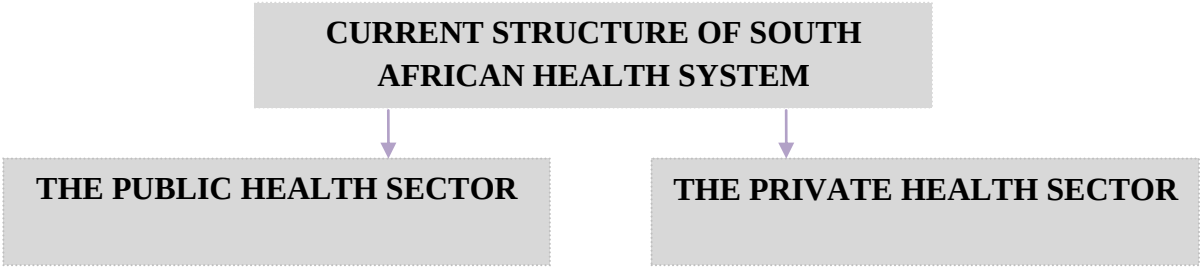

Figure 2.1: The Current Structure of South African Health System (Adapted from Mahlathi and Dlamani, 2015:4)

As outlined in Equity Briefing paper (2007:1), the *Public Health Sector* of South Africa consists of a three-tier system as shown in Figure 2.1 above on the South African health system. Equity Briefing paper (2007:1) explains that a three-tier system involves national, provincial and local government. Concerning funding, public health sector is funded through national taxes with contributions (although small) from local government and user fees (Equity Briefing paper, 2007:1). Below is a brief description of the South African Public Health Sector is then followed by a brief description of the South African Private Health Sector.

2.7.1 Organisation of the South African Public Health Sector

Concerning the organisation of the South African Public Health Sector, **Figure 2.2** shows the provinces in South Africa (SA). Precisely, there are nine provinces in SA and each province has its own legislature, premier and executive council (Pocket Guide to South Africa, 2012/13:164). The nine provinces are shown in Figure 2.2.

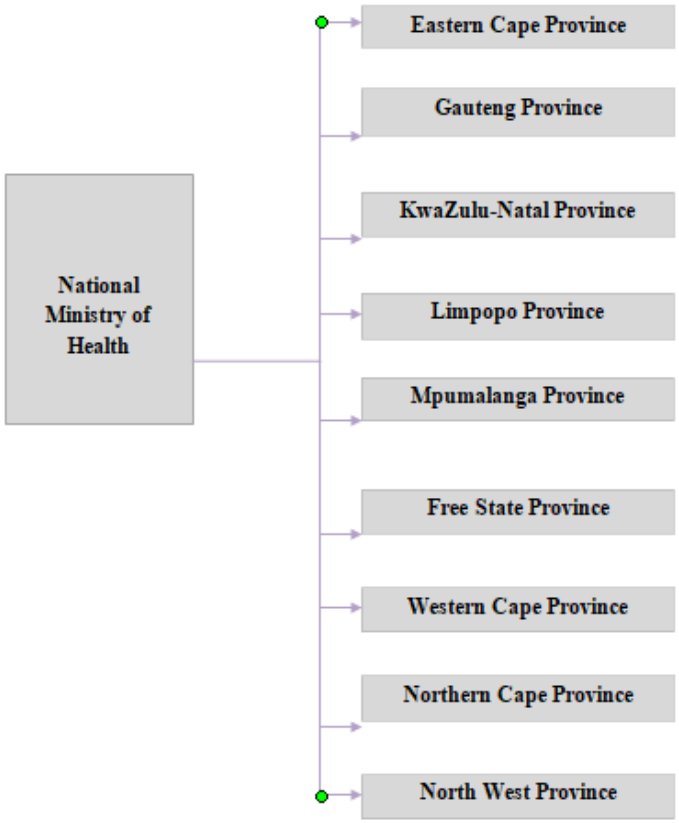

Figure 2.2: Organisation of the South African Health Sector (Source: Adapted from Mahlathi and Dlamini, 2015:4)

About population estimates in each province, Statistics South Africa (Statssa)'s Mid-year Population Estimates Report (2017:2) provided the information shown in Table 2.1.

Table 2.1: Mid-Year Population Estimates by Province, 2017

Provinces	Population Estimates	% of Total Population
Eastern Cape	6,498,200	11.5
Free State	2,866,700	5.1
Gauteng	14,278,700	25.3
KwaZulu-Natal	11,074,800	19.6
Limpopo	5,778,200	7.9
Mpumalanga	4,444,000	7.9
Northern Cape	1,214,000	2.1
North West	3,856,200	6.8
Western Cape	6,510,300	11.5
Total	**56,521,900**	**100,0**

Source: (Stats SA, 2017:2)

Table 2.1 above, shows the information relating to population estimates per each province in SA. Further, analysis of the table reveals that the largest share of the SA population is in Gauteng Province, that is about 14,3 million people (25,3%) of the population live in Gauteng Province (Stats SA, 2017:1). The province of KwaZulu-Natal was reported to be the province with largest population in SA, of 11, 1 million which was (19, 6%) of people living in the province of KwaZulu-Natal (Stats SA, 2017:1). Limpopo Province which was the main focus of the current study was reported by Stats SA (2017:1) to be having 5,8 million people which was (7.9%) of the total population of SA. The province which was reported to constitute a small number of people was found to be the Northern Cape with 1,21 million which constituted only (2.1%) of the SA population. Now that the structure of the South African Health System and organisation of the public sector are provided, and the population estimates for each province discussed, the section which follows deals with challenges faced by the South African Public Health Sector.

This study's aim was to understand managerial leadership in the selected public hospitals of South Africa and also identify and understand challenges, obstacles and problems faced by managers, especially on their daily basis. This section thus gives a snapshot of what other

scholars have found in their empirical studies. Key findings relating to challenges in public hospitals of South Africa as identified by some previous scholars are therefore summarised in next section.

2.8 CHALLENGES FACED BY THE SOUTH AFRICAN PUBLIC HEALTH SECTOR

According to Young (2016:2) public healthcare is what government offers to all South African citizens, and an advantage of this sector is that it is funded by Government. This author argued that disadvantages and challenges of the public healthcare are many. Equally important, Dahi and Mahomed (2018:8) stated that, "SA's healthcare is clearly in intensive care, and urgently needs rigorous resuscitation". This section, therefore, explains some of the challenges faced by the South African public health sector with the aim of exploring what other scholars found.

2.8.1 Leadership and Management Failures

According to Rust and de Jager (2010:2277), the South African public health sector lacks leadership and management capacity. An example which is given by these authors is that there is very little understanding of the operational complexities, particularly on how bigger hospitals should be run. Hospitals are micromanaged and managers are handcuffed by the provincial head office officials with tedious procedures and endless regulations (Rust and de Jager, 2010:2278). Rust and de Jager (2010:2278) also explain that hospital managers are disempowered because they are not given necessary powers to ensure that things change in the hospitals. This is supported by the fact that public hospitals' managers have very little control over staff structures and staffing levels, budgets, discipline, and procurement (Rust and de Jager, 2010:2278). A common perception about inefficiency and ineffectiveness of public sector hospitals exists, and in both hospitals and head offices bureaucracies remain a possible reason mainly for hospitals and provincial head offices which are dysfunctional (Rust and de Jager, 2010:2278). Toli (2014) revealed that management teams of district public hospitals in the province of Free State lacked the qualities of a true leader. By the same token, Manyisa (2016) revealed that participants expressed their dissatisfaction with lack of support from their managers and also expressed that timeously they were talked down. Furthermore, managers were found to be inconsiderate and often times identified employees' mistakes as something which affected employees in a negative manner (Manyisa, 2016). What is more, Manyisa (2016) showed that participants in their majority expressed

dissatisfaction with regard to recruitment of people without necessary skills and qualifications to managerial posts and this was found to have led to management failures. Participants complained about people who were appointed in the management position that took too long to understand issues relating to health care settings (Manyisa, 2016). Equally, it is stated in the Presidential Health Summit Report (2018:29) that, "The leadership capacity of many leaders and managers in public health leaves much to be desired as leaders lack appropriate management capacity". Most importantly, Naidoo (2016) found that there was a challenge of lack of middle management staff with appropriate expertise, in fact, the focus group discussants cited Senior HR, Finance and Administration Support which needed urgent attention by government. In the same way, hospital management's inability to respond to the needs of patients in a equitably and effective manner was supported by the freezing of posts with aim to address poor financial management which led to healthcare being in distress (Dahai & Mahomed, 2018:10). According Saloojee (2011:190), hospital managers are disempowered, and as result it is difficult for them to design their own budgets, procure goods and services, and determine staffing requirements and appointments. In fact, taking accountability of their institutions has been a major challenge (Saloojee, 2011:190). Ramadi's study (2010) showed that the highest percentage of 85.5% agreed to be having good working relationship with colleagues but with regard to management style and involvement in decision making, the study found mixed responses. Toli (2014) found that 57.8% of the employees were dissatisfied with the application of the reward system, for recognition of good performance. Toli (2014) also revealed that 67.9% agreed to not receiving any feedback on their performance.

2.8.2 Increased Patient Load and Long Waiting Time

Nhlapo (2012) found that it took a significant amount of time for patients before they were seen by the nurses and doctors. Also, there was a significant amount of time which was spent in Pharmacy before patients were assisted (Nhlapo, 2012). Likewise, Young (2016) revealed that at South African public hospitals there are long lines of people who wait for longer hours to be treated. This author observed that many people arrived at public hospitals in the early hours to be in the long lines before they can be checked in for assistance (Young, 2016). Also, coping with increased demand for health services is something which public hospitals encounter. Rapid urbanisation and the AIDS epidemic contribute to the enormous patients increase at public hospitals (Rust & de Jager, 2010). Equally important, Manyisa (2016) showed that participants complained about workloads which were too heavy for them and led

to fatigue and absenteeism among staff members. Likewise, the study conducted by Pillay (2009) showed that nurses in the public sector were mostly not satisfied with their pay, the resources which were made available to them and workload. Correspondingly, participants in the study conducted by Mokoena (2017) explained that they were experiencing increased workload as a result of allocation of only two professional nurses per shift, and this was found to be a challenge especially if one fell sick or was absent from work. Likewise, Ramasodi (2010) discovered that the level of job satisfaction among the healthcare professionals surveyed was very low. In fact, 80% of the surveyed healthcare professionals were dissatisfied or highly dissatisfied with their job (Ramasodi, 2010). In addition, Ramasodi (2010) found that 73.8 % of the participants were not convinced that their incomes reflected what they were expected to do as their work.

2.8.3 Inadequate Equipment

Young (2016) found that there was lack of glove usage at public hospitals in SA, and nurses explained that it was not mandatory rather own choice to wear gloves or not to wear them. Also, what Young (2016) observed was that those who wore gloves, did not take them off when moving around in the facility and this meant that they touched cabinet doors, files, door handles, and other patients with the same gloves. Certainly, this exposed other patients to potential infections (Young, 2016:6). Additionally, Young (2016) explained that same bed linen was observed to be used by multiple patients at public hospitals of SA. In addition, Young (2016) was told by managers who were interviewed that bed linen was only changed at the end of the day, although some bed linen could be changed due to bodily fluids. About medical instruments, Young (2016) reported that many different procedures involved the use of medical instruments, and it was observed that there was a problem of medical instruments not being sanitized because managers indicated that guidelines were not available. Likewise, Manyisa (2016) found that working conditions in the selected hospitals were described by participants as demotivating and demoralising, psychologically traumatic and physically exhausting. Similarly, Naidoo's study (2016) showed that basics such as syringes, needles, paper towels, and gloves run out at public hospitals. Also, participants in the study conducted by Naidoo (2016) believed that both corruption and inaptitude were to be blamed for shortages of goods and services supplies. Mokoena (2017) showed that there was a shortage of material resources at a public hospital in Limpopo Province. These included lumber puncture needles for investigating or diagnosing meningitis, glucometer for monitoring blood glucose and this led to extended stay of patients in the hospital (Mokoena, 2017).

Correspondingly, Saloojee (2011:191) stipulated that, “Eery year, budgetary indiscipline results in critical shortages of drugs, food supplies and equipment in many provinces, particularly during the last financial quarter from January to March, and during April when new budgetary allocations are being released”.

2.8.4 Poor Infrastructure

Botha and Cloete (2000:2) explained that a lack of proper maintenance and proper maintenance management led to deterioration of buildings and building services, something these authors called “the general state of neglect of the buildings”. Botha and Cloete (2000:3) stipulated that, “There was a lack of vision regarding the maintenance of hospital, and its long-term effects. Maintenance in several institutions did not occur, resulting in the huge current backlog. This can partly be ascribed to a lack of accountability and a lack of maintenance system”. In the same manner, Wegner and Rhoda (2013) found that public hospitals were experiencing lack of storage space for medical records which led to records lying in piles on the floor and also overloaded hospitals filing shelves were identified as challenges faced by public hospitals. Phasha (2015) showed that respondents (managers) expressed that the majority of staff shared their dissatisfaction with regard to working conditions which were poor and others with the rural setting and infrastructure. Similarly, Manyisa (2016) discovered that participants were dissatisfied with the infrastructure where lack of office space was found described as a challenge. Manyisa (2016) showed that according to participants in their majority, bad infrastructure in public hospitals was a reason for cross infections as a result of patients overcrowding. Next, participants in the study by Manyisa (2016) indicated that there was only one toilet in some sections of the hospital which was used shared by both male and female personnel. Equally important, Manyisa and van Aswegen (2017:35) pointed out that patients’ rights to privacy have been compromised by lack of space in public hospitals. The Presidential Health Summit Report (2018:42) highlights that health facilities infrastructure is substandard and ageing with unsafe facilities.

2.8.5 Poor Quality of Health Care Services

Burger and Christian (2018:3) argued that clients may be discouraged to use the public health care services even though the services are affordable or free. These authors emphasised the importance of policy makers understanding challenges faced by clients with regard to accessing health services particularly from the public health sector (Burger & Christian, 2018:3). Identically, according to Young (2016:5), many problems concerning disease

control and prevention in public hospitals in SA were observed. This is supported by the fact that, Young (2016) observed that the urine cups which used by patients were reused by other patients without being properly washed with soap or sanitized in any possible way.

Maphumulo and Bhengu (2019:2) point out that significant efforts for improving the provision of the quality of health in South Africa since 1994 election have been made. According to Maphumulo and Bhengu (2019:2), South Africa is, however, still experiencing several issues which include but are not limited to the following: adverse events where in some cases patients die after developing complications and having been denied access to the public healthcare, prolonged waiting time due to human resources shortages, a challenge which is viewed as Sub-Saharan African Health Systems major weakness, poor hygiene and poor infection control measures as a result of lack of cleanliness, poor waste management, and poor maintenance of equipment, increased litigation because of avoidable errors. According to Maphumulo and Bhengu (2019:2), this puts a huge pressure to the Department of Health's budget as a result of huge payouts, poor record keeping and a hortage of resources in medicine and equipment.

2.8.6 Understaffing / Shortage of Human Resources

Rust and de Jager (2010:2279) pointed out that the lucrative private sector attracts doctors and nurses because of better conditions and pay, and this creates staff shortages and management failures which ultimately affect patient care. In the same way, shortage of staff, specifically nursing personnel in the public hospitals was cited by a majority of participants in the study conducted by Manyisa (2016). Also, participants in Manyisa's study (2016) cited turnover rates which were high, failure to replace nurses who had died or retired, and freezing of vacant posts as contributing factors for shortages of staff. Hospitals reliance on getting employees who were off-duty to return to work and moonlight or work overtime was cited as a solution for hospitals to cope with shortages of staff (Manyisa, 2016). Moreover, retired employees were requested by hospitals management to come and relieve the shortages of staff (Manyisa, 2016). As a matter of fact, Pillay (2009) found that generally, nurses in the public sector were dissatisfied with their careers and their career opportunities available to them. In fact, the number of vacant posts at public hospitals countrywide amounts to one-third of health posts, and there are some hospitals operating with at least half of what is needed in terms on employees (Rust & de Jager, 2010:2279). Most importantly, Pasha's study (2015) discovered that due to shortage of staff, hospitals were stressed and could not

function maximally with varying strength of management. Likewise, Mokoena (2017) revealed that shortage of staff was cited by most participants who expressed their inability to provide quality patient care. Correspondingly, a major complaint among health care personnel in public hospitals was found to be long working hours (Manyisa & van Aswegen, 2017:34). According to Manyisa and van Aswegen (2017:35), developed countries are also experiencing shortage of health care personnel, thus a challenge of shortage of health care personnel is not experienced only in the developing countries.

2.8.7 Lack of Staff Discipline

Rust and de Jager (2010:2279), explain that there is a common lack of discipline and as a result, this has a negative influence on work ethic and as well as morale. Also, there is a severe limited hospital managers' ability with regard to tackling of disciplinary action because of bureaucracies (Rust & de Jager, 2010:2279). Above all, Eade (1996) as cited in Rust and de Jager (2010:2280) explained that modern health providers of find themselves facing challenges such as fewer resources, greater patient expectations, increasing workloads, increasing threats like malpractice lawsuits, and are also scrutinised closely by other stakeholders. There is also a challenge of employees such as doctors and nurses being assigned managerial roles because of what they possess in terms of technical skills, but not leadership and managerial skills which are critical for tremendous responsibilities (Eade, 1996) cited in Rust and de Jager (2010:2280). Rust and de Jager (2010:2281) thus suggested the introduction of professionalism hospital leadership and management especially for the control of hospital expenditures, efficiency and effectiveness improvement purposes, management, and hospitals' role specifically in the health sector. In a like manner, Saloojee (2011:194) points out that the centralised nature of provincial health bureaucracies has been an obstacle for disciplinary action by hospital managers. This has been supported by the fact that in some provinces, the only person authorised for dismissing employees was the provincial head of health (Saloojee, 2011:194). Additionally, Saloojee (2011:194) highlighted that the challenge of widespread absenteeism has been common especially among health professionals, even at institutions which were found to be well-run. According to the Presidential Health Summit Report (2018:42), the health system has been crippled by corruption at all levels, criminal proceedings and lack of consequences.

2.8.8 Flawed Communications Channels

Manyisa (2016) showed that a majority of participants expressed their dissatisfaction for poor communications systems in their institutions. Additionally, participants in the study by Manyisa (2016) expounded that when they received information which affected them in their work environment, it was received through the grapevine or from friends. In the same way, lack of involvement in decision-making, poor interpersonal relationships and poor channels of communication were identified as important issues by participants in the study conducted by Manyisa (2016). Moreover, Naidoo's study (2016) showed that inadequate information technology and communication systems were identified by participants as important challenges in public hospitals. Manyisa and van Aswegen (2017:37) argued that the existing situation at public hospitals and creation of conducive environment which ensures provision of high quality patient care may be improved through allocation of resources, and improved communication and interpersonal relations between management and staff.

2.8.9 Poor Records Management

Bantom (2016) conducted a study in a rural community hospital in the province of Eastern Cape of South Africa. They identified missing patients' records and illiteracy, lack of infrastructure, time consuming manual process and unreadable hand written records as challenges which were experienced by the healthcare professionals and patients. Marutha (2011) showed that 67% of the respondents cited that their knowledge of electronic records management was poor even though they appeared to have an understanding of what electronic records management meant. Marutha (2011) found that there was a poor records administration at hospitals in the Public Health Sector of the Limpopo Province. In fact, Marutha (2011) revealed that a majority of respondents (70%) explained that although the electronic system was utilised daily at public hospitals in Limpopo Province, the system was used for checking personal and financial details of the patient only. Again, Maruta's (2011) study showed that even though hospitals in the public hospitals in Limpopo province used E-HIS (Electronic Health Information System) as the patient administration system, observation reported that in all hospitals electronic records were half done. Furthermore, Shortage of filing space, misfiling and missing files, and incompetent and unskilled staff were found to be amongst challenges faced by hospitals in the public health sector of Limpopo Province. In the same way, Wegner and Rhoda (2013) found that a major barrier to

locating patient folders was a result of incorrect or non-documentation in the hospital ward administration records.

2.8.10 Budgetary Constraints and Poor Revenue Collection by Public Hospital

Mbanga, Madale and Becker (2002) showed that the influence of a Hospital Information System (HIS) introduced then had its own challenge when it came to revenue collection in hospitals. In fact, Mbanga, *et al*. (2002) revealed that hospitals which had electronic financial management system did not appraise HIS in a positive way. The study by Mbanga, *et al*. (2002) showed that Revenue Clerks resorted to the use of calculators rather accessing information directly the system and this was because the system was found to be time consuming and problematic. Also, Mbanga, *et al*. (2002) found that revenue clerks at hospitals which had no financial management system in place prior to implementation of HIS, were happy with the implementation of HIS. This system, however, emerged to be problematic also at the hospitals which previously had no financial management system in (Mbanga, *et al*. 2002). Most challenges brought by the system where around billing of patients who had already left the hospital but the system showed that patients were still in the hospitals although they were discharged when the system was down (Mbanga, *et al*., 2002). Manyisa's study (2016) highlighted that participants cited budget constraints as key reasons for lack of equipment, supplies and protective clothing in public hospitals and this was found to have been compromising their safety. Equally, Wright, Mahony and Cilliers (2017) revealed that legislation, leadership, software and hardware resources, and data management were amongst challenges with HIS. In addition, lack of integration between systems in public hospitals was cited in the study by Wright, *et al*., (2017). Accordingly, budget constraints were explained to be resulting from insufficient budget allocation to hospitals, financial mismanagement, management's failure to plan or prioritise and the procurement processes which were referred to as "sluggish process"(Manyisa, 2016). In the same way, Naidoo (2016) showed that inadequate budget was raised by participants as an issue which needed to be brought to the attention of government. Similarly, the Presidential Health Summit Report (2018:42) pointed out that what adds to the funding constraints is the public sector is inadequate revenue collection. Also, the health system is faced with mandates that are not funded, over expenditure, rising accruals and deteriorating service delivery (Presidential Health Summit Report, 2018:47).

2.8.11 Lack of Polices, Guidelines and Standard Operating Procedures (SOP)

Lack of policies, guidelines and SOPs was identified by Young (2016) as a problem which was significant at the South African hospitals. Young (2016) reported that a manager, who was interviewed, indicated that the hospitals did not have a policy on hand washing. This meant that hand washing was not mandatory even though employees were encouraged to wash their hands after utilising rest rooms (Young, 2016). In a like manner, the study by Naidoo (2016) revealed that most participants raised concerns about inadequate and inappropriate delegations and departmental policies.

In addition to the above explored challenges, the study conducted by Koma (2017) identified factors which influence access to healthcare and they are, lack of staff, uncaring and unfriendly attitude of staff, and lack of funding. What is more, Kama (2017) found that patients were dissatisfied or unhappy with the service they received from a public health facility. Essentially, Kama (2017) found that patients were dissatisfied with things like lack of communication, patient being turned away due to the quota being reached, lack of professionalism, and no urgency at all, rude staff who were found to be unsympathetic and unprofessional towards patients. Additionally, the investigation by the Public Service Commission (PSC) conducted in 2018 in KwaZulu-Natal identified a number of challenges faced by public hospitals is KZN. The PSC's report (2018:14-15), therefore, identified a number of challenges encountered by management teams and hospitals which were selected for investigation in the province of KwaZulu-Natal (KZN). The challenges are summarised as follows: limited infrastructure where specific areas such as outpatient departments (OPDs) encountered congestion, consulting rooms and waiting areas had poor ventilation, acceptable norms were not met, there was an issue of bed spacing and insufficient beds, personnel in administration units encountered insufficient office space, there was also inadequate archival space, there were also recruitment issues with regard to the filling of critical posts, poor coordination of the acquisition, maintenance or certification of medical equipment which were repaired, lack of in-house laundries where hospital had to wait for stock from central laundries.

The preceding section discussed key findings relating to challenges in public hospitals of South Africa. The next section briefly focuses on the South African Private Health Sector which is not the primary focus of the current study.

2.9 SOUTH AFRICAN PRIVATE HEALTH SECTOR

On the other side, there is *Private Health Sector* which involves private hospitals, traditional healers, pharmacists, generalists and specialist practitioners, and concerning funding, this sector is funded through medical schemes and out-of-pocket payments, especially for acute medicines and primary care services (Equity Briefing paper, 2007:1). According to Young (2016:9) it is incontrovertible that there is a difference between public healthcare and private healthcare. Private healthcare insurance was explained to be expensive because citizens to be treated at a private healthcare facility must purchase their own private insurance (Young, 2016:9). Also, Young (2016:9) identified the following as advantages of the private healthcare "short waiting time, quality care, better facilities, adequate resources available, appointments are not rushed, and proper disease control and prevention practices are utilised. What is more, private healthcare's advantage as identified by Young (2016:9) was that, "Citizens who can afford to pay for private insurance use private health care. Thus, due to the fact that only a few can afford private healthcare, the demand is lower than that of the public healthcare (Young, 2016:9). Also, regarding private health sector, McIntyre (1995) explained that this sector is mainly used by high income earners who hold medical insurance policies, and because of their insurance policies private sector is utilised for their health needs. However, this author explained that although the members hold medical insurance policies, there are certain services which are considered highly specialised like cancer treatment and dialysis and services which are not completely covered by medical aid schemes. For these services public health sector is thus utilised (McIntyre, 1995). Additionally, private health services are utilised by low to middle income earners who are beneficiaries on the medical aid schemes or as result of exempted schemes covering limited care from private providers such as ambulatory care (McIntyre, 1995). What is more, McIntyre (1995) point out that with the private sector, a range of hospitals is available, and this includes facilities whose provision of care is on a fee-for-service basis, there are welfare or charitable organisations that run non-profit hospitals, and industry-specific hospitals. This study was essentially conducted in the public health sector, and thus the next section focuses on an understanding of the concept of public policy, particularly in the context of South Africa and also in general. The significant emphasis will be on public policy implementation since the study has been conducted to support implementation of a NHI policy as introduced in South Africa.

2.10 UNDERSTANDING THE CONCEPT OF PUBLIC POLICY

Imurana, Haruna and Kofi (2014:196), explained that politics and bottlenecks relating to implementation, becloud most of the public policies in Africa. These authors stipulated that, "the politicisation of public policies in Africa has led to the formulation of overambitious policies by political parties to win political capital coupled with excessive bureaucratic procedures" (Imurana *et al*, 2014:196). Further, Imurana *et al*. (2014:196) expressed that, in Africa, many public policies do not necessarily solve the major problems as identified to be addressed, and this is attributed to the fact that, there are many key challenges faced by most African countries during the stage of policy implementation. This section, therefore, provides insights into the concept of public policy, what it means and its types and kinds, policy process cycle, policy implementation, analysis and evaluation, as well as implementation challenges. The aim of this section is not to evaluate or critique a particular policy, but to obtain a clear understanding of the concept of public policy. According to Nwagboso (2012:60), public policy is not a new concern in political science because an interest in society's policies is evident in the earliest writings of political philosophers. Phago (2010:85) stresses that various scholars or authors approach the study of public policy differently, and the concept is widely investigated. Accordingly, providing a synthesis of public policy at global level, and also at South African level is crucially important before maintaining a specific focus on the nature and principles of the NHI policy in South Africa.

2.10.1 Defining a Policy

According to Hogwood and Gunn (1984:19), "A policy includes a series of more specific decisions, sometimes in a rational sequence, e.g. deciding there is a problem, deciding to do something about it, deciding the best way of proceeding, deciding to legislate, etc". Osman (2002:38) defined a policy as "a broad statement that reflects future goals and aspirations and provides guidelines for carrying out those goals". As Anderson succinctly puts it, "a policy is a relatively stable, purposive course of action followed by an actor or set of actors in dealing with a problem or matter of concern". Curtain (2000:35) discussed scenarios in which policies that are proposed might need to operate. This author submitted that attention to the process is what public policy which good involves. Furthermore, this author's argument is that abundant opportunity for participating in a number of ways has to be given to the end users (Curtain, 2000:35). Again, Curtain (200:35) emphasised the importance of minimising 'silo' effect of departments functioning independently. In fact, according to Curtain

(2000:36), good policy "…needs to be outcome-focused by identifying carefully how the policy will deliver desired changes in the real world"; "requires involving those outside government in policy making"; and "is based on learning from experience". With this in mind, Curtain (2000:36) highlighted the importance of using research and evidence when addressing policy problems. Accordingly, Curtain (2000:36) elucidated that to encourage innovation and for testing whether options that have been introduced work, more use of pilot schemes is vitally important. Equally important, Barke and Gurley (2014:4) wrote about *policy time* and *political time* which are both of utmost importance to public policy. These authors defined *policy time* as the time during which a policy is operative, based on empirical realities of a real world or opportunity that can be addressed by a policy initiative. Policy time can be near, medium, or deep time, depending upon how long a policy problem exists in the world prior to resolution, if it can be resolved at all" (Barke and Gurley (2014:4). Furthermore, Barke and Gurley (2014:4) highlighted that policy time has to be well defined, although it is understandable that policy time's length is not frequently well defined. About *political time*, Barke and Burley (2014:4) define it as "…the period during which political institutions attend to a policy issue, from when it is identified as a matter requiring attention until the issue is no longer active in the political process". The emphasis of these authors is that political time's scope can differ for "…legislators, federal agencies, state and local officials, the media, and the public", these will depend on institutional factors including "…agendas, organisational resources, stakeholders' patience, budgetary issues, internal decision making procedures, strategic advantage, or actors within other institutions".

2.10.2 Defining Public Policy

Nwagboso (2012:60) stressed that there is no generally-acceptable definition of public policy as it is in the social sciences' case. Nwagboso (2012:60) further explains that this happens because of people's different understanding of the term "public policy". Nwagboso's perception of public policy is "…simply the action of the government strategically designed and adopted to resolve issues of public concern" (Nwagboso, 2012:60). The author explained the public's concerns as those issues with implications that are far-reaching and impact on the majority in both developed and developing countries worldwide (Nwagboso, 2012:60). Likewise, Gumede (2008:8) expressed that there are many competing definitions of public policy and there is extensive literature concerning the definitions of public policy. Political science pioneers Lasswell, Brauns and Wallis (2014:203) felt that Dye's 1994 definition of public policy as "what governments choose to do or not do" remains the most concise. Roux

(2002:3) pointed out that other scholars' definitions of public policy also acknowledged Dye. These scholars include David Easton, a political scientist, who defined public policy as "…the authoritative allocation of values for the whole society"; Harold Lasswell, also a political scientist, and Abraham Kaplan, a philosopher, whose definition of policy was "…a projected programme of goals, values, and practices". Roux (2002:424) expressed that public policy refers to "…a proposed course of action of government or guidelines to follow to reach goals and objectives, and is continuously subject to the effects of environmental change and influence". Roux (2002:424) pointed out that policy cannot be stagnant and must address emerging societal issues such as those brought about by globalisation, transformation and other ongoing changes in South Africa.

Babooa (2008:15), like other scholars mentioned in the preceding paragraphs, explained that public policy is defined differently by different authors. Some of the authors who defined public policy as cited in Babooa (2008:15-16) are Easton (1953:129), who defined public policy as "…the authoritative allocation through the political process, of values to groups or individuals in the society", Dye (1978:5), whose definition of public policy was "…a comprehensive framework of and/or interaction", Starling (1979:4), who shared a view that public policy is "…a kind of guide that delimits action", Ranney (1968:7), who stipulated that public policy is "…a declaration and implementation of intent", Hedo (1972:85) ,who aptly put it that "…a policy may usefully be considered as a course of action or inaction rather than specific decisions or actions", Parsons (1997:14) who stressed that public policy is a "…course of action or plan, a set of political purposes", and lastly, Baker (1975:15), who postulated that public policy is "…a mechanism employed to realise societal goals and to allocate resources". Correspondingly, public policy is described by Cochran and Malone (2014:3) as "…the overall framework within which government actions are undertaken to achieve public goals".

Equally important, Marume, Ndudzo and Jaricha (2016:24) point out that, "Public policy is a complex, multifaceted, polymorphous process which consists of sub-processes and sub-sub-processes which are all intended to achieve postulated governmental aims and objectives". Also these authors, state that, "Public policy is viewed as a comprehensive enforceable, binding, authoritative, deliberate and purposeful framework of and for interaction within which a multiplicity of public policy decisions by political office-bearers can be made, and various courses of action can be put into operation by public officials in order to realise the

postulated governmental aims and objectives as economically, efficiently, effectively and legally as possible" (Marume *et al*, 2016:27). Peters (2015:1) defined public policy as "…the set of activities that governments engage in for the purpose of changing their economy and society". Also, public policy is conceptualised in the work of Makinde (2015:124), as "…a final decision or plan made by government, after reviewing several available options, towards the achievement of set objectives". Marume (2016:10) shared four viewpoints regarding the meaning of public policy and they are as follows: "Public policy is a course of action designed to attain an objective; public policy is the authoritative allocation through the political process of values to groups, or individuals in the community, and in this regard, public policy is a guideline for action; public policy is a comprehensive framework of and for interaction within which a multiplicity of public decisions are possible; public policy is purposeful activity; a course of action put into operation to realise postulated objectives or goals". Marume (2016:10), also explained that "…within the broader context of the political system, public policy is a reasonably comprehensive, enforceable, authoritative, binding, legitimate, deliberate and purposeful framework of and for interaction within which a multiplicity of public decisions can be made by elected political office-bearers, and various courses of action can be put into practical operational by public administrators and their subordinates in order to realise postulated government aims and objectives".

According to Knill and Tosun (2011:2), Lowi (1964) distinguishes between different types of policies and the distinction is shown as follows: Firstly, "…regulatory policies, which specify conditions and constraints for individual or collective behaviour, for instance, environmental protection, migration policy, consumer protection, etc. Secondly, distributive policies, which are distributing new resources such as agriculture; social issues; public works; subsidies; taxes; Thirdly, redistributive policies which modify the distribution of existing resources, such as land reform; progressive taxation; welfare policy; fourthly, constituent policies which create or modify the states' institutions, for instance changes of procedural rules of Parliaments". It is evident from the above definitions that government has to decide what to do or not to do in order to address societal issues brought by ever changing environment. It also comes out clear from the definitions that government has to take action for it to achieve its goals and objectives. Also, it is apparent that public policy is dynamic and inclusive and has to be formulated in a way that all stakeholders will understand it.

With public policy defined from a literature perspective and types of different policies briefly explained, the next section explores the public policy-making process in general and in the South African context, with a view to understanding the public policy process cycle clearly and comprehensively.

2.10.3 Defining the Policy Cycle

The term policy cycle was defined in Savard (2012:1) as "…the recurrent pattern shown by procedures that ultimately lead to the creation of a public policy". Savard (2012:1) further stated the advantage of exploratory insights into the decision-making process through analysis of procedures. This was achieved by concentrating on individual stages of agenda-setting, formulation and implementation. Likewise, Bridgman and Davis (2003:100) define the policy cycle as "just a heuristic, an ideal type from which every reality will curve away. It is designed to answer the daunting question 'what do I do now'?" Furthermore, Bridgeman and Davis (2003:102) express that through a policy cycle approach, public servants can be helped to develop a policy and ensure its guidance through governmental activities. Above all, a policy cycle commences by defining a problem, gathering evidence, testing proposals and putting recommendations before Cabinet (Bridgman & Davis, 2003:102). According to Bridgeman and Davis (2003:102), policy makers are offered a modest and flexible framework by the policy cycle. Similarly, Cochran and Malone (2014:3) identified several key aspects which the policy process includes, and they are described as "a definition of the problem to be addressed, the goals the policy is designed to achieve, and the instruments of policy that are employed to address the problem and achieve the policy goals". In this section, policy cycle was discussed with an aim to clearly understand the concept of policy cycle. In the next section of this chapter, the researcher explores types and kinds of policy, found to be more relevant to this study. The researcher found discussions by Marume (2016) on types and kinds of policy easily comprehensible and were considered for this study.

2.10.4 Different Types and Kinds of Policy

The researcher understood that there are different types and kinds of policy which were explored by many scholars in the field of public policy and other fields. However, there are four major types of policy identified by Marume *et al*. (2016) which were found by the researcher to be more relevant and extremely important to the current study. The four types and kinds of policy as identified by Marume *et al*. (2016), are *political policy*, *executive policy*, *administrative policy*, and *technical / operational policy*. These types and kinds of

policy are best discussed by Marume *et al.* (2016), and are, therefore, discussed below by the researcher for better understanding of the practical working of governments in countries like SA and other countries worldwide. The policies are discussed as follows:

2.10.4.1 Political Policy

Hallworth, Parker and Rutter (2011:5) point out that, "politics" was famously defined by Harold Lasswell as "who gets what, when, and how". Marume *et al*. (2016:23) explained that Marume (1988 and 2015), with the support of Professor E.N. Gladden (1964 and 1972), stated that, "political policy also general policy is the policy laid down by the supreme political authority on the different levels of government. As such it is the policy by which the government of the day is generally guided". According to Marume *et al*. (2016:23), when a political takes a decision for participating in an election, it is imperative that community life has to be examined by that party, and its viewpoint on numerous policy issues should be declared especially based on its members' general feelings and also its key findings. More importantly, it is explained by Marume *et al*. (2016:24) that, according to Professor Hans. J. Morgenthu (1985) there are three basic types which emerge as a reduction of all political phenomena, and they are "a political policy seeks to either to keep power, to increase power, or to demonstrate power". In view of these discussions, the researcher's viewpoint is that the ruling political party in a particular country will do all that is possible always to win more votes during the times of elections in order to keep or increase their power. One would argue that it is extremely important that all political parties deciding to participate in elections thoroughly examine the community life for better understanding of critical policy issues faced by the community.

2.10.4.2 Executive Policy

Concerning this type and kind of policy, Marume *et al.* (2016:24) stipulated that "…in most responsible and democratic societies, both developed and developing, capitalist and socialist, the executive policy is the form in which the executive body which may be a cabinet, an executive committee, or a management committee, carefully shapes the features of the political policy in order that it may be put into practice". About formulation of this type and kind of policy, Marume *et al*. (2016:24) explained that institutions forming the executives' institutions' super structure, or political office bearers such as ministers, and the cabinet committees are largely, with assistance from top officials, responsible for executive policy

formulation. In the context of SA, the researcher shares a view that top officials in government departments, include Heads of Departments, Deputy Director-Generals, Chief Directors, Directors, to mention a few, and these officials, as it is explained in this section, play a fundamental role with regard to formulation and implementation of on an executive policy.

2.10.4.3 Administrative Policy

This type and kind of policy, is defined by Marume *et al*. (2016:24) as "…the form in which the policy officials carry out the will of the government of the day into practical effect and also facilitate to lay down executive policy". Furthermore, administrative policy is formulated after a political policy and executive policy have been communicated or made known. Also, this type and kind of policy can be used more importantly to address serious issues, but most often its focus is on small matters such as systems, programmes, practically feasible steps, methods and procedures to deal with executive and political policies (Marume *et al.*, 2016:24). Marume *et al*. (2016:24) also shared a view that this type and kind of policy is made more frequently. These discussions bring about an important point around the importance of ensuring that political and executive policies are well communicated and well known by the societies, to simplify things when administrative policy is formulated.

2.10.4.4 Technical / Operational Policy

It is expressed by Marume *et al*. (2016:24) that, there are decisions on various issues which are taken at the operational level, which is at the level where the actual work is carried out. As a result, technical / operational policy is defined by Marume *et al*. (2016:24) as "the day-to-day policy adopted by public officials, technical personnel and experts in implementation of the already decided administrative policies". In addition, technical / operational policies are often times made by all officials with discretion (Marume *et al.*, 2016:24). The researcher's argument is that, it is imperative that all those responsible for making technical / operational policy understands all other types and forms of policy as this is essential for making and implementing technical / operational policy.

In the preceding section, four types and kinds of policy were considered. The next section discusses policy making process in general and also in the South African context. It has been imperative for the researcher to have a dynamic understanding of policy making process since this also has an impact of policy implementation.

2.10.5 Public Policy-Making Process in General

Hallworth *et al*. (2011:4) said that policy making's strength is crucial to the whole government's strength, and also to the country's strength at large. What is more, these authors' argument was that the costs (monetary or otherwise) associated with the failure of policies can be substantial (Hallworth *et al.*, 2011:4). Thus, Cloete (1998:159) cited in Brauns & Stanton (2015:17), expressed that "…policy making involves identifying needs, preparing legislation, and analysing existing policies whilst policy implementation involves setting missions / objectives / goals, planning, programming, marketing, of policy missions /objectives / goals and identifying and reporting shortcomings". Nwagboso (2012:59) pointed out that an ingredient of any political process is public policy-making. The author postulated that policy-making serves as a guide, especially regarding exercising of power by those whose responsibility is piloting affairs of state. Policy-making is thus vitally important whether in democratic or authoritarian regimes (Nwagboso, 2012:59). According to the Municipal Research and Services Centre for Washington Report (1999:1), the creation of policies happens because decision-making should be guided. This report (1992) refers to public policy as "…a combination of basic decisions, commitments, and actions made by those who hold authority or affect government decisions". Furthermore, the explanation by Municipal Research and Services Centre for Washington Report (1999:2) is that, public values are weighted and balanced through the process of policy-making. This report stipulates that, "Often there is no 'right' choice or correct technical answer to the issue at hand. Policy-making can be an adversarial process, characterised by the clash of competing and conflicting interests and viewpoints rather than an impartial, disinterested, or 'objective' search for 'correct' solutions for policy issues".

Nevertheless, Mthethwa, (2012:40) pointed out that the process of formulating a policy is important. Persson (2014:29) postulated that, "Policy formation can be understood literally as the genesis of a policy, the process through which it takes its shape". Howlett and Ramesh (1995), cited in Mchunu (2016:14), explained that the understanding of public policy can be achieved by breaking down the public policy process. According to Mchunu (2016:14), there are six stages of the policy making process as identified by Colebatch (2002:50). These six stages are shown sequentially in Figure 2.3:

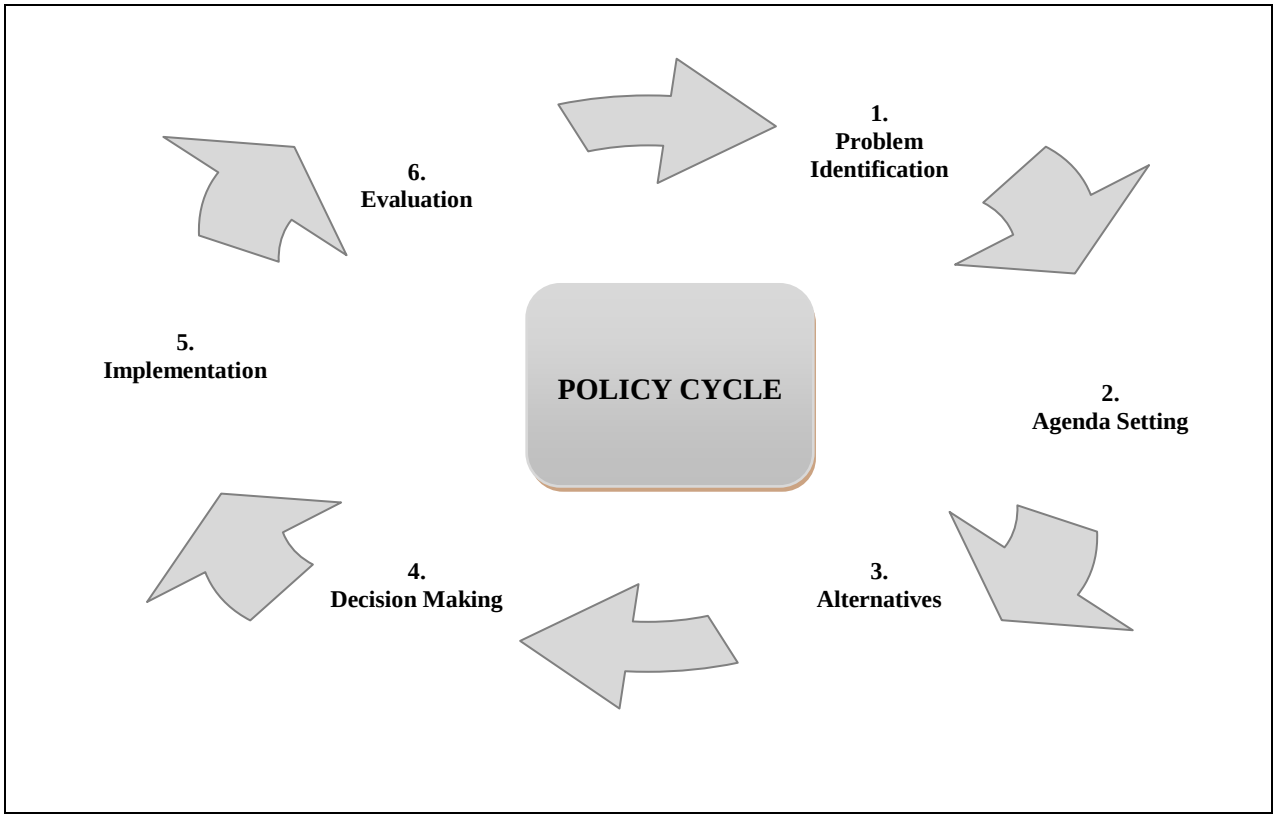

Figure 2.3: The Policy Cycle (Source: Mchunu, 2016:15)

The six stages identified by Colebatch (2002:50) in Mchunu (2016:14) are briefly discussed as follows:

Stage 1: *Problem Identification*: Mchunu (2016:15) pointed out many ways of identifying problems that required policies, including conducting of research or monitoring of activities. Furthermore, problems which are placed on an agenda for authorities' consideration are ones which are recognised and deemed worthy of attention. This implies that certain problems will not be brought to the attention of authorities (Mchunu, 2016:15).

Stage 2: *Agenda Setting*: Peters (2015:67) emphasised the importance of agendas for policy-making. The author defines an agenda as "the set of issues that governments (along with their allies) will act upon". Peters (2015:67) explains that policy agendas may take at least three forms. The first form of agenda is the "systemic or informal agenda" which considers all issues that the public sector has accepted as legitimate objects of action on the agenda for consideration. Secondly, there are "institutional agendas" which consist of issues to be worked on actively at any time by institutions. The number of institutional agendas provided to would-be agenda setters is dependent on the type of political system. It is thus important to

understand politically the movement of an issue from an informal agenda to a more formal institutional agenda (Peters, 2015:67). Thirdly, there are "recurrent agendas", such as the public budget which comes up on the policy agenda almost yearly. Some items come up regularly on agendas due to the fact that all public programmes require funding, although some of these items are not discussed at great length (Peters, 2015:67).

Stage 3: *Alternatives*: By this stage problems have been identified and are on the authorities' agenda. Formulation of alternative solutions to these problems now receives attention, (Mchunu, 2016:16). Kulaç and Özgür (2017:147) explained that according to Cochran and Malone (1999:46), answers should be provided during this stage. Examples of necessary questions are: "What is the plan to deal with the problem? What are the goals and priorities? What are the costs and benefits to achieve goals? What are the positive and negative externalities in each alternative?"

Stage 4: *Adoption or Decision-Making*: Policies can be made at this stage because authorities have selected solutions to the problems at hand. Barkenbus (1998:1) stressed that "if charge is to 'improve decision-making', one of the most obvious ways to do so is to provide decision-makers with an understanding of specialised knowledge or expertise that can assist in making wise choices among alternatives". Adoption or decision making is described by Benoit (2013:2) as "the stage during which decisions are made at the governmental level, resulting in a decision that favours one or more approaches to addressing a given problem".

Stage 5: *Implementation* (Putting Policy into Practice): Kulaç and Özgür (2017:147) explained that once the legitimation process is completed, the public policy implementation stage can take place. Barkenbus (1998:6) pointed out that those responsible for implementing policies face substantial challenges. Mthethwa (2012:37) said that "policy implementation refers to the mechanisms, resources, and relationships that link policies to programme action". Similarly, implementation is viewed by Mchunu (2016:16) as "the manner in which policy is carried out". Equally, Benoit (2013:2) elucidated that implementation is the stage during which establishment of implementation parameters which can have effect on the policy's final outcome, happens. Likewise, Imurana, Haruna, and Kofi (2014:199) postulated that the founding fathers of policy implementation Pressman and Widavsky are of the view that implementation is "…a process of interaction between the setting of goals and action geared to achieve them". Furthermore, Imurana *et al*. (2014:199) explained that for public policy implementation to thrive, it needs a country which is politically stable.

Stage 6: *Evaluation:* According to Mchunu (2016:16), evaluation is "…the stage in the policy cycle at which it is determined how a public policy has actually fared in action". Nwagboso (2012:63) explained that according to Nicholas Henry (1999:179) "policy evaluation is the bringing to the public policy decision-makers the available knowledge about a problem, relative effectiveness of past strategies to address or reduce that problem and about the observed effectiveness of particular programme". Similarly, Juma (2015:838) points out that, "Policy evaluation entails an analysis of the policy in terms of the systems making it, its functioning, structures of the policy, the input vis a' viz the outcome". According to Juma (2015:838) the reasons for evaluation of policies are many. This author specified that, "simplistically, the question why undertake policy evaluation would mean that it leads to, knowing its achievements, judging its quality, making futuristic decisions of the program, determining the how of implementation and the outcomes" (Juma, 2015:839).

2.10.6 Public Policy Making Process in the Context of South Africa

Torjman (2005:4) expressed that policy development is "…a decision-making process that helps address identified goals, problems or concerns. At its core, policy development entails the selection of a destination or desired objective". In the same way, Benoit (2013:5) expressed that, various policy options which are considered to be feasible solutions are examined by the public administration concerned. Thus, in South Africa, public policy making process for different public sectors such as education, agriculture, health, and other sectors follow a policy making process explained by Gumede (2008) and summarised in this section. It should be noted that the making of public policy in democratic countries is viewed as a complex process due to its inclusion of a number of factors, such as government agencies and actors, non-governmental agencies and actors who play key roles in the policy-making process (Rahmat, 2016:311). Rahmat (2016:311) stipulated that "unless and until the policies formulated are executed in a fair, impartial, and effective way, how so ever good, the policy intents and outcomes can never be achieved". According to Marume (2016:10), public policy and public policy-making's importance in public administration emanates from the fact that "no public activity can be attempted without the stipulation of clear objective and a proper policy". Public policies can thus be defined as what government institutions and public officials put into effect and are adopted by political office bearers (Marume, 2016:11).

Having given a background to public policy, this section goes on to discuss the process of public policy-making in the South African context. The researcher is aware that the public

policy-making process in the South African context has been explained by many authors or scholars in different fields. For the purpose of this study, the researcher concentrates on the explanation given by Gumede (2008). The researcher found Gumede's explanation of the process of public policy making in the context of South Africa easily comprehensible and comprehensive.

Gumede (2008:10) shares the view that "South Africa's history, like that of many African Countries, is dominated by colonialism, racism, apartheid, sexism and many repulsive policies whose legacy remains severe. As a result, in every sphere of the society today, whether economic, social, political or cultural, South Africans are confronted with serious challenges to which public policies must respond. The era of apartheid, its legislation and institutions through which the ideology was implemented, produced and left a legacy of persistent poverty and extreme inequality that spans 300 years". Furthermore, Gumede (2008:10) explained that the majority of South African societies find themselves confronted with "accumulated disadvantages" which are enormous and can be addressed in a sustainable and collective manner.

In view of what has been discussed in the preceding paragraphs, this section focuses on the process of public policy-making, and various institutions' roles therein, with added attention to non-state actors. The first institution which plays a critical role in the process of public policy making in South Africa is "Policy Co-ordination and Advisory Services (Policy Unit)" which is found in the state presidency (Gumede, 2008:11). This Unit deals with the policy-making process including, "policy analysis, coordination and advice" (Gumede, 2008:11), and in addition to these key policy activities, the Unit focuses on planning- be it short term planning, medium term planning or long term planning, and as well as "government-wide monitoring and evaluation" (Gumede, 2008:11). It is also the Unit's responsibility to provide the following: "research, analytical, advisory, policy, project or programme and strategic support to the presidency and government as a whole on matters of socio-economic development, justice, governance, and international affairs" (Gumede, 2008:11). Additionally, the Policy Unit acts as a link between the five Forum of South African Directors-General (FOSAD) clusters (Gumede, 2008:11).

Gumede (2008) provides the following explanation on the process of policy-making in South Africa. As in many countries, the national legislative authority is vested in parliament, which is the highest level of government, and its composition contains the National Assembly (NA)

and the National Council of Provinces (NCOP) which are the two main houses (Gumede, 2008:11). The NA is described by the Constitution as "a body elected to represent the people and to ensure government by the people" (Gumede, 2008:11). Additionally, Gumede (2008:11) outlines the NA's functions as "holding the executive accountable; fulfilling the judicial role and those relating to its own activities; considers public petitions from the members of the public; passes legislations". Furthermore, it is the role of the NA to "pass, amend or reject any legislation before it, and / or initiate or prepare legislation, except the Money Bill" (Gumede, 2008:11). Above all, it is the NA's obligation to ensure that mechanisms for ensuring that all executive organs of state's accountability in the national sphere of government are provided and it is also the NA's obligation to "maintain oversight of the exercise of national executive authority, including the implementation of legislation, as well as of any organ of state" (Gumede, 2008:11).

The NCOP is responsible for the following key roles as outlined by Gumede (2008:11), "The NCOP ensures that provincial interests are taken into account in the national sphere of government; participates in the national legislative processes and provides a national forum for public consideration issues affecting the provinces; may pass, amend, propose amendments or reject any legislation before it, initiate or prepare legislation falling within functional areas; is required by law to facilitate public involvement in its legislative and other process and its committee in a regulated manner".

Gumede (2008:12) further explained that the process of law-making involves various structures and is lengthy. Draft legislation goes through a specific process before it actually reaches parliament as a bill. According to Gumede (2008:12), the process of making law commences when a Green Paper is discussed and drafted in the ministry or department which deals with the issue at hand. The aim is demonstration of the ministry's or department's thinking concerning a particular policy. A policy is then drafted by the department or a designated task team, where comments are further invited from all interested parties (Gumede, 2008:12). Once a policy is drafted, amendments may be proposed by the parliamentary committees who refer the policy paper back to the department or ministry for more discussions and final inputs (Gumede, 2008:12). The Law Commission and Cabinet then approves a policy paper (White Paper) which is then submitted to the advisors such as state law advisors who then assess implications (legal and technical) of the draft law. A bill is then introduced in parliament (Gumede, 2008:12). He pointed out that "at this stage the bill

must have already gone through public participation process where organs of civil society, other bodies and the general public are given an opportunity to input during drafting". It is also pointed out in Gumede (2008:12) that although the passing of a law is the responsibility of parliament in the two houses' sittings, examination regarding details of a draft law occurs only at cabinet committee level.

Gumede (2008:12) identified the key responsibilities of the South African cabinet committees as: "review and deliberate on the identified short-, medium-and long term priorities in an integrated way for their particular sectors, and to agree on areas that require substantive discussion; facilitate integrated cabinet decision making and the cooperative approach to governance; discuss substantial political and policy matters to inform memoranda that come to cabinet for decisions on policy matters; engage in creative and collaborative interaction on issues affecting their sectors relating to policy development and legislation for the sector; deliberate on capacity and systems development for integrated planning, coordination, monitoring and evaluation".

It is further explained that at a provincial level, the Constitution of a province governs the provincial legislature and this legislature must act in accordance with the constitution and its limits (Gumede, 2008:13). He explained that, "in exercising its legislative power, a provincial legislature may consider, pass, amend, or reject any bill before the legislature, initiate or prepare legislation". In addition, as in the National Assembly and the NCOP, provincial legislation is also responsible for ensuring that there is involvement of the public in the legislature and its other processes, including its committee. This must done in a manner that is regulated (Gumede, 2008:13).

Lastly, Gumede (2008:13) explained that municipalities across South Africa were established at a local sphere of government. As Gumede (2008:13) puts it, "the executive and legislative authority of a municipality is vested in its municipal council. In terms of the provision of the constitution, a municipality is essentially given the right to govern on its own initiative, its communities' local government affairs, subject to national and provincial legislation (Gumede, 2008: 13). Gumede (2008:13) further stipulates that, "Municipalities have the right to exercise their ability powers without the national or a provincial government compromising or impeding their ability or right to exercise their powers or perform their functions. Additionally, municipalities may make and administer bylaws for the effective administration of the matters for which they are responsible".

Governance arrangements are enacted in the Constitution which is the supreme law of the country (Gumede, 2008:13). Roux (2002:419) points out that the Constitution of the Republic of South Africa is the "supreme law" or "authority" in contrast with previous constitutions in which the supreme authority was Parliament. Parliament is now subordinate to the Constitution. This section discussed the process of making public policy in the context of South Africa. The next section focuses on factors influencing the development of public policies in general.

2.10.7 Factors that Influence the Development or Formulation of Public Policies

Roux (2002:425) argued that public policy is a dynamic phenomenon and includes influencing factors such as the ones identified by Cloete (1981:58-64), and Botes, Brynard and Roux (1996:308-309). These include, "Circumstances which include the total environment as determined by time and place; technological developments; population increase and effect of urbanisation; natural disasters; international relations and trends as well as the effects of globalisation; economic and industrial development; public needs and aspirations; party political dynamics; views of interest and pressure groups; research and investigations by commissions and committees; personal views of public officials and political role players" (Cloete, 1981:58-64), and Botes, Brynard and Roux (1996-309) in Roux (2002:425). Khalid, Mushtaq and Naveed (2016:373) submitted that "formulation of public policy is deemed as a part of the pre-decision stage of policy creation, creation of goals, main concerns, opportunities and cost and advantages of every option". Now that factors influencing the development or formulation of public policies are known and understood, it is, therefore, imperative that the researcher discusses the general overview of public policy implementation because this study is undertaken to support the implementation of a NHI public policy in SA, and also to prepare the South African public health sector particularly the LDoH for a countrywide implementation.

2.10.8 The General Overview of Public Policy Implementation

According to Makinde (2005:63), policy implementation has been observed as one of the greatest problems facing developing nations. Commonalities and failures regarding public policy implementation across the world are well documented (Muhammad, 2014:66). Ahmed and Dantata (2016: 60) are of the view that "implementation often turns out to be the graveyard of many policies". According to Rahmat (2015:306), through understanding the policy implementation process, one gains an understanding of problems and outcomes

relating to public policy-making. This author stipulated that "implementation is about trying to accomplish public objectives, the process by which and the structures through which policy is intended to affect societal conditions and outcomes" (Rahmat, 2015:306). Furthermore, Rahmat (2015:306) expressed that public policies are put into action through statements of goals and objectives with the objective of realising the policy's stated ends.

According to Ahmed and Dantata (2016:60), experience shows that policy makers pay little attention to the subject of policy implementation. These authors stated that policy makers take it for granted that the adoption of a policy by government implies automatic implementation and achievement of the expected results. Implementation problems and complexities associated with implementation often receive little or no attention (Ahmed and Dantata, 2016:60). Brynard (2005:653), shared the view that implementation was seen only as an administrative choice by early scholars of policy science, by which once legislating of a policy was completed then the institutions mandated with administrative authority would automatically implement the policy. This view has been refuted. Brynard (2005:653) stipulated that "while the complexity inherent in the implementation processes has been amply demonstrated, we are still nowhere near a widely accepted causal theory with predictive or prescriptive powers. Although the United States and Western Europe moved through different phases of policy implementation research, South Africa is currently in the midst of the implementation era".

This section discusses public policy implementation and implementation challenges or problems from the existing literature's perspective, with an aim to clearly understand public policy implementation. The section commences by providing a brief description of what the term "policy implementation" means. It then focuses on factors affecting policy implementation and discusses policy implementation approaches. Following on from this is a deliberation on implementation problems and performance. The section concludes by concentrating on models developed for successful implementation of policies. This section is summarized in graphic form in Figure 2.4:

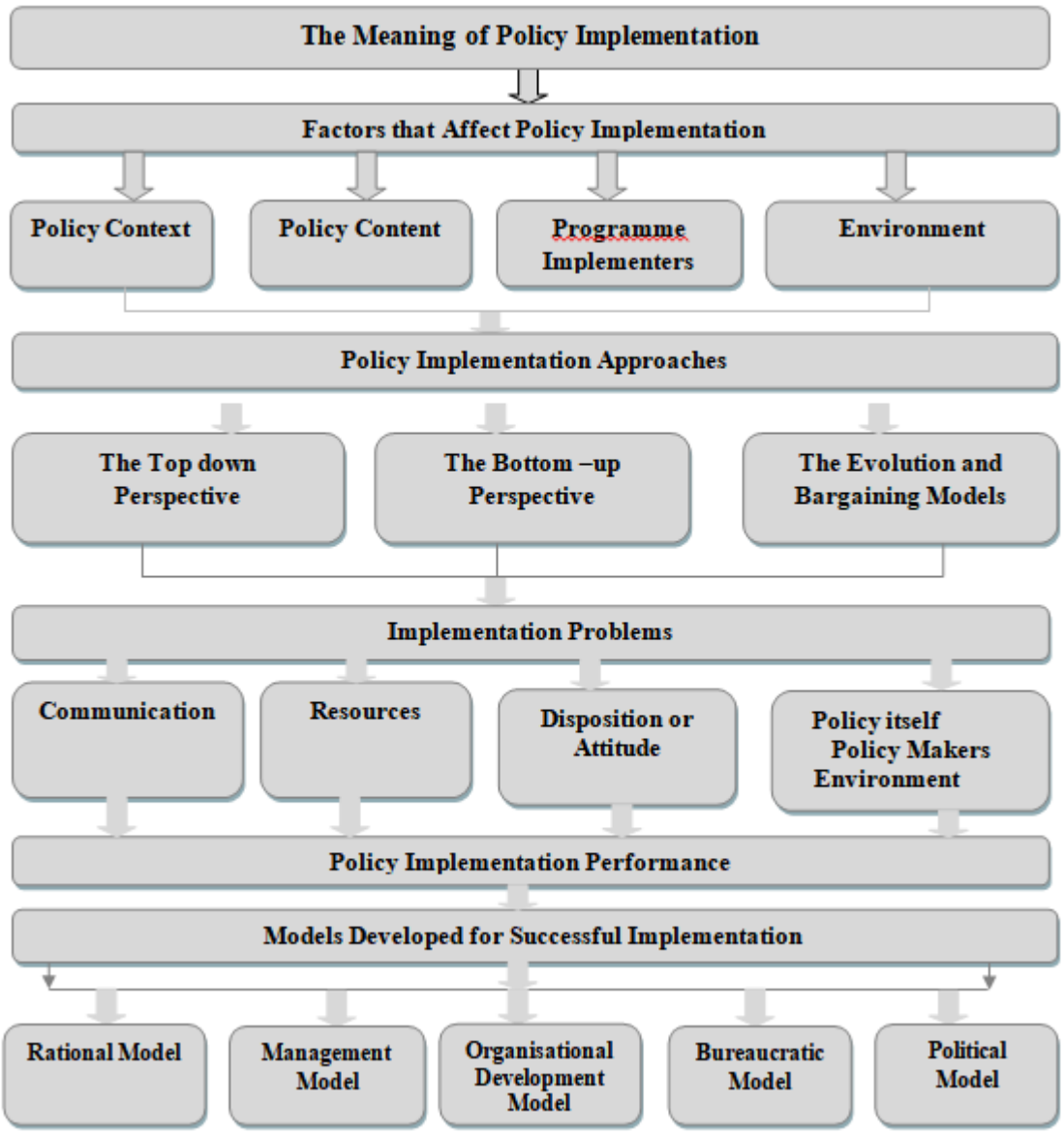

Figure 2.4: General Overview of Public Policy Implementation (Source: Compiled by Author)

The general overview of public policy implementation is discussed in the next section of this chapter. It starts by defining policy implementation and moves on to discuss factors affecting policy implementation, policy implementation approaches, implementation problems and policy implementation performance, (which include the models for successful policy implementation).

2.10.9 The Meaning of Policy Implementation

Brynard (2007:35) says that according to Lane (1993), problematic structure characterises the implementation concept. Furthermore, Lane (1993:90) as cited by Brynard (2007:35),

stresses that according to Webster's Dictionary, "implementation means either the act of implementing or the state of having been implemented. It presents the following key words for 'implement': to carry out: accomplish, fulfil, to give practical effect to and ensure actual fulfilment by concrete measures to provide instruments or means of practical expression". According to Brynard (2007:35), there is double meaning concerning the concept of implementation: "to give practical effect to or execution on one hand, and fulfilment or accomplishment of its objectives on the other". Also, Brynard (2007:35) insists that a basic ambiguity is shown by this especially in the implementation's notion: "implementation is an end sate or policy execution". Brynard (2007:35) further explains that the same double meaning of implementation is noted by the Oxford English Dictionary which expresses "to complete, perform; to fulfil". The argument is that "since the concept of implementation implies that these two entities are objective and outcome, satisfy two different relationships: the causal and the accomplishment function".

According to Paudel (2009:36) implementation literally means "carrying out, accomplishing, fulfilling, producing or completing a given task". Paudel (2009:37) explained that Elmore (1978:195) argued that effective implementation has four ingredients which are: "clearly specified tasks and objectives that accurately reflect the intent of policy; a management plan that allocates tasks and performance standards to subunits; an objective means of measuring subunits performance and a system of management controls and social sanctions sufficient to hold subordinates accountable for their performance". Mthethwa (2012:37), was of the view that "policy implementation refers to the mechanisms, resources, and relationships that link policies to programme action, and more specifically, to carry out, accomplish, fulfil, produce or complete a given task". Rahmat (2015:306) stressed the importance of understanding the policy implementation process in order to understand public policy-making difficulties and outcomes. It was argued in Rahmat (2015:306) that for a policy to succeed it must bear a relationship to policy adopters' intentions and the author emphasises the critical importance of policy implementation on government's success. Concerning what implementation really means, Rahmat (2015:306), asserted that "implementation is essentially about trying to accomplish public objectives, the process by which and the structures through which policy is intended to affect societal conditions and outcomes".

Ahmad and Adnan (2014:85) expressed that implementation of public policy is essential. Policy implementation "involves a wide variety of actions such as issuing and enforcing

directives, disbursing funds, making loans, assigning and hiring personnel, " (Makinde, 2005:63). Ahmed and Dantata (2016:61), shared the view that there are wide differences on a number of crucial issues with regard to implementation. According to Ahmed and Dantata (2016:61), "while implementation is commonly referred to as a stage, boundaries are not clear" and they maintained that this is evident in the way authors vary on the following: how critical factors that affect policy implementation are selected and conflicting evaluation criteria with regard to evaluation of implementation success.

2.10.10 Factors that Affect Policy Implementation

Rahmat (2015:308) contended that in any situation which is complex, policy-making and policy execution affect each other as interrelated phenomena. Modification and reviewing of policies have to be done regularly, especially during the execution (Rahmat, 2015:308). Ahmed and Dantata (2016:62-63), explained that Egonmwan (2009) identified critical factors affecting policy implementation. These are illustrated in Figure 2.6 below.

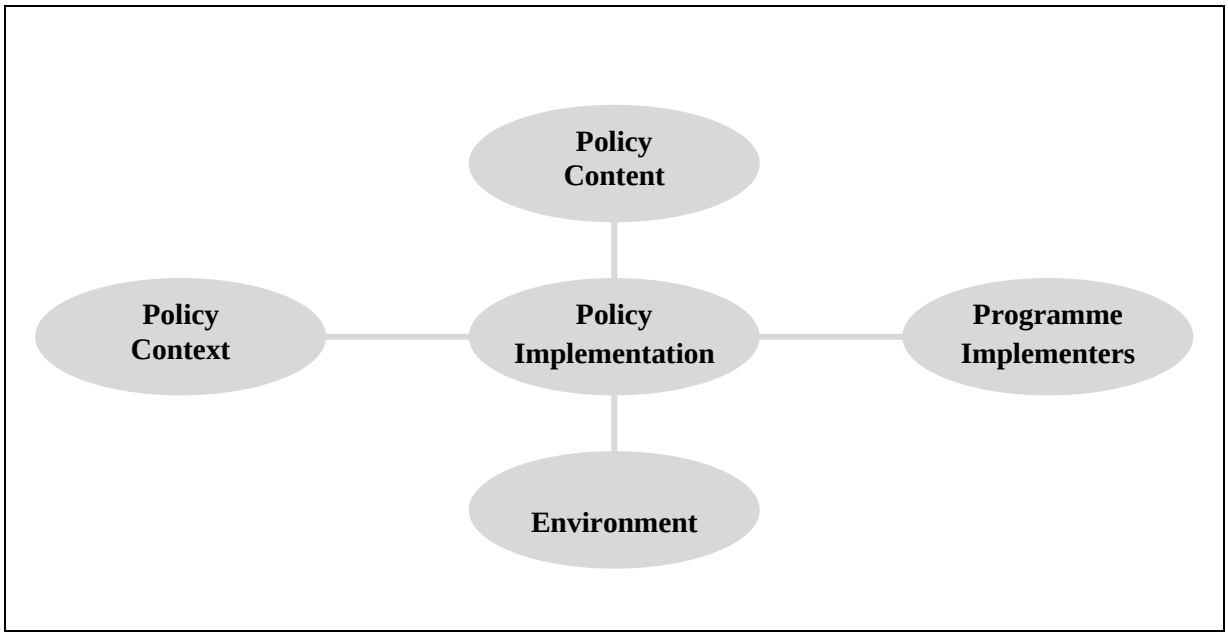

Figure 2.5: Factors that Affect Policy Implementation (Egonmwan, 2009, cited in Dantata, 2016:62-63)

2.10.10.1 Policy Content

"The implementation of a programme is influenced by the interest affecting the content of a programme to the extent that policy implementation seeks to introduce changes in social, political, and economic relations" (Ahmed & Dantata, 2016:62). According to Ahmed and Dantata (2016:62), a policy is bound to be opposed by those whose interests are threatened,

and is bound be supported by those who will benefit from its implementation. The fact that a policy might be opposed by those who do not necessarily benefit from it at times creates competition and conflicts which then affect its implementation, (Ahmed & Dantata, 2016:62). Furthermore, they explained that it may be more difficult to implement programmes which are designed with long-term objectives in mind than those whose benefits are immediate to the beneficiaries. These discussions provide a view that a policy with long-term objectives may be difficult to implement because the beneficiaries want instant solutions to their societal problems. In comparison, a policy which provides instant solutions and benefits to the beneficiaries would be easier to implement.

2.10.10.2 Programme or Policy Implementers

Ahmed and Dantata (2016:62) argued that implementation agencies with active personnel who have relevant expertise are likely to receive resources and the support of political leadership and are thus likely to succeed in policy implementation.

2.10.10.3 The Context of Policy

Various role-players each with their own interest - are involved in policy implementation. The course of policy implementation can be influenced by actors' power bases and strategies, and the characteristics of affected institutions (Ahmed & Dantata, 2016:62).

2.10.10.4 The Environment

Ahmed and Dantata (2016:63) shared the view that implementation of different policies occurs in varying social, environmental, political, cultural, and economic conditions. These conditions are likely to have a great influence on the implementation of policies (Ahmed & Dantata, 2016:63).

Having dealt with factors influencing implementation of policies, the next section draws attention to two approaches to policy implementation namely the top-down approach and the bottom-up approach. Policy evolution and bargaining models are then discussed.

2.10.11 Policy Implementation Approaches

This study's focus is not on evaluation of the implementation of a particular policy but investigates managerial leadership in order to clearly understand it especially in support of pilot implementation of the NHI policy, and in preparation for countrywide implementation

of the NHI policy in South Africa. Approaches to public policy implementation are briefly discussed in this section. As mentioned by Paudel (2009:39), top-down and bottom-up approaches were developed for describing implementation.

2.10.11.1 The Top-Down Perspective

Matland (1995:145) asserted that policy designers are seen by the top-down theorists as the central actors in policy implementation. Their attention is focused on those factors that could be handled at a central level. Additionally, Matland (1995:170) expressed that the traditional top-down models, (based on the tradition of public administration), accurately describe clear and low-conflict policy implementation. According to Brynard (2007:37), control and hierarchical themes characterise this approach.

2.10.11.2 The Bottom-Up Perspective

According to Matland (1995:145), bottom-up theorists argue that the making of a policy is at a local level with an emphasis on target groups and service delivery. Furthermore, the author explained that bottom-up models provide an accurate description of policy implementation where ambiguous policy and low conflict exist (Matland, 1995:171). The differences between the top-down and bottom-up perspectives as outlined in Paudel (2009:40) are as follows.

Table 2.2: Differences between Top-down and Bottom-up Implementation Perspectives

Variables	Top-down perspective	Bottom-up perspective
Policy decision-maker	Policy makers	Street-level bureaucrats
Starting point	Statutory language	Social problems
Structure	Formal	Both formal and informal
Process	Purely administrative	Networking, including administrative
Authority	Centralization	Decentralisation
Output or Outcomes	Prescriptive	Descriptive
Discretion	Top-level bureaucrats	Bottom-level bureaucrats

Source: Paudel (2009:40)

2.10.11.3 Evolution and Bargaining Models

In addition to the two approaches to policy implementation discussed in the preceding paragraphs, there are ‘evolution and bargaining models’ (Brynard, 2007:37). Brynard

(2007:37) stated that Jordan (1995:15) shared the view that policy implementation as seen through the models of evolution and bargaining is, "a bargaining, exchange and negotiation action". Furthermore, "the aim of this approach is to explain how policy is the product of bargaining and negotiating between interests and policy is seen as being dependent on a process of bargaining. Implementation is seen as one part of an ongoing process of bargaining and compromise with inputs from the top and innovation from the bottom", (Jordan, 1995 cited in Brynard, 2007:37). Furthermore, Brynard (2007:37) stated that "in the implementation process, policy- makers may use elements from all or some of the above approaches, whichever suit their purposes for the policy at hand". The process of policy implementation is shown in a graphical representation Figure 2.7.

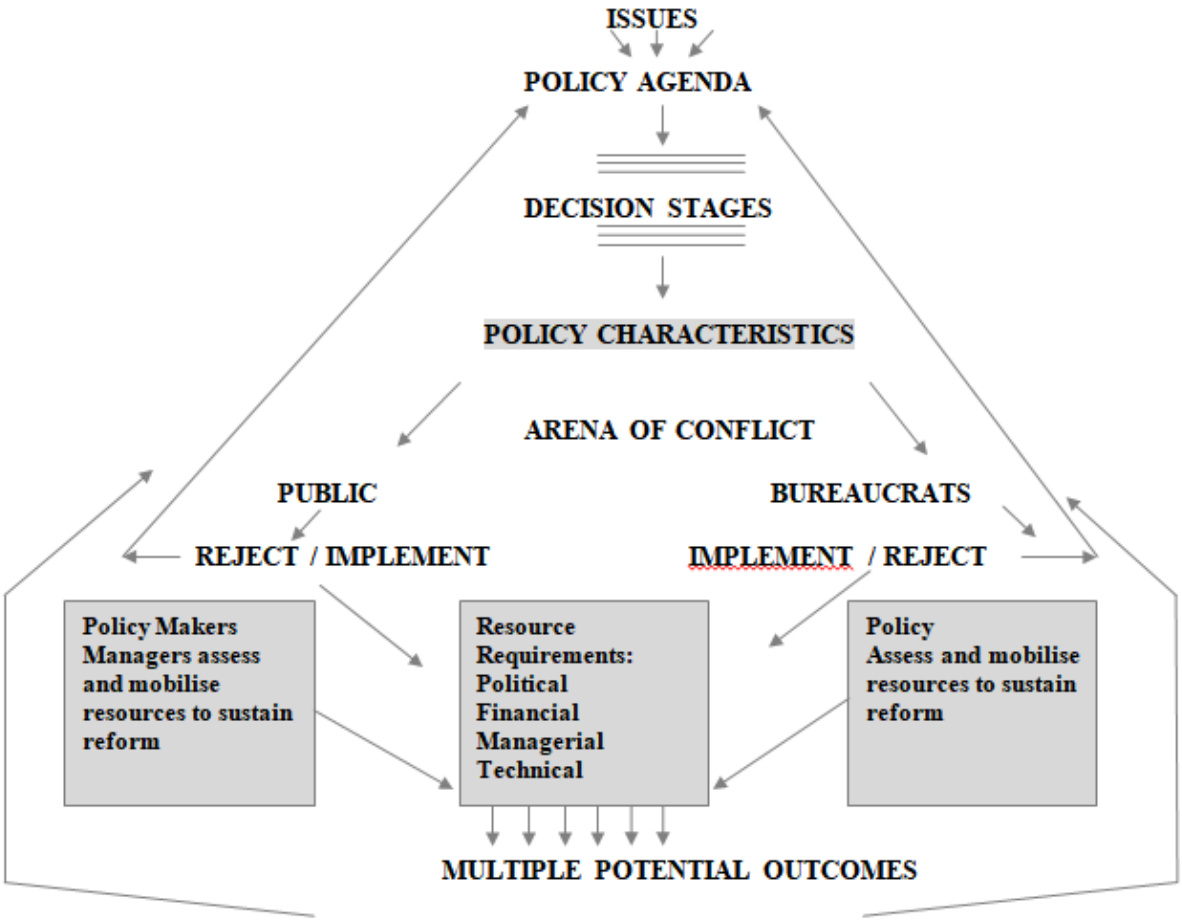

Figure 2.6: The Process of Policy Implementation (Source: Grindle and Thomas, 1991, cited in Brynard, 2007:37)

2.10.12 Implementation Problems or Challenges

Paudel (2009:36) points out that "implementation literally means carrying out, accomplishing, fulfilling, producing or completing a given task". According to Ahmed and

Dantata (2016:63), policy implementation challenges are largely dependent on policy formulators' problems which are then passed on to implementers. Makinde (2005:63) argued that implementation problems are not limited to developing nations. Problems emerge when target beneficiaries' expectations are not met. Makinde (2005:63) further argued there are bound to be policy implementation problems when basic critical factors are missing. He also pointed out that according to Edwards III (1980), the basic critical factors affecting public policy implementation include: communication, resources, dispositions or attitudes, and bureaucratic structure. It was also expressed in Makinde (2005:63) that there is an interaction between these four factors and that they operate simultaneously to support or hinder public policy implementation. He further asserted that "by implication, the implementation of every policy is a dynamic process, which involves the interaction of many variables". It is, therefore, crucial that problems associated with the implementation of public policy are explored. Possible policy implementation problems are shown in Figure 2.7.

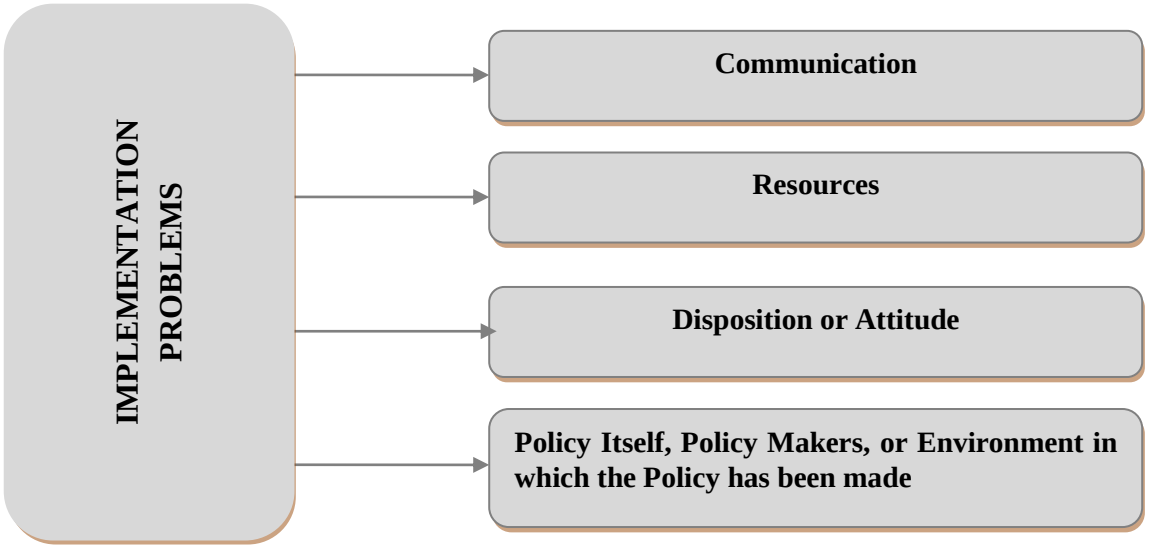

Figure 2.7: Public Policy Implementation Problems (Source: Compiled by Author)

The first policy implementation problem to be discussed here is communication. Effective implementation of public policy largely depends on communication. Through effective communication, transmission of orders to responsible personnel takes place in a manner which is clear, accurate and consistent (Makinde, 2005:63). In addition, he suggested that misunderstandings by policy implementers can be as a result of inadequate information. This creates confusion as to exactly what policy makers are expected to do. According to Makinde (2005:63), serious policy implementation obstacles may result from instructions being

inconsistent or vague, or from communications that are distorted in the transmission process. Edwards III (1980), cited in Makinde (2005:63), stipulated that "directives that are too precise may hinder implementation by stifling creativity and adaptability, and such precise directives do not leave room for implementers to exercise discretion and flexibility where and when the need arises".

The second possible problem associated with policy implementation is centred around resources. Makinde (2005:63), points out that where there are not clear, consistent and accurate transmission of implementation orders to appropriate implementers, implementation problems will emerge as a result of inadequate resources being allocated. Required resources for effective implementation of public policy include "an adequate number of staff who are well equipped to carry out the implementation, relevant and adequate information on the implementation process, the authority to ensure that policies are carried out as they are intended, and facilities such as land, equipment, buildings, etc." (Makinde, 2005:64).

The third possible problem to affect policy implementation is disposition or attitude, as explained by Makinde (2005:64). Moreover, he assumed that "the way implementers exercise their discretion depends, to a large extent, on their disposition toward the policy, and this actually implies that the level of success will depend on how the implementers see the policies as affecting their organisational and personal interests. That is where a policy, for instance, will result in reduction of pay, low self-esteem, or loss of position to the implementers, the attitude or disposition will be affected adversely". On the other hand, "if a policy will enhance the status, the pay or the self-esteem of the implementers, such implementers will be favourably disposed to it" (Makinde, 2005:64). He emphasised that "it should be noted that the fact that communication, resources, and positive disposition are put in place does not guarantee implementation success. If there is no efficient bureaucratic structure, the problem of implementation can still arise especially when dealing with complex policies".

The policy itself, policy makers, or the environment in which the policy has been made are the fourth potential problem to be considered (Makinde 2005:65). He argued that factors which lead to an implementation gap are many and include, but not limited to, the following: "the policy itself, the policy makers, or the environment in which the policy has been made". He further stated that when a policy does not emanate from the target group but rather from government, this could lead to an implementation gap. Makinde's argument is that this

implies top-down planning which does not include target beneficiaries in the policy-making process. Furthermore, this approach can prevent beneficiaries from raising their concerns regarding a particular policy (Makinde, 2005:65). The author said, “it should be noted that for policies to be successful, they should involve target groups and should allow for participatory system, whereby policy makers plan with the people rather than for the people in meeting their felt needs”. It was also argued by Makinde (2005:65) that target groups should be given a sense of belonging, especially through active participation in the policy-making process. This would enhance their level of commitment to the success of the policy’s implementation. Problems with policy implementation could arise due to social, political, economic, and administrative variables being ignored by policy-makers when analysis for policy formulation is done (Makinde, 2005:66). For developed policies to be successful, variables such as socio-cultural, political, economic and environmental variables should be considered by policy makers (Makinde, 2005:66). “Lack of funds for instance, will result in the inability of the policy implementers to function as they should, and even where there is an ongoing project, if money fails to come up, such project may become abandoned” (Makinde, 2005:66).

Other serious problems associated with implementation failure are identified by Makinde as bribery and corruption, which have greatly contributed to the failure of implementation of policy in developing nations. Makinde’s example is that “implementation problems may arise in a situation where huge amounts are earmarked for a project but the officers in charge of implementation steal such amounts or a substantial part of the amounts”. Agyepong and Adjei (2007), cited in Chigudu (2015:8), share the view that implementation problems in Africa are due to “poor leadership; corruption; lack of consensus; rapidity and politicisation of implementation; lack of participation; poor sense of direction; limited understanding and management of the political challenges; weakened checks and balances and the use of short cuts; desire to perpetuate party interests ahead of the general others”. Makinde describes key features which should be considered in order for implementation of public policies to take place in a successful and consistent manner. These key features are “target beneficiaries should be involved at the formulation stage in order for them to have an input in what affects their lives, as this will give them a sense of belonging and, therefore, a sense of commitment; attention should be paid to both the manpower and financial resources which will be needed to implement the policy; there must be effective communication between the target beneficiaries and the implementers of policy programmes; the culture of discontinuing a policy once there is a change in government should be discouraged because even though

government comes and goes, administration is continuous, and there should be continuity in policy except if the policy is found not to be useful to the people; and provision should be put in place for adequate monitoring of projects, as poorly-monitored projects will only yield undesired results" (Makinde, 2005:69). The next section deals with policy implementation performance which is discussed in the context of different policy models.

2.10.13 Policy Implementation Performance

Disagreement on the proper direction or guideline on how public policy should be implemented remains one of its problems (Khan, & Khandaker, 2016:539). They regard policy implementation as an important stage in the process of making policy and elucidate that Brinkerhoff and Crosby (2002), argued that there are three category areas for policy implementation performance, namely "output and outcome of the policy; the impact of policy; and assessment of whether the policy leads to the development of a country or society as a whole". Designing systems which are effective and proper management of these systems are linked to successful policy outcomes, stated Brinkerhoff and Crosby (2002) citied in Khan, and Khandaker (2016:541). There are five models developed for successful implementation of policies identified in Khan, and Khandaker (2016:542-546) and they are discussed by the researcher in this section of Chapter Two.

2.10.14 Models Developed for Successful Policy Implementation

The first model for successful implementation of polices is the **Rational Model** and is presented below in Figure 2.8.

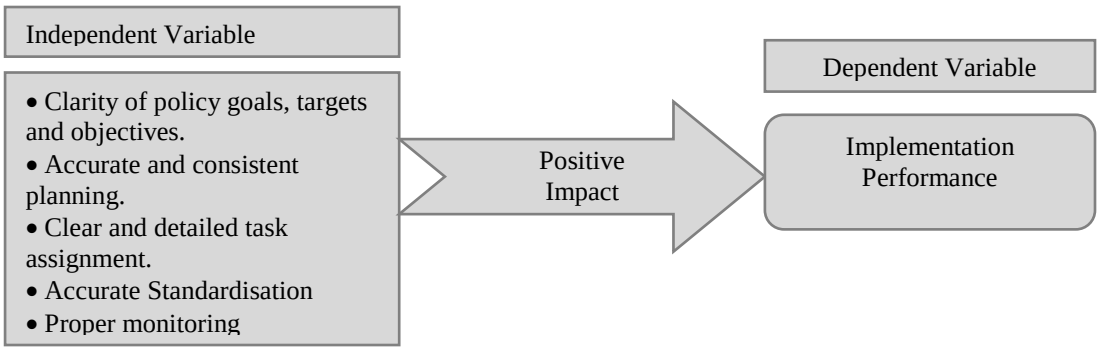

Figure: 2.8: The Rational Model (Source: Rahman Khan and Khandaker, 2016:542)

This model assumes that successful policy implementation requires that policy goals, targets and objectives are clearly defined, planning must be accurate and consistent, tasks and assignments must be clearly specified and explained, accurate standardisation must take

place, and effective monitoring and evaluation methods must take place (Khan and Khandaker, 2016:543).

The second model for successful implementation of policies is the **Management Model** which is presented in Figure 2.9 below.

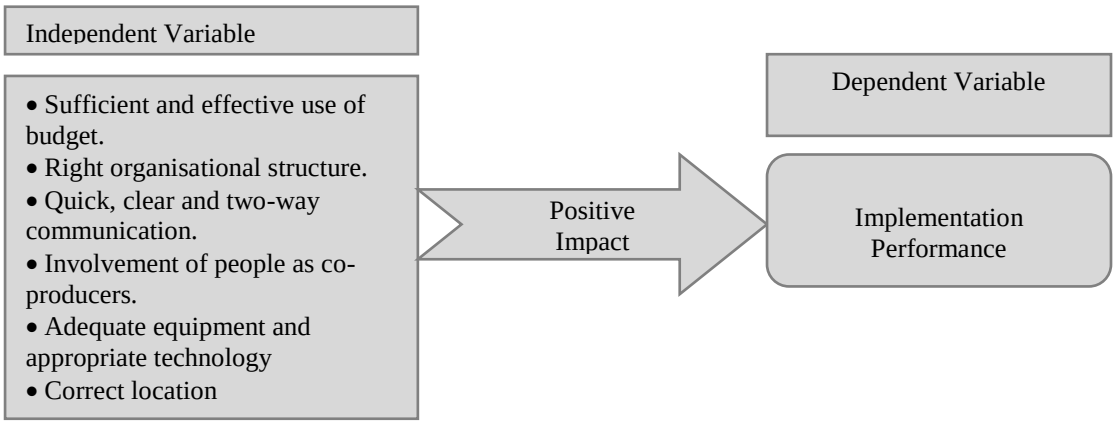

Figure 2.9: Management Model (**Source: Rahman Khan and Khandaker, 2016:542)**

The premise of this model is that the policy implementation's performance depends on factors such as correct location or place, adequate equipment, effective and efficient use of technology, active involvement of stakeholders, clear and quick communication, correct organisational structure, sufficient and effective use of budget, and adequate human resources (Khan & Khandaker, 2016:543).

The **Organisational Development Model** is the third model for successful implementation of policies, as shown below in Figure 2.10.

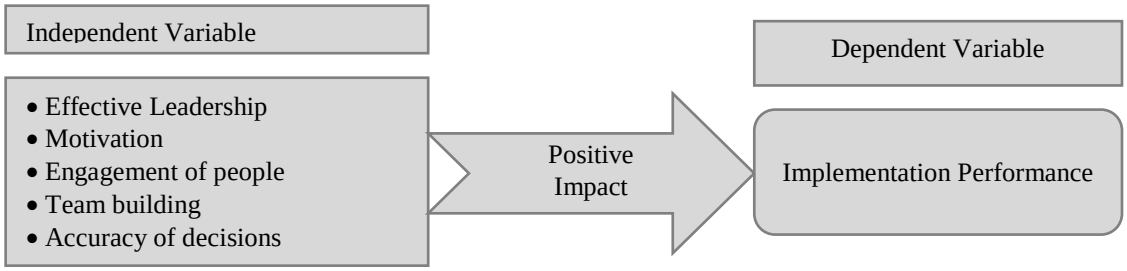

Figure 2.10: The Organisational Development Model (Source: Rahman Khan and Khandaker, 2016:542)

This model argues that the successful implementation of a policy depends on factors such effective leadership, involvement, engagement, motivation, active participation of the various parties, team building and accurate decisions (Khan, & Khandaker, 2016:544).

The fourth model for successful implementation of policies is the **Bureaucratic Model** which is presented below in Figure 2.11.

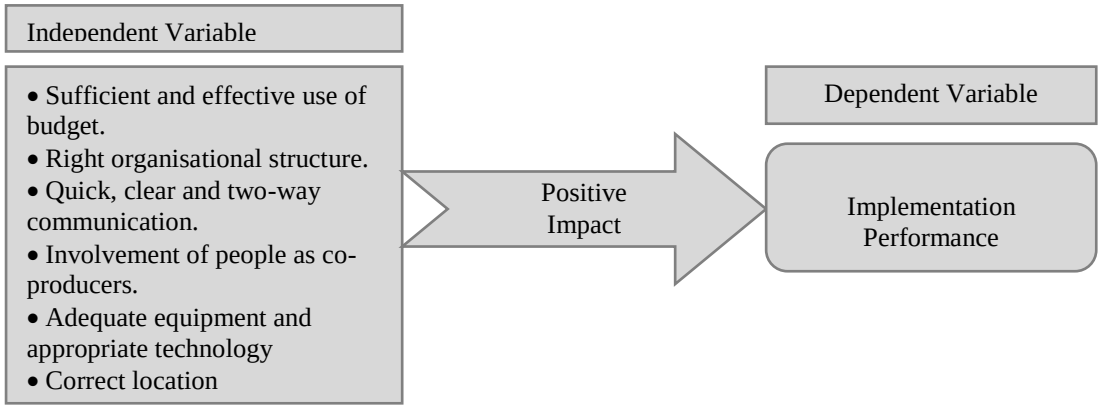

Figure 2.11: Bureaucratic Model (**Source: Rahman Khan and Khandaker, 2016:542)**

According to Khan, and Khandaker (2016:545), the role of front-line staff members is a key consideration in policy implementation. The bureaucratic model assumes that policy implementation is influenced by the discretion of front line implementers, their competencies and expertise, level of commitment and behaviour.

The fifth model of successful policy implementation is the **Political Model** which is indicated below in Figure 2.12.

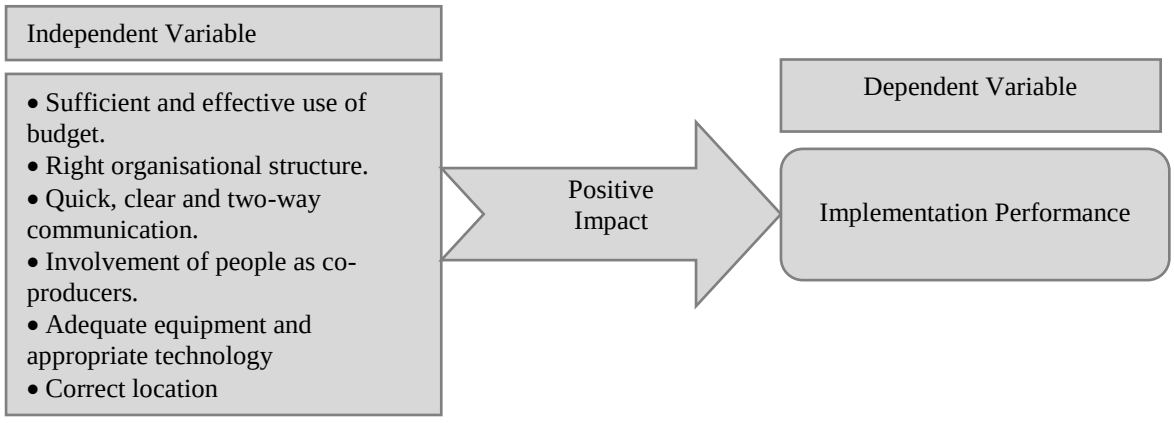

Figure 2.12: The Political Model (Source: Rahman Khan and Khandaker, 2016:542)

Khan and Khandaker (2016:545) explained this model's hypothesises in the following way: "the performance of policy implementation depends on the outcome of interactions between agent capacity, either institutional or representative, bargaining power, conflict resolution and outside environmental factors from an economic, political, and social perspective". This model's argument is that for policy implementation to succeed; there must be lower

complexity of joint actions, higher bargaining power, positive political motivation and minimisation of the influence of political pressure (Khan & Khandaker, 2016:546). Now that models of policy implementation are understood, the next section deals with the uniqueness of the public hospitals.

In the preceding section policy implementation process in the context of South Africa and also in general has been discussed. In addition, implementation problems or challenges and models for successful implementation of policies were explored. In the next section, the focus is on understanding the NHI public policy, particularly in the South African context.

2.11. UNDERSTANDING THE NHI PUBLIC POLICY IN THE SOUTH AFRICAN CONTEXT

It should be noted that there are countless policies that have been developed or introduced in the Republic of South Africa since independence. This study's scope is limited to a NHI public policy which is being piloted in particular districts of the nine provinces of the Republic of South Africa. A NHI is "a health financing system that is designed to pool funds and actively purchase services with these funds to provide universal access to quality, affordable personal health services for all South Africans based on their health needs, irrespective of their socio-economic status" (NHI policy paper, 2017:8). Thus, this study was conducted in support of the implementation of the NHI policy, specifically in the Vhembe District of the Limpopo Province. The study investigated managerial leadership styles adopted by managers working at the selected in Vhembe District of the LDoH, and assessed the influence on employee engagement, job satisfaction and organisational commitment. This section of chapter two discusses the NHI in the context of South African public health sector.

According to National Department of Health, South Africa is facing numerous challenges when it comes to healthcare costs and services. The country spends huge amounts of money for health care on very few people. Many health care professionals only serve a few people who have money and the rest of the public is serviced by very few professionals. "According to the Constitution of the Republic of South Africa, access to health is a right" (National Department of Health). The National Department of Health further explains that National Development Plan (NDP) also indicates that the country should deal with the expensive cost of private health care and address the problems of quality of public health care. The Government, through the National Department of Health, has realised that it is high time for the country to move to Universal Health Coverage (UHC) where everyone receives quality

healthcare, regardless of his or her economic status. This UHC in the South African context is called the National Health Insurance (NHI).

According to Matsoso and Fryatt (2013:9), in view of the above aspects, the South African government has launched a NHI Green Paper outlining "a phased project to provide improved access to quality health services for all citizens, irrespective of their financial circumstances". Furthermore, the report indicates that "the NHI fund, through pooling risk, would provide the funds to ensure quality health care is available to all who need it, free at the point of use. The first phase of its introduction is to strengthen and improve health services and to prepare the health system for transformation". Each of South Africa's provinces contained a district which in 2012 ran a pilot of the initiative. Eleven districts in total, including the Vhembe district of the Limpopo Province, were pilot districts.

The National Department of Health's report (2013:9) explains that "the aims of establishing the pilot districts were to assess: the ability of districts to assume greater responsibility for purchasing health care services; the feasibility, acceptability and affordability of engaging the private sector; and the costs of introducing a fully-developed district health authority and implications for scaling up". The NHI's green paper was then followed by a white paper which was approved by the Minister for Health, Dr A Motsoaledi. This was gazetted on the 30th of June 2017. Young (2016: 2) stated that "South Africa's NHI is gradually being introduced to the country over the next fourteen years". This author points out that "…the NHI strives to create a unified healthcare system by making healthcare more affordable and accessible for the South African population".

In terms of the NHI policy (2017:3), National Health Insurance (NHI) is "…a health care financing system that is designed to pool funds to actively purchase and provide access to quality, affordable personal healthcare services for all South Africans based on their health needs, irrespective of their socio-economic status. NHI is intended to move South Africa towards Universal Health Coverage (UHC) by ensuring that the population has access to quality health services and that it does not result in financial hardships for individuals and their families". In addition, the policy outlines that, "NHI represents a substantial policy shift that will necessitate massive reorganisation of the current health care system, to address structural changes that exist in both the public and private sectors. It reflects the kind of society we wish to live in: one based on the values of justice, fairness and social solidarity. Implementation of NHI is consistent with the global vision that health care should be a social

investment". Regarding the NHI mandate, the policy stipulates that, "NHI derives its mandate from Section 27 of the Bill of Rights of the Constitution of the Republic of South Africa in which a commitment is made for the State to take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of the right to health care".

In addition to the above, NHI Policy (2017:3) also states that, "A NHI will cover services that are delivered on a people-centred integrated healthcare service platform to ensure a more responsive and accountable health system that takes into account socio-cultural and socio-economic factors whilst prioritising vulnerable communities. Such a people-centred integrated healthcare service platform should also improve user satisfaction, lead to a better quality of life of the citizens and improved health outcomes across all socio-economic groups. This will contribute towards improved human capital, labour productivity, economic growth, social stability and social cohesion. Therefore, NHI will contribute towards reduction of poverty and inequalities inherited from the past".

Regarding implementation of NHI, the NHI policy (2017:5) articulates that "the NDP proposes that a NHI system needs to be implemented in phases, complemented by a reduction in the relative cost of private medical care, improved quality and supported by better human capacity and systems in the health sector. If the above measures and other interventions are implemented, the NDP envisages that by 2030": "South Africa will have a life expectancy of at least 70 years for men and women; the generation of under-20 should be largely free of HIV; the quadruple burden of disease will have been radically reduced compared to the two previous decades, with an infant mortality rate of less than 20 deaths".

2.11.1 Defining the NHI

In terms of the NHI policy (2017:8), "National Health Insurance is a health financing system that is designed to pool funds and actively purchase services with these funds to provide universal access to quality, affordable personal health services for all South Africans based on their health needs, irrespective of their socio-economic status. It will be implemented through the creation of a single fund that is publicly financed and publicly administered. The health services covered by a NHI will be provided free at the point of care. It will provide a mechanism for improving cross-subsidisation in the overall health system. Its benefits will be in line with an individual's need for health care. Implementation of a NHI is based on the

need to address structural imbalances in the health system and to reduce the burden of disease".

2.11.2 Features of the NHI

In terms of the NHI policy (2017:8-9), a NHI will have the following features: firstly, "...progressive universalism: all South Africans will have access to needed promotive, preventive, curative, rehabilitative and palliative health services that are of sufficient quality and are affordable, without exposing them to financial hardships. The right to access quality health services will be based on need and not socio-economic status. The NHI will seek to protect the poor and vulnerable populations to ensure that they gain as much as those who are better off at every step of implementation, in pursuit of moving towards UHC. Secondly, mandatory prepayments of health care: the NHI will be financed through mandatory prepayment which is distinct from other modes of payment such as voluntary prepayment and out-of-pocket payments. Thirdly, comprehensive Services: the NHI will cover a comprehensive set of health services that will provide a continuum of care from community outreach, health promotion and prevention to other types and levels of care. Fourthly, financial risk protection: the NHI will ensure that individuals and households do not suffer financial hardship and/or are not deterred from accessing and utilising needed health services. It involves eliminating various forms of direct payments such as user charges, co-payments and other direct out-of-pocket payments. Fifth, a single Fund: the NHI will integrate all sources of funding into a unified health financing pool that caters for the needs of the population. Sixth, strategic purchaser: the NHI will purchase services for all; and will be an entity that actively utilises its power as a single purchaser to proactively identify population health needs and determine the most appropriate, efficient and effective mechanisms for drawing on existing health care service providers. Seventh, Single-payer: the NHI will be structured as an entity that pays for all health care costs on behalf of the population. A single-payer contract will exist for healthcare services from providers. Single-payer refers to the funding mechanism and not the type of provider. Lastly, publicly-administered and owned: the NHI will be established as a single fund that is publicly administered and publicly owned. It will be responsible for pooling and purchasing of health services through appropriate structures that are responsible for contracting accredited providers on behalf of the entire population. The aim is to introduce an administratively-efficient and sustainable funding mechanism that achieves the best value-for-money with respect to health budget allocations".

2.11.3 The NHI Principles

In terms of the NHI policy (2017:9), the NHI will be based on the following principles: "The right to access health care: access to health care as enshrined in the Bill of Rights, Section 27 of the Constitution will be ensured; Social solidarity: there will be provision of financial risk pooling to enable cross-subsidisation between the young and old, rich and poor as well as the healthy and the sick; Equity: a fair and just health care system for all will be ensured; Health care as a Public Good: healthcare will be treated as a social investment not like any other commodity; Affordability: procurement of health services will be at a reasonable cost and the need for sustainability within the context of the country's resources will be considered; Efficiency: a NHI will ensure that the health system meets acceptable standards of quality and achieves positive health outcomes; Effectiveness: the healthcare interventions covered under NHI will result in desired and expected outcomes in everyday settings; Appropriateness; Healthcare services will be delivered at appropriate levels of care through innovative service delivery models and will be tailored to local needs".

2.11.4 Rationale and Benefits of the NHI

The NHI policy (2017:19) states that "the NHI focuses on ensuring progressive realisation of the right to health care by extending coverage of health benefits to the entire population, in an environment of resource constraint whilst benefiting from efficiency gains". The benefits of a NHI public policy are "Improved financial risk protection through prepayment funding and reducing out-of-pocket payments; reduced inequities and fragmentation in both funding and provision of health services in both the public and private health sectors; improved access to quality health care; improved efficiency and cost containment through streamlined strategic purchasing; improved accountability on the use of public funds through appropriate governance mechanisms and transparency in performance reporting; better health outcomes across all socio-economic groups through improved coverage; households will benefit from increased disposable income because of a significantly lower mandatory prepayment level than current medical scheme contributions; savings that will be made due to economies of scale, efficiency gains because of reductions in non-health care costs, and affordability of health care as a result of active and strategic, monopoly purchasing arrangements".

In addition to the above benefits, the NHI Policy (2017:19) also stipulates that, "The implementation of the NHI will provide an opportunity for significant economic and social benefits to South Africa. A well-implemented NHI could contribute significantly to improved

life expectancy. Economic impact assessments indicate that the NHI can have positive impacts in the long-run in improving the health indicators of the country, including significant improvement in life expectancy and child mortality. Estimates also show that a one-year increase in a nation's 'average life expectancy' can increase GDP per capita by 4% in the long run. This will also translate to increased happiness of the population as it ensures improved quality of life and increased longevity". The researcher's argument was that implementation of a NHI policy requires a clear and extensive understanding of other key aspects, such as leadership styles adopted by managers at public hospitals, employee engagement, job satisfaction, and organisational commitment if it is to be implemented successfully in South Africa.

2.12 BARRIERS TO IMPLEMENTATION OF THE NHI IN SA

Hofman, McGee, Chalkidou, Tantivess and Gulyer (2015:739) elucidated that, providing coverage of quality services whether preventative or curative completely, to all citizens can be done by a few countries, if any, thus to address inclusiveness of a package in SA is explained to be a pressing issue. The barriers to implementation of NHI in the SA context have been discussed in Passchier (2017). These barriers were explained within "the six blocks of the World Health Organization (WHO) Health System Framework" provided in Figure 2.13.

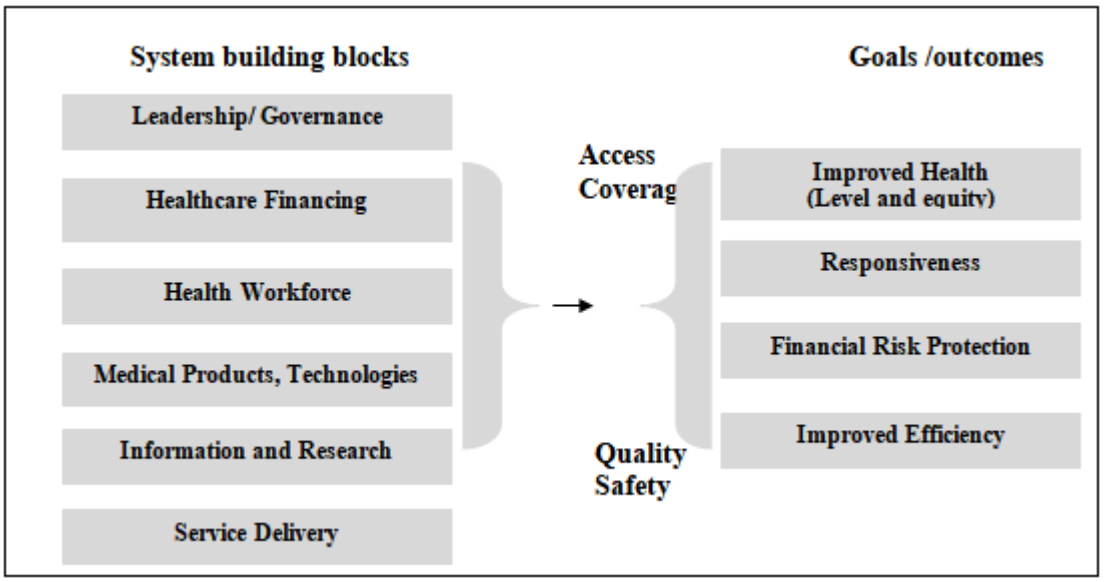

Figure 2.13: The World Health Organization Health Systems Framework (Source: Passchier, 2017:836)

Barriers to implementation of NHI in South Africa as explored by Passchier (2017) and other scholars are discussed below.

The first barrier to be discussed is that of leadership or governance. Van der Heever (n.d.) in Passchier (2017:836) from Witwatersrand suggested that the main problem facing South African health systems is not necessarily financing the NHI, but the way the money will be spent. He emphasised that several provinces went into chronic budget deficit due to lack of governance and accountability and corruption. According to the National Planning Commission (n.d.:20), policy and implementation reforms needed in the health system were not dealt effectively by government. Furthermore, government has failed with regard to effectively managing the relationship with the private sector.

The second barrier to the successful implementation of a NHI in South Africa is healthcare financing. McIntyre, Doherty and Gilson (2003:54) explained that there is currently free primary healthcare in South Africa and a waving of hospital care costs, especially for the lowest income bracket and vulnerable members of the population. They further explained that there are low hospital fees for the remainder of the patients. These are in the absence of strict enforcement and proper deciphering of income brackets. There are no rigorous means tests currently in place. The authors went on to quote a question which was raised by the largest trade union in South Africa, "how can we justify to the people that they should pay for a service that they used to get free?". The authors insist that out-of-pocket payments will continue as a result of poor and low perceived quality of healthcare in South Africa, and also result in a private health insurance which is expensive. McIntyre, Goudge, Harris, Nxumalo and Nkosi (2009:729), emphasised the need for the South African government to engage the public on what the NHI entails and also on fund pooling rationale. Furthermore they stressed the importance of the general public understanding the rationale for supporting the NHI's core principles and an underlying universal pre-payment health financing system, if implementation of the proposed NHI is to succeed.

The third barrier to successful implementation of the NHI is resource maldistribution between the public and private sectors in relation to the communities served (McIntyre *et al*., 2009:725). This would reflect inefficiencies and inequalities which are seen as contributing to South Africa's falling short of the Millennium Development Goals. Passchier (2012:837) explained that there are push factors identified by Okorafor (2012) for professionals, including medical practitioners, which should be addressed for the South African public

health sector to retain the health workforce that is required for implementation of NHI policy. These push factors include "low levels of staff motivation, owing to discouraging work environments with poor equipment, short supplies, high vacancy rates and mounting workloads". The importance of creating good and favourable working environments and supporting and motivating the existing health workforce was alluded to by Okorafor (2012), as cited in Passchier (2012:837). He expressed a concern regarding human resources redistribution and the use of inadequate infrastructure which has resulted from centuries of imbalanced distribution along rural-urban, public-private, primary-tertiary, and poor-rich lines. Similarly, the National Planning Commission (n.d.: 21) explained that amongst the push factors for many doctors and nurses in the public sector are heavy and increasing workloads, as well as demanding working conditions. In the study by Marais and Petersen (2015:21), human resources shortages and lack of capacity were identified as significant challenges, especially in the implementation of policies such as the Mental Health Policy and the NHI itself.

The fourth barrier to the implementation of the NHI could be medical products and technologies. Passchier (2012:837) indicated that the National Department of Health explained that they planned to purchase services from accredited and contracted private specialists and private hospitals as part of the NHI. He referred to Webster (2015) as explaining that evidence shows that private public partnerships (PPPs) were unsuccessful in countries like Lesotho, and that PPPs can contribute to the failure of advancement in universal and equitable health coverage. This was attributed to the fact that PPPS can be risky and costly. Fombad (2013:11) explained that enhancing accountability is one of PPPs potential benefits. They defined PPPs as "partnerships that have been registered with and approved by the National Treasury". Furthermore they shared the view that accountability in PPPs in South Africa and most countries remains a challenge, even though several efforts to address the need for fairness in service delivery and improve accountability were made by the South African government.

The fifth possible barrier to successful implementation of the NHI could be related to information and research. Passchier (2012:837) stated that the NDoH affirmed that for improvement of monitoring and tracking of health status, health utilisation and quality assurance, the NHI would need to include a National Information Repository and data system. Passchier stressed the fact that for a NHI policy implementation to be successful,

capacity building for improvement of data collection and new digital technology utilisation should be considered.

Service delivery is the sixth possible barrier to successful implementation of the NHI to be discussed here. Passchier (2012: 837) expressed that according to the NDoH, services to the populations most in need is what the NHI claims to prioritise. However, a concern exists over each province's capacity to evenly implement a NHI policy. Marais and Petersen (2015) in their study "Health System Governance to Support Integrated Mental Health Care in South Africa: Challenges and Opportunities", found that a lack of qualified managerial staff at ground level was an impediment to the implementation of the Mental Health Policy. The researcher thus also sees this as a challenge which could impede the implementation of the NHI policy. It is thus imperative that leadership is well understood in this regard.

In addition to the above discussions, Sekhejane (2013:3) argued that the public's faith in the South African health-care system and in the service providers who work for the state is lost. This author expressed that the NHI policy's focus is mainly on prodigious health-care system creation, nevertheless issues relating to the shortage of professional health care workers who are efficient and skilled, and behavioural issues are not addressed by the NHI policy (Sekhejane, 2013:3) raised a concern that in the rural or semi-urbanised areas: majority of small community clinics and public hospitals are operated by health care workers who possess neither professional code of practice or skills. In addition, employees' negligent attitude was explained to be amongst the contributing factors which lead to the dissatisfaction of most low-income citizens with regard to the quality of health care service provided at community clinics and public hospitals in the rural or semi-urban areas in SA.

2.13 PREVIOUS STUDIES ON IMPLEMENTATION OF A NHI POLICY IN SOUTH AFRICA: SUMMARY OF KEY FINDINGS

The researcher understands that several studies on the implementation of a NHI public policy have been conducted in South Africa and worldwide. It should be noted that this study's prime aim was, however, not to evaluate the implementation of a NHI public policy in South Africa, but to understand leadership. More specifically, the aim was to examine leadership styles adopted by managers employed at selected public hospitals of the LDoH in support of the implementation of the NHI public policy in South Africa. The next section discusses key findings from previous studies on the NHI public policy, particularly in the context South Africa.

A study by Mthembu (2012), which was conducted "to analyse the Nurse Managers' interpretation of the NHI policy and its implications for implementation on their roles and responsibilities in health care facilities" in the eThekwini District, shows that 94 percent of the respondents agreed to services being made available to all South African people. Additionally, Mthembu's study (2012) discovered that 87 percent of the respondents agreed to equal health services being offered to all South Africans, regardless of social and financial standing. Mthembu (2012) found that 78% of the respondents showed strong understanding of the NHI as a concept 12% however, did not have an understanding of the NHI, and a small percentage, (10%), did not know about the NHI concept at all. Furthermore, Mthembu (2012) found that 85%) of respondents agreed to the fact that structural issues should be addressed prior to the implementation of the NHI policy. A further 85% of respondents believed that government needed to conduct extensive training and workshops on relevant policies.

Shisana, Rehle, Louw, Zungu-Dirwayi, Dana and Rispel (2006), in their study to gauge public opinions on UHC in South Africa, found that 56% of respondents supported the idea of providing health care for all in South Africa. The study found that 20.7% of respondents thought it was better to suppress health care taxes. Shisana *et al.* (2006) revealed that 47.3% of the respondents showed a preference for a proposed universal NHI over the current medical scheme. The respondents who demonstrated support for a universal NHI were asked to give their comments on whether they would support a universal NHI scheme even if it meant limiting their preferred choice of doctors, or if there was an introduction of waiting lists for non-emergency services. Of the respondents, 41.4% were in favour of the idea while 47% opposed it and 11.6% did not comment. Coloureds and Indians were found to be more likely to support the idea of a limited choice of doctors than Blacks and Whites. The study by Shisana *et al.* (2006) showed that 48.6% of respondents indicated their intention to oppose a universal NHI policy if it meant there would be waiting lists for non-emergency treatments, 36.3% responded that they would support the idea and 15% gave no comments.

The study by Mathe (2014) whose purpose was "to examine determinant factors that may impact the successful implementation of the NHI policy in South Africa", found high levels of awareness of the existence of the NHI concept by students at the University of Johannesburg (UJ). Mathe's study however discovered that these students had low levels of functional knowledge of the NHI policy. Furthermore, the study found that a high percentage of respondents showed a positive perception towards the NHI policy. The author found that

the majority of students with a positive perception of the NHI were females and undergraduates. They showed a greater enthusiasm for utilising the NHI for their health needs than postgraduates did. The study showed that the NHI was more popular with female than male students.

Molebatsi (2014) whose study focused on "the challenges that the South African health sector faces as a result of the proposed National Health Insurance (NHI) and the perceptions of Medical Practitioners within the private sector regarding the feasibility and consequences of NHI", found that, all the respondents (Medical Practitioners) were aware of the proposed National Health Insurance System (NHIS) in SA. About understanding of the NHIS, Molebatsi (2014) revealed that mutual understanding existed that "the NHIS is a way of providing universal access for all people to healthcare by means of socialising the health system or creating a medical aid that would cater for everyone". Also, the study by Molebatsi (2014) discovered that there were beliefs by at least 92.3% of the respondents that the NHIS's contribution towards SA's health system will be positive, however only if implementation is proper. Additionally, the majority of respondents 69.23% in the study by Molebatsi (2014) believed that the type of a health system like the NHI was necessary in SA. Concerning the NHI's positive contribution in SA, one respondent cited by Molebatsi (2014:31) stated that "yes, I think is going to benefit a lot because people who do not have access to private health will now have that access. We all know that private healthcare or private institutions are quite advanced compared to public institution, so everybody will be free to access care from private or public institutions". Nevertheless, Molebatsi (2014) also found that there were respondents who expressed their distrust about the NHIS and this is supported by one respondent as cited in Molebatsi (2014:31) who said "you see on paper is quite a good approach, but then I think that practically speaking we are still far from implementing the NHI with desirable benefits". On the issue of involvement of relevant stakeholders to support the NHI, Molebatsi (2014) revealed that all respondents believed that discussions on the NHI project were not sufficient even though government had made efforts for discussing the NHI with them it had already made a decision on the process even before their involvement or discussions. Concerning SA's readiness for NHI, Molebatsi (2014) found that there was an agreement by the majority of respondents that public health facilities' state was poor. Also, participants highlighted the importance of ensuring that when it comes to execution of specific jobs, relevant people should be considered. Otherwise, a small percentage 23.08% believed that the NHI project might be hindered by skills and human resources shortages.

Setswe, Muyanga, Witthuhn and Nyasulu (2015) showed that a high number of respondents 80.3% were aware of a NHI policy, although 49.8% had no knowledge of how a NHI policy works. However, the study found that 71.8% of respondents were unaware of the origins of the NHI concept in South Africa. Furthermore, almost half of the respondents demonstrated that they had knowledge of government's intention to upgrade health facilities in order to meet the NHI's expected standards. Of the respondents, 49.6% knew nothing about government's intention to upgrade health facilities for meeting NHI standards, and the rest of the respondents did not comment.

Khuzwayo (2015) in the study "to examine the views of Primary Health Care (PHC) nurses towards the NHI in Johannesburg District D2", discussed key findings under the themes: "resources, scope of practice, human capital, service delivery and consultation". Views in this study were referred to as "the feeling and behaviours of PHC nurses towards NHI". Key findings are discussed as follows: With regard to resources, the issue of human resources was raised by respondents who felt that more human resources would be required for implementation of the NHI policy. Respondents' views were that with the NHI policy intending to improve and increase access to health system in South Africa, would mean an increase in the demand for services and would require a corresponding increase in the number human resources. Regarding the scope of Practice, Khuzwayo's study revealed that respondents thought that with implementation of the NHI policy, the re-engineering of Primary Health Facilities would occur and this would result in a widening of scope of practice and greater pressure on existing human resources. The study found unclear lines of communication regarding human capital, especially between ground-level employees and policy-makers. Another key issues raised by respondents in Khuzwayo's study were, concerns regarding a lack of training of staff, although the proposed implementation of the NHI policy was to commence in 2015. The author found positive general views on the NHI by both users and services providers specifically regarding expected improved service delivery.. All of the respondents in the study agreed that workload pressure would increase under the NHI and that this would surely affect health care service quality. The study found a lack of consultation on the NHI between policy makers, bureaucracy, organised labour and relevant stakeholders. Khuzwayo argued that the first step prior to piloting the NHI scheme should have been proper and inclusive stakeholder engagement. In view of the study findings, the author recommended that to effectively implement the NHI policy in SA, key issues were to be given urgent attention. These included: infrastructure expansion, staffing, budgeting and

funding, resources for the creation of conducive environments and improved quality health care services provision.

The study by Matsi (2015), which was meant "to describe the views and perceptions of health workers with regard to the roll-out of the NHI at Pietersburg-Mankweng tertiary hospital in Limpopo Province", found that only 64% of respondents had knowledge of what the NHI entailed. Of the respondents, 37% had no detailed information on how their facility was involved in its (NHI) implementation. Furthermore, Matsi (2015) revealed that only, 39% of respondents indicated that they were ready for the implementation of the NHI in their facility. Other key issues of concern highlighted by respondents in Mthembu and Khuzwayo's studies were also raised in the study by Matsi (2015). The issues included, "…bad staff attitudes, personnel factors such as shortage of qualified staff, a shortage of equipment and supplies, lack of required source of care, lack of finance, infrastructure and administrative factors". The respondents in Matsi's study (2015), perceived these issues as barriers to the provision of health services delivery. The author concluded that "as South Africa continues with the roll-out of the NHI through various phases, it is important that health care workers are educated and engaged to ensure that the idea of achieving universal health coverage through NHI is realised".

The study by Booysen (2017) "to investigate awareness and perceptions of and support for a national health insurance policy in South Africa", found that awareness of the NHI amongst intended beneficiaries, namely the users of public health institutions and who did not have medical aid, was considerably low. The author found that less than half of private users were unaware of the policy and half or more of the respondents described their knowledge as "a little or not yet enough". The study attributed awareness of and knowledge about the NHI to the fact that the survey was done at the very outset of the launch of the NHI policy and one would thus not expect high levels of awareness. Additionally, the study revealed that support for the NHI policy "is greater for those perceived to gain the most from the policy through improved access and financial protection, as opposed to those perceived to potentially stand to lose (higher taxes and less choice with fewer benefits)".

Sheema (2017) in the study "to explore the beliefs and attitudes of private General Practitioners (GPs) towards the proposed NHI system" found that there was "unanimous agreement amongst the practitioners that the NHI was needed to address the deficiencies in the current health system". Sheema (2017) and other researchers identified key issues which

must be addressed by the South African government, including resource maldistribution, private health care costs, quality of care offered by public versus private healthcare facilities and improving private and public sector partnerships. Respondents in Sheema's study described public sector services as facing challenges such as lack of infrastructure and increasing patient volumes, shortage of staff and pharmaceutical stock issues. The study found that numerous GPs raised concern over government's ability to implement the policy and its affordability. It was also argued that "both the Green and White policy documents were reported to lack details regarding how the NHI policy would be financed and raised concerns about the sustainability of the proposed tax-based funding". Leadership was also identified as a challenge – especially with regard to Ministers of Finance who were not staying in their positions for long and thus impacting negatively on the government's ability to assess the affordability of the NHI.

2.14 CONCLUSION

This chapter served to outline legislative and theoretical frameworks underpinning the study. It focused on understanding the concept of public policy through exploring key features such as definitional issues, key distinguishing elements of public policy, public policy activities and different types of public policies. The chapter also focused on the public policy-making process both in general and South African contexts. Public policy implementation challenges and models for successful implementation were discussed. In view of the fact that this study's prime aim is to support the implementation of the NHI public policy in South Africa, this chapter concentrated on key principles, rationale, benefits and implementation barriers of the NHI in South Africa. Key findings from previous researches regarding respondents' views on the introduction of the NHI in South Africa were summarised. Furthermore, a brief description of theoretical framework was given. In the next chapter, the concept of leadership is discussed. Key aspects relating to leadership including definitional issues, theories, different styles of leadership, leadership principles and a distinction between leadership and management are explained.

CHAPTER 3: THEORETICAL FRAMEWORK AND LITERATURE REVIEW ON THE CONCEPT OF LEADERSHIP

3.1 INTRODUCTION

Chapter Two discussed the South African legislative frameworks underpinning the study, and also provided an overview of public policy in general and in the South African context. Particular key factors influencing public policy and public policy implementation challenges in South Africa and the rest of the world were discussed. The previous chapter also gave a snapshot of the NHI public policy which has been being piloted in some districts of the South African public health sector. This chapter's main purpose is to understand leadership as a concept through discussing aspects such as leadership theories, principles of leadership and different styles of leadership. The researcher's viewpoint is that leadership plays a critical role in the process of formulation of policies and policy implementation, especially in view of the fact that public sector usually serves large numbers of the population. It should be noted that the researcher does not criticise, approve or disapprove arguments by other researchers particularly on their discussions on the concept of leadership. This is because Pretorius (2008:2) explains that according to Atterbury (2002:56), "Leadership is influenced by the context in which it takes place and differs from organisation to organisation and from culture to culture". Thus, "Any study focusing on leadership will have to state very clearly the context in which it has been studied and acknowledge that its findings may only have reference within that specific context" (Atterbury, 2002:56) as cited in Pretorius (2008:2).

Baysak and Yener (2015:80) stipulated that, "A good leadership is important for health care organisations' success like any other ones". Bennis (2007) cited in Baysak and Yener (2015:80) identified three basic factors which justify the importance of leaders. The three factors are "leaders are responsible for the success or failures of all organisations"; "leaders inspire and restore our hope"; there is a "common concern about the lack of integrity within major companies and organisations" (Bennis (2007) cited in Baysak and Yener (2015:80). According to Shafie, Baghersalimi and Barghi (2013:21), established organisations which aim to address both group activities and social needs have personnel as the key organisational drivers. Furthermore, Shafie *et al.* (2013:21) stressed that retaining people in an organisation is important for employee's psychological satisfaction and fulfilment and that this should be achieved through the application of correct styles of leadership. The study pointed out that effective leadership is the most important factor when it comes to realising organisational

goals. Effective leadership at all levels is also crucial for improvement of both employees' and organizations' performances. Chitra (2013:66) explained that in biblical days Moses stepped forward to lead the children of Israel when they needed guidance from someone to get them out of their bondage. Amanchukwu, Stanley and Ololube (2015:6) claimed that "too many leaders are not born, but made". These authors argued that for one to be a good leader, that person must be knowledgeable, have experience, be a good negotiator, be tolerant, polite, patient and must have the ability to work well with others for the purpose of goal achievement. They pointed out that "good leaders are thus made not born". Alkahtani (2015:23) expressed that amongst the factors which are prevalent to influence employees' attitudes and behaviours and organisational commitment is leadership style. The author pointed out that, previous researchers such as Brown (2003), Cheong (2008), Chiang and Wang (2012), Clark, Hartline and Jones (2009) and Cox (2001) revealed that various styles of leadership have been adopted by leaders in different organisations when leading others. Some leaders prefer a democratic style while others use an autocratic style for the achievement of the goal of organisational effectiveness. He further said that "the choice of style is contingent on diverse factors such as personal traits of leaders, follower's acceptance of the leaders, their readiness, task complexity and the norms and values embraced by the organisational members". The author emphasised the importance of leaders possessing special abilities to be able to assess the organisational environment, identify contingent factors more accurately and lead the organisation towards success through making sound decisions. Mishra, Grunewald and Kulkarni (2014:73) assumed that a leader may use different styles but most often there is one style which tends to dominate.

Suranga Silva and Mendis (2017:20) maintained that one of the key elements to keep employees' commitment at a level high within an organisation is effective leadership. According to these authors, environmental pressures can be addressed successfully through understanding and promoting effective leadership in an organization. They state that there is a need for leaders to ensure that their employees are well-managed and motivated for them to reach maximum potential, feel engaged, embrace organisational changes and make good technical decisions. According to Alnassan and Sharma (2016:900), there are many people who seek to understand leadership concepts and practices and who write about the concept of leadership and its practices.

Leadership as a topic is currently popular in part because today's organisations are faced with various challenges unlike in previous years. Based on the introductory discussions, the next section begins by focusing on the description of the theoretical framework and defines leadership and management from the point of view of existing literature. A distinction between leadership and management is then provided, followed by discussions on all other pertinent aspects relating to leadership as a concept and its practices. It should be noted that leadership is an independent variable in this study. According to Bhattacherjee (2012:10), independent variables "…are variables that explain other variables".

3.2 DESCRIPTION OF THE THEORETICAL FRAMEWORK

According to Sinclair (2007:39), it is important for the researcher to consider relevant theory which underpins the knowledge base of the researched phenomenon, especially at the beginning of any research study. Grant and Osanloo (2014:13) were of the view that a study's structure and vision is unclear where there is no theoretical framework. These authors also argued that a study is like a house and if the house does not have a blueprint then it will be difficult to build it. Similarly, if the study does not have a theoretical framework then it will be like a house without a blueprint. Furthermore, a research plan which contains a theoretical framework must be in place to allow the study's thesis to be "strong and structured with an organised flow from one chapter to the next" (Grant & Osanloo, 2014:13). A theoretical framework was defined by these authors as "the 'blueprint' for the entire dissertation inquiry. It serves as the guide on which to build and support the study, and also provides the structure to define how the researcher will philosophically, epistemologically, methodologically, and analytically approach the dissertation as a whole" (Grant & Osanloo, 2014:13). Wacker (1998:364) stipulated that, "the goal of good theory is a clear explanation of how and why specific relationships lead to specific events". According to Wacker (1998:364), for the purpose of good theory-building, it is vitally important that relationships are explained. Equally important, Imenda (2014:189) defined a theoretical framework as "the theory that a researcher chooses to guide him / her in his / her research. Thus, a theoretical framework is the application of a theory or a set of concepts drawn from one and the same theory, to offer an explanation of an event, or shed some light on a particular phenomenon or research problem". This author, identified a theory's three main defining characteristics, and they are: (1) is "a set of interrelated propositions, concepts and definitions that present a systematic point of view, (2) specifies relationships between / among concepts, and (3) explains and / or makes predictions about the occurrence of events, based on the specified relationships"

(Imenda, 2014:187). Imenda (2014:187) in agreement with Wacker (1998) stated that, "a good theory is taken to be one which gives a very clear and precise picture of events of the domain it seeks to explain". What is more, a theory is defined by Rahi (2017:1) as "a standardised principle on which basis we can explain the relationship between two or more concepts and variables". Sutton and Staw (1995:378) put it succinctly that "theory is about the connections among phenomena, a story about why acts, events, structure, and thoughts occur. Theory emphasises the nature of causal relationships, identifying what comes first as well as the timing of such events" Weick (1995) in Sutton and Staw (1995:378) stipulated that "a good theory explains, predicts, and delights".

Terre Blanche *et al.* (2006:20) stressed that when a research problem is refined, a theoretical framework should be identified and the research will then be based on the identified theoretical framework. Amanchukwu *et al.* (2015:7) maintained that there are many differing views on leadership and that there are characteristics distinguishing leaders from non-leaders. In view of this, the section which follows mentions thirteen leadership theories which were found to be more relevant to this study and they are. It should, however, be noted that only three theories namely, Theory X and Theory Y management styles, Theory N, and Skills Theory will be focused on and used to explain and contextualise the finding of the study. The researcher selected these theories of management because of their easy translation into managerial attitudes and decisions (Newton, 1980:64). In addition, the selected theories deal predominantly with employees' behaviour and the psychological interaction between organisational management and their employees (Mohamed & Mohamad Nor, 2013:715).

3.2.1 McGregor, Douglas (1960) "Theory X Management Style"

Theory X management style predominated in business in the first few decades of the 20th Century with mechanisation and scientific management (Haji Mohamed & Mohamad Nor, 2013:716). Hindle (2008:187) explained that Theory X is an authoritarian style which emphasises "productivity on the concept of a fair day's work, on the evils of feather-bedding and restriction of output, on rewards for performance". The author postulated that Theory X "reflects an underlying belief that management must counteract an inherent human tendency to avoid work". Additionally, Theory X assumes that "employees are by nature reluctant to fulfil the obligations of their job and instead will find ways to avoid work or otherwise reduce their output in a bid to expend the least amount of effort possible", (Haji, Mohamed and Mohamad Nor, 2013:716). For management to prevent employees from avoiding work,

employees' behaviour should be controlled and monitored in a strict manner. Theory X has in recent times been regarded as an undesirable manner of managing employees. Newton (1980:64), contends that a very negative view of the worker is maintained by Theory X and that this is derived from traditional management theory. Theory X assumptions as identified by Newton (1980:64) are outlined as follows: "the average human being has an inherent dislike of work and will avoid it if possible; because of this dislike of work, most people must be coerced, controlled, directed, or threatened with punishment to get them to put forth adequate effort toward achieving organisational objectives; the average human being prefers to be directed, wishes to avoid responsibility, has relatively little ambition and wants security above all".

3.2.2 McGregor, Douglas (1960) "Theory Y" Management Style

According to Hindle (2008:187), Theory Y is a participative style of management which "assumes that people will exercise self-direction and self-control in the achievement of organisational objectives to the degree that they are committed to those objectives". Further, "Theory Y assumes that individuals go to work of their own accord, because work is the only way in which they have a chance of satisfying their (high-level) need for achievement and self-respect. People will work without prodding; it has been their fate since Adam and Eve were banished from the Garden of Eden" (Hindle, 2008:187). In the same way, Aydin (2012:25) explained that according to McGregor's Theory Y management style, "managers assume that the people they supervise are as committed to work and as capable of finding solutions to work-related problems as they are themselves; people inherently prefer to work rather than not to work; as a result, they tend to push responsibility for work down the chain of command". Again, Aydin (2012:25) expressed that under Theory Y management style, employees are granted autonomy within their accountability areas, and work is structured in such way that subordinates will have enough opportunities for problem identification and finding of creative solutions. Likewise, Newton (1980:65) stressed that Theory Y premises are different from Theory X premises. Theory Y assumptions are outlined as follows: "the expenditure of physical and mental effort in work is as natural as play or rest; external controls and the threat of punishment are not the only means for bringing about effort toward organisational objectives; people exercise self-direction and self-control to achieve objectives to which they are committed; commitment is a function of the rewards associated with achievement of objectives; the average human being learns under the proper conditions not only to accept but to seek responsibility; the capacity to exercise a relatively high degree of

imagination, ingenuity, and creativity in the solution of organisational problems is widely distributed". The distinction between Theory X and Y management styles is explained by Otokiti (2006) as cited in Kayode (2013:2) and is illustrated in Figure 3.1 of this Chapter.

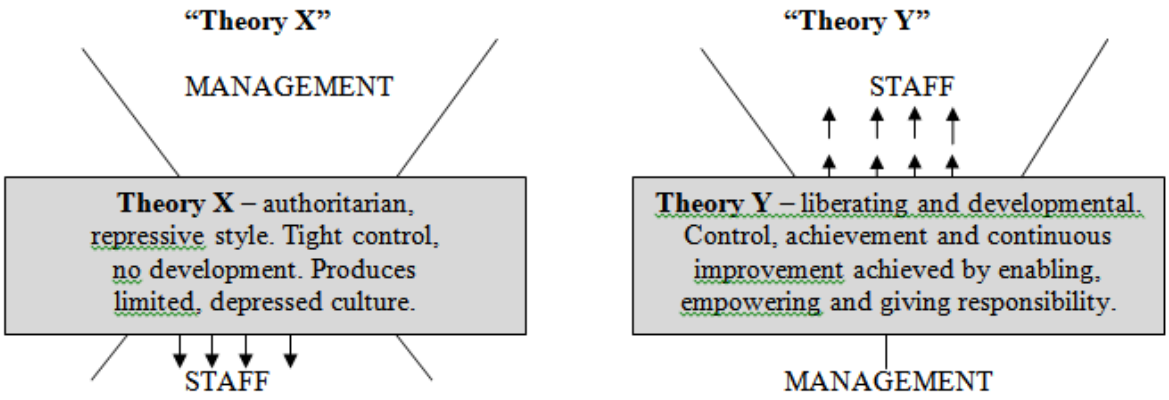

Figure 3.1: Difference between Theory X and Y Management (Source: Fundamentals of Management, Otokiti (2006) cited by Kayode, 2013:2)

3.2.3 Theory N Management Style

Newton (1980:65) explains that there is a realistic middle ground between Theory X and Theory Y management styles which emerged as Theory N. Theory N assumptions are as follows: "motivation for involvement in organisations differs; some people see their work almost exclusively as earning a living, others are more concerned with inherent value and intrinsic satisfaction; acceptance of responsibility differs; some prefer to be less involved and just do their jobs, others prefer to be involved to a greater degree in consultation and decision-making; some organisational members need very little direction and minimal supervision to accomplish their responsibilities, others require more direction, greater supervision, and clearly-defined measures of accountability; not everyone has the interest or capacity to contribute to the definition of organisational goals; in any organisation some will take the initiative in defining goals, others are content to be followers; though people are not inherently passive or lazy, a good organisation clearly defines individual responsibility (often in cooperation with the individual) and holds individuals accountable for fulfilling those responsibilities; although attempts should be made to create conditions in which an individual's goals coincide with the organisational goals, this is not always possible, when it is impossible, individuals should be expected to shift their goals to those which are best for the organisation; some persons have a high level of ambition and genuinely enjoy their work; others have a lower level of ambition and enjoy their work less, a manager must take these

factors into account when working with different personalities; people resist or welcome change on the basis of how they think their goals and personal involvement in the organisation will be affected; without accountability (either cooperatively achieved or implemented from the top), organisational performance will decline; some persons seek opportunities to contribute more fully to the goals of the organisation; others are content to perform their jobs within carefully defined limits; individuals' involvement and motivation in an organisation change, depending on age, energy levels, competing interests, shifting perceptions of the value of the organisation for them personally, etc.". Newton (1980:65) further pointed out that Theory N recognises that "people are different, that times change and that the need for control and structure or freedom and creativity varies". According to this author, Theory N provides "a more congenial set of assumptions for practicing administrator than either Theory X or Theory Y".

3.2.4 William Ouchi's "Theory Z" Management Style

Aydin (2012: 25) pointed out that there is another theory that has emerged and this focuses on the managers' perceptions of employees, and employees' perceptions of managers. The Theory is referred to as "William Ouchi's Theory Z" and is also known as "Japanese" management style. Theory Z assumptions as identified by Aydin (2012:25) are as follows: "the workers tend to want to build co-operative and intimate working relationships with those that they work for and with, as well as the people that work for them; Theory Z workers have a high need to be supported by an organisation, and highly value a working environment in which such things as family, cultures and traditions, and social institutions are regarded as equally important as the work itself; management must have a high degree of confidence in its workers in order for this type of perspective management to work; Theory Z stresses the need for enabling the workers to become generalists, rather than specialists, and to increase their knowledge of the organisation and its processes through job rotations and continual trainings; in Theory Z, managers trust their workers and Theory Z leaders have a human-oriented view; in Theory Z, the manager's ability to exercise power and authority comes from the worker's trusting management".

In addition to the above theories, existing literature shows that through the years a number of leadership theories emerged and were considered valuable by the majority of previous scholars. It is, therefore, necessary to delve into the discussion of other leadership theories which were found to be key and of significant value to the current study which investigated

leadership style in the public hospitals setting. According to Amanchukwu *et al.* (2015:7) there are many views on leadership. Cherry (2016) expressed that when one looks at the leaders around him or her – it can be an employer or the President – one might wonder why these persons are shining in such positions. The next section, therefore, discusses additional theories which were found to be relevant to this current study.

3.2.5 Great Man Leadership Theory

According to Cherry (2016), great man theory's proposition is that leadership's capacity is inborn, that is leaders who are great are born not made. In this theory, great leaders are described as brave and mythic, and when they are needed they destined to rise to leadership roles. Cherry (2016) explains that the use of "Great Man" was because, at that previous time, in terms of military, leadership was thought of mainly as a male quality. Onyia, Enyinnah and Olubiyi, (2019:360) stress that the belief of some scholars is that Great Man theory holds no scientific position, it is primitive and childish, and the great influence is shaping a great man who comes from the society. Similarly, Sethuraman and Suresh (2014:166) point out that, for historians the great man theory went well because previously only males took the leadership roles. It is apparent that there is no agreement with regard to the issue of leaders being born or made, hence more theories of leadership emerged overtime and they are also discussed in this section.

3.2.6 Trait Leadership Theories

According to Wolinski (2010), trait theories assume that, "People are either born or not born with the qualities that predispose them to success in leadership roles". Likewise, Cherry (2016) expressed that trait theories' submission is that they are certain qualities that are inherited by people and thus the innate qualities make them more suitable for leadership. According to Cherry (2016), trait theories are similar to some ways to the "Great Man" Theories. They assume that, "People inherit certain qualities and traits that make them better suited to leadership". Traits which are attributed to great leaders include courage, self-confidence and extraversion Cherry (2016). In the same way, Nojimu (2014:80) elucidated that the emphasis of trait theory is that leaders are not made but are born. This theory's attention is more on the leaders and followers whose contributions are also valuable to the achievement of common goals (Nojimu, 2014:80). Again, Nojimu (2014:80) alluded that the attention to the fact that making of leaders is possible is also considered by the trait theory. The assumption of these theories is that individuals hold certain abilities and qualities, and

they are motivated by these abilities and qualities to rise and accept leadership's role (Khan & Nawaz, 2016:22). Furthermore, Khan and Nawaz (2016:22) express that intellectual ability and personality, which are intrinsic abilities, are key parameters behind the effectiveness of leadership. Kanodia and Sacher (2016:142) described traits as "…the consistent and habitual patterns of thoughts, feelings, behaviour, emotions or actions that distinguish one individual from another which are considered to be relatively consistent and distinctive ways across situations and over time. Traits are the distinctive qualities or exclusive set of characteristics, especially of one's individual specific nature. Traits are not fixed but they are acting as the foundation tendencies which remain stable transversely the life span, but individualistic characteristic behaviour can change significantly through adaptive process." Trait theory "…is the approach to study a human personality that identifies and measures the degree to that convinced personality traits; very often recurring patterns of thoughts and behaviour of any human, like anxiousness, shyness, pessimist thought, optimist thought, openness to new things that exist from individual to individual" (Kanodia & Sacher, 2016:142). Equally important, leader traits are defined in Zaccaro (2007:7) as "…relatively coherent and integral patterns of personal characteristics, reflecting a range of individuals' differences that foster consistent leadership effectiveness across a variety of group and organisational situations". Zaccaro (2007:8) argued that there are three key components of this definition. First, consideration of leader traits is not done in isolation but rather as constellations of attributes that are integrated and which influence the performance of leadership. Zaccaro (2007:8) emphasised that the definition's second component is about the inclusiveness of a multiplicity of personal qualities that enhance stability in the effectiveness of a leader, since the traits of a leader are defined in reference to leader effectiveness. The last and third component puts emphasis on attributes of a leader as fairly stable, producing cross situational stability in the performance of a leader (Zaccaro, 2007:8). Pyke (2018:4) points out that the trait perspective on leadership is that, there are particular characteristics that individuals are born with and it is the innate characteristics that distinguish leaders from non-leaders. To support this argument, Pyke (2018:4) stated that "statements such as 'she is a natural leader' support the trait theory that this person's effectiveness is an innate quality that separates her from other people". The leader traits as identified in Pyke (2018:6) cover integrity, which is argued to be honesty and credibility's core quality, friendly social skills, and the interactive ability of a leader. According to Fleenor (2011:831), the idea remains that for a leader to be successful in any situation, he or she has to possess certain traits. Wolinski (2010) stresses that key leadership qualities that have been consistently cited include the following: drive, sociability, and

intelligence. Equally, Fleenor (2011:831) explains that Gardner (1989) identified some attributes that appeared to make a leader successful in every situation and the traits are "///physical vitality and stamina, intelligence and action-oriented judgement, eagerness to accept responsibility, task competence, understanding of followers and their needs, skill in dealing with people, need for achievement, capacity to motivate people, courage and resolution, trustworthiness, decisiveness, self-confidence, assertiveness and adaptability / flexibility". Khan, Nawaz, and Khan, (2016:2) argue that disappointments with discovery of the traits which every single effective leader had in common, led to the development of trait theory. Equally, Onyia, Enyinnah and Olubiyi, (2019:360) maintain that scholars although not mentioned, have argued that when it comes to the leader's intelligence, assertiveness or physical attractiveness, trait theory's failure to change from situation to situation became evident. Moreover, Amanchukwu *et al*. (2015:8) point out that scholars eventually led to shift paradigms in search of new clarifications for effective leadership because of inconsistencies in the relationship between leadership traits and leadership effectiveness.

3.2.7 Contingency Leadership Theories

According to (Wolinski, 2010), contingency theories propose that, "A leader's effectiveness is contingent on how well the leader's style matches a specific setting or situation". Adjusting to leadership style to the situation is what the theory proposes and also the theory's assumption is that leader's effectiveness depends on the degree of fit between the qualities of a leader, his or her style and that of a particular context (Wolinski, 2010). More importantly, the focus of this theory is on specific environmental variables which assist in determining suitable types of leadership styles to adopt in an organisation Cherry (2016). Also, Cherry (2016) points out, contingency theory's assumption is that a leadership style which is best in all situations is not there. There are a number of variables like the style of leadership, followers' qualities and situational aspects which contribute to success (Cherry, 2016). Meanwhile, Pyke (2018:12) expressed that this theory, the assumption of this theory is that when circumstances change, a leader has do adjust his or her style accordingly. Additionally, the contingency theory's proposition is that right leaders should be found for the right situations, since situations vary. Thus, matching of leaders to appropriate situations is important especially for responding to the emerging issues adequately (Pyke, 2018:12). What is more, Pyke (2018:12) argues that the feasibility of contingency theory during unplanned developing occurrences or crisis is not possible. Moreover, Aalateeg (2017:39) maintained that contingency theory's hypothesis is that universally acceptable leadership styles are not

there. In fact, a leadership style which proves valid in a particular situation may be ineffective in another situation (Aalateeg, 2017:39). In accordance, Fleenor (2011:831) points out, contingency theory suggests that, "Leaders who possess certain traits will be more effective in some situations than others".

3.2.8 Situational Leadership Theories

Kovach (2018:5) defined situational leadership theory as: "The theory that says some leaders excel in a given situation. Equally, the theories' assumption is that different styles are required in different situations and for a person to be effective in leadership he / she must have the ability for adjusting his / her style to the different circumstances (Wolinski, 2010). Equally, Cherry (2016) explained that situational theories propose that situational variables play a critical role when leaders choose their best course of action. Certain types of decision-making would require different leadership styles appropriate to that process. Likewise, Shonhiwa (2016:35) postulates that as the name says, the situational approach's focus is on leadership within situations. What is more, Shonhiwa (2016:35) maintains that the approach's submission is that different types of leadership styles are needed in different situations. Furthermore, this approach's perspective is that for a person to be an effective leader he or she has to adapt his or her leadership style to the needs of diverse situations (Shonhiwa, 2016:35). In addition, Shonhiwa (2016:35) pointed out that precisely situational leadership's essence demands that leader's style should be matched with the subordinates' competence and commitment. Shonhiwa (2016:35) stated that, "Effective leaders are those who can recognise what employees need and then adapt their own style to meet those needs". Simply put, the approach's implication is that in different context, the same style of leadership cannot be used by leaders since a high degree of flexibility should be demonstrated (Shonhiwa, 2016:38). Several strengths particularly for this type of leadership have been as identified by (Shonhiwa, 2016:38) are as follows: as a well-known approach, situations leadership is used for the purpose of training leaders in organisations, its application is easy in many settings because it is easily comprehensible, and intuitively sensible (Shonhiwa, 2016:38). Equally important, situation leadership can be used by middle managers for directing staff meetings, and heads of departments can use the approach for the purpose of planning structural changes in an organisation. Furthermore, the use of situational leadership approach does not present shortage of opportunities (Shonhiwa, 2016:40). The situational leadership approach has its own weaknesses and Shonhiwa (2016:38) identified them as follows: not enough research studies have been conducted particularly for justifying the theory's assumptions and

propositions that have been set forth by the theory. Thus, with insignificant amount of published research findings, the theory's validity is questionable (Shonhiwa, 2016:38). Another criticism of the situational leadership theory is that this approach fails to account for how particular demographic characteristics like gender, age, education and experience have an effect on the leader (Shonhiwa, 2016:38). As Amanchukwu *et al*. (2015:8) explained, situational theory's proposition is that, "Leaders choose the best course of action based upon situational conditions or circumstances". What is more, Amanchukwu *et al.* (2015:8) alluded to the fact that different leadership styles may be more appropriate for decision making types that are also different. An example given by Amanchukwu *et al.* (2015:8) is that authoritarian style might be more appropriate in a situation where there is an expectation of a more knowledgeable and experienced leader as a member of a group.

3.2.9 Behavioural Leadership Theories

These theories argue that "great leaders are made not born". These theories do not focus on leaders' intellectual qualities but rather on leaders' actions. According to Kovach (2018:5), behavioural theories are defined as, "The ideal that leadership was not built upon traits but on particular behaviours". In a like manner, Cherry (2016) maintained that the basis of this theory is that becoming leaders is possible by being trained and observed. These theories are viewed by Cherry (2016) as a Great Man Theory's flip-side. Behavioural theories assume that through observations and learning, can enable people to learn how to become leaders (Cherry, 2016). The focus of these theories is not on leaders' intellectual qualities but on leaders' actions. According to these theories, for people to become leaders they can learn through means like observations and as well as training (Amanchukwu *et al*., 2015:8). More importantly, Aalateeg (2017:38) explained, the behavioural theories' assumption is that the effectiveness of the followers and work are influenced by the behaviour of a leader. Next, Kovach (2018:3) claimed that presupposition of behavioural theories of leadership is that, leaders are distinguished by particular behaviours. Again, Uzohue, Yaya and Akintayo (2016:19) point out that the behavioural theories submission is that through individuals training and observation, it is possible for people to become leaders. These theories emphasis is that leaders can be made and are not necessarily born (Uzohue *et al.*, 2016:19).

3.2.10 Participative Leadership Theory

Cherry (2016) wrote that a leadership style that considers the inputs of others is an ideal leadership style. This author further stressed that participative leaders ensure the

encouragement of group members and participations and contribute and assist members of a group with regard to their feelings and commitment to the process of decision-making (Cherry, 2016). Additionally, Cherry (2016) stresses that participative leadership theories' postulation is that a leadership style that promotes participation through giving of inputs by followers, is an ideal leadership style. The right for allowing the inputs of others rests with the leader in participative theory (Cherry, 2016). As expressed in Amanchukwu, *et al*. (2015:8), the participative theory's suggestion is that "the ideal leadership style is one that takes the input of others into account". Most important, Uzohue *et al*. (2016:9) explained that in participative theory, the right to allow others inputs rests in the leader even though participation by group members is encouraged.

3.2.11 Charismatic Leadership Theories

According to Onyia (2019: 361), the assumption of these theories is that "charismatic leaders are seen as engendering favourable outcomes by modelling a value system for followers, exuding competence and success, articulating an inspirational goal that is ideological rather than pragmatic, exhibiting high expectations, showing confidence in followers and arousing their motivation". Bass (1990b:21) argues that the theories' assumption is that employees are inspired and excited by their leaders with the idea that through extra efforts, great things may be accomplished. Besides, Yukl (1999:293) expressed that the way followers attribute extraordinary qualities (charisma) to their leader, is what the original charismatic leadership theory as introduced by Weber (1947) described.

3.2.12 Transformational Leadership Theories

Transformational leadership theory is viewed by Pyke (2018:12) as "…a process that results in changing or transforming people. It appeals to the followers' values and sense to a higher purpose and unified goal". According to Pyke (2018:12) leaders who are transformational are similar to charismatic leaders who think of other people and their concerns. Also, Pyke (2018:12) says that others are aroused by charismatic leaders into action especially through clarifying their purpose, infectious passion and stable conviction in their beliefs. Equally important, According to Moir (2017:001), the approach's proposal is on ethics, values, standards and long-term goals. In this approach, followers' motives are assessed, their needs are satisfied, and they are treated as full human beings (Moir, 2017:001). What is more, in these theories, people are motivated and inspired by their leader and group members are helped to see the significance and value of the task (Cherry, 2016). According to Cherry

(2016), leaders with ethical and moral standards which are high, are associated with the transformation approach. Again, in this theory, extraordinary ways are used by the leader to motivate and inspire his or her follows to achieve the organisational goals. Also, the leader's understanding of followers' strengths and weaknesses is important and a transformational leader challenges his or her followers to take greater ownership of their work (Onyia *et al.*, 2019:360). Further, the focus of this theory is on formed connections between leaders and followers (Amanchukwu, *et al*., 2015:8).

3.2.13 Transactional or Management Leadership Theories

Khan, Bhat and Hussanie (2017:252), point out that transactional theories suggest that managers' and employees' relationships are based on bargaining. The focus of transactional theory is on the exchanges that happen between leaders and their followers. The theory is based on the notion that "a leader's job is to create structures that make it abundantly clear what is expected of his / her followers and also the consequences (i.e. rewards and punishments) for meeting or not meeting these expectations (Wolinski, 2010). In addition, this theory's main focus is on supervision's role and group performances within the organisation. In addition, a system of rewards and punishment is linked to these theories. Businesses often use theories where successful employees are rewarded and unsuccessful employees are punished or reprimanded. In relationship or transformational theories the focus is on connections formed between leaders and followers. With transformation theories, group members are assisted to see the task's importance and value (Cherry, 2016). Most important, as explained in Odumeru and Ifeanyi (2013:358) compliance from followers is ensured by transactional leader through rewards and punishment. Odumeru and Ifeanyi (2013:358) argued that transactional leadership is effective in situations where there is a crisis and emergency, as well as when the execution of projects need to be in a specific fashion. The structure, goals and the culture within an existing organisation are accepted by transactional leaders who keep things the same (Odumeru & Ifeanyi, 2013:358). Besides, Onyia *et al.*, (2019:361) maintain that transactional theory is considered a managerial role and the theory's focus is on organisational supervision and group's duties, as well as their performance. Rewards and punishment are used by the transactional leader to promote compliance and the focus is to mainly keep things as the same and changing the future is not the transactional leader's focus (Onyia *et al.*, 2019:361). Likewise, this theory focuses on the supervisors' role, performance of group and organisation and the interactions between leaders and followers (Amanchukwu *et al.*, 2015:8).

3.2.14 Skills Theory of Leadership

Skills theory's postulation is that in the practice of leadership that is effective, learned knowledge and skills / abilities that have been acquired are significant contributing factors. This theory's argument is that the real aspects of leadership performance are developed style, skills that are learned and knowledge that has been acquired by the leaders (Wolinski, 2010).

Moreover, Uzohue *et al.,* (2016:20) stressed that the capacity to lead in an effective way and the connection between inherited traits are not acknowledged by skills theory. Instead, this theory argues that the real keys to leadership performance are acquired through knowledge, learned skills, and a style which has been developed (Uzohue *at al.,* 2016:20). Equally important, Onyia, Enyinnah and Olubiyi, (2019:360) point out that competency theory's emphasis is on competencies of a leader who is effective. The competencies are identified as follows: self-confidence, drive, integrity, emotional intelligence, intelligence, and business knowledge (Onyia *et al.,* 2019: 360). Onyia *et al*. (2019:360) explain that the theory assumes that "all leaders have the same personal characteristics and that all of these qualities are equally important in all situations". Furthermore, these authors argue that, this assumption is false because the complexity of leadership makes it difficult to have a universal list of traits which is applicable to every condition (Onyia *et al.,* 2019:360). It some competencies are not necessarily important all the time (Onyia *et al.,* 2019:360).

3.2.15 Self-Leadership Theory

Self-leadership is defined in Neck and Manz (1992:682) as "…the process of influencing oneself to establish the self-direction and self-motivation needed to perform". Also, Self-leadership theory is described by Sinha (2012:35) as "…the process of influencing oneself through which men and women influence themselves to control their own actions and thinking". According to Sinha (2012:35) self-leadership is a continuous process of self-assessment and discovery, and through this leadership individuals can develop leadership skills which can be of great importance in their personal and professional life. What is more, Sinha (2012:36) shared fundamentals of developing self-leadership and they are "…self-observation, goal-setting, self-evaluation, self-reward or punishment". Sinha (2012:45) concluded that, "The skills required to develop self-leadership can be acquired by every single employee who wants to develop themselves". Equally important, Browing (2018:15) describes self-leadership as "…having a developed sense of who you are, what you can do, where you are going coupled with the ability to influence your communication, emotions and

behaviors on the way to getting there". Furthermore, Browning (2018:17) express that this type of leadership serves especially for enhancing emotional intellect of a leader and this is done through ensuring that one's awareness of self is strengthened. This author further argues that realization and owning of one's weakness will assist a person to improve his or her weaknesses (Browing, 2018:17). Again, Browning (2018:18) emphasised the importance of creating a culture that supports self-leadership as this will help to achieve greatness in an Organisation. Williams (1997:140) explained that a unique set of self-influence strategies is employed by self-leadership. Williams (1997:140) outlined self-influence strategies as follows: *work context strategies* which deal with the work context manipulation witch aim to maximize intrinsic motivation; *task performance process strategies* which recognize that "how (as opposed to where or with whom) work is performed affects its intrinsically motivating properties"; and *thought self-leadership* which is defined by Neck, Stewart and Manz (1995) cited in Williams (1997:141) as "…a process of influencing or leading oneself through the purposeful control of one's thoughts".

3.2.16 Path-Goal Theory of Leadership

According to Malik (2009:81), the path-goal theory's proposal is that, "Leader behaviour will be motivational to the extent that it helps subordinates cope with environmental uncertainties". What is more, Malik (2009:81) expressed that like Fiedler's contingency theory of leadership, one best way for leading is not something that is specified by the path-goal theory. What this theory stresses it that, most style of leadership which is suitable to a peculiar situation should be selected by a leader in order to be effective (Malik, 2009:81). Again, explained that under this theory, a leader's flexibility is important sine the style which is selected demonstrates the situation, hence the adopted style has be the one which is required in a particular situation (Malik, 2009:81). Likewise, Wolinski (2010), expresses that path-goal theory is about the manner in which follows are motivated and inspired by their leader in order to achieve identified objectives. In addition, Wolinski (2010), maintains that, the theory advances that "effective leaders have the ability to improve the motivation of followers by clarifying the paths and removing obstacles to high performance and desired objective". Further, Wolinski (2010) explain that the path-goal theory's underlying believes are that when people believe that their task is valuable and their desired outcomes will be achieved through efforts, then they become more motivated and focused. Similarly, Ani, Oliver, Okpala, Dyages and Akese (2017:96) stressed that Robert J House's path-goal theory's assumption is that workers motivation, satisfaction and performance can be affected

in various ways such as clarification of paths towards organisational goals, eliminating of obstacles to performance and offering rewards to workers who achieved performance goals. The goal is to ultimately get workers to give their best and in the same time workers getting more satisfaction for their efforts (Oliver, *et al.*, 2017:96). Moreover, Farhan (2018:17) stipulated that, "Path-goal leadership theory requires learning leaders who are interested in spreading a learning culture to adopt directive, participative, and /or achievement-oriented behavior".

3.2.17 Leader-Member Exchange Theory of Leadership

In addition to the eight theories discussed above, the researcher identified "Leader-Member Exchange Theory" and also found this more relevant to the discussions in this study, as this theory emphasises the importance of a leader's relationship with his or her followers. Leader-Member Exchange Theory focuses on the pairing of groups and considers the relationship between a leader and his or her follows independently. This theory's argument is that the quality of each relationship is likely to differ. For instance, some subordinates might experience poor interpersonal relations with the leader while others experience good and trusting interpersonal relations with the same leader (Lunenburg, 2010:1). According to Lunenburg (2010:1) this theory states that two groups of followers are formed - namely: an in-group with more responsibilities, resources and attention; and out-group with less attention, fewer resources and less rewards". The author also postulated that a member of an in-group has the opportunity to enjoy the job's benefits, is trusted, has open communication and an influence in decisions which are made. By contrast, "members of the out-group are supervised within the narrow limits of their formal employment contract. The leader is practicing a contractual exchange with such members, hired hands who are being influenced by legitimate authority rather than true leadership". Lunenburg stressed that job satisfaction, motivation, citizen behaviour and higher productivity could be achieved where the leader-member exchange relationship was better. The author explained that Schermerhorn, Hunt and Osborn (2011) give tips to assist with ways of building "high quality leader-member exchange relationships". These are depicted in Figure 3.2.

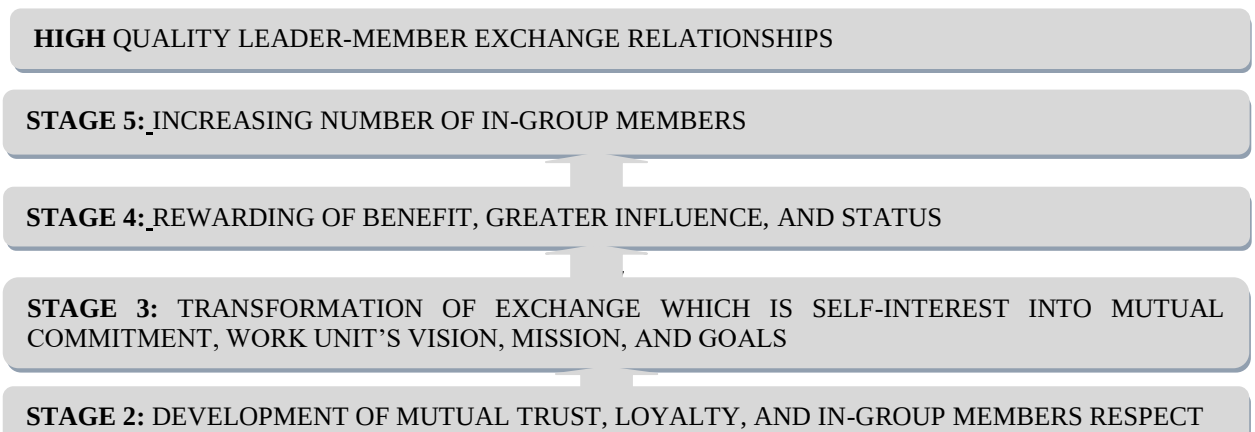

Figure 3.2: Stages of Building High Quality Leader-Member Exchange Relationships (Source: Lunenburg, 2010:3)

The five stages of building high quality leader-member exchange relationships as described by Lunenburg (2010:3) are discussed as follows:

*Stage 1***:** The leader should be meeting his or her employees separately to assist with evaluation of the potential resources they expect to be exchanged, their individual attitudes, motives, and to ensure the establishment of mutual role expectations.

Stage 2: Mutual trust, loyalty and in-group members' respect should be developed, and the original exchange relationship should be refined, especially after an initial meeting.

Stage 3: This is a mature stage and should entail a transformation of exchange. This is based on mutual commitment and the vision and goals of the work unit.

Stage 4: This stage occurs when in-group members in the second and third stage are rewarded benefits, greater influence and status for their extra attention.

Stage 5: At this stage, leaders should work on increasing in-group members' numbers through day-to-day observations and discussions.

Kreitner and Kinicki (2010) cited by Lunenburg (2012:4) provided some guidelines to improve the quality of leader-member exchanges as follows: Firstly, one should stay focused on organisational goals and should continuously have the ability to accomplish these. Secondly, one should not "fall prey to feeling powerless", and thirdly should empower oneself in order to accomplish what needs to be done. Fourthly, power should be exercised around circumstances which can be controlled. Fifthly, one should work on continuous relationship improvement with his or her manager through examining the level of trust between them and improve it by frequent, effective and efficient communication. Sixthly,

authentic, respectful and assertive problem-solving approaches should be used when disagreements arise. Lunenburg (2010:4) concluded that "leaders should develop high-quality relationships with as many subordinates as possible and their in-group should be large as their out-group." The researcher's argument is that it is important for any organisation to ensure that employees are engaged, satisfied and committed, in order to develop high-quality relations with as many subordinates as possible.

Having explored leadership theories relevant to the study, the next section of this chapter focuses on definitional issues in relation to leadership. It is worth noting that the researcher explored various definitions of leadership by the previous scholars with a view to obtaining a dynamic understanding of the concept of leadership.

3.3 DEFINING LEADERSHIP

According to Uzohue *et al*. (2016:19), leadership is viewed by most theories as grounded in one or more of the three perspectives which are identified as follows: "Leadership as a process or relationship, leadership as a combination of traits or personality characteristics, or leadership behaviours or, as they are commonly referred to leadership skills. Uzohue *et al.*, (2016:18) stated that "leadership is not a title rather it is the principles and action that makes a good leaders". Thus, Algahtani (2014:75) explained that different leadership definitions exist and argued that although the concept is defined differently by different authors, it has two components which have been the focus of many definitions, namely (a) "the process of influencing a group on individuals to obtain a common goal, and (b) to develop a vision". Similarly, Chirchir, Kemboi, Kirui and Ngeno (2014:175) pointed out that although there are many definitions of leadership, "all definitions precipitate to influence direction or persuasion of a person or a group to move in a given direction". Bennis (1985) cited by Swanwick and McKimm (2011:23), stated that "leadership is like the abominable snowman whose footprints are everywhere but who is nowhere to be seen". Swanwick and McKimm (2011:23) maintained that, problems around leadership are neatly encapsulated by this quote. In fact, there is a vast literature on leadership as a concept which disputes that, leadership is understood to be a concept which its meaning to different people means different things (Swanwick & McKimm, 2011:23). Bennis (2007:2) explained that our lives' quality is affected by leadership as much as one's blood pressure or in-laws do. Further, Bennis (2007:2) stipulated that "leadership always matters, and it has never mattered more than it does now". According to Muteswa (2016:139), "leadership involves persuading and

convincing people to go the extra mile in achieving the organisation's goals". Bittel and Newstrom (1990:268) were of the view that leadership is "the special skill of getting other people to follow and do willingly the things that the leader would want them to do". Similarly, Ebegbulem (2012:222) described a leader as "one who can inspire, and instil passion and direction to an individual or group of individuals, using his position to affect that group consciously or subconsciously. A leader is the driver or force behind the progress of the people he is leading". Van Dyk, van der Westhuizen and Jooste (2009:26), emphasised that leaders ensure attainment of organisational goals through facilitation of healthy relationships between employees. Yukl (2012:70) stipulated that "leaders use clarifying to ensure that people understand what to do, how to do it, and the expected results. Clarifying includes explaining work responsibilities, assigning tasks, communicating objectives, priorities, and deadlines, setting performance standards, and explaining any relevant rules, policies, and standard procedures". Leadership was defined by Bhatti, Maitlo, Shaikh, Aamir Hashmi and Shaikh (2012:192) as "a social influence process in which the leader seeks the voluntary participation of subordinates in an effort to reach organisation goals, a process whereby one person exerts social influence over other members of the group, a process of influencing the activities of an individual or a group of individuals in an effort towards goal achievement in given situations, and a relational concept involving both the influencing agent and the person being influenced". Furthermore, Bhatti *et al.* (2012:193) expressed that "a leader is a person who sees something that needs to be done, knows that they can help make it happen and gets started. A leader sees opportunity and captures it. He or she sees a future that can be different and better and helps others see that picture too, and he or she is a coach, an encourager and is willing to take risks today for something better for tomorrow. A leader is a communicator, coordinator and listener". Chitra (2013:67) pointed out that there are three important roles to be played by leadership and they are that "…leadership is accomplishing tasks through others, leadership means dominating power over the people, and leadership is directed to change to a better journey". According to this author, "Leaders are the secret weapon in keeping valued talent longer". Iqbal, Anwar and Haider (2015:2) shared a view that, "Leadership is increasingly understood to involve persuasion and explanation as well as ability to identify, affirm, and renew the values of the group the leader represents". They also expressed that, "Leadership is an ability of a manager to induce subordinates to work with confidence and zeal". Saqib Khan, Khan, Qureshi, Ismail, Rauf, Latif and Tahir (2015:87) defined leadership as "…a personal relationship in which one person directs, coordinates and supervises others in the performance of a common task". They further defined the concept of

leadership as “the process of influencing an organised group toward accomplishing its goals”. According to Bartram (2002) cited in Oracle White Paper (2012:5), “Leadership is about influencing people so that they come to share common goals; values; and attitudes and work more effectively toward the achievement of the organisation’s vision”. İkinci (2014:24) stipulated that, “When the traditional definitions of leaders are reviewed, leadership is defined as all characteristics related to the qualifications, abilities and experience to gather a group of people under certain goals and to activate them”.

Luthra and Dahiya (2015:43) postulated that “a leader is among one of the employees with an exceptional skill set and in one situation or another he or she has potential to step forward to take charge and mentor others who lack experience and skill set, tries to inculcate skills by motivating them and help them in achieving their individual, team and organisational targets”. According to Uzohue, Yaya and Akintayo (2016:17) the Webster dictionary defines leadership as “guiding, conducting, proceeding or being foremost among a group of people. It is the process of developing ideas and a vision, living by values that support those ideas and vision, influencing people or groups to embrace their own behaviours, and making decisions about human and other resources to achieve organisational goals”. Alnassan and Sharma (2016:900) pointed out that “leadership refers to a leader’s behaviour. It is the result of the philosophy, personality and experience of the leader”. Yusuf, Muhammed and Kazeem (2014:17) were of the view that “various aspects of human endeavour such as politics, business, academics, social works, etc. have been using the word “leadership”. Furthermore, leadership is shown by previous views as “personal ability”. According to Alkahtani (2015:24) “Harry S.Truman, 33rd President of the United State once said that a leader is a man who can persuade people to do what they do not want to do, or do what they are too lazy to do”. Alkahtani pointed out that leadership is “a process, involves influence, occurs within a group contact, and involves goal attainment”. Alkahtani (2015:24) used this claim and defined leadership as “a process where individual influences a group of other individuals to achieve a common goal”. Likewise, Rama, Devi and Narayanamma (2016:92) insisted that leadership is “a process by which a leader influences the thoughts, attitudes, and behaviours of others. They stated, “It is the ability to get other people to do something significant they might not otherwise do”. Dalluay and Jalagat (2016:736) postulated that “leadership refers to people who have visionary mindset and can be able to lead and influence others to become leaders in attaining the goals and objectives of the business”. Nirenberg (2001) cited in

Nyengane (2007:10) postulated that "leadership is not just a position in a hierarchy or a chain of commands but involves actions of the leader".

Masango (2002:708) opined that, "In Africa, a leader is viewed as someone who is a servant to the clan, tribe, community or group". This author explained that, this actually means that a leader is treated by African people, "by virtue of being a king, priest or ruler chosen by virtue of the office in order to serve the nation" (Masango, 2002:708). Also, Masango (2002:708) points out that, Nahavandi (2000) stressed that when one explores leadership topic, there are elements to be considered including the following "leadership is a group phenomenon, in other words, there are no leaders without followers". What is more, Masango (2002:709) stated that "in short, a leader is someone who influences individuals and groups within a community or a village. The leader helps them to establish goals, and then guide them through the whole process, allowing the community to be effective (if he or she is a good leader)". Additionally, Masango (2002:709) argued that, a way in which African leaders could be effective is when they solve their followers' problems. Swathi (2013:156), identified four levels of leadership, and stressed that leadership essence and form need to be applied on the identified four levels, which are: *first*, "leading oneself", this is considered the number one step in leading oneself, and at this step, one needs to be clear on what he/she would like to be as a leader; *second*, "leading others (one-to-one)", at this level, foundational skills such as delegating, setting of goals, communication skills, and other skills, are important one-to-one leadership skills; *third*, "leading teams (one-to-group)", at this level, leader's ability to inspire and lead individuals to work collaboratively in an effective way and achieve as a collective, is an addition to one-to-one skills; *fourth*, "leading a work culture", at this level, it is imperative that leaders of today understand the importance of creating a culture that permits employees' full engagement. Most important, Tehreem, A. Nawaz, Y. Mahmood, B. Sohail, MM and Abeeda (2013:58) argue that people's confidence lowers as a result of poor leadership. Also, these authors emphasized the importance of having efficient communication especially for those people who are in leadership roles (Tehreem, Nawaz, Mahmood, Sohail & Abeeda (2013:58). Tehreem, *et al.* (2013:58) highlighted the importance of people in leadership roles developing their communication skills for increasing confidence from their followers. Most important, Pyke (2018:5) said that the leader's ability to lead eases especially if a leader discontinues to manage. This author argues that for followers to observe while faced by challenges, a leader's perseverance is critical in this regard (Pyke, 2018:6). Accordingly, Jabbar and Hussein (2017:105) stated that, "Leadership means taking

responsibility". From all these definitions, it is evident that a number of key aspects which are followers (subordinates in the context of this study), groups, procedures and processes within an organisation are influenced by a leader who shares his vision.

In view of various definitions of leadership which point to the importance of getting others to achieve goals as a collective, leadership is defined for the purpose of this study as "a process where an individual influences a group of other individuals to achieve a common goal" (Alkahtani, 2015:24). Leadership styles refer to *managerial* styles in this study, and thus management is also defined in this chapter. The distinction between leadership and management is briefly explored.

3.4 DEFINING MANAGEMENT

In terms of the National Health Act (NHA), 2003 (Act No. 61 of 2003), management refers to "executive management and all heads of departments including clinical and non-clinical service areas of a health establishment". Yukl (1989:253) stipulated that "it is obvious that a person can be a leader without being a manager, and a person can be a manager without leading". This author further stressed that some managers such as financial accounts managers can have no subordinates but still be classified as managers. The author expressed that managers are people whose roles include exercising authority and executing the responsibilities of their positions. Zaleznik (1992:5) pointed out that "managers tend to view work as an enabling process involving some combination of people and ideas interacting to establish strategies and make decisions. They help the process along by calculating the interests in opposition, planning when controversial issues should surface, and reducing tensions. In this enabling process, managers' tactics appear flexible, on one hand; they use rewards, punishments, and other forms of coercion". This author also expressed that working with people is what managers prefer and that solitary activity makes them anxious and is avoided.

Likewise, Hopkins (1996:1) stated that managers tend to have a dual responsibility in most organisational settings. This is due to the fact that their responsibility is for both the people within the organisation and the organisation itself. What is more, according to Kotter (1990:86), "management is about coping with complexity". This author argued that complex organisations will become chaotic where their existence is threatened in a number of ways especially where there is no good management. Kotter further explained that a degree of

order and consistency are brought by good management to the quality and profitability of products as key dimensions. The author stated that "management develops the capacity to achieve its plan by organising and staffing, creating an organisational structure and set of jobs for accomplishing planned requirements, staffing the jobs with qualified individuals, communicating the plan to those people, delegating responsibility for carrying out the plan, and devising systems to monitor implementation". He stipulated that "management ensures plan accomplishment by controlling and problem solving; monitoring results versus the plan in some detail both formally and informally; by means of responses, meetings and other tools; identifying deviations; and then planning and organising to solve the problems". Algahtani (2014:74) stipulated that "management in general is a process that is used to achieve organisational goals". Katz (1955) cited in Algahtani (2014:74) defined management as "exercising direction of a group or organisation through executive, administrative and supervisory positions". According to Katz, management "involves developing staff, mentoring persons with high potential and resolving conflicts while maintaining ethics and discipline". Katz identified three groups of skills for managers who are effective in an organisation, and they are briefly described as, "Technical skills which are "proficiency in a specific type of work, and include competencies within a specialised field or the ability to use appropriate tools and techniques; human skills which are the "ability to work with people which allow a manager to assist group members to complete a task" and conceptual skills which are "the ability to work with ideas". Prevodnik and Biloslavo (2009:87) defined a manager as "someone who uses authority and reason for efficient and effective problem solving and to mobilise, coordinate and control organisational resources by the use of standardised procedures that are a part of organisational policy". Equally, van Dyk, van der Westhuizen and Jooste (2009:26) stipulated that a manager's main aim is to maximise organisational output through administrative implementation. For managers to achieve this they undertake planning's functions such as planning, organising, staffing, directing, and controlling (van Dyk et al., 2009:26). Equally, Tiftik, *et al*. (2015: 315) defined management as "…performing a work, fulfilling and undertaking the responsibility and conducting the responsibility". Also, Adil Namia (2018:409) states that, "Managers should have a clear vision about the goals to be achieved and have passion for the organisation along with the ability to inspire trust among the employees as well as making sure that everyone believes in the organisation visions and they are excited about it". Likewise, Rust and de Jager (2010:2279) said that, management's basic premise is that, "managers set goals that represent some level of growth for a particular group in a particular environment". Also, managers'

responsibility is to ensure that strategies for the achievement of set goals are put in place (Rust and de Jager, 2010:2279). What is more, Rust and de Jager (2010:2279) emphasised the importance of management and stressed that, successful managers in most organisations consume much time and there is more that must be done by managers in order to truly lead. These authors also elucidated that an ingredient which is accepted as important particularly for the success of management is effective leadership. With the concepts of leadership and management defined, the next section's focus is on the difference between a leader and a manager.

3.5 DIFFERENTIATING BETWEEN A LEADER AND A MANAGER

Algahtani (2014:71) pointed out that people use the terms "management" and "leadership" differently. Whereas some people use the terms synonymously, others regard them as two different words. Algahtani argued that the assumption that all managers are leaders is incorrect because "not all managers exercise leadership and not all leaders have management positions". Existing literature reveals continuing controversy about the terms "management" and "leadership". The author asserted that even though some scholars such as (Bass, 2010) confirm the overlap between the two terms, there is an argument that the two are not synonymous. Yukl (1989:253) stated that "nobody has proposed that managing and leading are equivalent, but the degree of overlap is a point of disagreement". Kotter (1990:85) saw the two concepts of leadership and management as "distinctive and complementary systems of action, with each having its own function and characteristic activities". The author further explained that the two are indispensable for organisational success because of volatile and ever-changing environments which become increasingly complicated. Management "is about coping with complexity, while leadership is about coping with change" (Kotter, 1990:86). It is argued in the Oracle White Paper (2012:5) that leaders and managers have fundamental differences and yet that both are needed in a successful organisation. According to the Oracle White Paper (2012:5); "leaders influence, inspire, and drive people to a common goal; while the role of managers is to keep the day to day operations of an organisation running smoothly". According to Algahtani (2014:79-80) there are fundamental differences between a manager's role and a leader's role. The distinctions are outlined in Table 3.1.

Table 3.1: Historical Comparison between Managers and Leaders Characteristics

Leader Characteristics (Zaleznik, 1977)	**Manager Characteristics**

Leader Characteristics	Manager Characteristics
• Focus on people	• Focus on system and structure
• Has followers	• Has subordinates
• Informal influence	• Formal authority
• Takes risk	• Minimise risks
• Facilitates decisions	• Makes decisions
• Doing the right things	• Doing things right
• Large range perspective	• Short range perspective
• Transformational	• Transactional
• Sets strategies and vision	• Plans and budgets
• Challenges	• Maintains
• Values	• Rules
• Innovation	• Standardisation
(Bennis, 1989)	
• Innovates, Creative	• Administers
• An original	• A copy
• Develops	• Maintains
• Focuses on people	• Focuses on systems and structure
• Inspires trust	• Relies on control
• Long-range perspective	• Short-range view
• Asks what and why	• Asks how and when
• Eye on the horizon	• Eye on the bottom line
• Originates	• Imitates
• Challenges the status quo	• Accepts the status quo
• Own person	• Classic good soldier
• Does the right thing	• Does things right
(Chapman, 1989)	
• Advance their operations	• Protect their operations
• Seek responsibility	• Accept responsibility
• Take calculated risks	• Minimise risks
• Generate speaking opportunities	• Accept speaking opportunities
• Set “unreasonable” goals	• Set reasonable goals
• Challenge problem employees	• Pacify problem employees
• Strive for an exciting working environment	• Strive for a comfortable working environment
• Use power forcefully	• Use power cautiously
• Delegate enthusiastically	• Delegate cautiously
• View workers as potential followers	• View workers as employees
(Certo, 1997)	
• Soul	• Mind
• Visionary	• Rational
• Passionate	• Consulting
• Creative	• Persistent
• Flexible	• Problem-solving
• Inspiring	• Tough-minded
• Innovative	• Analytical
• Courageous	• Structured

Leader Characteristics	Manager Characteristics
• Imaginative	• Deliberate
• Experimental	• Authoritative
• Independent	• Stabilising
(Bennis and Goldsmith, 1997)	
• Innovates	• Administers
• An original	• A copy
• Develops	• Maintains
• Investigates reality	• Accepts reality
• Focuses on people	• Focuses on systems
• Inspires trust	• Relies on control
• Has a long-range perspective	• Has a short-range view
• Asks what and why	• Asks how and when
• Has his or her eye on the horizon	• Has his or her eye always on the bottom line
• Originates	• Imitates
• Challenges the status quo	• Accepts the status quo
• His or her own person	• The classic good soldier
• Counselling, empowerment	• Counselling, empowerment
• Manager, Work with a mechanistic approach	• Manager, Work with a mechanistic approach
(Buchanan and Huczynski, 2004; based on Kotter, 1990)	
• Establishing direction: Vision of the future	• Plans and budget: Decide action plans
• Aligning people: Communicate vision	• Organising and staffing
• Motivating and inspiring: Energise people	• Controlling and problem solving
• Positive and sometime dramatic	• Produces order and consistency
(Northhouse, 2007)	
• Establishing directions	• Planning and budgeting
• Creating a vision	• Establishing agendas
• Clarifying the big picture	• Setting timetables
• Setting strategies	• Allocating resources
• Aligning people	• Organising and staffing
• Communicating goals	• Provide structure
• Seeking commitment	• Making job placements
• Building teams and coalitions	• Establishing rules and procedures
• Motivating and inspiring	• Controlling and problems solving
• Inspiring and energise	• Developing incentives
• Empowering subordinates	• Generating creative solutions
• Satisfying unmet needs	• Taking corrective action
(Lunenburg, 2011)	
• Focuses on people	• Focuses on things
• Looks outward	• Looks inward
• Articulates a vision	• Executes plans
• Creates the future	• Improves the present
• Sees the forest	• Sees the trees

Leader Characteristics	Manager Characteristics
• Empowers	• Controls
• Colleagues	• Subordinates
• Trusts and develops	• Directs and coordinates
• Does the right things	• Does things right
• Creates change	• Manages change
• Serves subordinates	• Serves super ordinates
• Uses influence	• Uses authority
• Uses conflict	• Avoids conflict
• Acts decisively	• Acts responsibly

Source: Algahtani (2014:79-80)

The researcher's understanding of Table 3.1 is that there is certainly continuing controversy with regard the understanding of management and leadership concepts. Also, the researcher is in agreement with Algahtani (2014:71) who points out that different people have been using management and leadership differently, whereas to some people the two terms have been used synonymously, while to others the two terms are simply different words. Algahtani (2014:71) also argues that the assumption that all managers are leaders is incorrect because "not all managers exercise leadership and not all leaders have management positions". In the same way, Stanley (2006:33) argued that one can describe leadership and management as two concepts which are different, and the difference is shown in Table 3.2:

Table 3.2: Differences between Leadership and Management

Area or Factor	Qualities associated with Leaders or Leadership	Qualities associated with Mangers or Management
Goal	Change	Stability
Seeks	Vision and the expression of values	Achievement of aims or objectives
Theoretical Style	Transformational or Congruent	Transactional
Conflict	Uses conflict constructively	Avoids or manages conflict
Power	Personal charisma and values	Formal authority and a hierarchical position
Blame and responsibility	Takes the blame	Blames others
Energy	Passion	Control
Relation to	Followers	Subordinates
Direction	Explores new roads	Travels on existing paths
Main focus	Leading people	Managing work or people
Planning	Sets direction	Plans detail
Driven by and appeals to	Heart and spirit	Head and mind
Response	proactive	Reactive
Persuasion	Sell	Tell

Area or Factor	Qualities associated with Leaders or Leadership	Qualities associated with Mangers or Management
Motivation	Excitement for work, Unification of values	Money or other tangible rewards
Relationship to rules	Breaks or explores the boundary of rules	Makes or keeps rules
Risk	Takes risks	Minimises risks
Approach to the future	Creates new opportunities	Establish systems and process
Who within an organisation	Anyone and everyone	Those with senior hierarchical positions
Relationship to the organisation	Essential	Necessary

Source: Stanley (2006:33)

The concepts of leadership and management have thus been defined and the distinction between them drawn according to existing literature. In the next section of this chapter, principles of leadership are discussed.

3.6 PRINCIPLES OF LEADERSHIP

According to Amanchukwu *et al.* (2015:9), there are eleven basic principles of leadership which were identified by the United States Army in 1983. Uzohue, Yaya and Akintayo (2016:18) share the view that application of leadership principles can improve a team and an individual in an organisational setting. These eleven principles of leadership are discussed as follows:

First, be technically proficient: a leader must be proficient by knowing employees' jobs and having a solid understanding of different employees' tasks or duties. Second, develop a sense of responsibility in your work: this principle emphasises the importance of good character traits being developed and assisting workers to do their jobs in a professional manner. Third, ensure that tasks are understood, supervised and accomplished: with regard to this principle, the importance of good communication in an organisation is emphasised. The argument is that more time should be spent on engaging employees for proper understanding of factors to be accomplished. Fourth, keep your workers informed: a good leader must know how to communicate with employees including junior and senior employees within and outside of the organisation. Fifth, know your people and look out for their well-being: this principle's focus is about a caring leader who knows and understands his or her people. Sixth, know yourself and seek self-improvement: Amanchukwu *et al.* (2015:9) explained that seeking self-improvement means "continually strengthening your attributes, something which can be

achieved through interactions with others, formal and informal training, self-study, workshops, etc. Seventh, make sound and timely decisions: a good leader uses an inclusive process when solving issues and promotes the use of good planning and proper problem-solving tools. Eighth, seek responsibility and take responsibility for your actions- others shouldn't be blamed when things go wrong. At the end of the day a leader must take responsibility for his or her actions. Ninth, set the example: leaders must always lead by setting good examples and practicing what they are preaching to their employees. Amanchukwu *et al.* (2015:9) stipulated that "leaders must embody what they wish to see in their employees". Tenth, train a team: leaders shouldn't only focus on their personal goals but also on employees 'goals and organisational success. Eleventh, leadership Style: Ibara (2010), cited by Amanchukwu *et al.* (2015:10), identified factors that could assist with determining the most effective leadership style or leadership style combination. These factors are (i) *Size of an Institution or Organisation*: It is argued in Nwachuku *et al.* (2015:9) that organisations start small and grow with time leading to limited employees' participation or where there is no participation at all. Employees must be invited to give inputs irrespective of the size of the organisation. (ii) *Degree of Interaction or Communication*: Ololube (2012) cited by Amanchukwu *et al.* (2015:11) defined organisational interaction or commitment as "a relational approach between two or more individuals on the basis of social and organisational structures aimed at achieving goals". Amanchukwu *et al.* (2015:11) also emphasised that in view of uncertainties in organisations, staff involvement is key and good teamwork is important for task accomplishment. This section dealt with basic principles of leadership and the next section concentrates on leadership styles including definitional issues and relevant leader styles.

3.7 DIFFERENT STYLES OF LEADERSHIP

The preceding section described the basic principles of leadership. This section's focus is on different leadership styles. This section commences by defining what leadership style means and then explores different leadership styles with the aim of clearly understanding different styles of leadership discussed by previous researchers. Over a period of time, several different leadership styles have been proposed by many researchers because there is no leadership style that can be considered universal (Amanchukwu, Stanley & Ololube, 2015:8).

Chitra (2013:69) stipulated that, "leaders should adopt a style that would establish and confirm their leadership authority by means of appearing competent and trustworthy".

Equally important, Alnassan and Sharma (2016:900) expressed leadership style refers to how a leader behaves. Likewise, Ipuele and Aondoaseer (2013:36) stipulated that, "The importance of leadership and organisational effectiveness is the fact that, if the leader succeeds as a result of the style adopted, the organisation also succeeds and if he or she fails the organisation fails". Similarly, an appropriate leadership style selection depends on the leaders' personalities for influencing followers towards achieving a common goal (Sethuraman & Suresh, 2014:171).

3.7.1 Defining Leadership Style

Gandolfi and Stone (2017:21) explained that there is lack of clarity with regard to the meaning of leadership style. These authors' argument is that leadership styles which are popular have two most basic characteristics which are skills based and trait based of leadership (Gandolfi & Stone, 2017:21). Literature showed that a revolution on defining leadership was undertaken by management experts in past decades. By this, it moved from a classical to a creative, participative approach (Saqib Khan *et al.*, 2015:87). Nemaei (2012:8) pointed out that leadership is a commodity which is highly valued in today's volatile and complex environment. Alkahtani (2015:24) maintained that, "The suitability of leadership styles to be used in an organisation is based on the sector of business in which they are operating". This author stated that "an effective leader is someone who knows how to inspire and relate to subordinates, knows how to increase the employees' motivation and make employees loyal to the organisation". Based on Alkahtani's arguments, the critical question of what exactly does the phrase "leadership style" mean needs to be answered for the purpose of a better understanding of the leadership concept by the researcher. John and Chattopadhyay (2015:2) stipulated that, "Whenever the term 'style' is used, it is most commonly refers to one's fashion or outer appearance". In addition, these authors describe a style as the total combination of the way a person dresses, talks, moves his or her body or is doing anything for that matter (John & Chattopadhyay, 2015:2). What is more, a style reveals how an individual sees the world and also his or her personality or voice (John & Chattopadhyay, 2015: 2). Van Dyk, van der Westhuizen and Jooste (2009:33) defined leadership style as "…the manner in which a leader provides direction, implements plans and motivates people, and their approach to each of these functions". Nemaei (2012:8), defined leadership as "a way leaders behave towards or treat (giving direction and motivating) the individuals they are leading to achieve objectives". Ojokuku, Odetayo and Sajuyigbe (2012:202) defined leadership style as "the manner and approach of providing direction,

implementing plans, and motivating people". Mishra, Grunewald and Kulkarni (2014:73) shared the view that leadership style is "the consistent behaviour pattern that leaders use when they are working with other people as perceived by those people". In the same manner, Chua, Basit and Hassan (2018:81) defined leadership style as "a pattern of behaviours which is engaged in by leader when dealing with employee". What is more, leadership style is defined by Amini, Mulavizada, and Nikzad (2019:45) as "…the pattern of behavior that a leader apply to get the work done through his / her followers, or a method through which a leader puts his / her leadership practices in place to interact with his / her subordinates". Again, Chua *et al*. (2018:82) argued that the most leading factor that influence attitudes and behaviours of employees, and also organisational commitment, is leadership style. Besides, Bopa (2012:126) elucidated that leadership style is directly connected to the organisation's success and failures and it affects organisational performance. Accordingly, Saqib Khan *et al.* (2015:87) explained that leaders have their own styles of leading. Equally, Mishra and Mahapatra (2018:40) aptly put it in their article that the main strength of a leader is his/her leadership style. Also, these authors submitted that within the work environment, what acts as catalyst is leadership style (Mishra & Mahapatra, 2018:40). According to Femi and Chukwubueze (2015:76) management and organisational effectiveness can be increased through effective use of management styles. Equally, leadership style is defined in John and Chattopadhyay (2015:3) as "…the distinctive way in which a superior manages her or his interfaces with subordinates". John & Chattopadhyay (2015:3), argue that the position's needs shape the leadership styles which are argued to be the extension of the leader's personality.

It should be noted that for this study's purpose, leadership style means "the manner and approach of providing direction, implementing plans, and motivating people" (Ojokuku, Odetayo and Sajuyigbe, 2012:202). Furthermore, in the context of this study, leadership style means "the consistent behaviour pattern that leaders use when they are working with other people as perceived by those people" (Grunewald and Kulkarni, 2014:73).

This section discusses some of the common styles of leadership by outlining their meanings, advantages and disadvantages based on existing literature. Leng, Li Xuan, Kai Sin, Kit Leng and Wai Yan (2014:3) assumed that manager's leadership styles are the prime factors for the success of an organisation. Similarly, Rust and de Jager (2010:2279) stressed that, "an effective leadership style will necessitate a successful partnership and teamwork between

individuals, organisations, politicians, healthcare professionals and other stakeholders within the complex network of public health". Alkahtani (2015:25) highlighted that the most commonly applied leadership styles in today's organisations are transactional, transformational, and laissez-faire. The researcher is, however, aware that many leadership styles are referred to in the literature and for the purpose of this study only a few styles are investigated. These are investigated in the context of various settings and sectors. They are shown in Figure 3.3:

Figure 3.3: Different Styles of Leadership (Source: adapted from Chitra, 2013:67)

3.7.2 Autocratic Style of Leadership

About this style of leadership, Bopa (2012:124) said that "it is an extreme form of leadership where the leader exerts extreme power upon the staff, offering them very few opportunities of saying what they think or of involving themselves actively in the way the activity is developed". According to Mishra *et al.* (2014:73), under this style of leadership decisions are taken by leaders where consultation with colleagues and subordinates is minimal. The author assumed that with this type of style, leaders' responsibilities for their decisions are not delegated to any other person. This style is practiced globally by many leaders because "it is instinctive and comes naturally to many leaders". Pagewise (2002) cited in Akor (2014:149) stressed that this leadership style is effective especially in a situation where there are new employees who are untrained and have little knowledge about which task should be performed and which procedures, guidelines and policies should be followed. Most

important, Amini, Mulavizada, and Nikzad (2019: 46) describe an autocratic leader as "a leader who retains most of the authority for himself / herself". In this style of leadership, performance is highly emphasised and emphasis on people is low (Amini, Mulavizada, & Nikzad, 2019: 46). Likewise, Ahmad, Hussain and Tariq (2014:24) argued that the autocratic style of leadership assists when an organisation is in a crisis situation and a leader has to respond immediately to the situation. Saqib Khan *et al.* (2015:87) suggested that this style is one of the classical approaches. With this style of leadership, managers do not allow employees' inputs, retain power and decision-making authority, expect the obeying of orders by employees and do not give any explanations. This style of leadership has received much criticism in the past and often leads to high staff turnover and absenteeism in the organisation (Saqib Khan *et al.*, 2015:87). Femi and Chukwubueze (2015:75) stipulated that "autocratic managers make decisions without the consultation of others, instead serving as a dictator type in communicating orders because they like to be in control of situations". Dalluay and Jalagat (2016:737) expressed that according to Hoel and Salin (2003), autocratic leadership is "a leadership style where all of the decisions originate from the top-level of management while the lower-level management are the followers and doers of the responsibilities or tasks". Furthermore subordinates are not consulted when decisions are taken and top management assigns tasks to the subordinates to perform. Alhassan, Ibrahim, Abdul-Basit Fuseini, Issah and Eliasu (2014:3) posit that the levels of absenteeism and employee turnover could be high as a result of this type of leadership. These scholars further maintain that autocratic style of leadership "could remain effective for some routine and unskilled jobs, as the advantages of control may outweigh the disadvantages".

Lewin, Lippitt and White (1939), cited in Alnassan and Sharma (2016:900), explained that under this style of leadership, the leader has all decision-making powers like dictator leaders. Again, these authors assert that subordinates' suggestions or initiatives are not entertained under this leadership style. Alnassan and Sharma (2016:901) postulate that "different situations call for different leadership styles. In an emergency when there is little time to converge on an agreement and where a designated authority has significant more experience or expertise than the rest of the team, an autocratic leadership style may be most effective. However, in highly motivated and aligned team with a homogeneous level of expertise, a more democratic or laissez-fare style may be more effective". The argument by Alnassan and Sharma (2016:901) is that the interests of individual members of a group should be balanced while adopting the style which is the most effective one for achieving group objectives.

According to Saqib Khan *et al.* (2015:87), it has been proven by some studies that generation X employees are highly resistant to this style of management. There is however, no reference made with regard to other generations' views, like generation Y's views regarding this type of leadership. Some studies referred to by Saqib Khan *et al.* (2015:87) reveal that autocratic leaders: Influence employees by relying on threats and punishment, lack trust in employee; disallow inputs from employees; not bad in some situations as it is the style most effective in some situations; utilise this type of style where there are newly appointed employees with unclear direction of tasks to be performed or procedures to be followed; use this style to ensure effective supervision through detailed instructions; use this style where there is no response by employees to any other styles of leadership; use this style where employees challenge manager's power and authority; where the area was not well then this type of style is adopted by the manager; and where coordination of work is needed especially with other stakeholders like departments or organisations.

Advantages of Autocratic Style of Leadership are identified by Saqib Khan *et al.* (2015:88) as "good control, overview; unimpaired programme; youth protection laws; no long discussions; group members know what they must do; rules give security; and discipline". The disadvantages of autocratic leadership style according to Saqib Khan *et al*. (2015:88) are "defiance; no development of freedom of choice; listlessness; less own initiative (hatred toward other members); no trust; less or no self-confidence; hierarchy is promoted; groups are not relaxed; rivalry amongst the group members; ability to criticise is suppressed; the independence of the group is weakened by the authority of the leader; and fear turn into aggression then violence". Chua *et al*, (2018:88), however, explained that, autocratic leadership style may be accepted by the subordinates. An emphasis which was made by Chua *et al*, (2018:88) was that, with this style of leadership, employees of the group are given an opportunity to pay attention on executing particular tasks with no concern around deciding on issues that are complex. Correspondingly, in this style, there is a minimum involvement of subordinates because decision-making as well as planning, organizing and controlling are considered to be responsibility of a leader (Amini, Mulavizada, & Nikzad, 2019: 46). Equally, Bucata and Rizescu (2016:162) identified features of this style as follows: decisions in their overwhelming majority are taken by a single-manager, subordinates work is determined by a single manager, working methods and work duties are laid down by the autocratic leader, and authority is centralized.

3.7.3 Authoritarian Style of Leadership

Saqib Khan *et al.* (2015: 88) pointed out that a manager who adopts this style of leadership is clear with regard to activities which needs to be done, how they should be done and also clearly define the timeframes. Under this style of leadership, inputs from group members are also not welcomed and independent decisions are taken by the manager. Additionally, knowledgeable leaders apply this type of style especially in a situation which does not need enough time for group's decision-making (Saqib Khan *et al.,* 2015: 88). This style of leadership is more of a Theory X management style which assumes that employees dislike work and someone must coerce them to exert effort in order to achieve organisational goals (Newton, 1980:64). Hindle (2003:187) says that under this style the manager applies rigid rules and is more like a dictator who sees laziness in the subordinates who will do anything to avoid work. Mtimkulu *et al*, (2014:33) concluded that "it must be recognised that changes necessary within the healthcare system cannot be implemented using a dictatorial management style that enforces change using a top down management approach". The study conducted by Joshi (2017) found that authoritative leadership style was reported by fifty percent of hospital leaders to be a suitable style when working with front line and lower levels employees.

3.7.4 Democratic Style of Leadership

Choi (2007:247) shared the view that Bass (1990) established that democratic leadership's main characteristic has been participation. Ojokuku, Odetayo and Sajuyigbe (2012:204) point out that, according to Tannenbanum and Schmidt (1958); there is a decentralisation and sharing of decision-making by the leader and subordinates under this leadership. Mishra *et al.* (2014:74) share the view that under this leadership style, responsibilities are shared amongst group members and there is promotion of exercising of delegation and continuous consultation with subordinates. This style of leadership encourages the involvement of others in decision making processes and it assists with the development of people's skills and also with enhancement of job satisfaction (Alhassan *et al.,* 2014:4). Likewise, Ahmad *et al*. (2014: 24) stressed that democratic leaders allot enough time on suggestions, sharing of valuable information, and also ensuring that subordinates are encouraged. In the study by Leng *et al*. (2014:109) it is shown that this style of leadership plays a very crucial role with regard to employee commitment's enhancement in an organisation. Femi and Chukwubueze (2015:75) expressed that a democratic manager "is willing to share work with his or her workers by

delegating it to get the job done". From Femi and Chukwubueze's writings it is apparent that with this management type, employees have a feel of being part of the decision making process and involvement, and hence they end up loving this type of leadership style when it is adopted within an organisation (Femi & Chukwubueze (2015:75). This style of leadership, according to Saqib Khan *et al.* (2015:88), is also known as participative style which encourages inclusive decision making processes and a manager who adopts this leadership style provides regular feedbacks to employees, especially on things which affect them and their jobs and or responsibilities. Information gathering from employees is important when this type of leadership style is adopted especially before a manager takes a final decision as he or she has a final say but act as a couch (Saqib Khan *et al.,* 2015:88). Saqib Khan *et al.* (2015:88) stated "typically the democratic leader: develops plans to help employees evaluate their own performance; allows employees to establish goals; encourages employees to grow on the job and be promoted; recognises and encourages achievement; is not always appropriate; and is most successful when used with highly skilled or experienced employees or when implementing operational changes or resolving individual or group problems". Dalluay and Jalagat (2016:737) emphasised that with this style of leadership, workers are free to express their opinions and similarly, they are given opportunities to participate in the decision making processes even though their leader has the final say with regard to the final decisions made. Additionally, Dalluay and Jalagat (2016:737) shared the view that this style of leadership has been utilised by many organisations because when this style is used especially through promoting involvement of employees in decisions making processes, the employees feel valued, important and also see that management recognises their abilities and capabilities. Further, under this style of leadership, the influence of people is done in a consistent manner and through practicing the basic democratic principles and process, like participation, serious thought, inclusiveness and self-determination (Amini, *et al.*, 2019:46). The advantages of democratic leadership style, as identified by Saqib Khan *et al.* (2015:89), are "self-sufficient; compromises are agreed; motivating; varied ideas; has the confidence of the group members; strengthens public interest; prohibitions are understood; there is an understanding of most problems; the possibility to grow creatively is given; there is freedom of opinion; and equal rights". The disadvantages of democratic leadership style, as identified by Saqib Khan *et al.* (2015:89), are "time consuming for the leader; difficult for the leader; very dependent upon age; no optimal solutions; and lots of discussions can become boring". Likewise, Chua *et al*. (2018:89) identified this leadership style as the one which is mostly effective although it was argued that it has its own potential downsides. In fact, Chua *et al*.

(2018:89) stressed that, this style of leadership would sometimes result to communication failures and incomplete projects if the style is used in situations where roles are not clearly defined, and also time is of utmost importance. Conversely, Joshi (2017) indicated that one hundred percent of hospital leaders agreed that the most suitable leadership style which is beneficial in the hospital industry in general, is democratic leadership style.

3.7.5 Participative or Consultative Style of Leadership

Ahmad *et al*. (2014:24) explained that under this leadership style, issues are resolved with a joint effort and understanding whereby organisational goals are identified in a collective way by everyone. Furthermore, Ahmad *et al*. (2014:24) expressed that under this style, leaders avoid giving of orders and instead encourage everyone to participate enthusiastically in all roles and decisions rather than following leader's orders. Bell, Chan, and Nel (2014:1975) explained that Edmondson (1991) argued that through the use of this leadership style, a culture which enables easy acclimatisation to changes can be appropriately developed and nurtured. Femi and Chukwubueze (2015:75) explain that this style this leadership style sufficient feedback is obtained from workers prior to taking a decision and conclusion on a particular issue. Correspondingly, Iqbal *et al*. (2015:3) postulated that under this style of leadership all team members are involved the identification of goals and development of strategies or procedures for accomplishing those goals. House and Mitchell (1974), cited in Lumbasi, K'Aol and Ouma (2016:4), explained that a leader who is participative "possesses consultative behaviours such as imploring subordinates for ideas prior to making an ultimate decision, although they retain final decision authority". This style of leadership is more of a Theory Y style. According to Aydin (2012:25) that under Theory Y management style, employees are granted autonomy within their accountability areas, and work is structured in such way that subordinates will have enough opportunities with regard to problem identification and finding of creative solutions to the identified problems.

3.7.6 Laissez-Faire Style of Leadership

Nyengane (2007:35) said that Deluga (1990) defined laissez-faire style of leadership "as an extreme passive leader who is reluctant to influence subordinates considerable freedom to the point of abdicating his or her responsibilities, and in a sense, this extremely passive type indicates the absence of leadership". Alhassan *et al.* (2014:4) noted that "laissez-faire" means "leave it" in French. This style of leadership used specifically to describe leaders who allow employees to perform their work freely on their own. This, however, requires that for

employees to be effective and efficient the leader should monitor the outcomes of what is being done and also regularly give feedback to the team. This style of leadership, requires creative employees, self-starters, and those employees who possess extensive experience, that it is for the style to be effective (Alhassan *et al.*, 2014:4). Correspondingly, Femi and Chukwubueze (2015:75) maintained that this management style "gives the workers freedom to complete the job or tasks in any way they deem it should be done". According to Khan *et al.* (2015:89), this style is also known as "the hands-off" style, that is the one in which employees are given little or no direction and employees are given freedom, power and space to determine goals, solve problems and make decisions by themselves. Khan *et al.* (2015:89) maintained that this style is effective to use when: an organisation has highly educated, skilled and experienced employees; employees are passionate about their roles or responsibilities at work and strive to successfully do most of the things on their own; specialist staff or consultants from outside with great expertise are being used; the level of employees' experience and trustworthiness is beyond doubts. Dalluay and Jalagat (2006:738) argued that this style of leadership is suitable for organisations with highly decentralised organisational structure and where employees have the capability and ability to take decisions on their own. Similarly, Chirchir, Kemboi, Kirui, and Ngeno (2014:175) expressed that with laissez-fair leadership style, employees are allowed to help themselves, and leaders are not felt even though they are present. Saqib Khan *et al.* (2015:89) identified advantages of Laissez-Faire Leadership Style which are "freedom to choose; no burden on the team members; sometimes independent; the group leader hardly requires any preparation time; there is a lot of freedom; own social structures; and less change of the leaders being unpopular". In addition, disadvantages of Laissez-Faire Leadership Style as identified by Saqib Khan *et al.* (2015:89) are "the group attempts to overstep the limit; unsatisfied minorities; tolerance between the group members is destroyed; misuse of rules; team members are no longer taken seriously; no responsibility; weaker members are held back; resignations; no initiative; the group does not stick together; and high danger of injury to supervision". In addition, this style of leadership was found by the study of Chua *et al*. (2018) to have a significant negative influence on the performance of employees. More importantly, Jones and Rudd (2007:524) explain that laissez-faire leader does not express his or her views on issues of great importance, accepting of responsibility is avoided, when a leader is needed he or she is not available, and following up on requests for assistance is not a priority for this type of a leader. Again, in this leadership style, the leader does not regularly provide

feedback to his or her subordinates and direct supervision of employees is lacking (Amini, *et al*., 2019:46).

3.7.7 Delegative Leadership Style

Saqib Khan *et al*, (2015:90) emphasised that with this leadership style, group members are offered with little or no guidance when performing their tasks and they are left to make own decision for the success of the organisation. The argument by Saqib Khan *et al.* (2015:90) is that this type of leadership style needs group members to be highly qualified in specific areas for the style to be effective.

3.7.8 Bureaucratic Style of Leadership

According Mishra *et al.* (2014:74), under this leadership style, rules, regulations and procedures are framed by the top management where there is an expectation from all employees to perfectly and consistently follow the framed rules, regulations and procedures. Similarly, Alhassan *et al.* (2014:3) explained that with this leadership style, the leaders ensure that rules and procedures are rigorously and precisely followed by the followers and or subordinates. Saqib Khan *et al.* (2015:90) pointed out that this leadership style is about a manager who manages "by the book" where everything which is being done is informed strictly by procedures and policies. Under this style of leadership, if something is not covered by the book, then a manager consults his or her superiors before taking final decision (Saqib Khan *et al.*, 2015:90). Additionally, Saqib Khan *et al.* (2015:90) maintained that this style of leadership will be effective when "employees are performing routine tasks over and over; employees need to understand certain standards or procedures; employees are working with dangerous or delicate equipment that requires a definite set of procedures to operate; safety or security training is being conducted; and employees are performing tasks that require handling cash". Above all, Saqib Khan *et al.* (2015:90) also maintained that this style of leadership will be ineffective when "work habits form is hard to break, especially if they are no longer useful; employees lose their interest in their jobs and in their fellow workers; and employees do only what is expected of them and no more".

3.7.9 Ethical Leadership

Brown, Treviño and Harriso (2005:120) defined ethical leadership as "the demonstration of normatively appropriate conduct through personal actions and interpersonal relationships, and the promotion of such conduct to followers through two-way communication, reinforcement,

and decision-making". According to Tabatabaei and Soleimanian (2012:525), Brown, Treviño and Harriso (2011) also defined ethical leadership "as a type of leadership based on respect for norms in behaviours, actions, interpersonal relations that empower employees and decision making". Tabatabaei and Soleimanian (2012:525) pointed out that ethical leadership "emphasises ethical features and specifications centred around honesty, righteousness, love of others, justice, mutual trust, and the impact of ethical leaders on their followers through social learning processes based on rewards, penalties, and attractions". Also, ethical leadership is described by Oates and Dalmau (2013:21) as "about doing what is right for the long-term benefit of all stakeholders". Additionally, Oates and Dalmau (2013:21) stated that "at its heart, the term 'ethical leadership' presumes that there is a simple basic difference between right and wrong, and that an ethical leaders is one who does what is right". What is more, ethical leadership is about ensuring that decisions and actions taken by the leader do not exploit and negatively affect others. Precisely, is about finding ways for ensuring that the decisions taken by the leader benefit others (Oates & Dalmau, 2013:21). Equally important, according to Khuong and Nhu (2015:330), ethical leaders are described as those leaders whose communication with their followers is good; they take decisions in a fair manner, and also are honest. These authors said the following about ethical leadership, "they always set clear ethical standards and use appropriate rewards as well as punishments to implement those standards" (Khuong & Nhu, 2015:330). Oates and Dalmau (2013:26) recommended steps which can be taken by an organisation for improving its ethical leadership, and the steps are follows:

1. In order to ensure codification of behaviour across the organisation as a whole, codes of conduct and standard operating procedures that are well developed should be adopted.

2. Ethics committees and subcommittees should be set up for specifically considering and supporting decisions which are critical in the entire organisation.

3. Introduction of training programmes which deal with ethics should be ensured and these training programs should be embedded into induction and also practical training.

4. Ethics reviews like internal audit, should be conducted continuously especially as part of reviews that are established across the entire organisation.

5. Ethical considerations should be incorporated by recruits and interns, into the process of selecting new employees.

6. Mechanisms which deal with regular feedback regarding senior employees' ethical index or rating should be provided.

7. In order to report potential breaches, it is imperative that ethics hotlines are installed and publicised.

8. Establishment of a process that deals with breaches in the entire organisation is important.

9. Senior employees' understanding of the right for escalating or consulting on decisions to have ethical consequences should be ensured.

3.7.10 Transformational Leadership Style

Casida and Parker (2011:479) stipulated that, "conceptually, transformational leadership refers to the leader's ability to influence others towards achieving extraordinary goals by changing the follower's beliefs, values and needs". According to Bopa (2012:125), the believe of transformational leaders is in delegation of responsibility, involvement of employees in the process of making important decisions and expressing confidence in employees' ability to make decisions which are correct. According to Odumeru and Ifeanyi (2013:356), followers' performance, morale and motivation, are enhanced by transformational leadership through mechanisms of some kind. These authors stipulate that "these include connecting the followers' sense of identify and self to the project and collective identity of the organisation, being a role model for followers, that inspires them and makes them interested, challenging followers to take greater ownership for their work, and understanding the strengths and weaknesses of followers, so the leaders can align followers with tasks that enhance their performance". Bahmanabadi (2015:14) expressed that transformation leadership is "the process of creating a conscious influence on individuals or groups to create continuous change in the current condition and organisation's functions as a whole". Bahmanabadi (2015:15) maintains that the influence of transformational leadership on followers is a lot and this type of leadership style transforms the organisation as a whole through its words and acts. Alhassan *et al.* (2014:5) postulated that because employees are constantly inspired with a shared future's vision by transformation leaders these leaders are thus regarded as true leaders. Krishman (2005:443) maintained that "transformational leaders thus serve an independent force in changing the makeup of follower's motive base through gratifying their motives".

Likewise, according to Lin, MacLennan, Hunt and Cox (2015:2) subordinates are stimulated by transformational leaders to utilise goals as inspirational motivation and for sharing a vision. Also, a dedicated, trustworthy, and respectable transformational leader influences his or her subordinates (Li *et al.*, 2015:2). Further, Lin *et al*. (2015:2) postulated that "…by applying transformational leadership, leaders can confidently deal with a complex and rapidly changing working environment. The effectiveness of transformational leadership is evident". In addition, Lin *et al*. (2015:2) concluded that "…transformational leadership style can be a health promotion intervention applied within a health care setting". What is more, behaviours and traits of transformational leadership style as identified by Bass, Bernard and Bass, (2008) as cited in Hughes (2014:10), are depicted in Figure 3.4 overleaf:

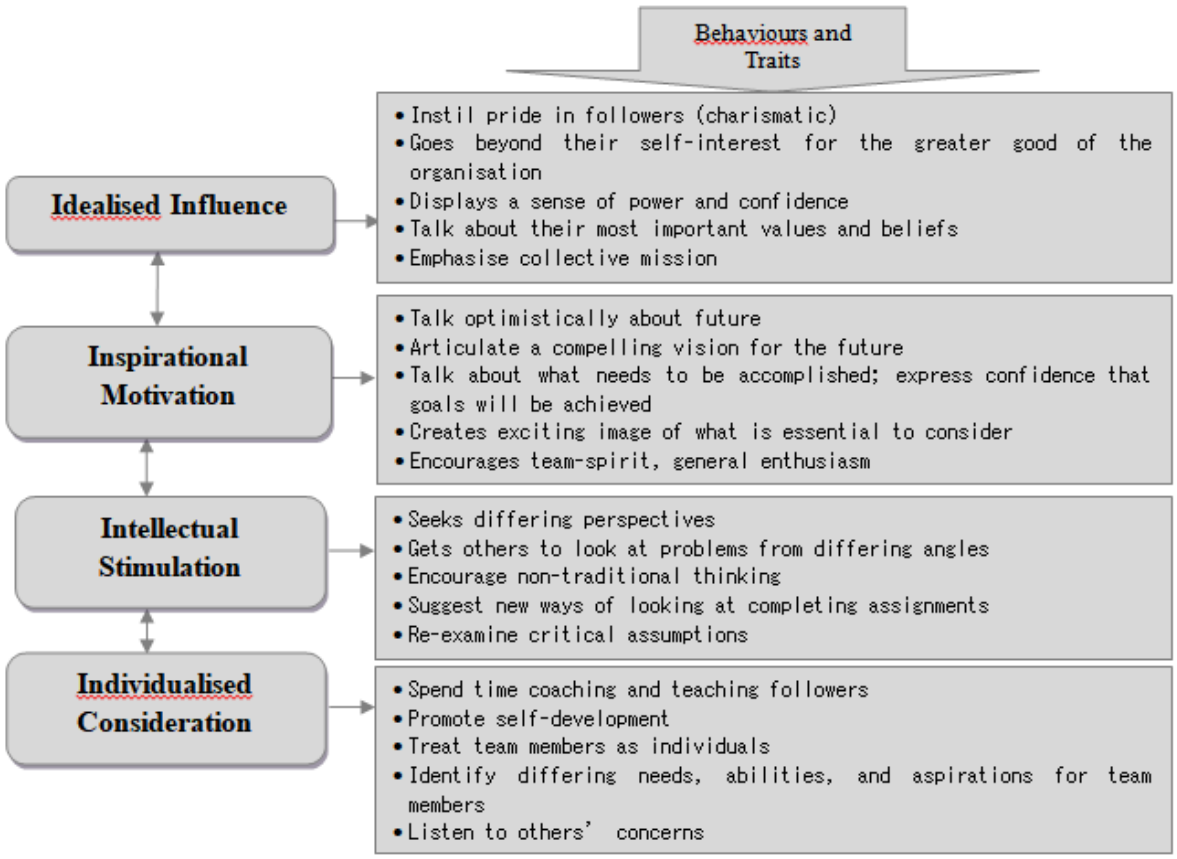

Figure 3.4: Behaviours and Traits of Transformational Leadership Style (Source: Adapted from Hughes, 2014:10)

3.7.11 Transactional Leadership Style

Casida and Parker (2011:479) refer to transactional leadership as "the exchange process based on the fulfilment of contractual obligations in which the leader typically sets objectives

and monitors and controls outcomes". Equally, this style of leadership is defined by Odumeru and Ifeanyi (2013:358) as "a style of leadership in which the leader promotes compliance of his followers through both rewards and punishments". These authors express that transactional leaders' attention is on followers' work with the aim to identify deviations and faults (Odumeru and Ifeanyi, 2013:358). Alhassan *et al.* (2014:5) stressed that with this leadership style there is an agreement between employees and a leader that employees will obey the leader. This dynamic is understood at the point of the employee accepting the job offer. They further stipulated that "the 'transaction' is usually the organisation paying the team members in return for their effort and compliance". Mishra *et al.* (2014:74) pointed out that this leadership style is centred around the leader and followers' relationship. Under this style, goals and objectives are set by transactional leaders. These are achieved through clarification of employees' roles and tasks. These authors further explained that subordinates are motivated to achieve set goals by a promise of being rewarded for good performance. In the same manner, Rama Devi and Lakshmi Narayanamma (2016:92) expressed that this style of leadership's focus is more on supervisors' role as well as group and organization's performance. In this style, for a leader to achieve employees' higher performance, he or she is limited to using reward based behavior which has a short term (Rama Devi & Lakshmi Narayanamma, 2016:93).

In addition to the above leadership styles, the researcher found leadership types such as *administrative, clinical, political, shared, government, personal leadership, spiritual and tsonami* more relevant to the study as they are important to the functioning of public hospitals.

3.8 DIFFERENT TYPES OF LEADERSHIP

3.8.1 Administrative Leadership

According to Saraf and Saraf (2014:284), an approach which is proactive in nature must be taken by administrators in order to ensure a positive influence on motivation of the employees. What is more, Saraf and Saraf (2014:284) emphasised that the fundamental responsibility of administrative leadership within an organisation is to sustain that employees are motivated and their enthusiasm is kept high. Musbah, Habtoor and Abdalla (2015:60) described administrative leadership as "a process of influence on the behavior of subordinates and motivating them through different sources of power towards the goals planned efficiently and effectively". This type of leadership is defined in Talan (2016:1) as "orchestrating tasks

(and often includes mobilising people) to develop and sustain an early childhood organisation". Talan (2016:1) points out that, administrative leadership has at least two main aspects which are strategic leadership and operational leadership. *Operational leadership* is carried out through activities such as overseeing budget, maintaining a workplace climate which is positive and recruiting and supporting employees (Talan, 2016:1). Regarding *strategic leadership, Talan (2016:1)* explained that "it involves guiding the direction of an early childhood organisation with the future in mind". Davies and Davies (2004:30) maintained that strategic leaders' organisational ability include to: "be strategically orientate, translate strategy into action, align people and organisations, determine effective strategic intervention points, and develop strategic competencies". Marume and Ndudzo (2016:12) identified traits approaches to administrative leadership and they are summarised as follows: an administrative leaders must have the ability to: plan, organise, direct, select personnel, inspire and motivate, reconcile theory and practice, set an example, be strict and sympathise, delegate authority in a firmness manner, and to be thorough, objective and impartial. This type of leadership is viewed by the researcher as essential in view of the fact that employee's engagement level that are high, job satisfaction and organisational commitment, have to be achieved , maintained and also sustained. Hence, the current study investigated the leadership with the primary aim understanding its influence on the three dependent variables of employee engagement, job satisfaction and organisational commitment.

3.8.2 Clinical Leadership

Mannix, Wikes and Daly (2013:19) emphasised that, clinical leadership's importance in the present system of health care cannot be overstated or underestimated. Also, these authors, point out that there has been a consistent identification of effective clinical leadership as a component which is crucial predominantly to guarantee quality care and healthy workplaces (Mannix *et al*, 2013:19). Clinical Leadership is thus described by Jonas, Mclay and Keogh (2011) in Stanley (2012:120) as "clinical healthcare staff undertaking the roles of leadership: setting, inspiring and promoting values and vision and using their clinical experience and skills to ensure the needs of the patient are the central focus in the organisation's aims and delivery". Equally, Doherty (2014:4) defined clinical leadership as "the transformational leadership provided by practising clinical staff who drive improvements in the quality of care through innovation either through formal participation in clinical governance activities or through informal role modeling and mentorship". According to Oliver (2006:39), for clinicians to gain intense understanding of the required attributes of being, or supporting,

"leaders" in the organisation, they should have an understanding of leadership responsibilities and styles. Also, Oliver (2006:40) identified leadership roles which are key in health care, and they are: "teaching, inspiring confidence, empowering, improving performance, supporting reflection / clinical supervision, rewarding and recognising individual contributions, recognising the needs of the service from clinically based environment, leading and developing services, implementing change, supporting the organisation, and when necessary, providing a bridge between senior management and team members / employees in informing, supporting and developing national agreed initiatives / government initiatives". Additionally, Oliver (2006:43) maintained that, responsibilities of leaders consist of one's own level of authority, strengths and weaknesses, patient group's needs, individual employees' needs, above all, the needs of the team. Again, Oliver (2006:450) articulated that, when clinical change is implemented in practice, it is imperative that clarity of purpose and outcome are demonstrated to the organisation. Hence, Adair (1997) in Oliver (2006:45) described a model which is critical for leaders implementing change (s) in an organisation. The model as se out by Adair (1997) in Oliver (2006:45) is as follows: "*Planning*: consider whether planning should be undertaken individually or as part of the process without the team members. *Defining the task*: focus on an objective that is SMART (specific, measurable, achievable, realistic and timely). *Briefing*: communicate objectives and plans in a focused and effective manner. *Controlling*; control the effective use of resources, time, and effort in implementing the change. *Evaluating*: use clear realistic objectives that are based on the patient and/or organisational needs. *Motivating*: inspire the team and others with a vested interest or anxieties. *Organising*, use systematic planning and structuring or restructuring accordingly to the needs of the project and provide an example as a role model".

3.8.3 Political Leadership

Political leadership is defined in Morrell and Hartley (2006:484) as "i) democratically elected ii) representatives who iii) are vulnerable to deselection and iv) operate within, as well as influence a constitutional and legal framework". According to Morrell and Hartley (2006:485), political leaders are not necessarily appointed, they are elected and thus, consensus is required from the ones they govern and serve. These types of leaders, protect future generation's interests, and also serve all their constituents, including disadvantaged groups, the elderly, and those who are not eligible to vote such as children (Morrell and Hartley, 2006:485). What is more, Morrell and Hartley (2006:485) established that, political leaders' legal responsibilities regarding a broad range of issues, such as education, health, law

enforcement, taxation, the economic sphere and legislation is formal. Further, political leaders' authority is gained through voting, precisely through ballot box, and their authority is faced with potential challenges daily especially from: the media, their political party, opposition parties, and other bodies like lobby groups, charities and confederations of businesses (Morrell and Hartley, 2006:485). Equally, this type of leadership is defined in Ogbeidi (2012:4) as "the ruling class that bears the responsibility of managing the affairs and resources of a political entity by setting and influencing policy priorities affecting the territory through different decision-making structures and institutions created for the orderly development of the territory. It could also be described as the human element that operates the machineries of government on behalf of an organised territory. This includes people who hold decision making positions in government, and people who seek those positions, whether by means of election, coup d'état, appointment, electoral fraud, conquest, right of inheritance or other means".

3.8.4 Distributed or Shared Leadership

This type of leadership is defined as "a relational, collaborative leadership process or phenomenon involving teams or groups that mutually influence one another and collectively share duties and responsibilities otherwise relegated to a single, central leader (Kocolowski, 2010:24). Carson, Tesluk and Marrone (2007) cited in Huang (2013:125), define shared leadership as "an emergent team property that results from the distribution of leadership influence across multiple team members". Stagnaro and Piotrowski (2014:5) identified shared leadership's basic attributes which are collaboration and shared decision-making. Similarly, Ensely, Hmieleski and Pearce (2006:220) viewed shared leadership as "a team process where leadership is carried out by the team as a whole, rather than solely by a single designated individual". According to Hoch (2013:161), "shared leadership reflects a situation where multiple team members engage in leadership and is characterised by collaborative decision-making and shared responsibility for outcomes". Nelso and Squires (2017:114) explained that, this leadership approach has its limitations. This is supported by that fact that it is criticised for not focusing on the complex issues facing the organisation, but it seems to be a way for distributing leadership work across institution's formal and informal leaders (Nelso and Squires, 2017:114).

3.8.5 Personal Leadership

Brown (2007:235) maintained that this type of leadership "focuses on an individual's leadership skills, vision, creativity, charisma, and ability to motivate other". According to this author, for leaders to inspire and mentor generation of future leaders, leaders' personal journeys need to be told (Brown, 2007:235). Besides, Kanodia and Sacher (2016:122) described 'personality' as "the habitual patterns and the sum of qualities of human behavior of any specific individual, as expressed by their physical and mental activities, gestures, body language and their attitudes like patterns of thoughts, emotion, feelings, activities and behaviors consistently exhibited by any individual over a period of time that strongly persuade the expectations, self-perceptions, values & attitudes, which predicts the reaction to the people, problems and stress . It is the complex sum of all such qualities and characteristics as seen as being unique to a group, nation, place, person etc. which is being capable of making or likely to make favorable impressions on other people that ultimately make an individual, a unique identity".

3.8.6 Authentic Leadership

Avolio, Gardner, Walumbwa, Luthans and May (2004:802) regarded authentic leaders as "persons who have achieved high levels of authenticity in that they know who they are, what they believe and value, and they act upon those values and beliefs while transparently interacting with others". Also, Avolio *et al*. (2004:810) stipulated that "authentic leaders build benevolence and integrity with their followers by encouraging totally open communication, engaging their followers, sharing critical information, and sharing their perceptions and feelings about the people with whom they work, the result is a realistic social relationship arising from followers' heightened levels of personal and social identification". Under this type of leadership, followers' levels of trust and readiness to collaborate with their leader for advantage of the organisation are enhanced. To emphasise, Gardner, Avolio, Luthans, May and Walumbwa (2005:345), expressed that it is a must that authenticity is achieved by an authentic leader, and this should be done through relationships and actions which are authentic, and also through self-acceptance and self-awareness. Additionally, Gardner *et al*. (2005:345) characterised authentic relationships as "a) transparency, openness, and trust, b) guidance toward worthy objectives, and c) an emphasis on follower development".

3.8.7 Sustainable Leadership

Sustainable leadership is defined in Hargreaves (2007:224) as "sustainable educational leadership and improvement preserves and develops deep learning for all that spreads and lasts, in ways that do no harm to and indeed create positive benefit for others around us, now and in the future". Wakahiu & Salvaterra (2012:152) asserted that, promoting development and changing for the better is what sustainable leadership seeks. Hargreaves (2007:224 &225) explained the principles of sustainable leadership and they are summarised here as sustainable leadership: "matters, lasts, spreads, does no harm to and actively improves the surrounding environment, promotes cohesive diversity, develops and does not deplete material and human resources, honours and learns from the best of the past to create an even better future". Equally important, Šimanskienė & Župerkienė (2014:86) shared a view that "the aim of sustainable leadership is to lead an organisation and its members towards sustainable development, to employment socially responsible activity, and to use the methods of socially responsible enterprise". Šimanskienė, & Župerkienė (2014:86) added that sustainability seeking managers ensure that there is a respectable relationship with their employees and also their employees supported and cared for. These authors provided characteristics of sustainable and non-sustainable leadership as shown in Table 3.3 below:

Table 3.3: The Characteristics of Sustainable and Non-Sustainable Leadership

Characteristics	Non-Sustainable Leadership	Sustainable Leadership
Business vision	The vision is unclear	The vision is clear and sustainability-oriented.
Goals	Orientation towards fast progress	Oriented towards long-progress
Responsibility	Managers are responsible for themselves and partly for the work group	Responsibility for an individual, group, organisation, and society
Organisational Culture	Fragmentary	Strong, oriented towards sustainable development of the organisation
Solidarity	Individual efforts	Common efforts based on mutual help
Trust	Strict control is necessary	High degree of trust and goodwill
Activity results	Totality of individual contributions	Synergy of common efforts of team members
Changes	To destroy the old by creating the new: looking for new constructions, new technologies, and new employees	The disassembled parts owned by the organisation are newly used, laid out, and combined.
Collaboration	Desirable, but not necessary	Regular
Team-centered orientation	Group work	Team work
Quality	Achieved via control	Achieved via sustainability-oriented organisational culture

Characteristics	Non-Sustainable Leadership	Sustainable Leadership
The concept of sustainability	No idea about it	Based on the principles of sustainability
Loyalty	Employees stay in the organisation just for the salary	Employees are loyal to the organisation, as their needs are met and safety assured.
Development of employees	Randomly chosen people are trained	Everybody is trained
Professional development	Professional development is the responsibility of the employee	It is taken care of and takes place regularly
Innovation / creativity	Restrictive, selecting the addresses of funds and resources	Systematic, regular, and creative due to allotment of necessary funds
Work relations	Indifferent	Seeking collaboration

Source: Šimanskienė & Župerkienė (2014:88)

3.8.8 Servant Leadership

Achua and Lussier (2013) cited in Mutia and Muthamia (2016:131) define servant leadership as "a leadership that transcends self-interests to serve the needs of others, placing the leader in a non-focal position within a group in such a way that the organisational resources and support are provided to followers without the expectation of acknowledgement, thereby helping them grow, both professionally and personally". Weinstein (2013:87) established that high sense of calling is what guides servant leaders rather than organisational commitment. According to Weinstein (2013:87), servant leadership's proponents propose that "the sacrificial servant leader investment in human capital will meet and exceed the financial goals of the organisation and will have a multiplier effect in creating other servant leaders". Laub (1999:31) explains that servant leaders are aware for the need of others, they welcome inputs from all levels in an organisation and for their success, each person's creativity and uniqueness brought to the group is important. Likewise, Hanson (2011:50) points out that, Greenleaf (1970) postulated that the servant leadership doctrine predicts that "in the future, the only truly viable institutions will be those that are predominantly servant led". Mishra and Mahapatra (2018:40) emphasised that "a servant leader is first a servant to the followers and then a leader". According to these authors, Greenleaf (1970) coined the term "servant leadership". In addition, Mishra and Mahapatra (2018:40) explained that, unlike other leaders, servant leaders are unique in that, these types of leaders focus on followers' well-being and their growth, and also have the intentions to serve the followers' highest priority needs. Most importantly, the research by McCann, Graves and Cox (2014) found a strong correlation between servant leadership and employee satisfaction at rural community

hospitals. Sepahvand, Pirzad & Rastipour (2015:48) summarised server leadership's elements that were identified by the previous researchers, and they are shown in Table 3.4 overleaf:

Table 3.4: Elements of Server Leadership

Author	Element
Spears (1998)	Listening, companion, curing, awareness, persuasion, meaning making, sight, stewardship, commitment and builds community.
Farling *et al*. (1999)	Landscape, permeation, credit, reliance, service.
Laub (1999)	Value people, develops people, builds community, showing authenticity (companion), leadership authenticity and shares leadership.
Russell (2001)	Landscape, credit, reliance, service, patterning, pioneering, gracefulness from others, reinforcement.
Patterson (2003)	Moral kindness, modesty, humanism, landscape, reliance, reinforcement, service.
Sendjaya and Sarros (2003)	Volunteer following, reliability, estimated contraction relationship, eminence idealism, evolution making effect.

Source Adapted from (Sepahvad *et al*, 2015:48)

3.8.9 Crisis Leadership

Oam (2015:13) points out that "the word 'crisis' comes from the Greek word Krino, to decide. It means a turning-point, especially of disease or a moment of danger or suspense in politics and commerce". James and Wooten (2011:61) described crisis leadership as "the capability to lead under extreme pressure". According to these authors, crisis leadership matters because "events are inevitable, leaders of organisations and nations can make a difference in the extent to which people are affected by a crisis, in its absence, the stakeholders who are adversely affected by the crisis cannot truly recover from the damaging event" (James & Wooten, 2011:61). Also, James and Wooten (2011:61) explained that the one factor that plays a crucial role of creating an organisation's potential and ensure that its stakeholders are better off after a crisis, is effective leadership. What James and Wooten (2011:61) stressed was that leadership "is about creating possibilities so organisations can blossom in ways that might not have been predicted or possible in the absence of the pressures that crises evoke". Most importantly, Pfeifer (2013:2) points out that it is critical for leaders in crisis leadership positions to comprehend the way incident management is influenced by the physical threat environment, and also the way "psychological, social, operational, and political elements impinge their ability to deal with an emergency". According to Pfeifer (2013:2), there are multiple forces of a crisis that have an influence on crisis leadership and incident management. Thus, this author identified five forces of a crisis and they are shown in Figure 3.5 overleaf:

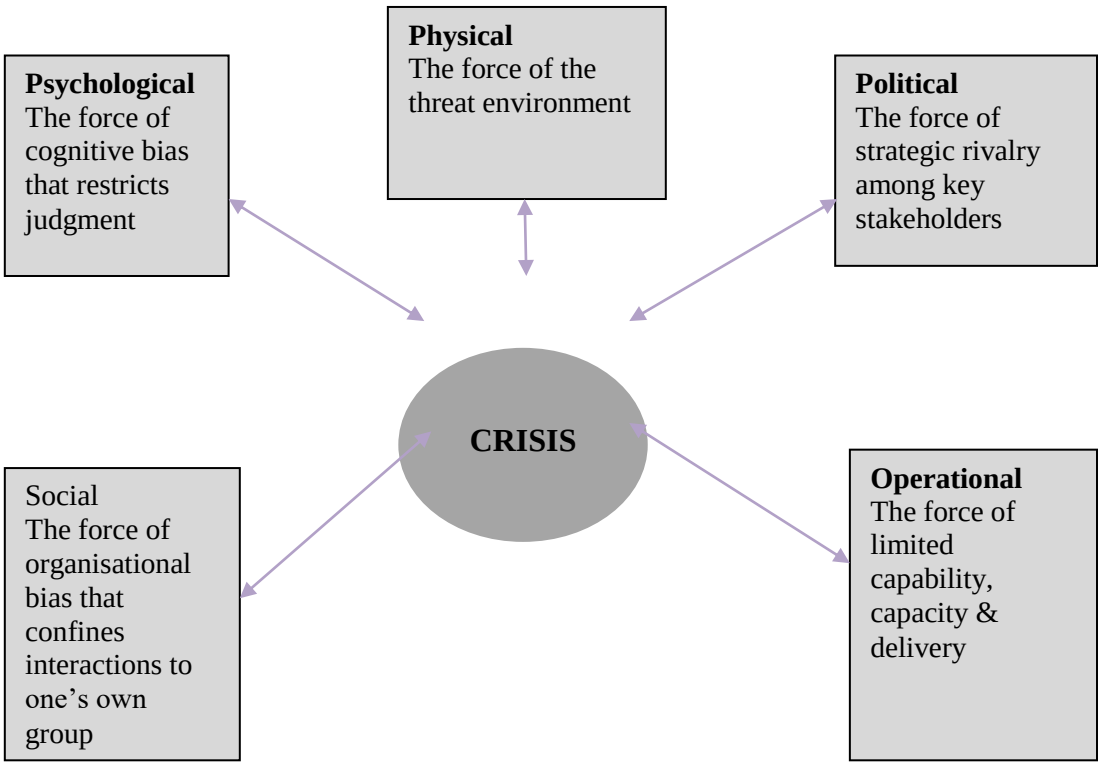

Figure 3.5: Multiple forces of a Crisis that influence incident management and crisis leadership: Source: (Adapted from Pfeifer, 2013:2).

3.8.10 Spiritual Leadership

Scott and Tweed (2016:66) described spiritual leadership as "a leadership style that promotes motiving and inspiring employees through the nourishment and cultivating of one's self as an individual who fits into the organisation". What is more, Scott and Tweed (2016:66) stressed that this style of leadership is employed by many organisations and these organisations have already started achieving job satisfaction, productive, commitment and financial gains increases. What Scott and Tweed (2016:69) emphasised was that this style of leadership requires that organisations transform their work's vision and culture, and also ensure that an appropriate leader is chosen. Equally important, Law (2016:443) elucidated that, the type of leadership which is proposed for the 21st century organisations, is spiritual leadership. In addition, Law (2016:444) argued that the reason why this type of leadership is relevant and critical in an organisational setting, is simply because others and society can be transformed by these leaders who transform themselves first. Also, to uproot practices that are corrupt and for promotion of corporate governance that is good, what is required is spiritual leadership that is strong and with its values and purpose being directing it (Law, 2016:444).

3.8.11 Tsonami Leadership

Tsonami Leaders are described by Low and Teo (2015:32) as leaders who are highly ineffective, their expression of non-leadership behaviours are evident, anticipating changes that are brought by personal and environmental landscape is not their concern. Also, tsonami leaders' traits are of grandiosity, their self-esteem is fragile or low, and others are bullied by these types of leaders (Low & Teo, 2015:32). Furthermore, tsonami leaders are described as leaders who bring destructions in an organisation and also on employees, customers and stakeholders, because of their lack of vision, charisma as well as goals that need to be realised in an organisation ((Low & Teo, 2015:33).

Having explored different styles of leadership and leadership types in this section, the researcher found it necessary to include the seven steps for effective leadership development - referred to as "Leadership Development Checklist" by Oracle White Paper (2012).

3.9 THE SEVEN STEPS FOR EFFECTIVE LEADERSHIP DEVELOPMENT (LEADERSHIP DEVELOPMENT CHECKLIST).

As pointed out in the Oracle White Paper (2012:5) "a successful leadership programme begins with the alignment of leadership development with organisational strategy and an understanding of the type of leadership style(s) needed to execute that strategy". The seven steps for effective leadership development as mentioned in the Oracle White Paper (2012:6) are "determine the best leadership style for your organisation; identify current and potential leaders within the organisation; identify leadership gaps; develop succession plans for critical roles; develop career-planning goals for potential leaders; develop a skills roadmap for a future leader; and develop retention programmes for current and future leaders". The first step - "Determine the Best Leadership Style for your Organisation" regards determining the right style of leadership for an organisation and involves many theories. The situational leadership theory, for instance, "argues that the best type of leadership pertains to all given workplace situations" (Hersey & Blanchard, 1999) cited in the Oracle White Paper (2012:7). When an organisation identifies its leadership style through the situational leadership theory, factors such as the followers, qualifications, organisational complexity and the type of work being carried out should be considered. The paper describes two ways to assess leaders' fitness. These are, "get to know them better", which uses psychological and behavioural assessments to understand current and future leaders and their roles. The second way to measure leadership fitness is by "Understanding the Culture better". This is done by

questioning stakeholders such as employees, consultants and the organisation's board on what creates an effective leader within the organisation.

The second of the seven steps in the Leadership Development Checklist is to "Identify Current and Potential Leaders within the Company". This step emphasises that potential leaders in an organisation should be evaluated through a leadership program which identifies the leadership skills and competencies that are expected in the organisation. These can include the use of competence models such as the one developed by SHL (Oracle White Paper; 2012:8). This model has the Great Eight Leadership Competencies which are: "creating and conceptualising; analysing and interpreting; leading and deciding; interacting and presenting; adopting and coping; supporting and cooperating; enterprising and performing and organising and executing". It is imperative for organisations to ensure that their success measurements are well-defined and built into the organisational performance management system, irrespective of whether they decide to use SHL's model or their own developed model (Oracle White Paper, 2012:8).

The third Leadership Development Checklist step is to "Identify Leadership Gaps". The Oracle White Paper (2012:11) states that identifying leadership gaps can be achieved by assessing individuals' and organisational readiness. The following aspects should be considered when leadership gaps are identified: current and future leadership requirements should be determined; leadership requirements should be compared with the current leadership team; current leaders likely to leave the organisation should be identified; succession plans for those likely to leave the organisation should be identified or developed; a development pipeline for leadership should be looked at; skills gaps should be identified and the organisation should set timelines to close the identified gaps.

The fourth Leadership Development Checklist step is to "Develop Succession Plans for Critical Roles". According to the Oracle White Paper (2012:12), organisations which develop succession plans avoid employee trauma and disruptions, irrespective of whether there is an anticipation of departure or not. The paper highlighted that the use of technology to support succession planning with the greatest effectiveness would require "creating backfill strategies that use data captured in the rewarding and performance review processes, coupled with individual career plans. Adding multiple candidates to a succession short list and viewing all the best options without necessarily adding them to the plan. Displaying multiple talent

profiles. Tracking candidate readiness based on skills, competencies and performance then promoting candidates based on relative ranking and composite feedback scores".

The fifth step is to "Develop Career Planning Goals for Potential Leaders". The Oracle White Paper (2012:14) pointed out that according to research, organisations with great employees' retention support employee career planning and engagement, and thus protect their leadership pipeline. Furthermore, organisations that do not ensure the provision of career planning and employee development afford their competitors opportunities to do so.

The sixth step is to "Develop a Skills Roadmap for Future Leaders". A skills roadmap for high-potential employees should be developed, with the specific purpose of creating a pool of future leaders. Organisational development plans should be in support of traditional and non-traditional learning because development and the learning of new skills happens inside and outside the classroom (Oracle White Paper; 2012:14). For organisations to ensure that less-formal learning is supported, employees' development plans should include key activities such as project leadership, coaching, job shadowing, rotation assignments and mentor relationships.

The seventh step is to "Develop Retention Programs for Current and Future Leaders". High performers and future leaders should be rewarded through monetary and non-monetary means. Organisations should ensure goal alignment as it is important for potential leadership to continue focusing on what is valuable and important to the organisation (Oracle White Paper; 2012:18). In addition to the seven steps for effective leadership development, the researcher found if important to include Ten Principles of Quality Leaders by Sergiovanni (1982), and they are shown in Figure 3.6 overleaf:

3.10 TEN PRINCIPLES OF EFFECTIVE LEADERSHIP (THE TEN-P MODEL OF QUALITY LEADERSHIP).

The Ten Principles are shown in the diagram below:

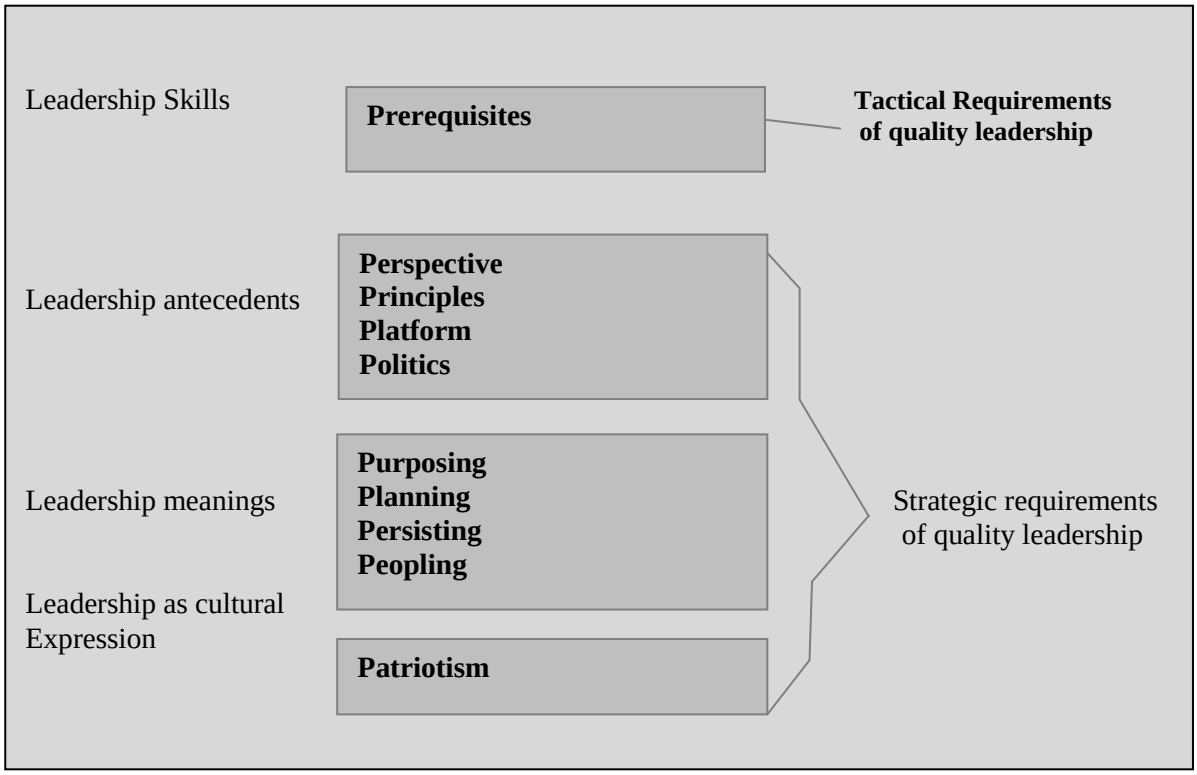

Figure 3.6: The Ten-P Model of Quality Leadership (Source: Sergiovanni, 1982: 331)

Sergiovanni (1982: 331) stipulates that, "leadership skills-the tactical side of the quality equation are important. Leadership antecedents, leadership meanings, and leadership as cultural expression, the strategic side, are important too". According to this author, ten principles of quality leadership can be extracted from leadership skills, meanings, antecedents, and culture (Sergiovanni, 1982: 331). Brief descriptions of the ten principles as provided by Sergiovanni (1982:331) are as follows:

Principle 1: prerequisites; "refer to the leadership skills needed to develop and maintain basic leadership competence" (Sergiovanni, 1982:331). Examples of these types of skills provided by (Sergiovanni, 1982:331) include conflict management tactics, team management principles, and shared decisions making models, mastering and using various contingency leadership theories. Leadership skills are considered as tactical because they are of short duration, focused on particular objectives or outcomes, and also are being situationally specific.

Principle 2: perspective; "refers to the ability of the leader to be able to differentiate between the tactical and strategic and to understand how they are related" (Sergiovanni, 1982:331). Broader, patient, and more long-range outlook are brought by a person with perspective to his or her leadership responsibilities and this permits trivial sorting from crucial events and outcomes, and the determining of worth (Sergiovanni, 1982:331).

Principles 3: principles; with regard to principles, Sergiovanni (1982:331) postulates that "leaders stand for certain ideals and principles that become cornerstones of their very being". This author's argument is that what a leader values as important, that leader should be able to ensure that value is communicated to others (Sergiovanni, 1982:331).

Principle 4: platform; according to Sergiovanni (1982:331), "platform refers to the articulation of one's principles into an operational framework. Platforms are governing in the sense that they represent criteria and an implicit standard from which decisions are made". Platforms which are so crucial to leadership include educational and management platforms (Sergiovanni, 1982:331).

Principle 5: politics; refers to "the ability of an individual to influence another individual or group in a fashion that helps to achieve certain desired goals" (Sergiovanni, 1982:331). In the leadership act there is power as its key ingredient and thus power and leadership are inseparable (Sergiovanni, 1982:331).

Principle 6: purposing; through purposing process, people's contributions as we as their successes and failures in light of their organisation's purpose are interpreted (Sergiovanni, 1982:331).

Principle 7: planning; it is defined by Sergiovanni (1982:331), as "the articulation of purpose into concrete and long-term operational programs. Planning sketches out the major structures and design to be implemented, the major steps to be taken, and the major milestones to be achieved".

Principles 8: persisting; is referred to as "the attention leaders give to important principles, issues, goals, and outcomes" (Sergiovanni, 1982:331). Sergiovanni (1982:331) emphasised administrative attention and asserts that leaders contributes to the organisational tone and climate, and also ensure communication of activities and goals that should be prioritised in terms of their importance.

Principle 9: peopling; recognises that leaders can accomplish little without others' good wishes. Also this is understood as one of the leadership strategic requirements (Sergiovanni, 1982:331).

Principle 10: Patriotism, Sergiovanni (1982:331), stressed that "the quality principle of patriotism is key to viewing leadership as cultural expression". This author further states that "organisational patriots are committed to purposes, they work hard, believe in what they are doing, and feel a sense of excitement for their own contributions to the organisation meaningful if not inspirational". Now that Ten Principles of Quality Leaders have been highlighted, what follows is the conclusion of this chapter.

3.11 CONCLUSION

The principal purpose of this chapter was to understand the concept of leadership through exploring its definitional issues, principles, different types of leadership styles their advantages and disadvantages. This chapter distinguished between a "Manager" and "Leader" through exploring their characteristics from the existing literature's perspectives. This chapter was summed up through the deliberations on the seven steps of effective leadership development, and also ten principles of quality leadership. In the next chapter, the author concentrates on understanding of the three key dependent variables in this study which are: employee engagement, organisational commitment and job satisfaction. The next chapter's main attention is on definitional issues of the three mentioned constructs, factors influencing the three concepts and key findings from previous researchers. The chapter then highlights other relevant aspects relating to the three concepts.

CHAPTER 4: LITERATURE REVIEW ON EMPLOYEE ENGAGEMENT, JOB SATISFACTION AND ORGANISATIONAL COMMITMENT

4.1 INTRODUCTION

The previous chapter deliberated on the concept of leadership, that is its definitional issues, theories, principles, and different styles of leadership were discussed. In this chapter, the researcher concentrates on three constructs, employee engagement, organisational commitment and job satisfaction, which are dependent variables with leadership being the independent variable in this study. This chapter's attention is on definitional issues of the three mentioned constructs; factors influencing the three concepts, and how organisations can manage the three concepts (employee engagement, job satisfaction and organisational commitment) and other key dimensions relating to the three constructs and relevant to this study. Additionally, this chapter gives a synopsis of key findings from previous researches related to this study. Above all, the chapter commences with discussions of the concept of employee engagement, and then moves to job satisfaction concept which is followed by the deliberations on organisational commitment. Furthermore, key findings from previous researches relating to the three concepts and leadership are then discussed. The chapter begins with discussions on employee engagement as a concept, and proceeds to the concepts of job satisfaction and organisational commitment. It should be noted that the three concepts to be discussed in this chapter are dependent variables in this study. Dependent variables were defined by Bhattacherjee (2012:10) as "…those variables that are explained by other variables".

4.2 UNDERSTANDING THE CONCEPT OF EMPLOYEE ENGAGEMENT

Anbuodi and Devibala (2009:6) pointed out that employee engagement as a concept is fast gaining popularity and that organisations are using it for retention of quality employees. These authors' argument is that today's organisations acknowledge the fact that for employee satisfaction does not equate to being the most loyal and productive employees in an organisation. Additionally, Anbuodi and Devibala (2009:6) were of the view that for organizational leadership must understand that engaged employees lead to positive outcomes. Rama, Devi and Narayanamma (2016:92) expressed that it is high time for organisations to move towards creating environments which promote engagement as well as employee

motivation. Engaged employees are described as "employees who perform at consistently high levels of productivity and are passionate about the organisation and the work that they are involved in bringing best results for the organisation" (Rama, Devi and Narayanamma, 2016:92). Kamau and SMA (2016:1) explained that the war for talent has increased and that organisations wanting to strive must not only attract employees but also continuously work on retention of these employees.

Pandita and Bedarker (2014:107) explained that Chief Executive Officers, Human Resources (HR) and business leaders are faced with the tough challenge of ensuring that those employees reporting to work do not just avail themselves physically, but also do so mentally and emotionally. These authors emphasised that for employees to contribute effectively and positively, organisations must ensure that employee engagement is one of the non-negotiables. Kumar, Parida and Nayak (2012:1133) stipulated that "an organisation's capacity to manage employee engagement is closely related to its ability to achieve high performance levels and superior business results". Some of the advantages of having engaged employees are summarised as follows: "Engaged employees will continue working for the organisation and advocate the organisation's products and services, and strive to contribute to organisation's success. These employees will be motivated and with better performance on a daily basis. When employees are engaged, one will then see a link between this engagement and profitability. Employee engagement improves customer or client satisfaction thus increasing service levels as employees will be emotionally connected to an organisation. Where there is engagement and commitment, this will certainly build passion and ensure that employees align themselves with organisation's strategies and goals. Employees' trust and loyalty to an organisation will definitely increase. There will be high levels of energy in the working environment. Managers will realise organisational growth and employees will see themselves as effective ambassadors for the organization" (Kumar, Parida & Nayak, 2012:1132). Employee engagement was seen as a complex concept by Swarnalatha and Prasanna (2013:1) and these authors expressed that there are various factors which influence employee engagement. Some of these factors include: workplace culture, organisational commitment, managerial style, trust and respect, leadership and organisational reputation.

4.2.1 Defining an Employee

Obicci (2015:2) maintained that, "employees are pivotal assets without whom the intended goals of any organisation may not be achieved". Muhl (2002:3) points out that, according to

American Heritage Dictionary of the English Language (1978), an employee is "a person who works for another in return for financial or other compensation". According to the Basic Conditions of Employment Act of the Republic of South Africa (1997) as amended, employee means "any person, excluding an independent contractor, who works for another person or for the state and who receives or is entitled to receive any remuneration". Further, in terms of the Public Administration Management Act, No 11 of 2014, employees is "a person appointed in the public administration, but excludes a person appointed as a special adviser in terms of the section 12 A of the Public Service Act and a person performing similar functions in a municipality". All these definitions were adopted for the purpose of the study. It is thus imperative that the research notes what Mtimkulu *et al*. (2014:51) highlighted. The authors highlighted that, investing in the development of employees gives organisations what is called "a competitive edge" (Mtimkulu *et al*., 2014:51).

4.2.2 Defining Clinical and Non-Clinical Employees

Clinical Employee: Deherty (2014), define Clinical employee as "any health professional (from any disciplinary background) who is directly involved in diagnosing a patient's health problem, deciding upon the treatment required, overseeing the care of the patient and participating in the care of the patient, including conducting procedures". Similarly, according to Doncaster and Humber (2014:4), "Clinical staff is taken to mean nurses, allied health professionals, doctors of all grades, pharmacists, psychologists and psychological therapists, social workers and all non-professionally qualified clinical support staff who have involvement in the care of service users". **Non-Clinical Employees:** Doncaster and Humber (2014:4) point out that, "Non-clinical staff includes any member of staff not directly involved in the care / treatment of patients / service users". Doncaster and Humber (2014:5) argues that effective supervision (clinical and managerial), is critical in the support of staff in service delivery. It should be noted that, in the context of this study, the word "staff" as used by other scholars, refers to employees.

4.2.3 Defining Employee Engagement

Arun Kumar (2015:111) stipulated that virtually all aspects of human resources are affected by employee engagement and thus the issue is important. The author further emphasised that employees must be motivated to participate in different activities conducted within the organisation because this builds employees' sense of belonging and ownership. It is important to define the concept of employee engagement. Kowalki (2003:62) stated that

employee engagement is “the degree to which individuals are personally committed to helping an organisation by doing a better job than what is required to hold the job”. Employee engagement was defined in Lockwood (2007:2) as “the extent to which employees commit to something or someone in their organisation, how hard they work and how long they stay as a result of that commitment”. Engagement was defined by Anbuodi and Devibala (2009:6) as “motivating employees to do their best”. Sundaray (2011: 55) stated that “employee engagement is a barometer that determines the association of a person with the organisation”. Ram and Prabhakar (2011:47) pointed out that “employee engagement is a strategic approach for driving improvement and encouraging organisational change”. Employee engagement was defined by Parida and Nayak (2012:1132) as “the level of commitment and involvement an employee has towards their organisation and value creation”. Being engaged means being aware of the organisational context and working together as a collective within the job for the purpose of the organisation’s benefit (Parida & Nayak, 2012:1132). Furthermore, employee engagement is defined by Kumar Parida and Nayak (2012:1137) as “a positive attitude held by the employees towards the organisation and its values”. These authors related employee engagement with work-life balance which they define as “those factors that strike a balance between work life, family and self-life”. They argued that where there is work-life imbalance, issues such as stress management, personal space, time for family and friends, time to pursue hobbies etcetera will be evident. They further argued that some life balance strategies such as family-friendly policies and better organisational culture would increase employee engagement in an organisation and lead to the organisation’s success (Kumar Parida & Nayak, 2012:1137).

Arun Kumar (2015:112) stated that “an engaged employee gives his or her organisation his or her 100 percent”. Sultana (2015:111) defined employee engagement as “a workplace approach designed to ensure that employees are committed to their organisation’s goals and values, motivated to contribute to organisational success, and are able at the same time to enhance their own sense of well-being”. Sultana (2015:111), like other authors, explained that employee engagement has no single definition and its meaning is simple, but what adds to its complexity are multiple layers and shades. Kumar (2015:112) maintained that “employee engagement is a concept that is generally regarded as managing discretionary effort, that is, when employees have choices, they will act in a way that fosters their organization’s interest. Engaged employees attach an emotional bond to the organisation that employs them”.

For this study's purpose employee engagement means "the extent to which employees commit to something or someone in their organisation, how hard they work and how long they stay as a result of that commitment" (Lockwood, 2007:2). It also means "motivating employees to do their best" (Anbuodi & Devibala, 2009:6). Having defined what employee engagement means, the next section of this chapter critically discusses the concept of employee engagement with a view to sharpen the researcher's understanding of the concept.

4.2.4 Discussing the Concept of Employee Engagement

Kowalski (2003:62) argued that if organisations are striving to improve competitiveness they should consider solving issues of employee empowerment. The author explained that people tend to seek alternative ways for meeting needs and wants which are personal, especially where there is less or declining control over work environments. He further identified the most prevalent values which affect employee engagement. These are shown in Figure 4.1 overleaf.

According to Kowalski (2003:62), individuals become more engaged once they realise and perceive that values such as the ones mentioned in Figure 4.1 are being fulfilled by their work. Kowalski's argument was that an organisation would achieve minimal return on investment when a large percentage of employees was not engaged.

Sundaray (2011:53) pointed out that engaged employees will find it easy to work closely with colleagues in order to increase job performance and will also have an understanding of the organisation's context. Further, Sundaray (2011:53) maintained that through employee engagement, positive employee attitudes towards the organisation could be developed and sustained. The author further maintained that it is easy to lose talented people when an organisation does not continuously provide fair treatment to their employees. He explained that through understanding environments that are suitable for enhancing employee engagement, organisations would have achieved something that other organisations would find very difficult to replicate. Sundaray wrote about the outcome of employee engagement and made the following valid points: Most organisations seek productive, efficient employees who achieve their targets within any given working time. They seek safe and healthy employees who will always avail themselves to or for work, employees who are eager and willing to do their best in the job and always strive to engage in discretionary efforts.

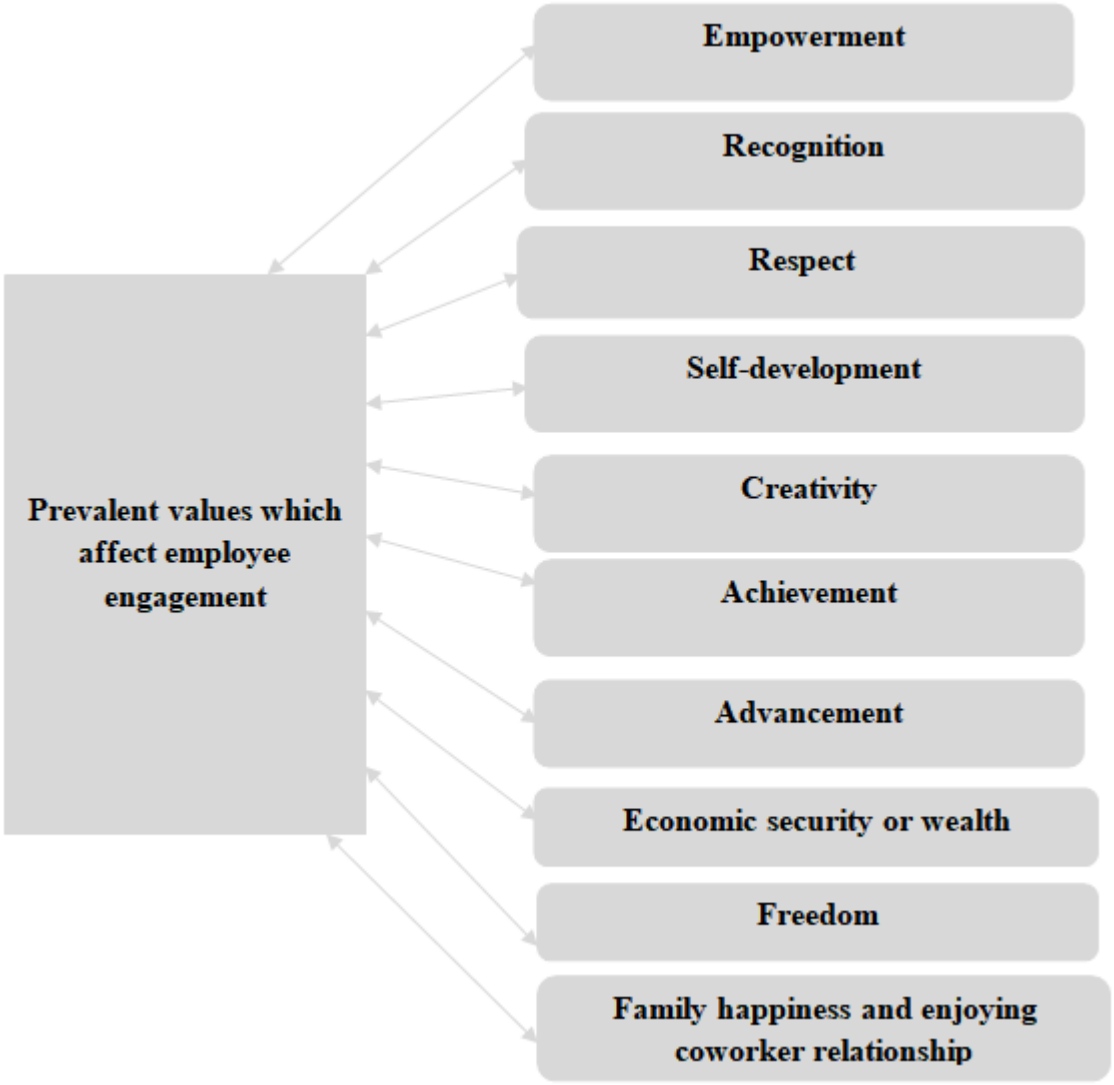

Figure 4.1: Prevalent Values which affect Employee Engagement (Source: Compiled by Author)

In contrast, Sundaray (2011:54) pointed out that disengaged employees lack energy or passion for their work and they often "sleepwalk" through their work. This leads to a situation where a productive relationship with managers and colleagues is compromised and disengaged employees tend to undermine what engaged co-workers in an organisation accomplish on a daily basis. Above all, Wellins and Bernthal (2005-2015:9) emphasised the role played by a leader and posits that for a leader to create and promote a highly engaged workforce, the leader must consider five important things. These are: aligning efforts with strategy, empowering people, promoting and encouraging the working as teams and collaborating in any way possible, developing and assisting people to grow in an organisation

and providing continuous support and recognition. Sundaray (2011:55) identified factors which influence employee engagement as depicted in Figure 4.2 below.

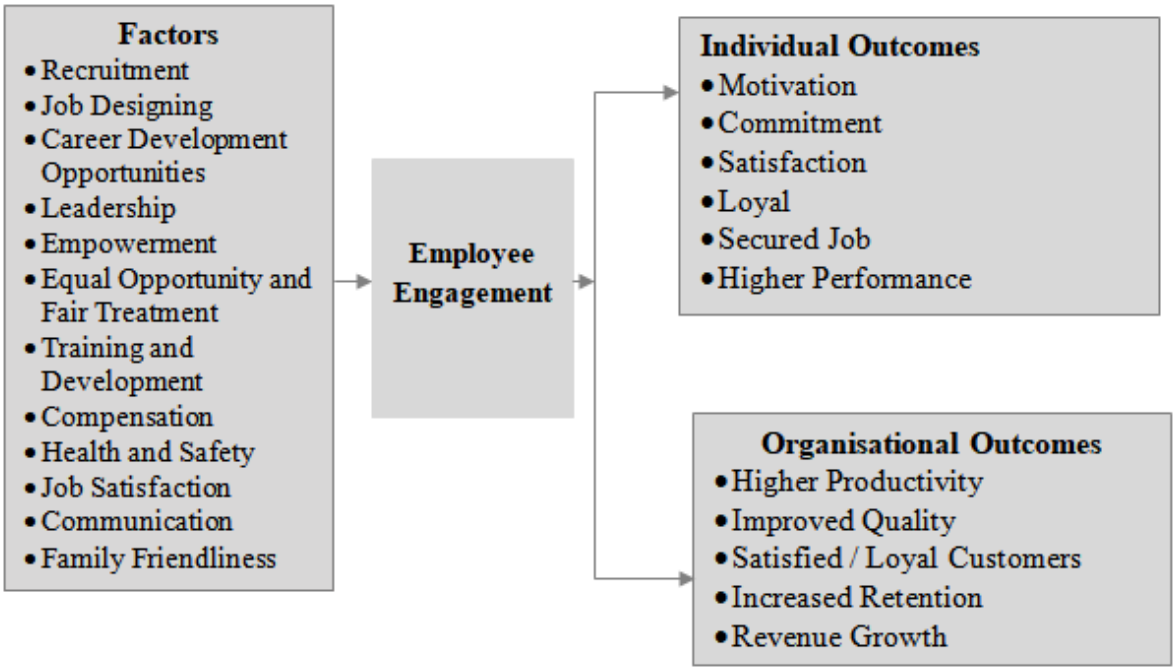

Figure 4.2: Factors and Outcomes of Employee Engagement (Source: Sundaray, 2011:59)

Factors influencing employee engagement are discussed as follows. Firstly, recruitment: according to Sundaray (2011:59), this refers to a process of identifying and selecting suitable candidates for jobs and giving them job offers to join the organisation. Secondly, job designing: here, the argument is that the ways of designing a job will certainly affect the level of employee engagement. Organisations should therefore be cautious when developing or designing job characteristics. Thirdly, career development opportunities: This is seen as an important factor which leads to employee engagement. By this, employees are afforded opportunities to learn new skills, increase their knowledge, enhance their abilities and realise their potential. Fourthly, leadership**:** this factor leads to employee engagement in that a good leader will always strive to improve core values as well as ethical standards and make sure that all employees understand them. Fifth, empowerment: this relates to involving employees in decision-making and allowing them to raise their views and give inputs into the organization. This creates a conducive and trusting environment. Sixth, equal opportunities and fair treatment: here the argument is that high engagement levels would be maintained through fair supervision, where there are equal opportunities for employees' growth and

advancement. Seventh, training and development: according to Sundaray (2011:59), this is one way of contributing to employee engagement through continuous training of employees to ensure acquisition of new skills and knowledge. Eighth, performance management: this is where conditions for employee engagement are provided through inclusive processes when goals are being set within the organisation. Ninth, health and safety: that is ensuring the health and safety of employees through adopting acceptable and appropriate methods, as well as systems for health and safety. Tenth, job satisfaction: this occurs when an organisation ensures that any job given to employees enhances their morale and satisfaction, thus leading to employee engagement. Eleventh, communication: here the emphasis is on implementing open-door policies and ensuring that communication flows freely in an organization by the use of proper and appropriate channels.

Ram and Prabhakar (2011:47) raised the concern that academic literature shows inadequate studies on the concept of employee engagement. In fact, according to these authors there is little empirical research - particularly with regard to factors predicting employee engagement. They discussed a few potential antecedents from different studies and they are summarised as follows. Firstly, job characteristics: they pointed out that five core job characteristics were identified by Hackman and Oldham (1980), which are "skill variety, task identity, task significance, autonomy and feedback". With regard to the characteristics of a job, it is argued that employees will be more engaged when they are doing jobs which are high when it comes to core job characteristics (Khan, 1992) cited by Ram and Prabhakar (2011:50).

Secondly, intrinsic and extrinsic rewards: here there is greater emphasis on extrinsic rewards – those which are tangible such as pay, bonus and other financial benefits provided to employees in an organisation (Ram and Prabhakar, 2011:50). These authors also explained that these rewards are called "extrinsic" simply because their size is controlled by others, and they decide whether these financial benefits should be provided or not and the rewards are external to the work itself. They advocated that for people who are already comfortable in their jobs, extrinsic rewards tend to be unimportant. They are instead motivated by intrinsic rewards where work activities are directed by people's intelligence and experience on a day-to-day basis.

Thirdly, Ram and Prabhakar (2011:50) also emphasised the importance of Perceived Organisational Support (POS) and Perceived Supervisor Support (PSS) for enhancing employee engagement. Concerning POS, Colakoglu, Culha and Atay (2010:126) affirmed

that the literature shows different definitions of POS. The concept of POS is defined by Eisenberger, Huntington, Hutchison and Sowa (1986:501) as "employees in an organisation from global beliefs concerning the extent to which the organisation values their contributions and cares about their well-being". Equally, Allen, Armstrong, Reid and Riemenschneider (2008:556) defined POS as "the employees' view of how much the organisation values their contribution and cares about them". Employment is seen by employees as a reciprocal exchange relationship which extends beyond formal contract and is reflecting relative dependence. Colakoglu *et al*. (2010:126) stressed that when POS is examined as a concept, "it is expressed as a perception of what degree of importance to contribute to employees by the organisation". These authors further expressed that employee's expectations included outcomes such as employee's worth being considered by the organisation, appreciation within the organisation and common values being shared between organisation and employees (Colakoglu *et al*., 2010:126).

Eisenberger, Stinglhamber, Vandenberghe, Sucharski and Rhoades (2002:565) defined PSS as "the employees' general perception about the rate supervisor values the participants and cares for their welfare". Shanock and Eisenberger (2006:693) elucidated that subordinates' supportive treatment and positive consequences may originate from supervisors having received supportive treatment from the organisation. Above all, Shanock and Eisenberger (2006:693) expressed that supervisors who receive supportive treatment may have value for enhancing subordinates' performance and the POS. According to Mohamed and Ali (2016:436), "supervisor support or consideration refers to the degree to which supervisors are supportive, friendly, and considerate, consult subordinates and recognise their contributions". The authors maintained that employees' high commitment was achieved through supervisor support and consideration and led to job satisfaction and motivation.

Fourthly, distributive and procedural justice: Ram and Prabhakar (2011:51) explained that distributive justice "deals with the ends achieved (what the decisions are) or the content of fairness, whereas procedural justice is related to the means used to achieve those ends (how decisions are made) or the process of fairness". They argued that where an organisation has employees with high perceptions of justice, they will likely feel obliged to be fair - particularly when it comes to performing their roles through greater levels of engagement. By contrast, employees' likeliness to withdraw and disengage themselves from their roles is high where perceptions of fairness are low.

Unlike other authors, Lockwood (2007:2) postulated that employee engagement as a concept is complex and there are a variety of issues involved. This author stated that fostering employee engagement does not necessarily require a 'kit' which fits all organisations. This means that employee engagement may be achieved by any of several pathways. Additionally, Lockwood emphasised that unprecedented changes, particularly in an increasing global marketplace, are being witnessed by society and businesses whereby organisations compete for talent. Hence the researcher's argument is that employee engagement is something that management cannot ignore if they are to retain employees and increase satisfaction within the organisation.

Richman (2006:36) argued that an important part of success is about knowing ways or benefits to create and sustain employee engagement. Studies indicate that the products or benefits of high engagement are as follows: "increased discretionary effort; higher productivity; lower turnover at the employee level; and increased customer or client's satisfaction and loyalty" (Richman, 2006:36). Additionally, Richman emphasised the importance of employee involvement, and argued that through high involvement and engagement of employees, it is possible to realise employee's attachment to the organisation. He stipulated that "engaged employees believe they have a stake in the organisation, and that belief is reflected in their behaviour". The Commitment Pyramid which shows commitment drivers, enablers and threshold factors is provided in Figure 4.3 overleaf.

According to Richman (2006:38), the pyramid shows threshold factors at the bottom or first level. The argument is that "for an organisation to be an effective competitor for the best human capital", it must ensure that factors at the bottom of the pyramid are in place. The second level of the pyramid regards enablers. At this level, the key emphasis is on the importance of aligning employees' activities with an organisation's objectives (Richman, 2006:39). The third level, which is the top of the commitment pyramid provides commitment drivers which according to Richman (2006:39) are the factors leading to full employee engagement in an organisation. In addition, Richman (2006:39) pointed out that for an organisation to achieve competitive advantage through attraction and retention of top employees and to draw these employees' full potential, that organisation must address commitment factors. Competitive benefits and compensation packages alone should not be the only means of leveraging employee engagement. This author suggested that employers should also consider developing a broad engagement strategy which provides essential

factors such as advancement opportunities, effective managers, job challenge, diversity, flexibility and work-life support (Richman, 2006:39). Richman (2006:38) asked, "what do engaged employees look like?". Engaged employees are hardworking, energised and committed to continuously and consistently assisting the organisation to succeed. They have customer or clients' satisfaction at heart and therefore use their skills, energy and working experience to deliver good results. They are proud of the organisation and always want to work for it. They are committed to their roles and ensure that solutions are timeously implemented. Engaged employees know how to deal with risks and are action-oriented. They strongly believe in the organisation and its vision, mission and values. They embrace good organisational culture and do all they can for sake of organisational success.

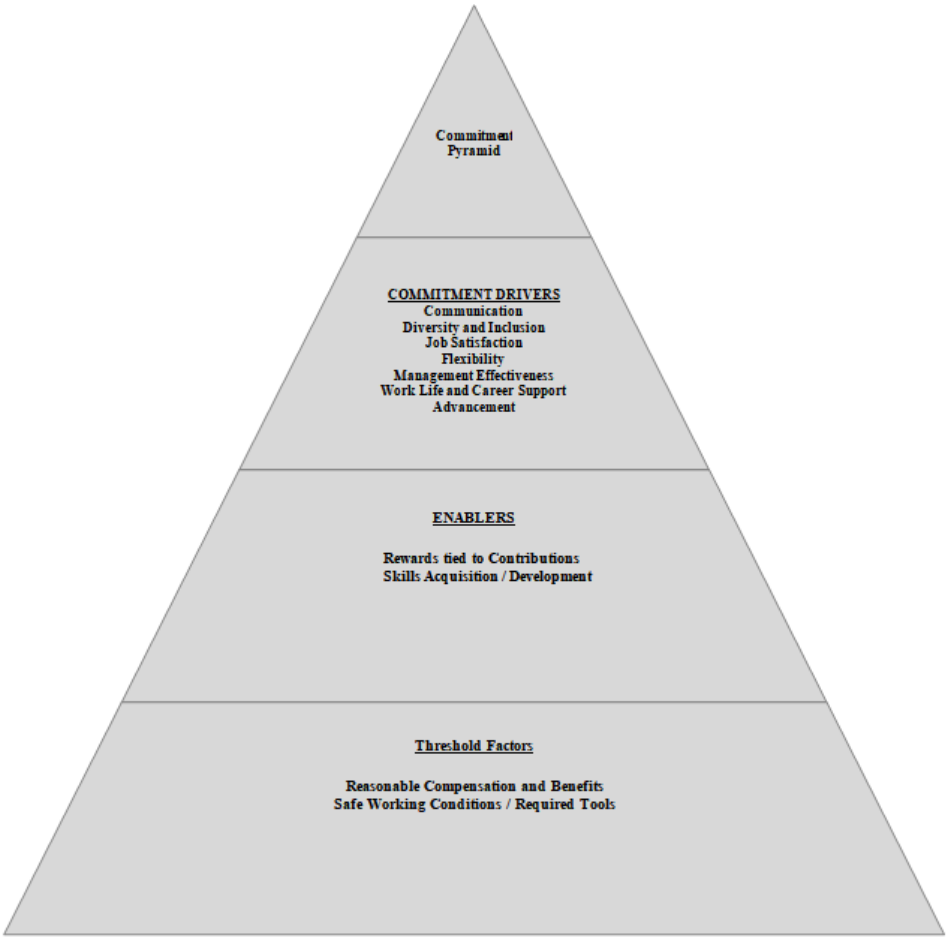

Figure 4.3: Commitment Pyramid (Source: WFD Consulting, National Study, 2002, cited by Richman, 2006:38)

4.2.5 Trends in Employee Engagement

According to Swarnalatha and Prasanna (2013:1), employee engagement is seen as an intricate concept which involves many influencing factors such as leadership, organisational communication, workforce culture, managerial styles and organisational reputation. They stated that "there are many pathways to foster engagement with no one kit that fits all organisations". According to these authors, it is important for an organisation to be able to ensure attraction, engagement, development and retention of key talent especially when moving into what is called "boundaryless environment" (Swarnalatha & Prasanna, 2013:1). They outlined employee engagement's top trends and as follows, "employee-employer relationship evolving to partnerships; increased demand for work-life balance; HR's greater role in promoting the link between employee performance and its impact on business goals; increased focus on selective retention for keeping mission-critical talent; work intensification as employees increase productivity with fewer employees and resources; decline in traditional communication methods and increase in cyber communication; and needs, wants and behaviours of the talent pool driving changes in attraction, selection and retention practices".

In addition to trends in employee engagement, Swarnalatha and Prasanna (2013:3) identified different levels of engagement. Engaged employees feel a strong connection to their organisation, are capable of driving innovation, moving their organisation forward and work with passion. Conversely, disengaged employees are not passionate about their work, lack energy, are "checked out", tend to "sleepwalk" during their working hours and undermine what is accomplished by their engaged colleagues.

Swarnalatha and Prasanna (2013:4) provided factors which drive employee engagement and promote "vigour, dedication and absorption". These authors' argument is that employee engagement levels should not be ignored, particularly where HR in an organisation strives for attraction and retention of talent. Furthermore, research shows that an organisation's likeliness to have engaged employees is greater where there is a culture of job involvement and safety, where managers and co-workers work as teams and are continuously supported with adequate resources. "Organisations considered as employers of choice are more likely to attract and retain the best talent and have higher levels of engagement", Swarnalatha and Prasanna (2013:4). These authors also emphasised the importance of encouraging employee engagement and productivity through thoughtful communication strategies. Key points for

consideration by HR divisions in organisations and are top-down communication for building employee confidence and buy-in, focus groups for engagement of employees, positive and negative aspects of change should be clearly explained and communicated. The question "what's in it for me" should be addressed and communications personalized. The objectives of communication plans should be evaluated through the tracking of results.

Swarnalatha and Prasanna (2013:14) maintained that the manager-employee relationship is the "deal breaker" when it comes to employee retention. Swarnalatha and Prasanna (2013:14) provided characteristics which managers must demonstrate for promoting employee engagement and they are, "show strong commitment to diversity; take responsibility for success and failures; demonstrate honesty and integrity; help find solutions to problems; respect and care for employees as individuals; set realistic performance expectations; demonstrate passion for success; defend direct reports".

4.2.6 Barriers to Employee Engagement

Swarnalatha and Prasanna (2013:4) stated that barriers to employee engagement, such as rules, workplace culture and behaviours could be destructive to employees themselves, customers or clients. These barriers could also be detrimental to other stakeholders and the financial success of the organisation. It is therefore important that the organisation continuously determines what works and what doesn't work in terms of employee engagement, (Swarnalatha & Prasanna, 2013:4). These authors concluded that "without a workplace environment for employee engagement, turnover will increase and efficiency will decline, leading to low customer loyalty and decreased stakeholder value".

Baumruk (2006:24) emphasised that creation of good environments where employees are passionate about their work and achieve good organisational results should be created by managers. The author explained three general behaviours which are consistently being demonstrated by engaged employees and they are:

Firstly, "Say": This relates to potential employees and customers being referred to the organisation by internal employees**.** Secondly, **"**Stay": This refers to employees' intention to continue working for the organization, irrespective of job opportunities available for them in the global environment. Thirdly, "Strive": By this, employees work hard and commit to the organisation and contribute to its success. Baumruk (2006:25) identified five steps for managers to consider in order to ensure improvement of employee engagement. The first step

is Accelerated Coaching and Career Support: here the emphasis is on managers being open, straightforward, attentive and clear, especially on opportunities available for employees. Managers must play a critical role in the development of employees and their acquiring of new skills. They should also be good teachers and ensure that employees receive the right training through the involvement of experts (Baumruk, 2006:25). The second step is Recognition. According to Baumruk (2006:25) this impacts hugely on employee engagement and managers must consistently and frequently recognise commitment and good work. The third step identified for managers to consider is Accountability. Managers consistently and continuously holding employees accountable for their actions will contribute positively to employee engagement. This author highlighted that expectations should be clarified and clearly understood by employees. The fourth step is Involvement. This relates to employees being afforded opportunities to give input and take part in decision-making. The fifth and final step is Communication: Managers must be clear on expectations and organisational goals and must promote open and transparent communication. In addition to what is discussed in this section, there are employee engagement strategies identified by Markos and Sridevi (2012:93), and these are discussed as follows:

4.2.7 Employee Engagement Strategies

Markos and Sridevi (2012:93) provided strategies referred to as "tablets" and recommended that every manager should consider these strategies in order for an organisation to have engaged employees. These strategies are shown in Figure 4.4 below.

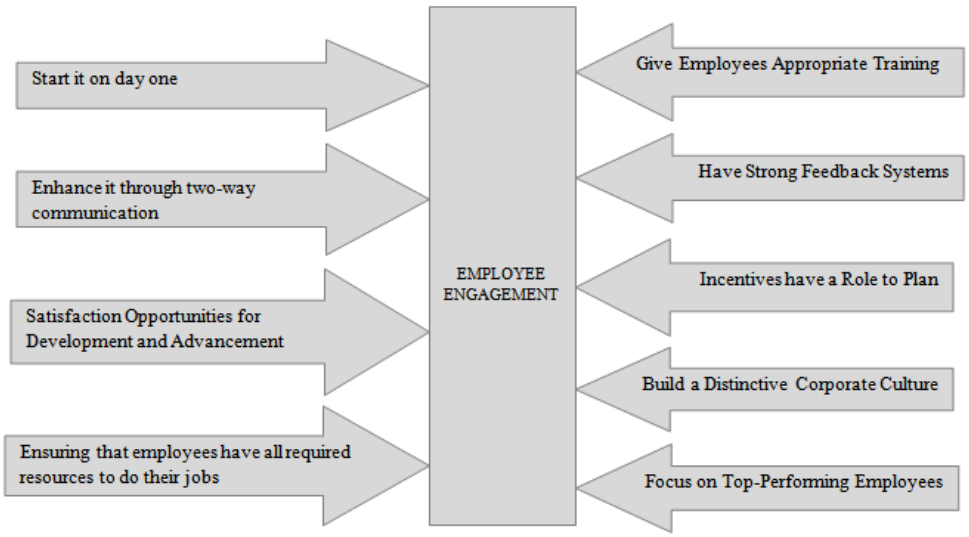

Figure 4.4: Employee Engagement Strategies (Source: Markos and Sridevi, 2012:93)

The first strategy to consider is that the building blocks for employee engagement must be started on day one of their tenure. The authors emphasised the importance of general orientation which covers the organisation's mission, vision, policies and procedures. A job-specific orientation covering employee duties, responsibilities, goals and organisational priorities helps to develop realistic expectations and reduces potential conflict. A second strategy is for leadership to set the example. Leadership commitment is seen as an important factor, particularly when leaders establish engagement through clear mission, vision and values. Two-way communication is also important and can be achieved through the involvement of employees in decision-making. This gives employees a sense of belonging within an organisation. Managers must also ensure job satisfaction opportunities for development and advancement. Employees should be given a level of autonomy and be encouraged to come up with innovative ideas. A further strategy for employee engagement is to ensure that employees have everything they need to do their jobs. Employees should be provided with the necessary financial, physical, material and information resources to enable them to perform their roles or duties in an effective and efficient way. Appropriate training must be given to employees to continuously improve job knowledge. A strong feedback system is another strategy that needs to be considered. This entails continuous and regular surveys of employee engagement to consistently identify factors for improvement. Additionally, managers and employees must be accountable for any engagement they show.

Markos and Sridevi (2010:93) maintained that incentives have a role to play and that employees showing greater engagement in their jobs must be rewarded through financial and non-financial benefits. The authors stated that "several management theories have indicated that when employees get more pay, recognition and praise, they tend to exert more effort into their job". The building of a distinctive corporate culture is another strategy mentioned by Markos and Sridevi. By this, a culture of mutual respect is promoted and success stories are told and kept alive within an organisation. Top-performing employees should be focused on as this contributes to staff retention and organisational success.

Lockwood (2007:9) recommended strategic actions for HR divisions in organisations in order to strengthen engagement. The author said that managers must ensure clear and consistent communication of organisational goals and objectives and establish practices and policies that stimulate a workplace culture of employee engagement. Daily work should be aligned with organisational goals and open dialogue between employees and senior management

must be maintained. Managers whose behaviour fosters employee engagement should be rewarded and the needs and wants of employees must be attended to. Attempts must be made to gauge the level of employees' engagement and determine what works and what doesn't. Managers should be held responsible for the demonstration of organisational values and team members must be supported to achieve good results. All the while, employees' contributions must be known, and their contributions must be rewarded in a genuine way (Lockwood, 2007:9). Finally, Lockwood (2007:9) concluded that there would be increased turnover and declining efficiency, leading to low customer loyalty and reduced stakeholder value when the environment is not supportive of employee engagement.

This section discussed key aspects concerning the construct of employee engagement. The next section focuses on the concept of employee job satisfaction, specially focusing on its definitional issues, importance, theories, determinants, impact on employee performance and other relevant aspects relating to it.

4.3 DISCUSSING THE CONCEPT OF JOB SATISFACTION

4.3.1 Introduction

According to Wadhwa, Verghese and Wadhwa (2011:109), motivating employees to be productive at work and increasing their feelings of job satisfaction remains one of the most pressing problems faced by organisations across the globe. Singh and Jain (2013:105) argued that workers who are happy are also productive within their organisations. Similarly, workers whose productivity is satisfactory are likely to be happy. These authors stated that "employee job satisfaction is, therefore, essential to face the dynamic and ever-increasing challenge of maintaining productivity of the organisation by keeping their workforce constantly engaged and motivated" (Singh & Jain, 2013:105). They expressed that the level of job satisfaction has various influencing factors such as the promotion system, the job itself, pay and other benefits such as rewards, the quality of working conditions and perceived fairness within an organisation. People working in organisations and those studying organisations find job satisfaction studies "a topic of wide interest to them" (Singh & Jain, 2013:105). Similarly, Dalluay and Jalagat (2016:739) explained that job satisfaction is an important determinant of performance. Singhai, Dani, Hyde and Patel (2016:66) insisted many organisations today see job satisfaction improvement amongst their important missions. The most crucial objective of every organisation is measurement of staff satisfaction. These authors also stated that for

achievement of this objective, the job satisfaction concept should be transparent and clear (Singhai *et al*., 2016:66).

4.3.2 Defining Job Satisfaction

Kabir and Parvin (2011:115) showed that there is still confusion in defining the concept of job satisfaction. Job satisfaction was described by these authors as "how content an individual is with his or her job" (Kabir & Parvin, 2011:113). They stressed that the people who are happier within their jobs are said to be more satisfied within the organisation. Correspondingly, Nath Gangai & Agrawal (2015:271) explained that researchers vary when defining the job satisfaction concept even though the concept has been widely researched. Likewise, Zhu (2013:293) pointed out that job satisfaction has various definitions and the concept has in recent years aroused wide attention, particularly from the social, management and psychology fields. Zhu (2013:294) pointed out that "Hoppock in the year 1935, in his doctoral thesis titled '*Job Satisfaction'*; described job satisfaction as the employees' subjective reflections to working or the subjective feelings about their working environment". Hoppock's thought was that job satisfaction as a concept was a subjective evaluation of the working environment as well as the job, psychologically and physically. Zhu (2013:294) explained that in 1976, Locke defined job satisfaction "as the positive and pleasant effective state, which an individual holds about his or her job". According to Zhu (2013:294), Lussier in 2005 defined job satisfaction "as the employees' overall attitude to the work". Job Satisfaction is defined by Singhai *et al.* (2016:66) as "the difference between the quantum of rewards received by employees and the amount they believe they should receive". These authors stressed the importance of achieving job satisfaction and concluded in their study that "satisfied staff have characteristics of responsibility, positive feelings, commitment and positive attitude" (Singhai *et al.*, 2016:67).

Singh and Jain (2013:105) defined job satisfaction "as a collection of positive or negative feelings that an individual holds toward his or her job. Job satisfaction is the amount of pleasure or contentment associated with a job and is part of life satisfaction". According to Singh and Gupta (2012:517), job satisfaction is "simply how people feel about their jobs. It is the extent to which people like (satisfaction) or dislike (dissatisfaction) their jobs, and it can also be a reflection of good treatment and an indicator of emotional well-being". Likewise,

Gaur and Saminathan, (2018:881), alluded to the fact that, inferior services are likely to be provided by disgruntled employees, and therefore, it is imperative that managers focus on job satisfaction of employees Also, (Gaur & Saminathan, 2018:881) stipulated that, "every employee needs to be treated respectfully and fairly equal. Job satisfaction is reflection of fair organisational treatment. Job satisfaction is also indicator of emotional well-being". These scholars points out that, "job satisfaction means employee's general attitude towards job. It is used to show how much an individual feels connected with his job and working environment" (Gaur and Saminathan, 2018:882).

For the purpose of this study, the definition by Singh and Jain (2013:105) is adopted. They defined job satisfaction "as a collection of positive or negative feelings that an individual holds toward his or her job." Again, job satisfaction is also defined as "the amount of pleasure or contentment associated with a job and is part of life satisfaction" (Singh and Jain, 2013:105). Additionally, the definition by Singh and Gupta (2012:517) is also adopted for this study. These authors defined job satisfaction as "simply how people feel about their jobs. It is the extent to which people like (satisfaction) or dislike (dissatisfaction) their jobs, and it can also be a reflection of good treatment and an indicator of emotional well-being". It is an important indicator of how employees feel about their jobs and predicts the work behaviours". This section defined the concept of job satisfaction, and in the next chapter the importance of employee job satisfaction is discussed.

Job Satisfaction is defined by Sepahvand, Pirzad, and Rastipour, (2015:46) as "…emotional enjoyable mood that originated from a person attitude, emotional reaction and evaluation toward job". Job satisfaction is described as job joy, better job performance, sensation and happiness for work and getting reward for a person's attempts.

4.3.3 The Importance of Job Satisfaction

Singh and Jain (2013:107) discussed the importance of employee satisfaction for the organisation and for the employees. Firstly, job satisfaction is important because it enhances employee retention. Productivity is increased and there are increased levels of customer satisfaction. Turnover, recruitment and training costs are to be reduced with higher job satisfaction and wastage and breakages are reduced. Furthermore, accidents will be minimized, absenteeism will be reduced and customers' loyalty and satisfaction will be enhanced. Organisations will have more energetic employees, team work will be improved

and because of competent and energised employees, products or services of a higher quality will be offered. Job satisfaction is also linked to an improvement in corporate image (2013:107). Secondly, the importance of job satisfaction for the employees will be evident when: employees' commitment to the organisation has been improved; more productive work is carried out; superior value has been created and delivered to the customer or clients, (or patients in the health sector); the quality of work is at the hearts of employees; employees believe that in the long run working for the organisation will be satisfying (Singh & Jain, 2013:107).

4.3.4 Determinants of Job Satisfaction

Daud (2016:208) emphasised that the satisfaction of employees must be continuously ensured by organisations striving to be successful. According to Kabir and Parvin (2011:113), a person's level of job satisfaction can be influenced by a variety of factors or determinants such as the ones shown by the researcher in Figure 4.5 in the next page.

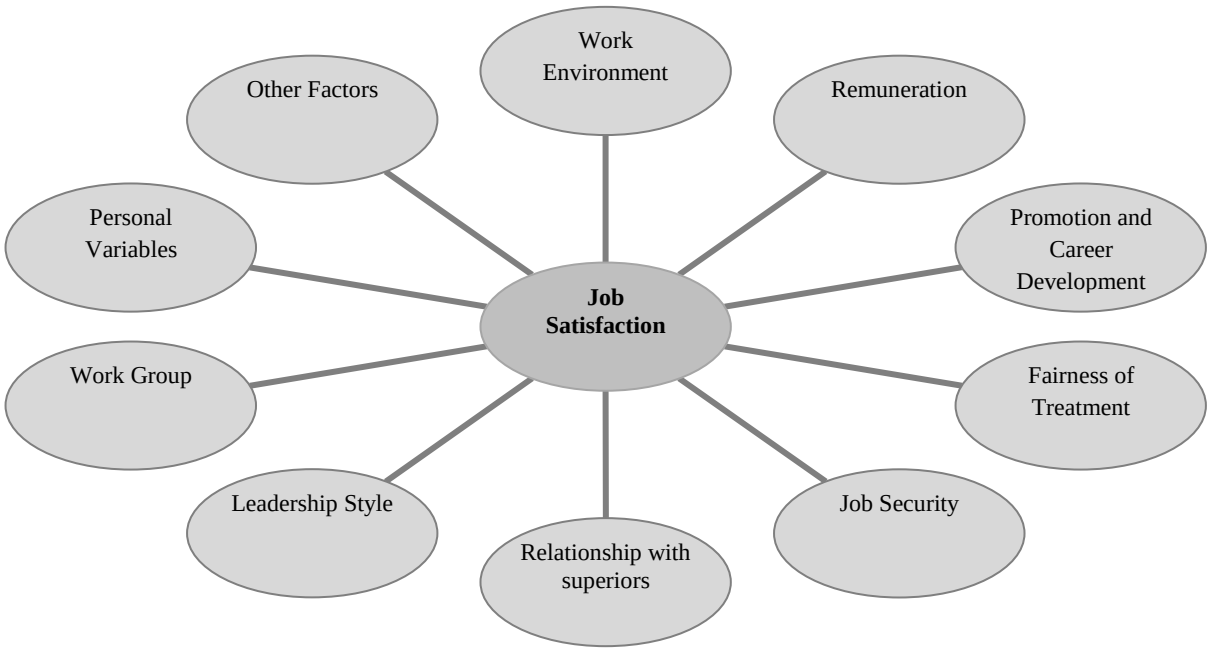

Figure 4.5: Factors or Determinants of Employees' Job Satisfaction

(Source: Compiled by Author)

The factors or determinants of job satisfaction are discussed as follows: firstly, the Work Environment: Singh and Jain (2013:108) say that working conditions should provide employees with a feeling of comfort, motivation and safety which should be achieved through working methods. These are neat and clean office spaces, rest areas and washrooms,

tools, equipment, etc. Kabir and Parvin (2011:119) postulated that in organisations with good work conditions and work environments would witness a situation where employees give of their best and this can enhance their performance. According to these authors it is important to find elements or dimensions which form part of the physical environment - especially when defining or describing the physical environment (Kabir & Parvin, 2011:119). Secondly, Remuneration: Quasim, Cheema, and Syed (2012:34) maintained that one cannot deny the fact that one of the very influential determinants of job satisfaction is monetary reward or pay. Equally, Kabir and Parvin (2011:119) explained that a good motivator for employees is money because at the end of the day all employees need money and work for money. Increasing employees' salaries can affect employees' job satisfaction as well as the quality of services and organisational performance (Kabir & Parvin, 2011:119). Thirdly, Promotion and Career Development. Quasim *et al.* (2012:35) stated that in comparison with other determinants such as recognition and achievement, promotion seems to impact positively on employees' job satisfaction. Singh and Jain (2013:107) stressed that promotion which delivers more pay, authority, independence as well as status is regarded as a significant achievement an employee's life. Fourthly, Fairness of Treatment. Quasim *et al.* (2012:35) pointed out that Adams (1965) claimed that "individuals first assess the ratio of their contribution (input) to the resulting economy or social compensation (output) and then compare the ratio with that of others. Receiving comparatively both too much (overcompensation) and too little (undercompensation) is evaluated as unfair; according to equity theory". Consequently, the unfairness can be reduced by individuals who decide to work less or give less output and even steal from the organisation (Quasim *et al.*, 2012:35). Fifthly, Job Security. It was argued by Singh and Jain (2013:107) that when employee's job security level is high there is a low probability of employees losing their jobs in the near future. According to Singh and Jain (2013:107), job security is "an employee's assurance or confidence that they will keep their current job". The sixth factor for job satisfaction is the employee's relationship with superior authority. The ideal is employees experiencing good working relationships with their superiors or supervisors, where superiors consistently provide professional inputs, constructive criticism and fair treatment (Singh & Jain, 2013:108).

The seventh factor is the style of leadership. A democratic style of leadership greatly enhances employee job satisfaction and promotes an environment where there is friendship, respect and good working relationships (Singh & Jain, 2013:108). The eighth consideration is

that of the work group. Singh and Jain (2013:108) emphasised the importance of employee interaction with others and the formation of work groups within an organisation. They shared the view that employees' isolation would result in their disliking their jobs and this would result in job dissatisfaction. A ninth factor is personal variables such as age, education, employee expectations, employees' personalities and gender differences. Understanding these could help in motivating employees to work more effectively and efficiently (Singh & Jain, 2013:108). The tenth consideration is other factors such as continuous feedback, employee encouragement, feeling like part of the family at work and access to things like new technologies and the internet. The next section discusses the impact of job satisfaction impact on employee performance.

4.3.5 The Impact of Job Satisfaction on Employee Performance

Satisfaction and productivity must be considered when looking at the impact of job satisfaction on performance. Singh and Jain (2012:107) pointed out that the phrase "happy employees are productive workers" is a myth, and there are various researchers who state that "productive workers are likely to be happy". Additionally, Singh and Jain (2012:109) stated that organisations with higher worker productivity have more satisfied workers. Dissatisfied employees are likely to be absent from work more frequently, while satisfied employees are unlikely to miss work (Singh & Jain, 2012:109). Third, **s**atisfaction and turnover, in organisations where most of the employees are satisfied, chances of them quitting their jobs are minimal, and high performers will be retained (Singh & Jain, 2012:109). Fourth, satisfaction and workplace deviance, Singh and Jain (2013:109) argued that dissatisfied employees are more likely to create deviant behaviour and acts like stealing, tardiness and the abuse of substances. Fifth, **s**atisfaction and organisation citizenship behaviour (OCB), Singh and Jain (2013:109) stated that "satisfied employees who feel fairly treated by and are trusting of the organisation are more willing to engage in behaviours that go beyond the normal expectations of their job". Sixth, satisfaction and customer satisfaction, better customer services will be provided where employees are satisfied due to more friendly and responsive employees who strive to build long-term customer relationships (Singh & Jain, 2013:109). In this section of Chapter 4, the elements which have an impact on employees' performance were described. The strategies to improve employee job satisfaction are crucially important, and the researcher discusses them in the next paragraph.

4.3.6 Strategies to Improve Employee Job Satisfaction

As Singh and Jain (2013:110) pointed out, in order to satisfy employees, policy-makers' and managers' attention has been turned to provision of different kinds of facilities for their employees. It is therefore crucially important to continuously and consistently ensure that employees' satisfaction is improved through ways suggested by Singh and Jain (2013:9-10) and as discussed below.

Firstly, clear, concise and consistent communication is needed, according to Singh and Jain (2013:109); oftentimes most employees do not know about the organisation's mission, vision and objectives. It is therefore important to share valuable information pertaining to the organisation's positions, issues or challenges, progress reports etcetera, and to explain how these contribute to the employees and the organisation as whole (Singh & Jain, 2013:109).

Secondly, getting to know your employees and creating a team is necessary. The right employees with the right competencies or skills should be hired and a culture of trust and accountability should always be amongst the top priorities in an organisation (Singh & Jain, 201:109). Thirdly, there need to be training and other improvement programmes. An organisation should continuously and consistently provide education, training and coaching necessary for employees' success in the organisation (Singh & Jain, 201:109).

Fourthly, it is necessary to empower employees across the organisation. Employees should be allowed to give inputs on issues and appropriate decision-making should be pushed through making sure that employees are aware and know that an organisation trusts them – especially in doing their jobs to the best of their ability (Singh & Jain, 201:109). Fifth is the work itself. Employee job satisfaction can be achieved through job rotation, knowledge enlargement and job enlargement as well as by making sure that targets are accessible, especially for employees (Sign & Jain, 2013:110).

Sixth is fair compensation and benefits. Organisational compensation and benefits policies should be suitable and increase employee job satisfaction (Sign & Jain, 2013:110). Seventh is opportunity for promotion and career development. Organisations should promote employee development and reward high-performing employees to increase satisfaction. In addition, there should be room for innovative ideas and creativity in the organisation (Singh & Jain, 2013:110).

Eighth, it is necessary to monitor performance and reward for contribution. Positive contribution and behaviour should be rewarded appropriately and all employees should be encouraged to reach new performance levels and achieve individual and organisational expectations (Singh & Jain, 2013:110). Ninth is to provide regular, honest feedback. Employees should be given timeous or regular constructive feedback, especially regarding their performance or organisational performance, challenges affecting them as well as the organisation (Singh & Jain, 2013:110). Tenth is to provide the best equipment and safe working conditions. An organisation should make sure that adequate and functional tools and equipment are made available for both employees' and organisational success (Singh & Jain, 2013: 110). They stated that, "A good work environment and good work conditions can increase employee job satisfaction and the employees will try to give their best which can increase the employee work performance".

In view of the discussions on the concept of employee engagement and job satisfaction in the preceding sections, the focus of the next section turns into discussions on the concept of employee organisational commitment. That is, its definitional issues, approaches, antecedents, and ways to manage employee organisational commitment.

4.4 UNDERSTANDING THE CONCEPT OF EMPLOYEE ORGANISATIONAL COMMITMENT

4.4.1 Introduction

Dordević (2004:111) emphasised that there are changes which happen within organisations almost every day and most often organisations find themselves having to adapt to these changes. This author pointed out that, organisational changes will lead to employees' commitment decreasing due to factors such as job insecurity, stress, and low or decreasing employee morale. Dordević (2004:111) further postulated that a literature review shows that many authors emphasised the importance of organisational commitment and the serious attention it needs from managers in organisations, because of its use to predict behaviours such as absenteeism, low or high morale and employee performance. This author argues that commitment among employees is valued by organisations because there is an assumption that "committed employees engage in extra-role behaviours such as creativeness or innovativeness" (Dordević, 2004:111). According to (Dordević, 2004:111), organisational commitment is desirable since absenteeism; low job performance and lack of creativeness are costly to an organisation. Alkantani (2015:23) pointed out that organisational commitment's

importance led to many researchers like Angel and Perry, (1981), Kim (2001), Lo and Nyhan (1994), Lo, Ramayah and Min (2009) making efforts to research this phenomenon. Mousa and Alas (2016:33) postulated that when one understands the concept of organisational commitment, a clear explanation for "employees' anxiety, inefficiently and carelessness during work" can be given. Mahmood (2015:7) stated that, "When an employee gets committed to its organisation, it means he or she will put maximum efforts to make the organisation reach the top". Mahmood (2015:7) further expressed that achieving employee commitment is not an easy thing; hence it is extremely important to understand the concept specifically (what it means, its importance, drivers, and strategies to improve it). Leng *et al.* (2014:3) shared the view that, "A committed workforce is less likely to leave the organisation and is important for the organisations to achieve their desired goals". This section explores aspects relating to organisational commitment including its definitions, approaches, antecedents, and how managers can manage organisational commitment.

4.4.2 Defining Organisational Commitment

Organisational commitment's construct is arguably defined in different ways by different researchers in their fields of studies (Noraanzian & Khalip, 2016: 17). Similarly, Tabatabaei and Soleimanian (2015:525) explained that numerous definitions of organizational commitment exist. Saqer (2009:47) argued that from time to time the organisational commitment concept gains new conceptual definitions from various disciplines. Likewise, Allen and Meyer (1991:63) stated that, "Although there are many and varied definitions of commitment, they appear to reflect at least three general themes: affective attachment to the organisation, perceived costs associated with leaving the organisation and obligation to remain with the organisation". According to Hornby (2001:224), the term commitment means "willingness to work hard and give your energy and time to a job or an activity". Mousa and Alas (2016:34) pointed out that Haim (2007) explained organisational commitment as "…a rational behaviour of employees, designed to protect their occupational and employment assets in terms of salary and benefits and as a function of tenure". According to Noordin, Rahman, Rahim, Ibrahim and Omar (2011:117), "Persons committed to an organization are likely to want to serve it better, and costs commonly associated with human resources, such as absenteeism, turnover, and low motivation will be reduced". Organisational commitment is defined by Tabatabaei and Soleimanian (2015:525) as "…a state of mind which reflects the need, tendency, and commitment of an employee to remain in an organisation, and it goes

beyond a routine tasks, organisational goals, and relationships". This definition by Tabatabaei and Soleimanian (2015:525) is adopted for the purpose of this study.

4.4.3 Evolution of Organisational Commitment

Ghosh and Swamy (2014:5) pointed out that organisational commitment's evolution brought about categories of several theories and they are discussed as follows:

4.4.3.1 The Early Era: The Side-Bet Approach from Becker (1960)

Ghosh and Swamy (2014:5) pointed out that according to Becker's theory, the employees / employer relationship is "founded by behaviours bounded by a contract of economic gains". Employees' commitment is a result of some hiding side-bets or investments which are valuable to employees and these investments potentially render disengagement difficult (Ghosh & Swamy, 2014:5). These authors further stressed that according to Becker's theory, voluntary turnover is hugely predicted through organisational commitment. The side-bet approach was abandoned and had a significant influence on Meyer and Allen's scale (1991) - especially on the continuance commitment component (Ghosh & Swamy, 2014: 5).

4.4.3.2 The Middle Era: The Psychological Attachment Approach

During this era, psychological connections towards the organisations were developed because of a shift from tangible side-bets. Factors which are attributed to economic growth and affective influence included employee retention (Ghosh & Swamy, 2014:5). During this period Mowday, Steers and Porter (1979) as cited by Ghosh and Swamy (2014:5) defined commitment as "the relative strength of an individual's identification with and involvement in a particular organisation". Strong acceptance, participation and loyalty thus became organisational commitment's three components. The development of an organisational commitment questionnaire came into place. Its development was based on Porter's contribution in the field (Ghosh & Swamy, 2014:5). As they pointed out, the developed organisational commitment questionnaire had its own limitations which led to the introduction of a multidimensional model by Allen and Meyer (1984) and O'Reilly and Chatman (1986).

4.4.3.3 The Third Era: Multidimensional Approach

Ghosh and Swamy, (2014:5) explained that during this period some researchers including Alutto, Hrebiniak and Alonso (1973) and Ritzer and Trice (1969) questioned Becker's followers' scales which did not necessarily measure side-bets, but instead measured what is called "attitudinal commitment". Ghosh and Swamy (2014: 5) further explained that Alutto *et al.* (1973) and Ritzer and Trice (1969) argued that for side-bets to be measured in a more satisfactory manner, more indicators capable of analysing the number and magnitude of side-bets had to be employed. This criticism led to the development of two scales- namely: affective and continuance commitment (Ghosh & Swamy, 2014:5). This was seen as a significant improvement with regard to the organisational commitment questionnaire, as the affective commitment was designed to "assess the extent to which an employee presents the desire to remain a member of an organisation due to an emotional attachment to and involvement with that organisation" (Ghosh & Swamy, 2014:5). Additionally, the continuance commitment scale has been designed to "assess the extent to which an employee desires to remain a member of the organisation because of the awareness regarding the costs associated with leaving it" (Ghosh & Swamy, 2014:5). They pointed out that during 1990, Allen and Meyer introduced normative commitment which in the third component of their model. According to Ghosh and Swamy (2014:5), this third component "stems from the desire to remain a member of the organisation due to a feeling of obligation, which includes a sense of debt owed to a superior co-worker or the organisation as a whole". Allen and Meyer's three-component model of organisational commitment is depicted in Figure 4.5 overleaf.

According to Noraazian and Khalip (2016:17)**,** Meyer; Stanley, Herscovitch and Topolnysky (2002) expressed the developed three-component model is a dominant model in the field of organisational commitment research. The model's proposal is that employees experience organisational commitment through "simultaneous mindsets of affective, normative, and continuance organisational commitment" (Noraanzian & Khalip, 2016:17). Allen and Meyer (1991:67) postulated that "commitment is a psychological state that characterises the employee's relationship with the organisation, and has implications for the decision to continue or discontinue membership in the organisation". According to these authors, the psychological state is different and as a result, it is important to understand the three forms of organisational commitment which are described as follows:

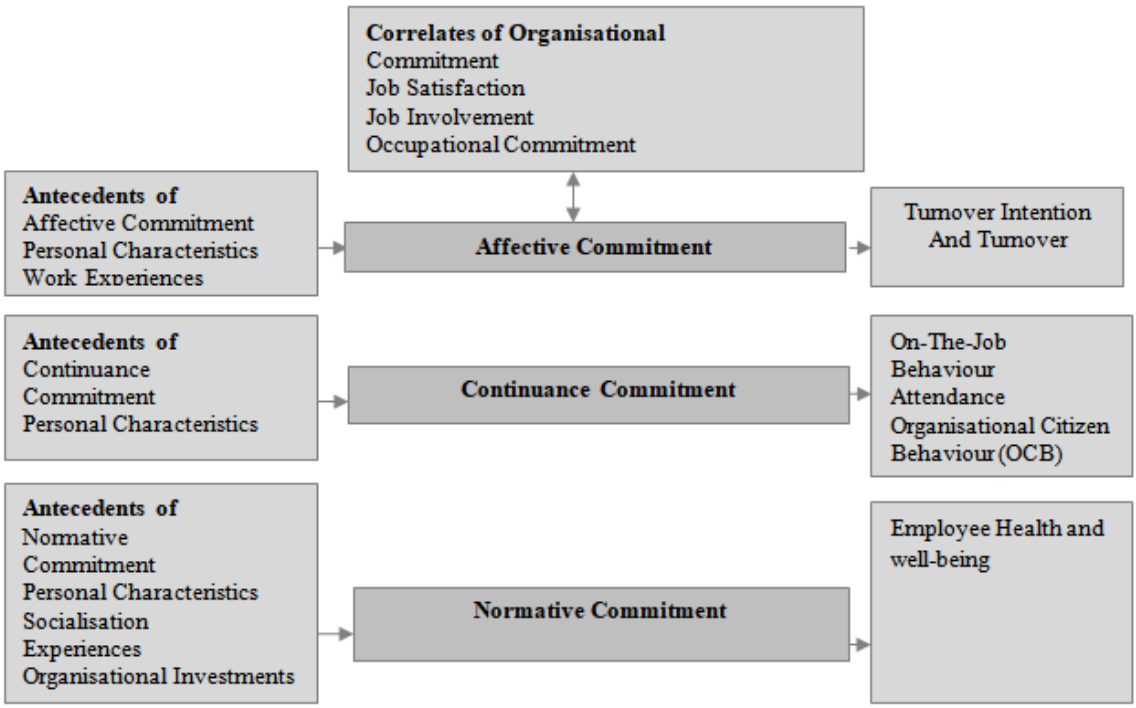

Figure 4.6: A Three-Component Model of Organisational Commitment (Source: Noraazian and Khalip, 2016:18)

Affective Commitment. According to Allen and Meyer (1991:67), this refers to "…the employee's emotional attachment to identification with, and involvement in the organisation". With regard to this form of commitment, employees choose to stay or continue working for the organisation simply because of strong affective commitment. Such employees stay because "they want to" (Allen & Meyer, 1991:67). Derdević (2004:112) explained that this component of organisational commitment comes from individuals, organisational values and goals' agreement. According to this author, the signs of affective commitment by individuals include their wish to remain in the organisation as members and belief in the organisation.

Continuance Commitment. Allen and Meyer (1991:67) stated that continuance commitment refers to "…an awareness of the costs associated with leaving the organisation". They explained that employees choose to continue working for the organisation simply because of "the need to do so". Derdević (2004:112) elucidated that factors leading to continuance commitment are many and include financial and non-financial investments, a perceived lack of job opportunities or alternatives, (especially outside of their current organisation).

Normative Commitment. This refers to "…a feeling of obligation to continue employment" (Allen & Meyer; 1991:67). This commitment component regards employees who continue to work for the organisation because "they ought to remain in it" (Allen & Meyer; 1991: 67). They further explained that the three forms of organisational commitment are "mutually exclusive" and, by contrast, an employee's experience to all three commitment forms will be reasonable to varying degrees. In addition, these authors pointed out that it was to be expected that the interaction of the three forms of commitment would influence behaviour (Allen and Meyer, 1991:68). Dordevic (2004:113) expressed that "organisational commitment is a dynamic, reciprocating concept too. This actually means that if the employees are committed to their organisation, they expect their organisation to be committed to them". Figure 4.7 represents this reciprocal relation.

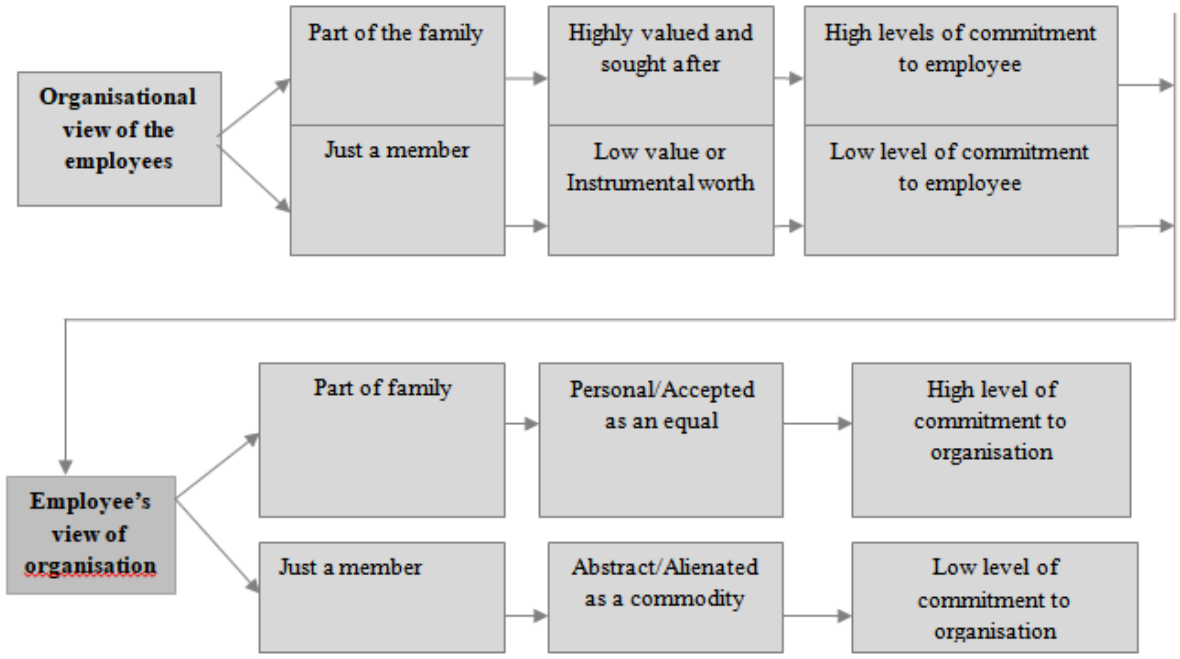

Figure 4.7: Psychological Attachment and Commitment: Organisation and Employee Viewpoints (Source: Gardner and Wright (1998) in Dordevic, 2004:113)

4.4.3.4 Model Based on Two Dimensions: Time and Style of Commitment

Some efforts to further understand the construct of organisational commitment had to be made due the fact that theories introduced in different periods had their own limitations. As a result, a model of two dimensions- time and nature - was then introduced (Ghosh & Swamy; 2014:7). The first dimension is: "time and commitment (pre-entry versus post-entry)". It is

argued that socialisation plays key role when it comes to employee engagement, especially before an employee joins a particular organisation. Personal values such as; job expectations, employees' beliefs and past work experience influence employees even before they join an organisation (Ghosh & Swamy, 2014:7). "The nature of commitment" is the second model. Ghosh and Swamy (2014:7), expressed that the nature of commitment shows two dimensions which are instrumental and affective. The instrumental nature of commitment is a motivational process of motivating employees, while the affective dimension's view concerns employees' past experiences or developed attitude that occurred through the socialisation process prior to joining the organisation (Ghosh & Swamy, 2014:7).

4.4.3.5 The Combined Influence of Affective Commitment, Continuance Commitment and Normative Commitment Approach

Ghosh and Swamy (2014:10) explained that Someres' study in 2009 found that work outcomes which were positive were associated with lower turnover intentions and psychological stress levels. These reflect the affective-normative-demand profile. Ghosh and Swamy (2014:10) further provided that Someres (2009) discovered that there were no differences among the commitment groups for late coming, and the continuance-normative group had the lowest levels of absenteeism.

4.4.3.6 The Era of Multiple Commitments

During this era, it was argued that a major loophole which emerged in the commitment literature was lack of emphasis on an individual's own experience of being committed (Ghosh & Swamy, 2014:10). During this period, research in the field of organisational commitment took into cognisance the individual's standpoint with regard to commitment through the introduction of the multiple commitments model. This model suggests that employees' experiences of commitment might differ significantly from one person to another (Ghosh & Swamy, 2014:10). Ghosh and Swamy (2014:11), concluded that there is a need to re-theorise commitment for it to represent multiple groups' commitments through incorporation of the macro organisational perspective, together with reference group as well as theories. In addition to these discussions, the researcher found it vitally important to include ways or mechanisms to improve and manage employee organisational commitment, and these are discussed as follows:

4.4.4 Ways and measures to improve and manage employee organisational commitment

Dordević (2004:116) highlighted that empirical evidence shows that the results which are valued the most by organisations are related to affective commitment. Camilleri (2002:23) recommended ways or mechanisms to improve affective commitment and they include the following: Fair treatment of employees in order to make them feel valued and appreciated. Ensure respect for employees and customers or clients (customer-oriented organisations). Ensure clear roles and responsibilities as well as expectations. These must be well communicated. Employee autonomy must be encouraged and supported through the development of stimulating jobs. Employees should be provided with high quality information, especially regarding existing policies and activities to be carried out. When an organisation is going through unplanned and tough situations, employees will likely feel insecure and wary of the situation; management must always communicate crisis situations and strategies or plans to deal with such situations.

Camilleri (2002:24) emphasised the importance of focusing on human resource management practices. These are firstly, recruitment and selection which talk to designing of recruitment strategies to increase or influence affective commitment. This includes provision of practical job previews and is crucial for employees to determine if the job meets their needs or not (Camilleri, 2002:24). Secondly, socialisation and training which relate to organisations providing training to their employees. This may increase employee commitment in a number of forms, for instance, employees might see the organisation as their suitable workplace due to continuous the training provided for them (Camilleri, 2002:24). Third, assessments and promotions. Camilleri (2002:24) emphasised the importance of fair and transparent processes, particularly with regard to employee performance assessments and promotions. According to this author, unfair assessment and procedures could lead to employees' affective commitment decreasing (Camilleri, 2002:24). Fourth, compensation and benefits. According to Camilleri (2002:25), there are two different ways to view compensation and benefits packages. Employee's continuance commitment would increase in an organisation where such an employee views the compensation and benefits packages as important. By contrast, affective commitment would increase in an organisation where employees perceive rewards as fair and transparent (Camilleri, 2002:25).

Dariush, Choobdar, Valadkhani and Mehralic (2016:643) emphasised the importance of paying close attention to measures of organisational commitment. Recommendations

proposed by these authors are: firstly, employee performance management, job security, establishment policies, payment-based performances, understanding of employees' needs and expectations, ensuring that employees and customers relationships are created and sustained, long-term planning, and successful and effective managers who have the ability to transform conditions.

Dordević (2004:117) stressed that "from an organisational point of view, employees' commitment is a valuable asset. It has a strong correlation with job performances, absenteeism, motivation, creativeness, etc". Having deliberated on the concepts of leadership, employee engagement, job satisfaction and organisational commitment in Chapters 3 and 4, the author summarises literature review as follows.

Meyer and Allen (1997) cited by Nath Gangai and Agrawal (2015:270) stipulated that "individuals who have strong affective commitment remain in the organisation because they feel they want to, some with a stronger normative commitment remain because they ought to, and those with strong continuance commitment remain because they need to".

Having discussed the concept of leadership in Chapter 3, and employee engagement, job satisfaction and organisational commitment in this chapter, the focus is now on key findings by other researchers in their studies related to this study.

4.5 SUMMARY OF KEY FINDINGS FROM PREVIOUS STUDIES RELATED TO THIS STUDY

This section presents what other researchers have explored in the field of leadership, employee engagement, job satisfaction and organisational commitment. In view of limited literature on the influence of managerial leadership styles on the three mentioned constructs, particularly in the public health sector, this next section discusses what other scholars explored in different sectors such as education, hospitality, construction, mining, etc in South Africa and other parts of the world. Key findings are discussed in the following sequence: firstly, the discussions are on the impact of leadership styles on employee engagement, secondly, deliberations turn to the impact of leadership styles on employee job satisfaction, and lastly, the focus is on the impact of leadership styles on organisational commitment.

4.5.1 The Impact of Leadership Styles on Employee Engagement

The study by Bin Shmailan (2016) showed that it is good for management to understand what motivates their employees and what they need as individuals. Additionally, this author found that employees as "ambassadors for their organisations" are looking for meaningful work, safety and available superiors (Bin Shmailan; 2016). Loehr (2005) in Ndethiu (2014:1) stressed that both the organisation and its individuals benefit from engagement through enhanced physical health, happiness, increased enthusiasm and better value to the employer. Ndethiu (2014:2) explained that Crabtree and Robinson (2013) argued that the benefits of engaged employees includes employee's positive contribution to the organisation through attraction and retention of customers, innovative ideas and the spread of positivity to co-workers.

Blessing White's Employee Engagement Report (2011) revealed that "fewer than 1 in 3 employees worldwide (31%) are engaged and nearly 1 in 5 (17%) are actually disengaged". According to Blessing White (2011:2), when comparing engagement levels in early 2008 and mid-2010, the engagement levels remained roughly stable around the world. The report showed that employees who are likely to be engaged are in fact the ones in positions of power and authority, and long-term employees with more than seven years of working for a particular organisation. The study stipulated that "trust in executives have more than twice the impact on engagement levels than trust in immediate managers does". Blessing White's explanation in the report (2011) is that numbers from past studies show that between immediate managers and the executives in an organisation, employees are more likely to trust their immediate managers.

Ndethiu (2014) in the study to determine the effects of leadership styles on employee engagement in an international bank with substantial operations in Kenya, found that respondents were free to express themselves in the workplace and were valued as individuals to a great extent. Furthermore, Ndethiu's study (2014) discovered that the assignment of tasks to respondents afforded them opportunities to utilise their skills and talents. Ndethiu concluded that employee's beliefs about their organisations and work conditions are clearly influenced by leadership styles. This author further found transformational and authentic leadership styles to be "the most engagement-friendly leadership styles", and therefore, the author recommended these styles to improve employees' productivity and to enhance individual and organisational performance (Ndethiu, 2014).

Femi and Chukwubueze (2015) in their study "to know the relationship between management style and worker's productive; and also to examine how incentives can influence workers' productivity", found the democratic management style as the dominant management style, followed by the autocratic management style and then the laissez-faire style. The study also found that 34.81% of respondents were always involved in decision-making; 27.4% of respondents were not involved in any decision-making within the organisation. Moreover, 27.8% of respondents were only occasionally involved in decision-making. The study also found that involvement of workers in decision-making leads to increased productivity.

Gigaba (2015) in the study "to identify leadership styles that leaders could adopt in order to improve employee engagement in the mining industry", where analysis of three leadership styles - namely, transformation, transactional and laissez-fair was carried out, found that transformational leadership was the supervisors' prominent style. This was followed by transactional leadership and then the laissez-fair style. Transformational leadership was found to be the most effective with regard to improving employee engagement (Gigaba, 2015).

In the study by Claassen (2015) which aimed "to analyse the impact of leadership styles (transformational, transactional and laissez-faire) and employee engagement on job satisfaction of salespeople in the South African speciality chemical industry", respondents felt that an ideal leadership style emerges from combining the transformational and transactional leadership styles. Claassen (2015:79) pointed out that existing literature supports this finding. Furthermore, Claassen's study (2015) found that 47.5% of the respondents agreed to "leadership of the organisation to be engaged"; 27% was not sure, and 25.4% said no (meaning they perceived leadership of the organisation not to be engaged). Claassen (2015) concluded that for the fact that 27.5% of respondents were not sure about leadership engaging them and 25.4% perceived leadership not to be engaged, meant that more than 50% of employees in that organisation (52.5%) either perceived leadership as disengaged or they were unsure. This was seen by Claassen (2015) as a worrying situation that needed urgent attention. Additionally, respondents in the Claassen's study were asked to express what they perceived as an ideal leadership style that a manager should possess. The following characteristics were identified by respondents in Claassen's study (2015): "Role-model, Motivational, Inspirational, Respectful, Participation, Leading by Example, Innovative, Reward and Recognition, Punishment, Support, Encouragement, Employee

Development, Servant Leadership, Trust, Communication, Ethical Leadership, Professionalism, Fairness, Transformational and Transactional Leadership".

Most important, the research study conducted by Rama Devi and Lakshmi Narayanamma (2016) found a significant positive correlation between transformational leadership and employee engagement as well as between transactional leadership and employee engagement. What is more, Rama Devi and Lakshmi Narayanamma (2016) showed that when transformational leadership was compared to transactional leadership style, a better predictor of employee engagement was found to be transformational leadership.

4.5.2 The Impact of Leadership Styles on Employee Job Satisfaction

Tabatabaei and Soleimanian (2015:524) stipulated that "survey results in organisations prove that the impact of leadership on job satisfaction is still unknown, and leaders need to know how satisfied and committed their employees are". Oliver (2012:105) elucidated that a limited amount of research to understand how employees can be effectively engaged by their leaders exists. Fang (2010) cited by Tabatabaei and Soleimanian (2015:524) however, emphasises that leadership styles impact significantly on job satisfaction and performance, and play a critical role in determining organisational success or failure. Hofmeyer (1997) in Mmamokgothu (2011:57) posits that the supervisor's role is important, especially for subordinates' satisfaction and well-being within an organisation. It is further stipulated in Mmamokgothu (2011:57) that "a good manager-subordinates relationship can counteract other frustrations experienced by subordinates and overall satisfaction is often related to the strength of the relationship between manager and subordinates".

The study on "the influence of leadership styles on employees' job satisfaction in public sector organisations in Malaysia" by Voon *et al.* (2011) found that the leadership style which had a positive relation with job satisfaction was the transformational style of leadership. At the same time, the transactional leadership style was found to have a negative relationship with job satisfaction in government organisations (Voon *et al.*, 2011:29). Oliver's study (2012) showed a statistically-significant and direct correlation between all engagement dimension - namely vigour, dedication, absorption and transformational leadership. The study revealed that only two dimensions of employee engagement (dedication and absorption), were positively predicted by transformational leadership. Consequently, this author also found that transformational leadership has a greater role with regard to employee engagement

prediction than transactional leadership does (Oliver, 2012). In the study by Casida and Parker (2011) with the aim "to explore the correlations of leadership styles of Nurse Manager and outcomes", it was revealed that, there was a strong correlation between leader's extra effort, leadership satisfaction, and leadership effectiveness and transformational leadership style. Additionally, transformation approach was found to be leadership outcomes predictor (Casida and Parker, 2011). Nevertheless, the study by Casida and Parker (2011) found a week correlation between transactional leadership and leader's extra effort, leadership satisfaction and leadership effectiveness, and also leadership outcomes were not predicted by the transactional style of leadership. The study by Al-Albabheh (2013) with the title "the leadership style of managers in five-star hotels and its relationship with employee's job satisfaction", found the democratic style as the prevalent leadership style among managers. Additionally, Al-Albabheh (2013) found a positive relationship between the democratic and laissez-faire leadership styles and job satisfaction. This author concluded that employees' job satisfaction could be enhanced by managers through the adoption of appropriate leadership styles (Al-Albabheh, 2013).

The study by Shafie *et al.* (2013) showed a significant correlation between the transformational style of leadership and employee performance. These authors explained that training was found to be leading to reinforcement of leadership style such as transformational leadership (Shafie *et al.*, 2013). They concluded that greater use of the transformational style of leadership by managers leads to more employees' performance being increased. Rahman Ahmad, Mohd Adi, Noor, Abdul Rahman and Yushuang (2013) in their study "investigating the transformational and transactional leadership styles in the health sector", found a strong relationship between job satisfaction and transformational leadership style. Furthermore, these authors found the relationship between nurses' job satisfaction and transactional leadership to be very weak (Rahman Ahmad *et al.*, 2013).

Arzi and Farahbod (2014) in the study "to investigate two types of leadership styles, namely transformational and transactional leadership in the hospitality industry of Iran", found that amongst the five transformational leadership components (inspirational communication, vision, intellectual stimulation, supportive leadership and personal recognition), only three components had a significant impact on job satisfaction. Two components (inspirational communication and personal recognition) were found not to have an impact on job satisfaction (Arzi and Farahbod, 2014). These authors emphasised that an organisation should

concentrate on improving vision, supportive leadership and intellectual stimulation to improve job satisfaction. Additionally, Arzi and Farahbod (2014) discovered that transactional leadership dimensions - management expectations and contingent reward - also had a significant impact on employees' job satisfaction in the hospitality industry of Iran.

The study by Mtimkulu, Naranjee and Karodia (2014) which was aimed at "An examination of the extent to which different leadership styles impact employee motivation, performance and absenteeism at four selected hospitals in Eastern Free State, South Africa", found that autocratic leadership was prevalent in the selected hospitals in the Free State. Furthermore, the study also revealed that leadership styles which were less frequently used were democratic and participative styles (Mtimkulu *et al.*, 2014). Transactional or transformational leadership styles were not indicated by respondents (Mtimkulu *et al.*, 2014:68).

Javed *et al.* (2014) found that transactional leadership was the most common leadership style in Pakistan's private banking sector. These authors also found that transactional leadership could increase job satisfaction of employees as the style was found to be having a positive relationship with job satisfaction (Javed *et al.*, 2014). The study by Sarwar *et al.* (2015) found a positive correlation between job satisfaction and two types of leadership (transformational and transactional leadership styles). Furthermore, the study found both leadership styles impacted on job satisfaction but that transformational leadership had a greater impact (Sarwar *et al.*, 2015).

Siddique (2015) in the study "to evaluate the transactional and transactional leadership styles that affect job satisfaction of employees in Malaysia's public sector" discovered the relationship between transformational leadership and job satisfaction to be positive. Furthermore, Siddique (2015) found a negative relationship between transactional leadership style and job satisfaction. This author concluded that the suitable leadership style for government organisations is transformational leadership style. Yalew (2016) found a positive relationship between both transactional and transformational leadership styles and job satisfaction. Yalew (2016), like Siddique (2015), showed a solid relationship between transformational leadership and job satisfaction. Dalluay and Jalagat (2016) in their study discovered a strong impact of participative or democratic style of leadership on employee job satisfaction. They found the laissez-faire leadership style to have the lowest correlation with employee job satisfaction. The study by the Society for Human Resource Management

(SHRM) in the United States of America revealed five top contributors to employee job satisfaction. These were:

1. Respectful Treatment: The SHRM report (2016:6) showed that 67% of rated respondents rated respectful treatment of all employees at levels as very important. The report further provided that when employees feel appreciated, especially for their time and effort, a bond between employees and organizational management is created (SHRM Report; 2016:6).

2. Overall Compensation or Pay: 63% of employees rated this factor as their most significant contributor to job satisfaction.

3. Overall Benefits: 60% of employees rated this contributor as an important contributor to one's job satisfaction.

4. Job Security: 58% of employees cited job insecurity as very important.

5. Opportunities to use skills and abilities where there is trust between employee and senior management. The report showed that 55% of employees rated workplace factors such "opportunities to use skills and abilities, trust between employees and senior management" as very important to their job satisfaction.

As discussed in the SHRM Report (2016:7), job satisfaction contributors are dependent on changing conditions and as a result can fluctuate. Organisations should therefore not rely solely on these factors, as this can result in lower levels of job satisfaction. The study by Konstantinou and Prezerakos (2018), with the aim "to examine the relationship between leadership style of nurse managers and nurses' job satisfaction in a Greek NHS Hospital", revealed that professional nurses preferred the transformational leadership style. Correspondingly, Ramey's study (2002), with the purpose "to examine the relationship between perceived leadership styles of Nurse Managers and job satisfaction of Registered Staff Nurses in hospital settings located in an Appalachian State", revealed that transformational leadership style was significantly preferred by registered staff nurses who worked in hospitals in Appalachian State. Also, the study by Ramey (2002) found a positive relationship between perceived transformational style of leadership and job satisfaction of Registered Nurses who worked in hospitals in Appalachian State. Conversely, a negative

influence between Registered Nurses' job satisfaction and transactional leadership style was ascertained (Ramey, 2002).

4.5.3 The Impact of Leadership Styles on Employee Organisational Commitment

Babalola (2016:937) indicated that there are many studies which relate leadership styles and organisational commitment. Robins (2005) in Babalola (2016:937) explained that development of subordinates' trust in management and commitment is influenced when an appropriate leadership style is adopted. Dale and Fox (2008) also cited in Babalola (2016:937) posited that "superiors that engage in leadership styles which support, respect, trust, and friendliness, are more likely to interact with employees on professional, emotional and spiritual levels". Dordević (2004:117) understood employee commitment as the most valuable asset. This author stated that a strong correlation between employee commitment and factors such as creativeness, employee motivation and absenteeism, and job performances exists. Suranga Silva and Mendis (2017:3) explained that many previous researchers affirmed a strong relationship between leadership style and employee commitment. They also found that work-related behaviours such as employees' attitudes, motivation and performance are influenced by leadership.

The next section of this chapter discusses key findings from previous studies regarding the influence of leadership styles on organisational commitment.

The study by Bučiūnienė and Škudienė (2008) in the manufacturing sector, demonstrated a positive relationship between a transformation leadership style and affective commitment. These authors also found that affected and normative comments were found to be having relationship with employees' satisfaction with their supervisors (Bučiūnienė & Škudienė, 2008). In the same study Bučiūnienė and Škudienė (2008) discovered that transactional leadership was less important than transformational leadership regarding followers' relation to organisational commitment. In addition, the laissez-faire style of leadership was found to have a negative impact on affective commitment. Saqer (2009) in the study, "to investigate the effect of leadership style on organisational commitment", found the perceived style of leadership as having a positive relationship with organisational commitment. The positive relationship was found to be stronger with regard to the transformational style of leadership than transactional leadership. In additional, the laissez-faire leadership style was found to have a negative relationship with organisational commitment, Saqer (2009). The study by

Senthamil and Palanichamy (2011) found the transformational leadership style to be the preferred style of leadership to be more closely related to employees' organisational commitment than transactional leadership. Bharatkumar's study (2011) found that there is no positive relationship between laissez-faire leadership and organisational commitment. Additionally, the transactional leadership style was found not to be "a significant explanatory variable for subordinate effectiveness and organisational commitment, as well as subordinates job satisfaction". Bharatkumar (2011) however found that the transformational leadership style was "a significant explanatory variable for subordinates extra effort, effectiveness, and satisfaction". The author concluded that the transformational leadership style (as compared to laissez-faire and transactional leadership styles), creates higher subordinates, extra effort, effectiveness and satisfaction.

Al-Yami, Galdas, and Watson (2017) in their study with the aim "to examine how Nurse Manager's leadership styles, and Nurse' organisational commitment in Saudi-Arabia relate", revealed that nurse managers leadership styles were viewed by nursing staff as both transformational and transactional. However, Al-Yami *et al*. (2017) found the transformational leadership style to be the most predominant style of leadership. Additionally, these authors found a significant relationship between Staff Nurse's organisational commitment and transformational leadership, and this indicated that when transformational leadership's characteristics are displayed by a manager, employees' commitment to their hospital becomes evident (Al-Yami *et al.,* 2017). In the same way, the study by Chowdhury and Gopal (2014) which was aimed "to examine how leadership style influences an employee's commitment in the oil company of India" found that the leadership style which most motivates employees is the transformational style of leadership. These authors however, found both transformational and transactional styles of leadership to be having positive correlations with employee commitment. In contrast Chowdhury and Gopal (2014) found a negative correlation between the laissez-faire leadership style and employee motivation. This meant that employees were dissatisfied with laissez-faire leadership. Tabatabaei and Soleimanian (2015) in their study to investigate the relationship between organisational commitment and job neglect tendencies in employees of Isfahan University found a significant positive impact of ethical leadership on organisational commitment. Additionally, these authors found a significant negative impact of organisational commitment on job neglect tendencies (Tabatabaei & Soleimanian (2015). Job neglect is defined in Tabatabaei and Soleimanian (2015) as "employee's decision to leave an organisation and

seek employment elsewhere". Nath Gangai and Agrawal (2015), whose study aimed at, "examining the relationship between organisational commitment and job satisfaction among employees in India", discovered a highly significant correlation among factors of organisational commitment. Furthermore, Nath Gangai and Agrawal's study (2015) showed that continuance and normative commitments among the three dimensions of organisational commitment, were found to have significant correlations with job satisfaction.

The results of the study by Mahmood (2015) showed that transactional and transformational leadership styles could impact positively or negatively on organisational commitments. Regarding transactional leadership, Mahmood's study (2015:94) revealed that "if a leader is positive and his intention is to fulfil his role as part of the organisation then he or she will play an active role in motivating the employees and use power distance in the most normative way". The negative effect as explained by Mahmood (2015:94) would be experienced "if the transactional leader has a personal and self-beneficial approach then he or she can fail to make his or her subordinates connected and committed to the organisation". The author found that it could be beneficial to use the transformational leadership style, but that there were also risks associated with it. Mahmood's study (2015) found that "in a positive approach, when transformational leaders try to bring creativity and sense of responsibility in teamwork, then it is very likely to commit the employee and cohere them with the organisation". Mahmood (2015), "in a negative approach, when a leader becomes tolerant and more lenient in a situation where he or she is supposed to manage motivation and power distance, then employees who are weak performers can take it easy and thus it will weaken the performance of the organisation which in the long run will affect the commitment". Motivation is defined by Griffin and Moorhead (2011) in Mahmood (2015:14) as "a positive energy that drives a person towards the attainment of goals. It measures the level of persistence that one has in order to achieve some objective and it focuses on how an individual can manage his or her morale along with the maximum level of effort in order to attain the desired output". Power distance is defined by Hofstede (1980) in Mahmood (2015:13) as "the degree of inequality among more powerful and less powerful people representing a particular society and how their behaviours can affect the whole wellbeing of a society". Furthermore, Mahmood (2015) found that employees who followed the normative approach had more motivational grounds and were easily controllable. By contrast, those who followed the affective and continuance approaches had their own grounds for choosing to stay or leave the organisation. These two

approaches were found to be having insignificant effects with regard to motivation and power distance (Mahmood, 2015).

Khumalo (2015), in the study which sought "to determine the relationship between leadership styles and organisational commitment in the gas industry of South Africa", found democratic and transformational leadership styles as the dominant styles used by managers. The study found that leadership styles do have an influence on organisational commitment; however, the type of leadership style determines the extent of the influence and whether the influence is positive or negative. An example given by Khumalo (2015:65) is that where the use of leadership styles such as "democratic, laissez-faire, transformational or charismatic" is encouraged, employees will voluntarily comply with policies and instruments. Conversely, "where the autocratic leadership style is used, there is bound to be resistance or rebellion because employees are forced or coerced to comply" (Khumalo, 2015: 65). Furthermore, the study discovered that most employees were satisfied with democratic and transformational leadership styles. Management's working relationship with employees was found to be healthy and transparent. The author concluded that since organisational commitment is influenced by the type of leadership style, the correlation between leadership styles and organisational commitment exists.

The study by Dariush *et al.* (2016) found leadership style to have a significant and positive influence on organisational commitment. In addition, their study found a positive relationship between the transformational style of leadership and the affective component of organisational commitment. Their study further showed a very weak but positive correlation between the transformational leadership style and continuance commitment (Dariush *et al.*, 2016). By contrast, Dariush *et al.* (2016) discovered that the transactional style of leadership had a positive and significant correlation with continuous and normative commitments. The authors pointed out that the correlation between the transactional style of leadership and affective commitment was yet to be confirmed (Dariush, 2016).

In a study related to the education sector by Mousa and Alas (2016), it was found that employees' (teachers) affective and continuance commitments were lower than their normative commitment. They also found that the employees' main determinants of organisational commitment were identified as uncertainty issues, organisational culture traits, culture diversity aspects and workplace spirituality dimensions. These authors concluded that employees (teachers) felt the obligation to continue working in their schools, and hence were

committed to their organisations. The authors argued that where employees' feel that their personal values and those of an organisation are the same, they will be committed to the organisation.

Babalola (2016) conducted a study which was set "to investigate the influence of supervisor-employee relationship, perceived leadership style, and job satisfaction on organisational commitment and job performance". This found that organisational commitment was significantly influenced by job satisfaction, the supervisor-employee relationship and the laissez-faire leadership style. Transformational leadership style was found to have a significant influence on job performance (Babalola, 2016). In the study by Rama Devi and Narayanamma (2016), both transactional and transformational leadership styles were found to have an influence on employee engagement. Additionally, the study discovered a stronger relationship between transformational leadership and employee engagement than with the transactional leadership style.

Suranga Silva and Mendis (2017) in their study "to find empirical evidence of relationship between transformational, transaction and laissez-faire leadership styles and employee commitment in the insurance sector of Sri Lanka" found transformational leadership to be the most suitable style to use in organisations experiencing high labour turnover. These authors also found that both transformational and transactional leadership styles have significant positive relationships with organisational commitment (Suranga Silva & Mendis, 2017). Furthermore, they found a negative relationship between the laissez-faire leadership style and organisational commitment. Equally, Chekole (2015) found a strong and significant positive relationship between the transformational leadership style behaviors of trust, generating enthusiasm, encouraging creativity, inspiring a shared vision, coaching and recognition of accomplishments, with employee commitment.

The study by Ramogale (2016) which was aimed at "…explaining the relationship between organisational commitment, job satisfaction, and turnover intention of employees in the Department of Rural Development and Land Reform", found the relationship between job satisfaction and organisational commitment, and turnover intention to be negative. Ramogale's findings were inconclusive, as there was no evidence to show that an increase in the level of job satisfaction and job commitment resulted in a decrease in turnover intention. Ramogale (2016) also found good working relationships between employees, and good

working conditions, and implementation of organisational policies. However, the author found that employees were dissatisfied with their salaries or pay.

In addition to the above previous findings on the influence of leadership styles on employee engagement, job satisfaction and organisational commitment, the researcher also briefly discusses the findings by Mmamokgothu (2011) who explored "the views of social services professionals regarding the impact of leadership on the delivery of services in the then LDoH and Social Development". Mmamokgothu (2011) found leadership to be poor and her study reveals that leadership in the then LDoH and Social Development was regarded as "having no direction". Her study also discovered that those who were comfortable with leadership made recommendations for regular leadership workshops and training sessions in the department (Mmamokgothu, 2011).

She found that specific leadership problems were "favouritism, poor leadership skills and knowledge, lack of sufficient office space, inadequate facilities and resources, political influence and a communication gap between subordinates and leadership". The researcher has comprehensively discussed the concepts of leadership (which is an independent variable in this study) and employee engagement, job satisfaction, and organisational commitment (which are dependent variables in this study). The researcher gives a diagrammatic summary of these concepts in Section 4.6 and Figure 4.8.

4.6 SUMMARY OF LITERATURE REVIEW ON THE CONCEPTS OF LEADERSHIP, EMPLOYEE ENGAGEMENT, JOB SATISFACTION AND ORGANISATIONAL COMMITMENT

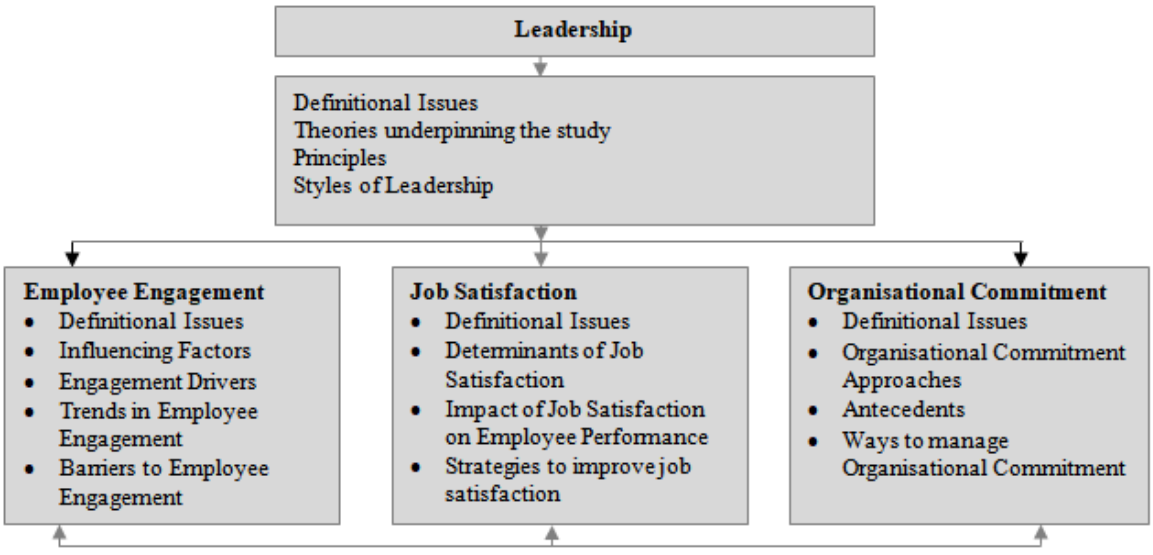

Figure 4.8: Summary of Literature Review on Leadership, Employee Engagement, Job Satisfaction and Organisational Commitment (Source: Adapted from Previous Studies)

Figure 4.8 shows what the researcher has discussed in chapters three and four. Leadership as an independent variable is depicted at the top of the figure and the three dependent variables are shown at the bottom of Figure 4.8. Key aspects discussed by the researcher on the concept of leadership include definitional issues, theories, principles and different styles of leadership. Key aspects discussed regarding employee engagement include definitional issues, influencing factors, engagement drivers, engagement trends and barriers to employee engagement. On the concept of job satisfaction, the researcher has discussed definitional issues, determinants of job satisfaction and the impact of job satisfaction on employee performance. With regard to organisational commitment, the researcher explored definitional issues, organisational commitment approaches, antecedents and ways to manage organisational commitment.

4.7 CONCLUSION

The researcher concentrated on the three constructs of employee engagement, job satisfaction, and organisational commitment in this chapter. This chapter's attention was on definitional issues of the three mentioned constructs, factors influencing the three concepts and how organisations can manage the three concepts (employee engagement, job satisfaction and organisational commitment). This chapter also gave a synopsis of key findings from previous researchers related to the three constructs and to this study. A graphical representation of the independent variables in this study was then given. Chapter 5 discusses the research design and methodology used in the study.

CHAPTER 5: RESEARCH DESIGN AND METHODOLOGY

5.1 INTRODUCTION

The previous two chapters focused on the concepts of leadership (an independent variable), and the three dependent variables of employee engagement, job satisfaction and organisational commitment. In chapter one the researcher gave a brief description and justification of this research project, and now broadly discusses the research design and methodology employed in the study. This chapter also considers the discussions on the tools which were used for data collection and analysis by the researcher.

Welman, Kruger and Mitchel (2005:9) postulated that, "Through the use of research methods and techniques that are scientifically defendable, researchers may come to conclusions that are valid and reliable". Below the researcher outlines the methodology that was employed in this study to address the research problem and aim.

5.2 RESEARCH DESIGN AND METHODOLOGY

Alshenqeeti (2014:39) shared the view that in any social science research, research methods are important because of their role in determining study success, validity and reliability. Femi and Chukwubueze (2015:76) explained that the researcher is helped by research design to test the relationship between variables and to get answers to the research questions. These authors define research design as "a plan for a piece of research that is constructed to maximise the validity of its findings subject to the costs and practical difficulties of doing so" (Femi and Chukwubueze, 2015:76). Terre Blanche *et al.* (2012:161) explained that research design can be viewed as "a kind of cost-benefit balancing". Similarly, Bhattacherjee (2012:21) said that research design "is concerned with creating a blueprint of the activities to take in order to satisfactorily answer the research questions identified in the exploration phase". Welman *et al*. (2005:52) stressed that a research design is the plan according to which research participants are obtained with the aim of collecting information from them. In the research design, researchers describe what will be done with participants (subjects), with an understanding to research conclusions regarding the research problem (Welman *et al*., 2005:52).

The overall aim of the study was to investigate the leadership styles adopted by managers working at public hospitals of the LDoH and also evaluate the influence of the prevailing

managerial leadership style on employee engagement, job satisfaction and organisational commitment. Thus, in this study, mixed methods containing both qualitative and quantitative research types were employed to answer research questions and achieve the study objective. According to Tashakkori and Creswell (2007:4), mixed methods can be defined as "research in which the investigator collects and analyses data, integrates the findings and draws inferences using both qualitative and quantitative approaches or methods in a single study". Equally, Wisdom and Creswell (2013:1) stipulated that "the term 'mixed method' refers to an emergent methodology of research that advances the systematic integration, or 'mixing' of quantitative and qualitative data within a single investigation or sustained program of inquiry". These authors further stressed that the mixed method's basic premise is that a more complete and synergistic utilisation of data is permitted by such integration than is achieved with separate quantitative and qualitative data collection analysis (Wisdom and Creswell, 2013:1).

The researcher chose mixed methods (qualitative and quantitative methods) because of the need to gain a clear insight into the prevailing leadership style adopted by managers working at selected public hospitals of the LDoH. The mixed method was also used to gain insight also the influence of the prevailing leadership style on the dependent variables of employee engagement, job satisfaction and organisational commitment. This was meant to assist in establishing whether there was a positive relationship between the prevailing leadership style adopted by managers and the three dependent variables. Furthermore, mixed methods were employed in order to understand challenges experienced by managers when executing their duties or responsibilities on a daily basis.

Tewksbury (2009:38) stipulated that, "Qualitative research focuses on the meanings, traits and defining characteristics of events, people, interactions, settings or cultures and experience". Terre Blanche *et al*. (2012:47) explained that, "Qualitative methods allow the researcher to study selected issues in depth, openness and detail as they identify and attempt to understand the categories of information that emerge from the data". Morse (2003), cited in Klopper (2008:62), explained that, "Qualitative methodology is used when little is known about a topic, the research context is poorly understood, the boundaries of a domain are ill-defined, the phenomenon under investigation is not quantifiable, the nature of the problem is not clear, or the researcher suspects that the phenomenon needs to be re-examined". Wong (2014:132) proclaimed that qualitative research findings are used for building a theory or

identifying a phenomenon for further research, and are not utilised for testing a theory. Likewise, Tanveer (2008:38), stipulated that "Qualitative research involves the studied use and collection of a variety of empirical materials (case study, personal experience, introspective, life story, interview, observational, historical, interactional, and visual texts) that describe routine and problematic moments and meaning in individuals' life". Likewise, Bhattacherjee (2012:103) asserted that non-numeric data such as interviews and observations is what the qualitative research method relies on.

Welman *et al*. (2005:9) shared the view that the purpose of quantitative research is "to evaluate objective data consisting of numbers". Terre Blanche *et al*. (2012:47) asserted that "quantitative methods begin with a series of predetermined categories, usually embodied in standardised quantitative measures, and use this data to make broad and generalisable comparisons". Further, Tewksbury (2009:39) explained that the quantitative research method is an approach which is more scientific in conducting social science research, and it focuses on the use of specific definitions and careful operationalisation of the meaning of certain concepts and variables. Leedy and Ormrod (2005:94-97) cited in De Vos, Strydom, Fouché and Delport (2011:63) provided characteristics of quantitative research methods and they are "it is used to answer questions about relationships among measured variables with the purpose of explaining, predicting and controlling phenomena, the intent is to establish, confirm or validate relationships and to develop generalisations; structured guidelines exist for conducting quantitative research; quantitative researchers choose methods that allow them to objectively measure the variable(s) of interest and they also try to remain detached from the research participants so that they can draw unbiased conclusions; quantitative researchers isolate the variables they want to study, control for extraneous variables, use a standardised procedure to collect some form of numerical data, and use statistical procedures to analyse and draw conclusions from the data; a quantitative study usually ends with confirmation or disconfirmation of the hypotheses that were tested; and quantitative researchers tend to rely more heavily on deductive reasoning (moving from the general to the specific), beginning with certain premises (e.g. hypotheses, theories) and then drawing logical conclusions from them". Bhattacherjee (2012:103) emphasised that numeric data such as metrics and scores are employed by the quantitative research method. Equally, Addo and Eboh (2014:144) explained that the quantitative research method describes findings using statistics and the research user is able to make judgements with regard to the study's usefulness in practice. These authors also expressed that large samples of participants are used by quantitative

researchers with the purpose of the findings being generalised to encompass the wider population (Addo & Eboh, 2014:144).

5.3 TARGET POPULATION

Welman *et al.* (2005:52-53) postulated that, "A population is the full set of cases from which a sample is taken. It is the object of study and consists of individuals, groups, human products, and events". These authors also expressed that the target population is "the population to which the researcher would ideally like to generalise his or her results" (Welman *et al.,* 2005:119). Similarly, Bhattacherjee (2012:65) defined a population as "all people or items (unit of analysis) with the characteristics that one wishes to study. The researcher, therefore, understood that it would be difficult to study the entire Limpopo Province - especially all public hospitals in the province of Limpopo. He therefore decided to focus on the Vhembe District only. This is a Pilot District for the NHI public policy in the Province of Limpopo. Another reason for choosing the Vhembe District was that it was easy and less expensive for the researcher to travel to this district than other areas. Furthermore, the Vhembe District is one of the five Districts in the Limpopo Province and has eight hospitals, categorised as follows: one (**1)** Regional Hospital, one (**1)** Specialised Hospital, and six **(6)** District Hospitals. The researcher conducted the study at all eight (**8**) Hospitals which were selected based on the health services they provide.

5.4 SAMPLING

Sampling is defined by Bhattacherjee (2012:65) as "the statistical process of selecting a subset (called a sample) of a population of interest for the purpose of making observations and statistical inferences about that population". According to Terre Blanche *et al.* (2012:48), sampling is "the selection of research respondents from an entire population, and involves decisions about which people, settings, events, behaviours, or social processes to observe". These authors further postulated that "who or what will be sampled in a particular study is influenced by the unit of analysis". Tables 5.1, 5.2 and 5.3 show how the researcher selected his sample for Managers, Clinical and Non-Clinical Employees working at public hospitals in the Vhembe District of the Limpopo Department of Health.

5.4.1 Selection of a Sample

Table 5.1: Number of Filled Posts for Management Personnel

Job Title Descriptions	Elim District Hospital	Donald Fraser District Hospital	Malamulele District Hospital	Messina District Hospital	Siloam District Hospital	Louis Trichardt District Hospital	Tshilidzini Hospital	Hayani Hospital
Senior Management (SMS)	1	1	0	0	1	0	1	1
Middle Management Services (MMS)	2	0	1	1	0	0	2	0
Senior Clinical Managers	0	0	0	0	0	1	1	0
Clinical Managers	5	2	0	0	1	0	0	0
Heads of Clinical Units	0	0	1	0	0	0	0	1
Nursing Managers	0	0	0	0	0	0	0	1
Operational Managers	7	13	4	5	9	0	21	9
Assistant Directors	0	0	1	1	1	1	0	2
Assistant Managers	3	4	3	2	4	0	4	2
TOTALS	**18**	**20**	**10**	**9**	**16**	**2**	**29**	**16**

The total population for Management as indicated in Table 5.1 above, was 120, which was the total number of existing personnel (filled posts) at Management level of eight hospitals in Vhembe District. The sample size of 20 which is 17% of the total population was selected for interviews. Cohen and Manion (1995), cited in Munzhedzi (2011:64), explained that many authors argue about the difficulty of determining the appropriate size of the sample. Nwana (1988), cited in Munzhedzi (2011:64), stipulated that "the larger the sample becomes, the more representative of the population it becomes and so the more reliable and valid the results based on it become". According to Babooa (2008:144), at least a minimum of 10% of the given research population should be selected for the study for the sample to be deemed appropriate. The researcher can confirm that the sample size of 17% for Management as outlined in the preceding paragraph is thus appropriate.

Table 5.2: Number of Filled Posts for Core Personnel-Subordinates (Clinical Employees)

Hospitals	Filled Posts
Elim District Hospital	636
Donald Fraser District Hospital	494
Malamulele District Hospital	389
Messina District Hospital	222
Siloam District Hospital	428
Louis Trichardt District Hospital	228
Tshilidzini Regional Hospital	748
Hayani Specialised Hospital	248
Totals	**3393**

The total population for Core or Health Professionals (Clinical Employees) was 3393 - that is the total number of existing employees (filled posts) at the eight hospitals in Vhembe District. The sample size for Health Professionals is 339, which is 10% of the total population as recommended by Babooa (2008:144).

Table 5.3: Number of Filled Posts for Support Personnel-Subordinates (Non-Clinical Employees)

Hospitals	Filled Posts
Elim Hospital	260
Donald Fraser Hospital	221
Malamulele Hospital	175
Messina Hospital	116
Siloam Hospital	205
Louis Trichardt Hospital	108
Tshilidzini Hospital	334
Hayani Hospital	165
Totals	**1584**

The total population for Support Personnel at eight Hospitals in Vhembe District was 1584, which included cleaners, porters, human resources practitioners and drivers, to mention a

few. A sample size for Support Personnel (Non-Clinical Employees) is 206 employees, which is 13% of the total population and it is above a recommended 10% by Babooa (2008:144).

Non-probability sampling was employed in the study. By this, convenience sampling was used. Welman *et al.* (2005:69) emphasised that convenience or haphazard sampling involves "selecting haphazardly those cases that are easiest to obtain for the sample, such as the person interviewed at random in a shopping centre for a television programme". Welman *et al*. (2005:69) further stipulated that "the sample selection process is continued until the researcher reaches the required sample size and can also argue that the larger the sample size, the lower the likely error in generalising to the population".

According to Bhattacherjee (2012:69), "convenience sampling, also called accidental or opportunity sampling, is a technique in which a sample is drawn from that part of the population that is close to hand, readily available, or convenient". The participants were selected from employees who were present at work on the days when the researcher visiting selected hospitals for the purpose of conducting research. The next section deals specifically with data collection methods in this study.

Interviews were conducted as indicated in the table below.

Table 5.4: Number of Managers Interviewed

Hospitals	**Number of Managers Interviewed**
Elim District Hospital	3 (17% of 18 Managers)
Donald Fraser District Hospital	3 (17% of 20 Managers)
Malamulele District Hospital	2 (17% of 10 Managers)
Messina District Hospital	2 (17% of 9 Managers)
Siloam District Hospital	2 (17% of 16 Managers)
Louis Trichardt District Hospital	2 (Only 2 Managers posts filled)
Tshilidzini Regional Hospital	4 (17% of 29 Managers)
Hayani Specialised Hospital	2 (17% of Managers)
Total number of Managers	**20**

Questionnaires were distributed to participants as indicated in Tables 5.5 and 5.6 of this chapter.

Table 5.5: Distribution of Questionnaires to Core Personnel: Subordinates (Clinical Employees)

Hospitals	Number of Questionnaires distributed
Elim District Hospital	63 (10% of 636)
Donald Fraser District Hospital	49 (10% of 494)
Malamulele District Hospital	39 (10% of 389)
Messina District Hospital	22 (10% of 222)
Siloam District Hospital	43 (10% of 428)
Louis Trichardt District Hospital	23 (10% of 228)
Tshilidzini Regional Hospital	75 (10% of 748)
Hayani Specialised Hospital	25 (10% of 248)
Total Number of Questionnaires	**339**

Table 5.6: Distribution of Questionnaires to Support Personnel: Subordinates (Non-Clinical Employees)

Hospitals	Number of Questionnaires distributed to Non-Clinical Employees
Elim District Hospital	34 (13% of 260)
Donald Fraser District Hospital	29 (13% of 221)
Malamulele District Hospital	23 (13% of 175)
Messina District Hospital	15 (13% of 116)
Siloam District Hospital	27 (13% of 205)
Louis Trichardt District Hospital	14 (13% of 108)
Tshilidzini Regional Hospital	43 (13% of 334)
Hayani Specialised Hospital	21 (13% of 165)
Total Number of Questionnaires	**206**

5.5 INTERVIEW GUIDE AND QUESTIONNAIRE DESIGN

The researcher developed two data collection instruments which are a survey questionnaire (**Appendix H**) which was developed specifically for subordinates, and semi-structured interview guide (**Appendix I**) designed for managers.

5.5.1 Questionnaire Design

Terre Blanche *et al.* (2012:484) expressed that a questionnaire is defined "as a group of written questions used to gather information from respondents, and is regarded as one of the most common tools for gathering data in the social sciences". They shared the view that "a questionnaire usually consists of a number of measurement scales, open-ended items for qualitative responses, and other questions that elicit demographic information from respondents". A questionnaire was defined by Bhattacherjee (2012:76) as "a research instrument consisting of a set of questions (items) intended to capture responses from respondents in a standardised manner". This author further stated that questions may be in the form of "unstructured and structured". With unstructured questions, respondents are asked to provide responses using their own words, while structured questions require respondents to make a selection of an answer from the set of choices given to them by the researcher (Bhattacherjee, 2012:76).

A questionnaire was thus developed taking guidance from existing questionnaire formats such as the Multifactor Leadership Questionnaire (MLQ) formulated by Avolio, Bass and Jung (1995), and Bass and Avolio (1997), the Job Satisfaction Questionnaire (JSQ) formulated by Buthelezi (2014); the Minnesota Satisfaction Questionnaire (MSQ) developed by Weiss, Dawis, England and Lofquist (1967), the Organisational Commitment Questionnaire developed by Allen and Meyer (1990); Mowday, Steers and Porter (1979); Bagraim (2004) and the Research Questionnaire developed by Gigaba (2015). Other leadership, employee engagement, job satisfaction and organisational commitment questionnaires developed by various researchers in the field of leadership and other related study fields were also referred to. The questionnaire consisted of five sections and 84 questions where, firstly section **A** addressed demographic profiles of respondents. Section **B** contained 26 questions and focused on leadership styles and work. Section **C** had 15 questions and dealt with employee engagement, and section **D** covered 21 questions and concentrated on employee job satisfaction. Lastly, section **E** contained 22 questions and regarded employee organisational commitment. The questionnaire considered both unstructured and structured questions where structured questions had a scoring scale of 0-10, with 0 being the lowest score and 10 the highest score. Furthermore, the questionnaires included open-ended questions which allowed the respondents to provide general comments on aspects relating to the study which they felt were not adequately covered by the questionnaire.

5.5.2 Interview Guide Design

Pretorius (2008:13) stressed that the use of interviews as data collection tools affords the interviewer a unique opportunity to acquire in-depth information on the research topic and allows the researcher to ask clarity-seeking questions. Equally, Kvale (1996:2003) cited in Alshenqeeti (2014:39) highlighted that interviews (unlike questionnaires), have greater ability to solicit narrative data. This enables the researcher to investigate the views of respondents in an in-depth manner. The researcher is aware of different types of interviews, such as structured interviews, unstructured interviews, semi-structured interviews and focus group interviews (Alshenqeeti, 2014:40). He, however, selected to use semi-structured interviews. Welman *et al*. (2005:166) emphasised that instead of an interview schedule, interview guides are used in semi-structured interviews. Welman *et al. (2005:166)* further emphasised that an interview guide involves a list of topics and that aspects of these topics have a bearing on the given theme. The interviewer should raise these topics during the course of the interview, (that is, if the interviewee does not do so him or herself). An interview guide was developed specifically for managers and comprised 4 sections and 21 questions. Section A focussed on the demographic profile of managers. Section B comprised 14 questions and focused on understanding leadership (the independent variable) as a concept as well as the three dependent variables - employee engagement, job satisfaction and organisational commitment. Section C consisted of 2 questions which addressed leadership competencies. Section D contained 5 questions on leadership challenges.

5.6 RELIABILITY AND VALIDITY OF DATA COLLECTION INSTRUMENTS

Tanveer (2008:36) proclaimed reliability and validity were the most important issues when conducting research.

5.6.1 Defining Reliability

Literature shows many definitions of reliability which are more or less similar. Joppe (2000:1) cited in Golafshani (2003:598) defined reliability as “the extent to which results are consistent over time and an accurate representation of the total population under study is referred to as reliability and if the results of a study can be reproduced under a similar methodology, then the research instrument is considered to be reliable”. Similarly, Bhattacherjee (2012:56) defined reliability as “the degree to which the measure of a construct is consistent or dependable”. This author argued that reliability does not imply accuracy- it

implies consistency with regard to the measure of a construct (Bhattacherjee, 2012:56). Terre Blanche *et al.* (2012:152) defined reliability as "the dependability of a measurement instrument, that is, the extent to which the instrument yields the same results on repeated trials". Bahmanabadi (2015:29) stated "the reliability of the data is the extent in which the means yield the same results on other settings, likewise, if similar results have been found by other researchers". Above all, Lakshmi and Mohideen (2013:2753) defined reliability as "the degree to which measures are free from error and therefore yield consistent results (i.e. the consistency of a measurement procedure)". These authors asserted that "reliability involves the consistency, or reproducibility of test scores i.e., the degree to which one can expect relatively constant deviation scores of individuals across testing situations on the same, or parallel, testing instruments" (Lakshmi and Mohideen, 2013:2753).

5.6.1.1 Determining Reliability of the Data Collection Instruments

In order to determine the reliability of the data collection instrument used in this study, Cronbach's alpha was employed. Sekaran (2000) cited in Nyengane (2007:74), stipulated that "coefficients less than 0.6 are considered poor, while coefficients greater than 0.6, but less than 0.8 are considered acceptable and coefficients greater than 0.8 are considered good". Table 5.7 below shows Cronbach's alpha for the study variables. All items had a coefficient which was greater than 0.8 which is adequate as stipulated by Sekaran (2000) in Nyengane (2007:74).

Table 5.7: Scale Reliability Coefficients of the Data Collection Instruments

Variables	Number of items in the scale	Scale reliability coefficients
Leadership styles and work	25	0.8741
Employee engagement	14	0.8998
Employee job satisfaction	20	0.9070
Employee organisational commitment	19	0.9190

5.6.2 Defining Validity

Golafshani (2003:598) pointed out that Joppe (2000:1) was of the view that validity in quantitative research "determines whether the research truly measures that which it was intended to measure or how truthful the research results are". Validity is defined by

Kimberlin and Winterstein (2008:2278) as "the extent to which an instrument measures what it purports to measure". These authors argue that validity requires that an instrument is reliable. However, an instrument can be reliable without it being valid. Terre Blanche *et al*. (2012:90) defined validity as "the degree to which the researcher's conclusions are sound". According to Bhattacherjee (2012:58), "validity, often called construct validity, refers to the extent to which a measure adequately represents the underlying construct that it is supposed to measure". Bahmanabadi (2015:29) stressed that achieving validity is done through the use of accurate and true methodology and research data.

5.6.2.1 Determining Validity of the Data Collection Instruments

In order to determine the validity of the data collection instruments used in this study, the researcher conducted pilot tests of both the questionnaire and interview guide with the aim of identifying items which were ambiguous. De Vos, Strydom, Fouché and Delport (2011:195), emphasised that it is important in all cases that before a newly developed questionnaire can be utilised in the main investigation, it should be thoroughly pilot. Furthermore this ensures the immediate rectifying of errors of any nature at little cost (De Vos *et al*., 2011:195).

5.7 DATA COLLECTION AND PROCEDURE

Both qualitative and quantitative methods of data collection were employed. The researcher commenced by applying for an Ethical Clearance Certificate from the University and was given a provisional approval on the 10th of August 2017. The researcher then applied for permission to conduct the study in the Limpopo Department of Health (**Appendix B**), and an approval to conduct the study was granted by the LDoH on the 13th of October 2017 (**Appendix C**). The researcher then submitted the approval letter from the LDoH to the University for Full Ethical Clearance which was issued on the 26th of October 2017 (**Appendix A. Protocol Reference Number: H55/1201/017D**). The researcher then spoke with the District Executive Manager (DEM) of Vhembe District during the last week of October 2017 about the research in the district and he indicated that the researcher should write him a letter (**Appendix D**) to inform him about the study and projected duration of data collection in order that he could inform all Chief Executive Officers (CEOs) of hospitals in the district. The DEM also advised the researcher to write a letter to all CEOs informing them of the study and that the Head of the Department has granted approval to conduct the study in the Vhembe District (**Appendix E**). The researcher commenced with collection of data

during the first week of November 2017 and finished his data collection on the 30th of December 2017.

5.7.1 Administration of the Questionnaires

The researcher personally drove to all selected hospitals in the Vhembe District. Some of the hospitals were visited more than thrice to allow participants enough time to respond to the questionnaires. The researcher also conveniently selected the required number of participants at each hospital for distribution of questionnaires. Furthermore, the researcher ensured that the required number of questionnaires for selected hospitals were distributed and collected. In totality 545 survey questionnaires were distributed to clinical and non-clinic subordinates as per *tables 5.5* and *5.6* of this chapter. The participants expressed excitement at participating in the study and the return rate for survey questionnaires was 91% (497 of 545 survey questionnaires). Additionally, there were instances where some participants requested to fill in new survey questionnaires due to the mistakes made. This implies that some questionnaires were destroyed due to mistakes and considered null and void. These were replaced on-site with new questionnaires. This however did not increase or decrease the number of completed survey questionnaires received from each hospital. During the process of data collection, each participant was given an opportunity to read through the questionnaire before making a decision to participate in the study. Each participant was given a consent form (Appendix G) for signing prior to participating in the study. The consent form outlined the aim of the study and also indicated that participants were freely and voluntarily participating in the study. The researcher politely requested all participants to answer all questions listed in the questionnaire and checked that they were completed in full prior to leaving the hospital premises. The scenario of spoiled questionnaires was entirely avoided.

5.7.2 Administration of Interview Guide

The researcher purposively selected the required number of managers to be interview at each hospital and made appointments for suitable interview dates. Convenience selection of managers was done at hospitals where the total number of filled posts for managers was more than the required number of participants as per Table 5.4. In the instance where only two posts were filled and the researcher had to interview only two managers as per Table 5.4, the researcher made arrangements to interview the managers on dates suitable to them. The interviews were personal or face-to-face interviews. Bhattacherjee (2012:78) said that these types of interviews entail the interviewer asking questions and recording responses from

respondents while working directly with them. The interviews were conducted at respondents' office locations at selected public hospitals of the Vhembe District of the LDoH. The researcher asked the questions exactly as they appear in the interview guide (Appendix H). Bhattacherjee (2012:79) stipulated that "during the interview, the interviewer should follow the questionnaire script and ask questions exactly as written, and not change the words to make the questions sound friendlier". All data collected through the data collection instruments mentioned in this chapter were analysed using data analysis tools discussed in this chapter.

5.8 ETHICAL PRINCIPLES CONSIDERED IN THE STUDY

Alshenqeeti (2014:44) pointed out that ethical considerations should be followed rigorously by the research project - especially when human participants are involved in the study. According to Madushani (2016:26), research ethics as a concept refers to "a complex set of values, standards and institutional schemes that help constitute and regulate scientific activity". This author further postulated that "the ethical responsibilities inherent in research are partly associated with standards related to the research process, including relationships between researchers, and partly with respect for the individuals and institutions being studied, including responsibility for the use and dissemination of the research" (Madushani, 2016:27). Thus, as pointed out in the Research Ethics: Handbook of Principles and Procedures (2018:9), "researchers have a responsibility to ensure as far as possible that the physical, social and psychological well-being of their research respondents is not detrimentally affected by the research. Research relationships should be characterised, whenever possible, by mutual respect and trust".

Ethical principles were adhered to during this study. These included autonomy, whereby informed consent is obtained prior to the involvement of any participants in a research project (Jelsma and Clow, 2005:4). Polit and Hungler (1993:36) stipulated that "informed consent means the subject has adequate information regarding the research, is capable of comprehending the information, and has the power of free choice, enabling him/her to consent voluntarily to participate in the research or decline participation". Armiger (1997) cited in Fouka and Mantzorou (2011:4) stressed that this ethical principle means "a person knowingly, voluntarily and intelligently, and in a clear and manifest way, gives his or her consent". Respondents were provided with information on what the researcher was studying and the study objectives prior to participating in the study. The respondents' right to have

access to the final research report was explained, as was their withdrawal right. The benefits of conducting the study were clearly provided.

A further ethical consideration that was dealt with was that of possible deception. Deception refers to "misleading by intentionally withholding information" (Athanassoulis and Wilson, 2009:45). The researcher made sure that there were no deliberate misrepresentations during his data collection**.** The principle of non-maleficence requires that "the researcher ensures no harm befalls research respondents as a direct consequence of the research" (Terre Blanche *et al.*, 2012:67*).* The researcher assured the participants that their involvement in the study would not entail any harm to them and were not required to undertake any harmful activities.

Terre Blanche *et al.* (2012:68) said of beneficence that "this principle obliges the researcher to attempt to maximise the benefits that the research will provide to the respondents in the study". The researcher explained in detail how respondents would benefit from the study by, for instance, increased awareness of challenges facing managers and greater knowledge about the implementation of the NHI policy. The principal of justice requires that the researcher treat research respondents with fairness and equity during all stages of research (Terre Blanche *et al.*, 2012:68). The respect for privacy was also considered. Levine (1976), cited in Fouka and Mantzorou (2011:6), expressed that "privacy is the freedom an individual has to determine the time, extent, and general circumstances under which private information will be shared with or withheld from others".

The principle of respect for anonymity and confidentiality was also adhered to in the study. Fouka and Mantzorou (2011:4) explained that Nieswaidomy (2007) posited that "if the researcher is not able to promise anonymity he has to address confidentiality which is the management of private information by the researcher in order to protect the subject's identity". Alshenqeeti (2014:44) stressed that in order for participants' rights to be protected and the research to avoid any harm to participants, there must be an assurance by the researcher that information which has been collected will remain strictly anonymous and confidential. The researcher ensured that the identity of respondents was kept anonymous and none of the participants were coerced into taking part in the study. Furthermore, the researcher ensured that working relationships with participants were established and that the environment was conducive for participants to freely participate in the study as suggested by Chrzanowska (2003), cited in Bhurtel and Adhikari (2016:95).

Jameton (1984) cited in Fouka and Mantzorou (2011:7) declared that the skill of the researcher related to three important elements which are: the researcher's competency, careful design of the research and expected outcomes. The aspect of scientific merit was also considered. Jelsma and Clow (2005:4) stated that "research that is not well designed and which does not have scientific merit can never be ethical as it engages the participants in an enterprise which will not result in useful findings". The principle of justice was also taken into account and Jelsma and Clow (2005:5) maintained that "it is incumbent upon the researcher to actively flatten the power gradients and ensure that the subjects can freely exercise choice regarding their continued involvement in the study".

5.9 DATA ANALYSIS

Vithal and Jansen (1997:27) pointed out that the purpose of data analysis is "to make sense of the accumulated information". These authors further pointed out that, three steps are included in data analysis. These are: "scanning and cleaning the data, organising data and re-presenting data through the use of tables, graphs and selected quotations" (Vithal and Jansen, 1997:28).

5.9.1 Quantitative Data Analysis

The researcher was assisted by a university statistician who is an expert in quantitative research. The expert provided assistance in various areas of the study. The statistician provided guidance on the applicable research design as well as the design and construction of the data collection instrument. When data were ready for analysis, the statistician provided guidance on choosing the most appropriate data analysis methods, as well as how to use SPSS (Statistical Package for the Social Sciences) software to analyse the data. The statistician further assisted by double-checking to see whether the interpretations carried out by the researcher were accurate. Once the questionnaires were returned they were screened to eliminate those that were incomplete had the same question was answered throughout, which indicated that some of the respondents had not read the questions. This procedure was immediately followed up with the capturing of the data on a Microsoft Excel spreadsheet. The Excel document was then imported into the IBM SPSS Statistics Version 25 where it was coded in preparation for data analysis. The data analysis involved several rigorous statistical tests such as reliability tests, correlation analysis, regression analysis and mean score ranking**.** Data captured using Microsoft excel was analysed using the Stata® statistical

software (Release 11, StataCorp, 2009, College Station, Texas). The results of the study were interpreted by using frequencies and percentages, and mean and standard deviation.

5.9.1.1 Descriptive Statistics

Descriptive statistics were used to clearly analyse the profiles of respondents. Descriptive statistics assist in describing, summarising and illustrating data in a more effective manner, and summarises the patterns that emerge in a sample (Bahmanabadi, 2015:30). Leng *at al*. (2014:77) shared the definition of descriptive analysis as "a set of procedures for gathering, measuring, classifying, computing, describing, synthesising, analysing and interpreting systematically- acquired data". Descriptive statistics are techniques that help to state the characteristics or appearance of sample data (Zikmund *et al*., 2013:54). Frequency tables and the mean score ranking technique are the major descriptive statistics employed in this study.

5.9.1.2 Frequency Distributions

Frequency distributions such as percentages were utilised to display research findings. Frequency distributions are used to depict absolute and relative magnitudes, differences, proportions and trends (Zikmund *et al*., 2013). These methods use both horizontal and vertical bars to examine different elements of a given variable (Malhotra, 2011:84). The use of frequency distributions facilitated the assessment of leadership style and work (which consist of perceived organizational support, perceived supervisor support, autocratic leadership style and consultative or participate leadership style), employee engagement, employee job satisfaction and employee organizational commitment.

5.9.1.3 Factor Analysis

Exploratory Factor Analysis (EFA) was used to identify managers' leadership styles from employees' perspective. EFA is a statistical technique used to identify a set of latent (hidden) constructs underlying measured variables (Norris and Lecavalier, 2009). Howell, Breivek and Wilcox (2007:209) also describe exploratory factor analysis as a set of procedures that are used to reduce, summarise and identify simple patterns and factors underlying relationships between variables. This is achieved by grouping the variables and reducing them to a small set of factors (Williams, Edwards & Vandenberg, 2003:911). In agreement, Toni and Tonchia (2001:50) highlight that that exploratory factor analysis is conducted to uncover the underlying dimensions, to eliminate problems of multi-collinearity and to reduce the number

of variables to smaller sets of factors - hence the name factor analysis. Terre Blanche *et al.* (2012:248) aptly put it that "factor analysis is a statistical technique that is used to identify a relatively small number of factors in order to represent the relationship among sets of interrelated variables". These authors highlighted that three steps are involved in factor analysis. These are "computing the intercorrelations between variables, extracting initial factors and rotating the factors to obtain a clearer picture of the factor content" (Terre Blanche *et al.,* 2012:248). Factor analysis is defined by Bhattacherjee (2012:135) as "a data reduction technique that is used to statistically aggregate a large number of observed measures (items) into a smaller set of unobserved (latent) variables called factors based on their underlying bivariate patterns". According to Williams (2012:1), "factor analysis as a multivariate statistical approach" has general use in education and psychology and, of late, is used evident in health professions.

This study is an analysis of 78 variables associated with leadership styles, employee engagement, employee job satisfaction, and employee organisational commitment. A total of 497 employees of the LDoH participated in the study. Utilising EFA techniques, the research examined relationships between the following variables: leadership styles, employee engagement, employee job satisfaction, and employee organisational commitment. The first step in conducting a factor analysis was to produce a correlation matrix to determine if the study variables were related and if they were, to what extent. If no correlation exceeds .30 then the use of factor analysis is questionable (Willams, *et al*., 2003). Bandalos and Boehm-Kaufman (2008:469) advised that researchers should look for a substantial number of large correlations but commented, "how large is somewhat arbitrary". In this study the correlation matrix yielded a substantial number of large correlations indicating that factor analysis is an appropriate statistical methodology.

Prior to factor analysis (which is the principal component analysis), full-scale internal consistency (Cronbach's α coefficient) was calculated. The correlation matrix for the clinical and non-clinical employees was computed first. The Kaiser-Meyer Olklin value and Barlett's Test of Sphericity were also calculated. The researcher applied the Kaiser-Meyer Olkin (KMO) and Barlett's test measures to determine data appropriateness. According to Hosseini and Eghtedari (2013:1402), "these statistics show the extent to which the indicators of a construct belong to each other". Furthermore, the statistical basics such as the mean, standard deviation and correlation were used in this study. The mean is defined by Mahmood

(2015:46) as being "similar to average. It is calculated when the sum of total values divided by the number of the total values in a given sample of the population. Standard deviation "is taken to identify the differences among the variables and the square root of standard deviation shows the variance" (Mahmood, 2015:46). Correlation was described by Mahmood (2015:46) in the following manner: "correlation tells us about the type and level of association among different variables and it depicts the variation between variables".

5.9.1.4 Regression Analysis

According Bhattacherjee (2012:44) the quantitative analysis techniques of regression or structural equation modeling can be used to analyse quantitative data. Schneider and Hommel (2010:776) stipulated that "regression analysis is a type of statistical evaluation that enables three things, description: relationships among the dependent variables and the independent variables can be statistically-described by means of regression analysis; estimation: the values of the dependent variables can be estimated from the observed values of the independent variables; prognostication: risk factors that influence the outcome can be identified, and individual prognoses can be determined". Further, Schneider and Hommel (2010:776) postulated that "regression analysis employs a model that describes the relationship between the dependent variables and the independent variables in a simplified mathematical form". Regression was defined by Campbell and Campbell (2008:3) as "a statistical technique to determine the linear relationship between two or more variables". Campbell and Campbell (2008:3) also expressed that the way variation in one variable co-occurs with variation in another is shown by regression. Thus, "regression is primarily used for prediction and causal influence" (Campbell and Campbell, 2008:3). Similarly, Jain, Chourse, Dubey, Jain, Kamakoty and Jain (2016:199) postulated that "regression analysis is a tool in assessing specific forms of relationship between the variables". These authors explained that the objective of this method of analysis is prediction or estimation of one variable's value corresponding to a given other variable's value (Jain *et al*., 2016:199). Jain *et al*. (2016:200) further illustrated the degree of correlation as follows "*none*-there is no relationship between the variables; *low*-there is some relationship between the variables but a weak one; *high*-there exists a very close relationship between the two variables; *perfect*-it's an ideal relationship, as scores on one of the two variables increase or decrease, the scores on the other variables increase or decrease by the same magnitude". Above all, Gogtay, Deshpande and Thatte (2017:48) stressed that "regression analysis assumes a dependence or

causal relationship between one or more independent variables and the dependent variable". Regression analysis is defined by Gogtay *et al.* (2017:52) as "a statistical tool that helps evaluate relationships between a dependent variable and one or more independent or predictor variables". It was also expressed that regression analysis finds its application in forecasting and predicting and assists with understanding the way dependent variable changes with independent variables' changes (Gogtay *et al.*, 2017:52). According to Gogtay *et al.* (2017:48), understanding of independent and dependent variables' concepts is the first step in carrying out a regression analysis. These authors highlighted that an independent variable is "a stand-alone variable and one that remains unaffected by the other variables that are measured in a study". What is more, "the dependent variable is the one that is usually of interest to the researcher and alters in response to change(s) in the independent variable" (Gogtay *et al*., 2017:48). In this study the researcher used regression analysis to determine the relationship between the prevailing leadership style (which is an independent variable), and the three dependent variables of employee engagement, job satisfaction and organisational commitment.

5.9.2 Qualitative Data Analysis

For qualitative data analysis thematic analysis was employed by the researcher. Lapadat (2010:2) defined thematic analysis as "a systematic approach to the analysis of qualitative data that involves identifying themes or patterns of cultural meaning, coding and classifying data, usually textual, according to themes and interpreting the resulting thematic structures by seeking commonalities, relationships, overarching patterns, theoretical constructs or explanatory principles". Aronson (1994:1) stated that the focus of thematic analysis is on themes and patterns of living and / or identifiable behaviours. Corry, Ianacone and Stella (2014:594) shared the view that "thematic analysis seeks to understand the social foundation of related group of texts or dialog called a corpus". Likewise, Braun and Clarke (2013:120) postulated that "thematic analysis is essentially a method for identifying and analysing patterns in qualitative data". Additionally, Braun and Clarke (2013:120), expressed that thematic analysis' suitability is on a wide variety of theoretical perspectives, and research interests; and its usefulness as a basic method is because of the following "it works with a wide range of research questions, from those about people's experiences or understandings to those about the representation and construction of particular phenomena in particular context; it can be used to analyse different types of data, from secondary sources such as media to transcripts of focus groups or interviews; it works with large or small data-sets; and it can be

applied to produce data-driven or theory driven analyses". Similarly, Ali, Mohd-Yusof and Jamaluddin (2017:1315) asserted that "thematic analysis is an established method of organising qualitative data and has good potential in capturing knowledge and experience of workers and experts". During this study the transcriptions were read through carefully by jotting down topics and grouping them into themes and sub-themes.

5.10 CONCLUSION

This chapter provided justification regarding the researcher's choice of mixed methods as the study's research techniques. The chapter also explained the following: target population, the process which was used in selecting the study sample and data collection and analysis instruments employed in the study. In the next chapter, data which were collected through the use of a self-administered questionnaire and semi-structured interview guide are presented and analysed for the purpose of providing study findings.

CHAPTER 6: PRESENTATION AND INTERPRETATION OF THE STUDY FINDINGS

6.1 INTRODUCTION

In the previous chapter a description of the research design and methods used in the study were provided. Furthermore, techniques which were employed by the researcher in this study for data collection and analysis were indicated and discussed. The focus of this chapter is to present the results of the study and data which were collected through mixed methods. The chapter is organised as follows: demographic profiles of clinical and non-clinical Employees (subordinates) and managers, presentation and analysis of quantitative data, presentation and analysis of qualitative data and chapter conclusion.

6.2 DEMOGRAPHIC CHARACTERISTICS OF SUBORDINATES AND MANAGERS

6.2.1 Demographic Profiles of Subordinates

This section of Chapter 6 provides demographic profliles of both clinical and non-clinical employees (subordinates).

A total of 338 clinical employees (subordinates) participated in this study of which the majority (66%) of respondents were female employees. Only 34% of respondents were male employees. The highest percentage of 32% of respondents, were employees between the ages of 30-39 years, followed by 23% of employees between the ages of 40-49 years. Table 6.1 also shows a small percentage - 20% - of employees between the ages of 50-59. 18% of respondents were below 30 years of age and 7% of respondents were over the age of 60. Table 6.1 shows that 47% of respondents have been employed by the LDoH for a period of more than 10years, 31% of respondents have been employed by the LDoH for a period of 10 and 20 years and 22% of respondents have been employed by the LDoH for a period of more than 20 years. Table 6.1 also illustrates that 59% of respondents have been working at their current hospital for a period of more than 10 years, while 28% of respondents have been working at their current hospital for a period of between 10 and 20 years. 13% of respondents have been working at their current hospital for a period of more than 20 years. With regard to respondents' qualifications, Table 6.1 shows that 74% of respondents obtained a diploma or degree as their highest qualifications. 18% of respondents obtained postgraduate degrees and

8% of respondents obtained matric or Grade 12. Table 6.1 shows that none of the respondents had qualifications below matric or Grade 12.

Table 6.1: Demographic Profiles of Subordinates (Clinical Employees)

Items	No of Respondents	Percentage (%)
Gender of Respondents		
Female	222	66
Male	116	34
Totals	**338**	**100**
Age of Respondents		
<30	61	18
30-39	111	32
40-49	77	23
50-59	67	20
60+	22	7
Totals	**338**	**100**
Number of years employed by the LDoH		
<10	158	47
10-20	105	31
>20	75	22
Totals	**338**	**100**
Number of years in current hospital		
<10	199	59
10-20	95	28
>20	44	13
Totals	**338**	**100**
Respondents' Qualifications		
Below Matric	0	0
Matric or Grade 12	28	8
Diploma or Degree	250	74
Postgraduate	60	18
Totals	**338**	**100**

A total of 159 non-clinical employees (subordinates) participated in this study of which 57% were females and 43% were males. Table 6.2 shows that 40% of respondents were between the ages of 40 and 49, 30% of respondents were between the ages of 30 and 39, while 22% were between the ages of 50 and 59. A small percentage (7%) of respondents were below the age of 30 and 1% of respondents were over the age of 60. Analysis of Table 6.2 shows that

51% of respondents have been employed by the LDoH for a period of between 10 and 20 years; 32% have been employed for more than 10 years and 17% of respondents have been employed by the LDoH for longer than 20 years. 49% of respondents have been working at their current hospital for less than 10 years, 37% have been working at their current hospital for a period of between 10 and 20 years and 14% of respondents have been working at the current hospital for longer than 20 years. Table 6.2 shows that 56% of respondents obtained a diploma or degree as their highest qualification. 32% of respondents obtained matric or Grade 12 while 8% obtained qualifications below that of matric or Grade 12. A small percentage of respondents, 4%, obtained postgraduate degrees as their highest qualification.

Table 6.2: Demographic Profiles of Subordinates (Non-Clinical Employees)

Items	No of Respondents	Percentage (%)
Gender of Respondents		
Female	90	57
Male	69	43
Totals	**159**	**100**
Age of Respondents		
<30	11	7
30-39	47	30
40-49	64	40
50-59	35	22
60+	2	1
Totals	**159**	**100**
Number of years employed by the LDoH		
<10	51	32
10-20	81	51
>20	27	17
Totals	**159**	**100**
Number of years in current hospital		
<10	**78**	**49**
10-20	**59**	**37**
>20	**22**	**14**
Totals	**159**	**100**
Respondents' Qualifications		
Below Matric	**13**	**8**
Matric or Grade 12	**51**	**32**
Diploma or Degree	**89**	**56**
Postgraduate	**6**	**4**
Totals	**159**	**100**

6.2.2 Demographic Profiles of Managers

This section of Chapter 6 provides demographic profiles of Managers.

Table 6.3 overleaf depicts demographic profiles of managers. The table shows that male employees represented 45% and female employees represented 55% of the respondents. The table indicates that most of the respondents, 40%, were aged between 50 and 59. Furthermore, most of the respondents 45% spent more than 10 years at their current hospital. Table 6.3 also indicates that 20% of respondents have been working at their current hospital for more than10 years.

Table 6.3: Demographic Profiles of Managers

Items	No of Respondents	Percentage (%)
Job titles		
Assistant Director	5	25
Assistant Manager	3	15
Chief Executive Officers (CEOs)	2	10
Clinical Managers	4	20
Deputy Director	3	15
Operational Manager	3	15
Totals	**20**	**100**
Gender of Respondents		
Female	11	55
Male	9	45
Totals	**20**	**100**
Age of Respondents		
<30	2	10
30-39	-	-
40-49	6	30
50-59	8	40
60+	4	20
Totals	**20**	**100**
Number of years in current hospital		
<10	4	20
10-20	9	45
>20	7	35
Totals	**20**	**100**

6.3 PRESENTATION AND ANALYSIS OF QUANTITATIVE DATA

It should be noted that with regard to both quantitative and qualitative data analysis and interpretation of results, the researcher is comparing clinical employees and non-clinical employees. This is due to the fact that clinical employees deal directly with patients and non-clinical employees support clinical employees and are responsible for administration.

6.3.1 Managers' Leadership Styles According to the Subordinates' Perspective

All structured questions had a scoring scale of 0-10, with 0 being the lowest score and 10 the highest score. The 25 questions related to leadership and work, were subject to an exploratory principal component analysis to identify managerial leadership styles from employees' perspectives. The factors with eigenvalues equal or higher than one (1) were retained in the model (Braeken and van Assen, 2017). The examination of the eigenvalue allowed up to six (6) and seven (7) factors to be kept in the model for clinical and non-clinical staff respectively as shown in Table 6.4. Seven (7) factors accounted for 69.8% of the total variance, while six (6) factors accounted for 69.1% of the total variance. Although seven (7) and (6) factors were retained in the model, factors with loading ranges of >0.5 were then labelled, as shown in Tables 6.5 and 6.6 of this chapter. According to Field (2005), a sample size necessary for factor analysis depends on various factors and generally a sample size of over 300 cases is sufficient. However, after extraction, commonalities should be above >0.5. Equally, Costello and Osborne (2005:5) explained that a factor with loading items of fewer than three items is generally weak and unstable, and a factor with loading items of 5 or more indicates a factor which is solid and desirable. Further, these authors emphasised that with EFA, if the sample size is too small then it will be unlikely to generalise or replicate the results as EFA is "large-Sample".

Table 6.4: Descriptive Statistics as a Function of Factor Structure

Factors	Clinical Employees	Non-clinical Employees
	Eigenvalue	**Eigenvalue**
1	6.5779	6.9356
2	3.1212	3.8946
3	2.4012	2.2791
4	1.8751	1.8535
5	1.2609	1.1819
6	1.1624	1.1261
7	1.0492	

Factors	Clinical Employees	Non-clinical Employees
Percent of Variance Explained	69.79	69.08
Bartlett's Test of Sphericity	0.823	0.845
Kaiser-Meyer-Olkin Measure of Sampling Adequacy (KMO)	<0.001	<0.001

Labelling of factors with loading ranges of >0.5 for Clinical Employees is shown in Table 6.5. Furthermore, labelling of factors with loading ranges of >0.5 for Non-Clinical Employees is depicted in Table 6.6.

Table 6.5: Labelled Factors for Clinical Employees

Factors	Loading Ranges of >0.5	Items	Labelling of Factors
1	0.722-0.816	6	Perceived Organisational Support (POS)
2	0.724-0.735	3	Perceived Supervisor Support (PSS)
3	0.517-0.665	5	Autocratic Leadership Style
4	0.577-0.590	3	Consultative or Participative Leadership Style
5	0.615	1	Not labelled (generally weak factor)
6	0.504	1	Not labelled (generally weak factor)
7	All <0.5	-	Not labelled (generally weak factor)

Table 6.6: Labelled Factors for Non-Clinical Employees

Factors	Loading Ranges of >0.5	Items	Labelling of Factors
1	0.722-0.816	5	Perceived Organisational Support (POS)
2	0.657-0.712	3	Perceived Supervisor Support (PSS)
3	0.501-0.505	3	Autocratic Leadership Style
4	0.522	1	Not labelled (generally weak factor)
5	0.553-0.624	2	Not labelled (generally weak factor)
6	0.509	1	Not labelled (generally weak factor)

Appendix J and **Appendix K** present the factor loading for clinical and non-clinical employees, respectively. Four (4) factors out of seven (7) have loading ranges of >0.5 for clinical employees. Thus, factor one (**1**) with six (**6**) items and made up of questions (18, 19, 20, 21, 22 and 23 of **Appendix I**), and a loading range of **0.763-0.831** is defined as **Perceived Organisational Support** (POS) and factor two (**2**) had three-items and made up of questions (14, 17, and 16 of **Appendix I**) with a loading range of **0.724-0.735** defined as **Perceived Supervisor Support** (PSS). Factor three (**3**) with five items and made up of questions (1, 2, 3, 11, and 10 of **Appendix I**), and a loading range of **0.517-0.665** is defined as **Autocratic Leadership Style**; while factor four (**4**) had three items and was made up of questions (8, 11,

and 12 of Annexure I), and with a loading range of **0.577-0.590** and is defined as **Consultative or Participative Leadership Style**. Factors five (5) and six (6) both have one item with a loading range of 0.615 for factor five (5) and 0.504 for factor six (6) and they are both considered weak and not labelled. Factor seven (7) has a loading range of <0.5 and was therefore also not labelled and thus ignored. Likewise, for non-clinical staff, factor one (**1**) with five (**5**) items and made up of questions (19, 20, 21, 22 and 23 of **Appendix I**) and a loading range of **0.722-0.816** is defined as **Perceived Organisational S**upport (POS) while factor two (**2**) have three-items and is made of questions (13, 14, and 16 of **Appendix I**) with a loading range of **0.657-0.712** is defined as **Perceived Supervisor Support** (PSS). Interestingly, factor 3 has three (**3**) items and is made up of questions (1, 6 and 7 of **Appendix I**) with loading ranges of 0.501-0.505 and is defined as **Autocratic Leadership Style.** Factors four (**4**) to six (**6**) are considered weak, not labelled and ignored.

6.3.2 Leadership and Work

Table 6.7 overleaf represents descriptive statistics of clinical and non-clinical employees on leadership and work.

Table: 6.7 Descriptive Statistics of Clinical and Non-Clinical Employees: Leadership and Work

Variables	Clinical Employees mean	Non-Clinical Employees mean	P value
My direct supervisor has all the say.	6.5	6.2	0.272
I do not have much power here.	5.5	5.5	0.993
My direct supervisor's vision of the future governs what I do around here.	6.2	6.1	0.521
I have a medium amount of power here.	5.4	5.2	0.502
I am held accountable for achieving my direct supervisor's vision.	6.1	6.1	0.692
My direct supervisor controls everything I do in the unit.	**6.7**	**5.5**	**0.000**
My direct supervisor plans, organises and monitors everything in the unit.	**6.4**	**5.6**	**0.007**
My direct supervisor and I make decisions together.	**6.6**	**5.7**	**0.005**
My direct supervisor likes to keep some distance from staff in the unit.	4.4	4.3	0.721
My direct supervisor's view dominates in the unit.	**5.7**	**4.8**	**0.002**
My direct supervisor consults with me and then he or she makes the final decision.	6.5	5.9	0.052
My direct supervisor shares issues with me and then he or she makes the final decision.	6.4	6.2	0.519

Variables	Clinical Employees mean	Non-Clinical Employees mean	P value
It is important for me to know in detail what I have to do on a job.	8.3	8.3	0.966
It is important for me to know in detail how I am supposed to do a job.	8.4	8.4	0.888
I try very hard to improve on my past performance at work.	8.3	8.5	0.389
It is important for me to know how well I am doing.	8.7	8.9	0.268
It is important for me to know in detail what the limits of my authority on a job are.	8.5	8.5	0.795
I speak highly of this hospital to my friends.	**6.5**	**5.8**	**0.027**
I consider this hospital my first choice.	**6.5**	**5.6**	**0.008**
The hospital inspires me to do my best work.	6.5	5.8	0.054
I would be happy for my friends and family to use this hospital's services.	6.4	5.8	0.240
I would say that the hospital I am working for is a good place to work.	**6.2**	**5.4**	**0.011**
I would prefer to stay with this hospital as long as possible.	5.8	5.1	0.064
I frequently make suggestions to improve the work of the hospital.	6.6	6.3	0.340
My supervisor encourages me to do more than is actually required.	7.2	6.8	0.248

Table 6.7 shows the mean scores which range from 4.4 to 8.7 for clinical employees and 4.3 to 8.9 for non-clinical employees. All values of $p<0.05$ in Table 6.7 are shown in bold. The table shows that clinical employees scored higher than non-clinical employees in relation to "My direct supervisor controls everything I do in the unit" ($p<0.05$); "My direct supervisor plans, organises and monitors everything in the unit" ($p<0.05$), "My direct supervisor and I make decisions together" ($p<0.05$); "My direct supervisor's view dominates in the unit" ($p<0.05$); "I speak highly of this hospital to my friends" ($p<0.05$), "I consider this hospital my first choice" ($p<0.05$), "I would say that the hospital I am working for is a good place to work" ($p<0.05$). Furthermore, there was no significant difference between the groups with regard to the following statements: "my direct supervisor has all the say", "I do not have much power here", "My direct supervisor's vision of the future governs what I do around here", "I have a medium amount of power here", "I am held accountable for achieving my direct supervisor's vision", "my direct supervisor plans, organises and monitors everything in the unit"; "my direct supervisor likes to keep some distance from staff in the unit"; "my direct supervisor shares issues with me and then he or she makes the final decision"; "It is important for me to know in detail what I have to do on a job", "It is important for me to know in detail how I am supposed to do a job", "I try very hard to improve on my past performance at work", "It is important for me to know how well I am doing", "It is important for me to know

in detail what the limits of my authority on a job are", "I would be happy for my friends and family to use this hospital's services", "I would prefer to stay with this hospital as long as possible", "I frequently make suggestions to improve the work of the hospital", "My supervisor encourages me to do more than is actually required", ($p>0.05$).

6.3.3 The Influence of the Prevailing Leadership Style on Employee Engagement

Table 6.8 in the oberleaf shows descriptive statistics of clinical and non-clinical employees: Employee Engagement.

Table 6.8 shows descriptive statistics of clinical and non-clinical employees: Employee Engagement. All values of $p<0.05$ in Table 6.8 are shown in bold. Further, Table 6.8 shows that clinical employees scored less as compared to non-clinical employees with regard to the following statements: "At my work I feel as if I am bursting with energy" ($p<0.05$), "Time flies when I am working" ($p<0.05$), "At my job I feel strong and energetic" ($p<0.05$). Additionally, the results of Table 6.8 indicate no statistically-significant differences between the two groups with relation to "When I get up in the morning, I feel like going to work", "To me my job is challenging", "When I am working; I forget everything else around me", "My job inspires me", "At my work I always persevere even when things do not go well", "I am enthusiastic about my job", "I get carried away when I am working", "I am proud of the work that I do", "It is difficult to detach myself from my job", "I find the work that I do full of meaning and purpose and I feel happy when I am working eagerly" ($p>0.05$).

Table 6.8: Descriptive statistics of Clinical and Non-Clinical Employees: Employee Engagement

Variables	Clinical Employees mean	Non-clinical Employees mean	p-values
When I get up in the morning, I feel like going to work.	6.6	6.9	0.1882
To me my job is challenging.	6.1	6.7	0.0904
When I am working; I forget everything else around me.	6.4	6.7	0.2960
At my work I feel as if I am bursting with energy.	**5.4**	**6.3**	**0.0028**
My job inspires me.	6.6	7.2	0.0457
Time flies when I am working.	**6.5**	**7.4**	**0.0023**
At my work I always persevere even when things do not go well.	7.2	7.3	0.5796
I am enthusiastic about my job.	6.9	7.3	0.1205

Variables	Clinical Employees mean	Non-clinical Employees mean	p-values
I get carried away when I am working.	6.3	6.4	0.8195
I am proud of the work that I do.	7.5	7.9	0.0566
It is difficult to detach myself from my job.	7.1	7.2	0.7795
I find the work that I do full of meaning and purpose.	7.9	8.3	0.4362
At my job I feel strong and energetic.	**7.4**	**8.1**	**0.0181**
I feel happy when I am working eagerly.	7.5	7.7	0.4563

6.3.4 The Influence of the Prevailing Style on Employee Job Satisfaction

Table 6.9 overleaf represents descriptive statistics of clinical and non-clinical employees: Employee Job Satisfaction.

Table 6.9 represents descriptive statistics of clinical and non-clinical employees: Employee Job Satisfaction. All values of $p<0.05$ are shown in bold and indicate that a significant difference between clinical and non-clinical staff responses does exist. Regarding the influence of the prevailing leadership style on employees' job satisfaction, Table 6.9 shows the mean score ranges from 4.4 to 7.3 for clinical employees and 4.1 to 7.6 for non-clinical employees. A significant difference between clinical and non-clinical employees was observed with regard to "I feel comfortable talking about my personal issues with my supervisor" ($p<0.05$), "My supervisor gives me an opportunity to work alone on the job" ($p<0.05$), "I am happy with the way my supervisor handles problems and conflicts in the unit" ($p<0.05$) and "I am happy with the way my supervisor treads me as a subordinate" ($p<0.05$). Moreover, clinical employees scored less when compared to non-clinical employees in relation to "I am happy with my supervisor's leadership" ($p>0.05$), "I understand how my effort contributes to the success of the hospital" ($p>0.05$) and "My morale is high most of the time" ($p>0.05$).

Table 6.9: Descriptive statistics of Clinical and Non-Clinical Employees: Employee Job Satisfaction

Variables	Clinical Employees mean	Non-clinical Employees mean	p-values
I am happy with my supervisor's leadership.	6.1	6.5	0.1621
I understand how my effort contributes to the success of the hospital.	7.3	7.5	0.2667
My morale is high most of the time.	6.2	6.6	0.2395

Variables	Clinical Employees mean	Non-clinical Employees mean	p-values
I feel comfortable talking about my personal issues with my supervisor.	**4.4**	**5.6**	**0.0001**
I enjoy working for this hospital to the extent that I am not seeking a job elsewhere.	4.7	5.4	0.0509
I sometimes consider quitting my job.	4.4	4.1	05279
My supervisor gives me an opportunity to work alone on the job.	**6.6**	**7.6**	**0.0014**
I am happy with the way my supervisor handles problems and conflicts in the unit.	**5.5**	**6.2**	**0.0212**
My job is not what I always wanted to do.	4.0	4.5	0.1215
I am happy with the way my supervisor treads me as a subordinate.	**5.3**	**6.1**	**0.0187**
I'm happy with my pay or mount of work my supervisor asks me to do on a daily basis.	**4.7**	**4.8**	0.7265
I'm happy with the way my supervisor communicates with me or other subordinates.	6.2	6.7	0.1026
I get a strong feeling of self-esteem or self-respect from being in my job.	**6.5**	**7.1**	**0.0440**
I am happy with opportunities for personal growth and career development in my job.	5.3	5.8	0.2160
I have a strong feeling of worthwhile accomplishment in my job.	5.9	6.3	0.1637
I am happy with my present job and it meets the expectations I had when I took the job.	**5.6**	**6.6**	**0.0008**
I am happy with the amount of respect and fair treatment I receive from my supervisor.	**5.8**	**6.5**	**0.0200**
I am happy with the continuous feedback I receive from my supervisor.	6.2	6.6	0.4021
I am happy with the amount of supervision I receive from my supervisor.	6.1	6.5	0.2012
I'm happy participating in the determination of hospital policies or procedures or guidelines.	5.7	6.1	0.2115

6.3.5 The Influence of the Prevailing Style on Employee Organisational Commitment

Table 6.10 indicates descriptive statistics of clinical and non-clinical employees: Employee Organisational Commitment.

Table 6.10: Descriptive statistics of Clinical and Non-Clinical Employees: Employee Organisational Commitment

Variables	Clinical Employees mean	Non-clinical Employees mean	p-values
I am very happy being an employee of this hospital.	5.9	6.5	0.0983
I enjoy discussing this hospital with people outside.	5.2	5.8	0.0506
I really feel as if this hospital's problems are my own.	**4.9**	**5.8**	**0.0040**
I think I could easily become as attached to another organisation as I am to this one.	**4.7**	**5.5**	**0.0071**
I do not feel like part of the family at this hospital.	4.2	4.3	0.8534

Variables	Clinical Employees mean	Non-clinical Employees mean	p-values
I do not feel emotionally attached to this hospital.	4.4	4.4	0.8894
This hospital has a great deal of personal meaning for me.	**5.1**	**5.8**	**0.0123**
I consider this hospital as a suitable place for me.	**5.0**	**5.8**	**0.0182**
I worry about the loss of investment I have made in this hospital.	**4.4**	5.1	0.5016
If I was not an employee of this hospital I would be sad because my life would be disrupted.	**4.4**	**5.3**	**0.0107**
I'm loyal to this hospital - I've invested in it emotionally or socially and economically.	**5.5**	**6.4**	**0.0074**
I often feel anxious about what I have to lose with this hospital.	**4.5**	**5.7**	**0.0001**
I worry about what might happen if something happen to this hospital.	**4.8**	**6.0**	**0.0001**
I feel that I owe this hospital quite a bit because of what it has done for me.	**4.2**	**5.4**	**0.0001**
This hospital deserves my loyalty because of its treatment of me.	**4.9**	**6.2**	**0.0001**
I feel I'd be letting my co-workers down if I was not an employee of this hospital.	**5.2**	**6.2**	**0.0009**
I am loyal to this hospital because my values are largely its values.	**5.9**	**6.8**	**0.0026**
This hospital has a mission that I believe in and am committed to.	**6.5**	**7.2**	**0.0296**
I feel it is "morally correct" to dedicate myself to this hospital.	7.2	7.6	0.1609

Table 6.10 demonstrates the influence of the prevailing managerial leadership style identified on employees' organisational commitment. All values which are $p<0.05$ are shown in bold and indicate that a significant difference does exist. Clinical employees scored significantly less than to non-clinical staff with regard to "I really feel as if this hospital's problems are my own" ($p<0.05$), "I think I could easily become as attached to another organization as I am to this one" ($p<0.05$), "this hospital has a great deal of personal meaning for me" ($p<0.05$) and "I consider this hospital as a suitable place for me" ($p<0.05$). In addition, clinical staff scored significantly higher than non-clinical staff in relation to "if I was not an employee of this hospital I would be sad because my life would be disrupted" ($p<0.05$), "I'm loyal to this hospital and I've invested in it emotionally or socially and economically" (5.5 versus 6.4, $p<0.05$), "I often feel anxious about what I have to lose with this hospital" ($p<0.05$), "I worry about what might happen if something happens to this hospital" ($p<0.05$), "I feel that I owe this hospital quite a bit because of what it has done for me" ($p<0.05$) and "This hospital deserves my loyalty because of its treatment of me" ($p<0.05$).

6.3.6 Testing for Normality

A very important assumption in regression is that the dependent variable is normally distributed. Normality is used to describe a symmetrical, bell-shaped curve, which has the greatest frequency of scores around in the middle combined with smaller frequencies towards the extremes (Pallant, 2005). The regressions in this paper have Polish venture performance as the dependent variable. If the dependent variable is not normally distributed, there is little point in performing regression analysis because a major assumption of the model is broken. The frequency distribution of the computed variable can be seen in Table 2. The histogram on the left shows the dependent variable before transformation. The variable is negatively skewed as the mean score is 2.55, which is above the median score of 2.2. The results from tests of normality are represented in Table 6.11 below.

Table 6.11: Tests of Normality

Variables	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Leadership styles and work	.069	489	.000	.986	489	.000
Employee engagement	.068	489	.000	.959	489	.000
Employee job satisfaction	.045	489	.022	.993	489	.028
Employee organisational commitment	.036	489	.179	.989	489	.001
Perceived Organisational Support	.094	489	.000	.938	489	.000
Perceived Supervisor Support	.225	489	.000	.775	489	.000
Autocratic Leadership Style	.042	489	.035	.988	489	.001
Consultative or Participative Leadership Style	.076	489	.000	.954	489	.000

One can conduct a simple test for whether the frequency distribution of the variable deviates from a normal distribution. This can be done using the Kolmogorov-Smirnow test and Shapiro-Wilk tests. These tests compare the variable to a normally-distributed set of scores with the same mean and standard deviation. If these tests are non-significant ($p > 0.05$), it shows that the distribution in the sample is not significantly different from a normal distribution (Field, 2005).

The test of the untransformed variable in Table 6.11 shows that the variables satisfy normality tests. All are $p<0.05$ and are therefore suitable to be used in a regression model. In addition to the above statistical analysis, the next section of this chapter discusses the

influence of the prevailing leadership style (autocratic style of leadership) on the three dependent variables of employee engagement, job satisfaction and organisational commitment.

6.3.7 Regression Analysis Between Dependent and Independent Variables

The aim of this study was to identify the prevailing leadership style adopted by managers at the selected public hospital of the LDoH, and also to determine the influence of the prevailing leadership style on the three dependent variables of employee engagement, job satisfaction and organisational commitment. This part of the analysis looks at the predicting powers of the established construct on the dependent variables using stepwise regression, and inspects if the established hypotheses can be confirmed or disconfirmed. Table 6.12 below shows percentages of variance for clinical employees (health professionals).

Table 6.12 Percentages of Variance for Dependent Variables: Clinical Employees: Health Professionals

Factors	Factor No	% of Variance for Employee Engagement	% of Variance for Job Satisfaction	% of Variance for Organisational Commitment
Perceived Organisational Support (PSS)	1	51.7	47.3	63.9
Perceived Supervisor Support (POS)	2	27.4	15.5	11.0
Autocratic Leadership Style	3	17.8	12.5	30.0
Consultative or Participative Leadership Style	4	25.9	44.5	32.8

With regard to PSS, Table 6.12 shows a higher percentage of variance for the three dependent variables of employee engagement (51.7%), job satisfaction (47.3%) and organisational commitment (63.9%). Table 6.12 indicates small percentage of variance for all three dependent variables of employee engagement (27.4%), job satisfaction (15.5%) and organisational commitment (11.0%) when looking at POS. The results show small percentages of variance for all three dependent variables of employee engagement (17.8%), job satisfaction (12.5%) and organisational commitment (30.0%) with regard to autocratic leadership style. Moreover, regarding consultative or participative leadership style, Table 6.12 illustrates a small percentage of variance for employee engagement (25.9%), a better

percentage of variance for job satisfaction (44.5%) and a small percentage of variance for organisational commitment (32.8%) respectively.

Table 6.13 shows the percentage of variance for the three dependent variables of non-clinical employees (support employees).

Table 6.13 Percentages of Variance for Dependent Variables: Non-Clinical Employees: Support Employees

Factors	Factor No	% of Variance for Employee Engagement	% of Variance for Job Satisfaction	% of Variance for Organisational Commitment
PSS	1	68.5	48.4	66.7
POS	2	18.1	24.6	11.9
Autocratic Leadership Style	3	16.3	39.5	24.6

Table 6.13 above shows that with regard PSS, percentage of variance for employee engagement is high (68.5%), for job satisfaction is (48.4%) which is not high as compared to PSS, and for organisational commitment is also high (66.7%). Concerning POS, Table 6.13 illustrates small percentages for all three dependent variables of employee engagement (18.1%), job satisfaction (24.6%) and organisational commitment (11.9%). A small percentage of variance (16.3%) for employee engagement is shown with regard to autocratic leadership style, and a better percentage of variance of 39.5% for job satisfaction is shown. A small percentage of 24.6% for organisational commitment is depicted in Table 6.13.

6.4 PRESENTATION AND ANALYSIS OF QUALITATIVE DATA

Qualitative data in this study were divided into three sections. The first section dealt with understanding of a NHI public policy, the concepts of leadership, employee engagement, job satisfaction; and organisational commitment. The second section addressed leadership competencies and the last section aimed at understanding work-related challenges experienced by managers working at selected public hospitals of the LDoH.

6.4.1 Managers' Understanding of a NHI Policy, the Concepts of Employee Engagement, Job Satisfaction and Organisational Commitment

Discussions in this section summarise the themes and sub-themes reflecting managers' understanding of the NHI, leadership, employees' engagement, job satisfaction and organisational commitment.

6.4.1.1 Understanding of the NHI Policy

Theme 1: **Access to Free Quality Health Service for All**

Most of the respondents showed an understanding that National Health Insurance entails free access to quality health services by all employed and unemployed citizens. This was supported by the response from a respondent as shown below:

> ***Respondent 19*** said: "*Access to good quality health services irrespective of employment status*".

Below is what another respondent cited:

> ***Respondent 8*** said: "*Is a provision of free quality services to everyone in all communities.*"

In addition, below is what other respondents individually mentioned:

> ***Respondent 5*** said: "*Is about quality services to all community members both employed and unemployed*";
>
> **Respondent 9** said: "*Is the provision of good health services to all South Africans*";
>
> **Respondent 11** said: "*Is making sure that communities receive quality care in all corners of South Africa*";
>
> ***Respondent 15*** said: "*Is the improvement of health system in South Africa and simplifying access of health services by all in the country*".

Sub-theme 1.1: Workshops Attended and Contribution

Nearly half of the respondents indicated that they attended the NHI workshops. However, some of the respondents reported that the workshops were useless. This was supported by the participant responses provided below:

> ***Respondent 1*** said: "*I attended the NHI workshop but I found it to be useless to me.*"

Another respondent said:

> ***Respondent 2*** said: "*It was just fine because I already knew about NHI policy.*"

Other responses were:

> ***Respondent 5*** said: "*It was just fine because I already knew about the NHI policy*" and "*It was very informative*".

6.4.1.2 Managers' Understanding of Leadership as a Concept

Theme 2: Ability of an Individual to Lead and Guide Others

The findings of this study indicated that the majority of respondents understood the meaning of leadership. This statement was confirmed by two respondents whose responses are provided below:

> ***Respondent 12*** said: "*Leadership is leading and managing people, giving direction to where people should go and how to get there by assisting them*".

> ***Respondent 7*** said: "*Leadership is leading the team in order to follow organisational vision and achieve set goals*".

Furthermore, below is what other respondents mentioned:

> ***Respondent 6*** said: "*Is about managing followers especially for the achievement of a common goal*";

> ***Respondent 4*** said: "*Is about ensuring that one follows guidelines and protocols as well as internal processes*";

> ***Respondent 10*** said: "*Is about working together with others and leading them into achieving desired results*".

Sub-theme 2.1: Type of Leadership Styles

The respondents in this study were asked to indicate the leadership styles they knew. Eight leadership styles were mentioned by the respondents namely participative, transformative, democratic, laissez-faire, autocratic or authoritative, servant, situation and charismatic. The most common leadership styles mentioned were democratic and autocratic or authoritative styles of leadership. This is supported by what some respondent said as shown below:

Respondent 11 said: "*I know laissez-faire, democratic and autocratic leadership styles.*"

Respondent 4 said: "*I know democratic and autocratic leadership styles.*"

In addition, below is what other respondents said:

Respondent 14 said: "*I know situational, democratic and autocratic leadership styles*";

Respondent 19 said: "*I know democratic, participative, and servant leadership styles*";

Respondent 16 said: "*I know autocratic and charismatic leadership styles*".

Sub-theme 2.2: Applying Leadership in the Workplace

Most of the respondents said they apply the leadership style in their workplace as they understood it. This was supported by one respondent whose response is indicated below:

Respondent 2 said: "*A person is a leader because there are followers and there is a huge responsibility which comes with leadership. Yes, I am applying it as Manager.*"

Additionally, below is what another respondent cited:

Respondent 7 said: "*Solving problems on behalf of a team of subordinates and giving of clear directions. Yes, I am applying it.*"

Sub-theme 2.3: Attending of Workshops

Most of the respondents indicated that they apply the leadership styles in their workplace and have attended leadership workshops. However, a number of them indicated that the workshops they had attended were not arranged by the LDoH or held in the department. This statement is supported by the following narrative made by respondents as presented below:

Respondent 9 said: "*But I attend it at church and it was very good*".

Below is what other participants shared:

Participant 3 *said: "I attended the workshop but not in the department and it was very helpful to me.*"

Participant 4 said: "*I attended the workshop where I was working before I joined this department and it was very useful to me*";

Respondent 5 said: "*Yes I attended the workshop but not in this department and I enjoyed the session*".

Sub-theme 2.4: Suggestions on Leadership Training

The study shows that the majority (n=18) of the respondents suggested different ways of teaching leadership in the LDoH. Of these, three respondents indicated that leadership training should be interactive and this was supported by the participant who said:

Respondent 1 said: "*Leadership should be taught through interactive workshops*".

This was supported by other three respondents as indicated below:

Respondent 7 said: "*Leadership can only be taught through intensive workshops.*"

Respondent 12 said: "*Leadership should be taught through intensive training and interactive workshops*";

Respondent 5 said: "*All employees should attend leadership workshops at least once a year*".

Further, other respondents suggested that the training should include all employees from top management to lower employees. This statement is supported by respondent whose response is as follows:

Respondent 14 said: "*Workshops must be arranged for all employees starting with manager*".

In addition, below is what other respondents said:

Respondent 12 said: "*Employees should be workshopped and this must start with top managers going down to lower categories*";

Respondent 5 said: "*Training should start with top management, middle management and then lower levels categories*".

6.4.1.3 Managers' Understanding of Employee Engagement as a Concept

Theme 3: **Involvement in Decision-Making Processes**

This study revealed that most of the respondents understood the concept of employee engagement. This statement is supported by the respondent whose view is as follows:

Respondent 2 said: "*Is about involving employees in the decision-making process, and always obtaining buy-in prior to final decisions being taken.*"

Additionally, below is what other respondents shared:

Respondent 11 said: "*It is engaging subordinates on daily activities and discussion improvement of plans in all areas which need to be improved or finding solutions to the existing problems*;

Respondent 15 said: "*As it says is around engaging employees";*

Respondent 9 *said: "It relates to good team work and collaborative efforts by all stakeholders, and it is important to me because other stakeholders play a critical role here at the hospital*";

Respondent 14 said: "*It is about a situation where supervisor engages employees in critical issues, and it is important to me because issues can't be solved by a supervisor only*".

Sub-Theme 3.1: Attending of Workshops

Respondents were also asked if they have attended workshops or training sessions on employee engagement. The majority (n=19) of the respondents said no. A view from one respondent who attended a workshop is as follows:

Respondent 4 said: "*I attended a workshop on employee engagement when I was studying and it was an eye opener for me."*

The other respondent who has never attended a workshop on employee engagement cited the following*:*

> ***Respondent 18*** *said: "I suggest it should be arranged."*

6.4.1.4 Managers' Understanding of Job Satisfaction as a Concept.

Theme 4: The Feelings Employees have towards their Jobs

The findings of this study show that all respondents have an understanding of what employee job satisfaction is all about, though each respondent explained it in his or her own way. This statement is supported by the following statement: One participant responded as shown:

> ***Respondent 19*** said: "*Is when an employee works in a peaceful environment and being happy with given tasks or duties*",

Which was supported by another respondent whose view is as follows:

> ***Respondent 9*** **said:** "*Is when one enjoys the actual job and has high employee morale.*"

Likewise, below is what other respondents shared:

> ***Respondent 1*** said: "*Is all about availability of required resources, and it matters to me*";
>
> ***Respondent 2*** said: "*Is when employees are satisfied with their jobs and this satisfaction then leads to more productivity*";
>
> ***Respondent 6*** said: "*Is happiness with salary, policies, protocols and supervision*";
>
> ***Respondent 7*** said: "*Is about good remuneration and functional equipment as well as enough budget*";
>
> ***Respondent 11*** said: "*Obviously is about good working environment where resources are adequate*".

Sub-Themes 4.1: Availability of Resources and Working Environment

The results of the study highlighted that employee job satisfaction includes many factors according to the respondents. This was confirmed by the participant whose response is as follows:

> ***Respondent 17*** said: "*Employee job satisfaction is satisfaction which is derived from receiving good benefits. Working conditions also plays a critical role in increasing satisfaction levels especially where the environment is conducive."*

Additionally, below is what another respondent stated:

> ***Respondent 3*** said: "*Employee job satisfaction is when there is enough equipment and working in a supportive environment".*

Sub-Theme 4.2: Remuneration

Some of the respondents indicated that employee job satisfaction is about salary or pay. The statement is supported by the participant whose response is as follows:

> ***Respondent 6*** said: "*Employee job satisfaction is happiness with salary, policies, protocols and supervision.*"

Below is what another respondent stated:

> ***Respondent 12*** said: "*Is when employees are happy with working tools and their salaries.*"

6.4.1.5 Managers' Understanding of the Organisational Commitment as a Concept

Theme 5: Employee Efforts and Motivation Towards Organisational Goals and Purpose

Most of the respondents showed an understanding of the concept of organisational commitment. This is supported by the participant whose response is as follows:

> ***Respondent 12*** said: "*Is all about employees being committed to the organizational goals.*"

Additionally, one respondent shared the following:

Respondent 1 said: "*Is about being loyal to the employer and always doing what is expected of you as an employee.*"

Below is what other respondents shared:

Respondent 16 said: "*Is always valuing what one is doing for the organisation*";

Respondent 17 said: "*Is like when one is enjoying being part of the organisation and rendering services as it is required*";

Respondent 11 said: "*Is when an employee thinks of an organisation as the best workplace and enjoys working for it*".

However, there were a few (n=3) respondents who indicated a lack of knowledge about organisational commitment. This statement was confirmed by a respondent whose view is as follows:

Respondent 14 said: "*I am not sure about its meaning but it is important to me.*"

Below is what other respondents added:

Respondent 7 said: "*I do not know much about it but is caring for the job and thinking of what to do best for the patients*";

Respondent 11 said: "*Is difficult to explain it, but is all about commitment to the job*".

Sub-Theme 5.1: Importance of Organisational Commitment

The results of this study revealed that all respondents believe that organisational commitment is important for any manager in the organisation. This statement was supported by a number of respondents (n=20) who said

"*Yes, organisational commitment is important*".

6.5 INFLUENCE OF THE PREVAILING MANAGERIAL LEADERSHIP STYLES ADOPTED BY MANAGERS ON THE THREE CONCEPTS (EMPLOYEE ENGAGEMENT, JOB SATISFACTION AND ORGANISATIONAL COMMITMENT)

Respondents were asked if managerial leadership styles they had adopted have any influence on employee engagement, job satisfaction and organisational commitment. All respondents

(n=20) said that adopted managerial leadership styles have good and bad influences on the three concepts.

This is supported by a respondent whose view is as follows:

> ***Respondent 1*** said: "*Yes, bad leaders will be sabotaging service delivery*."

Below is what other respondents shared:

> ***Respondent 5*** said: "*Yes, a bad leader will only think of himself or herself, while a good leader will be tolerant and accommodate everyone.*"
>
> **Respondent 6** said: "*Yes, good leadership styles will boost employee morale and also solve the issues of high attraction rate.*"
>
> ***Respondent 19*** said: "*Yes, good leadership style will encourage employees to come on time and also put their energy on doing their work.*"

6.6 LEADERSHIP COMPETENCIES

Respondents were asked about leadership competencies. The most common competencies, according to respondents, are presented in Table 6.14.

Table 6.14: Leadership Competencies Identified by Managers

Identified Competencies	No. of Respondents	Percentage (%)
Communication skills	15	75
Organising skill	7	35
Planning skill	5	25
Listening skill	7	35
Team player	5	15

Respondents were also asked to identify the most important leadership competencies for a leader in a hospital setting. The top five competencies identified in descending order as per Table 6.14 above were: communication skills; organising skills; planning skills; professionalism and directing skills.

6.7 WORK RELATED CHALLENGES EXPERIENCED BY MANAGERS

Respondents were asked if there were any challenges at their work situations (hospitals) on a daily basis. The findings of the study reveal that a greater number (n=19) of respondents indicated that they have work related challenges as discussed below:

Theme: Leadership Challenges in the Workplace

The following sub-themes were identified:

- Acting in higher posts
- Bad attitude by some employees
- Poor communication
- Absenteeism
- Lack of respect
- Workload pressure

One respondent stated the following:

> ***Respondent 19*** said: "*The challenges we are facing in the workplace are*: *Lack of respect, resistance to change, poor employee attitude, and absenteeism.*"

Below is what another shared:

> ***Respondent 3*** said: "*Bad attitude by employees, lack of respect, bad working relationship.*"

There were respondents who also mentioned the issue of people acting in higher posts for longer periods which is supported by one respondent whose view is as follows:

> ***Respondent 8*** said: "*All is just going well but the issues of so many people acting in higher posts for a long period of time is a concern."*

Furthermore, below is what other respondents stated:

> ***Respondent 8*** said: "*Poor communication, bad attitude, there is conflict.*"

> ***Respondent 6*** said: "*Absenteeism is a problem, Lack of resources such as printing machines, toners, sometimes printing papers, etc. There is also a communication gap."*

Respondent 10 said: *"Most people absent themselves due to workload pressure."*

6.8 CONCLUSION

The study found managers' understanding of the NHI policy to be reasonable for managers working at public hospitals. In addition, the study found that there are two leadership styles associated with managers working at selected public hospitals of the LDoH. The two managerial leadership styles identified by this study are autocratic and participative or authoritative styles of leadership. The researcher found that different managers apply different managerial leadership styles in their organisation. Thus, a predominant managerial leadership style of managers at selected public hospitals was found to be the autocratic managerial style of leadership. The study found this style of leadership to be unsuitable for managers working at selected public hospital's settings. This was supported by the fact that the study found no positive relationship between the prevailing managerial leadership style with at least all three dependent variables for both clinical and non-clinical employees. Additionally, the study shows competencies identified as important for managers to be communication, organising, planning, professionalism and directing. In conclusion, the respondents identified poor working conditions, poor or low employee morale, absenteeism, lack of respect as some challenges faced by managers on a daily basis. The next and final chapter provides a summary of the study findings, highlights the limitations, provides conclusions and recommendations based on the results described in this chapter.

CHAPTER 7: DISCUSSION AND RECOMMENDATIONS

7.1 INTRODUCTION

The previous chapter presented the analysis and findings of the study for both quantitative and qualitative methods (mixed methods). The purpose of this chapter is to provide a summary of the study findings, highlight the limitations, and provide recommendations based on the results of the study as discussed in the previous chapter.

According to Roux (2002:418), South Africa had an opportunity to re-enter into the global village after breaking away from boundaries of apartheid's isolation. This entry saw South Africa experiencing significant changes and transformations throughout in all spheres of government and administration, and as well as in public policy (Roux, 2002:418). Furthermore, Roux (2002:418) explained that changes and transformations in South Africa gave policy makers significant responsibilities as it was important to align public policies with international global requirements and demands, especially for facilitation of transformation and change. Additionally, Roux (2002:418) stipulated that it is of paramount importance "for public institutions to survive, grow productively and render quality services to the public, and to effectively formulate policies for change and on a continuous basis and also assess or analyse such policy initiatives. This would, therefore, imply that awareness, knowledge and skills are needed at all levels in order to implement sound policies and make change happen. This study was therefore conducted to understand leadership in the public health sector of South Africa with the prime aim of increasing knowledge and also to support implementation of the NHI public policy in South Africa and to prepare the South African Public Health Sector, particularly the LDoH, for a countrywide implementation of a NHI policy. A research gap was evident in the sense that since the introduction of the NHI public policy in South Africa, no one had investigated leadership of the LDoH in order to ascertain the interplay of the prevailing leadership styles on variables such as employee engagement, job satisfaction and organisational commitment. This chapter presents discussions and recommendations which are based on key study findings presented in the previous chapter. This chapter is divided into the two sub-sections: section one discusses the findings of quantitative study which assessed managers' leadership styles and the influence of the prevailing leadership style on employee engagement, job satisfaction and organisational commitment according to the employees' perspective. Section two of this chapter deals with

the findings of the qualitative study which included managers' responses to questions during face-to-face interviews.

7.2 SUMMARY OF STUDY FINDINGS

This section of chapter seven is divided into two sub-sections with the first sub-section discussing findings from the primary study, and the section sub-section's focus is predominantly on findings from the literature review.

7.2.1 FINDINGS FROM THE PRIMARY STUDY

7.2.1.1 Public Policy Making

The *first* study objective was to understand the manner in which public policy is formulated in general, and also, in the context of South Africa. About this objective, the researcher understood that generally, at least six stages of policy making process are suggested in the existing literature. Colebatch (2002:50) cited in Mchunu (2016:15) identified the six stages of policy making process as "Problem identification, Agenda Setting, Formulation of Alternatives, Adoption or Decision-Making, Implementation, and Evaluation. Regarding public policy making in the context of SA, the researcher found explanation by Gumede (2008) of the process of policy making in the context of SA easily comprehensible and comprehensive. Gumede (2008) explained that, the first institution which plays a critical role in the process of public policy making in South Africa is "Policy Co-ordination and Advisory Services (Policy Unit)" which is found in the state presidency (Gumede, 2008:11). This Unit deals with the policy-making process including, "policy analysis, coordination and advice" (Gumede, 2008:11), and in addition to these key policy activities, the Unit focuses on planning- be it short term planning, medium term planning or long term planning, and as well as "government-wide monitoring and evaluation" (Gumede, 2008:11). It is also the Unit's responsibility to provide the following: "research, analytical, advisory, policy, project or programme and strategic support to the presidency and government as a whole on matters of socio-economic development, justice, governance, and international affairs" (Gumede, 2008:11). Additionally, the Policy Unit acts as a link between the five Forum of South African Directors-General (FOSAD) clusters (Gumede, 2008:11).

Gumede (2008) provides the following explanation on the process of policy-making in South Africa. As in many countries, the national legislative authority is vested in parliament, which is the highest level of government, and its composition contains the National Assembly (NA)

and the National Council of Provinces (NCOP) which are the two main houses (Gumede, 2008:11). The NA is described by the Constitution as "a body elected to represent the people and to ensure government by the people" (Gumede, 2008:11). Additionally, Gumede (2008:11) outlines the NA's functions as "holding the executive accountable; fulfilling the judicial role and those relating to its own activities; considers public petitions from the members of the public; passes legislations". Furthermore, it is the role of the NA to "pass, amend or reject any legislation before it, and / or initiate or prepare legislation, except the Money Bill" (Gumede, 2008:11). Above all, it is the NA's obligation to ensure that mechanisms for ensuring that all executive organs of state's accountability in the national sphere of government are provided and it is also the NA's obligation to "maintain oversight of the exercise of national executive authority, including the implementation of legislation, as well as of any organ of state" (Gumede, 2008:11).

The NCOP is responsible for the following key roles as outlined by Gumede (2008:11), "The NCOP ensures that provincial interests are taken into account in the national sphere of government; participates in the national legislative processes and provides a national forum for public consideration issues affecting the provinces; may pass, amend, propose amendments or reject any legislation before it, initiate or prepare legislation falling within functional areas; is required by law to facilitate public involvement in its legislative and other process and its committee in a regulated manner".

Gumede (2008:12) further explained that the process of law-making involves various structures and is lengthy. Draft legislation goes through a specific process before it actually reaches parliament as a bill. According to Gumede (2008:12), the process of making law commences when a Green Paper is discussed and drafted in the ministry or department which deals with the issue at hand. The aim is demonstration of the ministry's or department's thinking concerning a particular policy. A policy is then drafted by the department or a designated task team, where comments are further invited from all interested parties (Gumede, 2008:12). Once a policy is drafted, amendments may be proposed by the parliamentary committees who refer the policy paper back to the department or ministry for more discussions and final inputs (Gumede, 2008:12). The Law Commission and Cabinet then approves a policy paper (White Paper) which is then submitted to the advisors such as state law advisors who then assess implications (legal and technical) of the draft law. A bill is then introduced in parliament (Gumede, 2008:12). He pointed out that "at this stage the bill

must have already gone through public participation process where organs of civil society, other bodies and the general public are given an opportunity to input during drafting". It is also pointed out in Gumede (2008:12) that although the passing of a law is the responsibility of parliament in the two houses' sittings, examination regarding details of a draft law occurs only at cabinet committee level.

Again, Gumede (2008:12) identified the key responsibilities of the South African cabinet committees as: "review and deliberate on the identified short-, medium-and long term priorities in an integrated way for their particular sectors, and to agree on areas that require substantive discussion; facilitate integrated cabinet decision making and the cooperative approach to governance; discuss substantial political and policy matters to inform memoranda that come to cabinet for decisions on policy matters; engage in creative and collaborative interaction on issues affecting their sectors relating to policy development and legislation for the sector; deliberate on capacity and systems development for integrated planning, coordination, monitoring and evaluation".

It is further explained that at a provincial level, the Constitution of a province governs the provincial legislature and this legislature must act in accordance with the constitution and its limits (Gumede, 2008:13). He explained that, "in exercising its legislative power, a provincial legislature may consider, pass, amend, or reject any bill before the legislature, initiate or prepare legislation". In addition, as in the National Assembly and the NCOP, provincial legislation is also responsible for ensuring that there is involvement of the public in the legislature and its other processes, including its committee. This must done in a manner that is regulated (Gumede, 2008:13).

Lastly, Gumede (2008:13) explained that municipalities across South Africa were established at a local sphere of government. As Gumede (2008:13) puts it, "the executive and legislative authority of a municipality is vested in its municipal council. In terms of the provision of the constitution, a municipality is essentially given the right to govern on its own initiative, its communities' local government affairs, subject to national and provincial legislation (Gumede, 2008: 13). Gumede (2008:13) further stipulates that, "Municipalities have the right to exercise their ability powers without the national or a provincial government compromising or impeding their ability or right to exercise their powers or perform their functions. Additionally, municipalities may make and administer bylaws for the effective administration of the matters for which they are responsible".

Governance arrangements are enacted in the Constitution which is the supreme law of the country (Gumede, 2008:13). Roux (2002:419) points out that the Constitution of the Republic of South Africa is the "supreme law" or "authority" in contrast with previous constitutions in which the supreme authority was Parliament. Parliament is now subordinate to the Constitution. This section discussed the process of making public policy in the context of South Africa. The next section focuses on factors influencing the development of public policies in general.

7.2.1.2 Managerial Leadership Style

The *second* study objective was to identify the prevailing managerial leadership style adopted by mangers working at public hospitals of the LDoH. The findings of the study showed that there were two managerial leadership styles adopted by managers working at the selected public hospitals in the LDoH, namely an *autocratic leadership style* and a *consultative or participative leadership style*. In addition, the study revealed that amongst the two adopted leadership styles, the prevailing managerial leadership style adopted by managers at the selected hospitals is an *autocratic style* of leadership.

7.2.1.3 Effects of the Prevailing Managerial Leadership Style (autocratic style) on Employee Engagement

The *third* study objective was to assess the influence of the prevailing Managerial leadership style on employee engagement with regard to both clinical and non-clinical employees. The researcher hypothesised that, the prevailing managerial leadership style adopted by managers employed at selected public hospitals of the LDoH may have a positive effect on employee engagement with regard to both clinical and non-clinical employees. The results of the study have revealed that when comparisons are made between *clinical* and *non-clinical* employees, the prevailing managerial leadership style adopted by managers has a positive relationship with *clinical* employees' engagement. The findings further indicated the prevailing managerial leadership style has a negative effect on *non-clinical* employee's engagement. This can be attributed to the fact that non-clinical employees do not deal directly with patients while clinical employees must obey orders from their managers even where they do not form part of the consultation processes.

7.2.1.4 Effects of the Prevailing Managerial Leadership Style (autocratic style) on Employee Job Satisfaction

The *fourth* study objective meant to assess the influence of the prevailing Managerial leadership style on employee job satisfaction with regard to both clinical and non-clinical employees. With regard to hypothesis, it was hypothesised that, the prevailing managerial leadership style adopted by managers employed at selected public hospitals of the LDoH may have a positive effect on employee job satisfaction of with regard to both *clinical* and *non-clinical* employees. The study indicated that with regard to the influence of the prevailing managerial leadership style on employee job satisfaction, there is a negative relationship between the prevailing managerial leadership style and *clinical* employees' job satisfaction. On the other hand, there is a positive relationship between the prevailing leadership style and *non-clinical* employees' job satisfaction.

7.2.1.5 Effects of the Prevailing Managerial Leadership Style (autocratic style) on Employee Organisational Commitment

The *fifth* study objective was to assess the influence of the prevailing managerial leadership style on employee organisational commitment with regard to both clinical and non-clinical employees. The hypothesis was that, the prevailing managerial leadership styles adopted by managers working at the selected public hospitals of the LDoH may have a positive effective on organisational commitment with regard to both clinical and non-clinical employees. The results of the study indicate that there is a negative relation between the prevailing leadership style adopted by managers at selected public hospital and clinical employees' organisational commitment. By contrast, this study found a positive relationship between the prevailing leadership style and non-clinical employees' organisational commitment. In terms of the study hypothesis (points 1 to 3), the study found no positive relationship between the prevailing leadership style of managers working at public hospitals and clinical employees' employee engagement. In contrast, the study found a negative influence of the prevailing leadership style on non-clinical employees' engagement. Furthermore, the study findings show a negative relationship between the prevailing leadership style and clinical employees' job satisfaction. On the other hand, study findings provide a positive correlation between the prevailing leadership style and non-clinical employees' job satisfaction. Lastly, the study shows a negative influence of the prevailing leadership style on clinical employees'

organisational commitment, while on the other hand there is a positive correlation between non-clinical employees' organisational commitment.

7.2.2 FINDINGS FROM THE LITERATURE REVIEW

7.2.2.1 Managerial Leadership Style

The current study revealed that the prevailing managerial leadership style adopted by managers at the selected hospitals is an autocratic style of leadership. About this style of leadership, literature showed the following: Bopa (2012:124) said that it is an extreme form of leadership where the leader exerts extreme power upon the staff, offering them very few opportunities of saying what they think or involving themselves actively in the way the activity is developed. According to Mishra et al. (2014:74), under this style of leadership, many decisions are taken by leaders and consultation with colleagues and subordinates is often minimal. Saqib Khan et al. (2015:87) postulated that this style is one of the classical approaches. With this style of leadership, a manager does not allow employee's inputs and retains power and decision-making authority, expects obeying of orders by employees who do not receive any explanations (Saqib Khan et al., 2015:87). This managerial leadership style has been criticised in past years and where managers adopt this type of leadership style, the outcome is often high staff turnover and absenteeism in the organisation (Saqib Khan et al., 2015:87). According to Saqib Khan et al. (2015:87), it has been shown by some studies that generation X employees are highly resistant to this style of management. It should, however, be noted that there is no reference made with regard to other generations, such as generation Y employees, with regard to this style of leadership. Chua et al. (2018:88) explained that autocratic leadership style may be accepted by the subordinates. An emphasis which was made by Chua et al. (2018:88) was that, with this style of leadership, employees of the group are given an opportunity to pay attention on executing particular tasks with no concern around deciding on issues that are complex. The findings of this study are congruent with the findings of Mtimkulu, Naranjee and Karodia (2014) who conducted the study with the title "An Examination of the Extent to which different Leadership Styles impact Employee Motivation, Performance and Absenteeism at four selected Hospitals in Eastern Free State, South Africa" and found that autocratic leadership was prevalent in the selected hospitals in the Free State Province. Their study also revealed that leadership styles which were less frequently used were democratic and participative styles (Mtimkulu et al., 2014:68). The findings of this study are, however, not congruent with the findings of other

studies such as Voon et al., (2011), Ndethiu (2014), Gigaba (2015), Sager (2009) and other researchers who conducted their studies in other sectors such as mining, education, retail, hospitality sectors. Additionally, the present study found an autocratic managerial leadership style to be the dominant style, and this contradicts with Alkahtani‘s argument that the most commonly applied leadership styles in today‘s various organisations are transactional, transformational, and laissez-faire. Ram (2001), Mgbodile (2004), Melling and Little (2004), cited in Akor (2014:149) maintained that under autocratic leadership, decisions are taken by the leader alone and the decision-making process is monopolised. Alhassan et al. (2014:3) posited that the levels of absenteeism and employee turnover could be high as a result of this type of leadership. However, Pagewise (2002), cited in Akor (2014:149), stressed that this leadership style is effective in a situation where there are new employees, specifically untrained ones who have little knowledge about which task should be performed and are unclear on procedures, guidelines and policies to follow. Most of the abovementioned research found transformational leadership to be the dominant leadership style. Additionally, other authors such as Femi and Chukwubueze (2015), Al-Albabheh (2013) found a democratic leadership style to be the prevailing style of leadership.

7.2.2.2 Effects of the Prevailing Managerial Leadership Style (autocratic style) on Employee Engagement

The results of the primary study have revealed that when comparisons are made between clinical and non-clinical employees, the prevailing managerial leadership style adopted by managers has a positive relationship with clinical employees’ engagement. The findings further indicated the prevailing managerial leadership style has a negative effect on non-clinical employee‘s engagement. Findings from the literature review highlighted the following: Alkahtani (2015:23) stated that the choice of style is contingent on diverse factors such as personal traits of leaders; follower‘s acceptance of the leaders; their readiness, task complexity and the norms and values embraced by the organisational members‖. Richman (2006:38) stipulated that engaged employees believe they have a stake in the organisation, and that belief is reflected in their behaviour. Shmailan (2016) showed that it is good for management to understand what motivates their employees and also what the employees constantly need as individuals, especially in terms of support, resources, etcetera. Shmailan (2016) found that employees as ambassadors for their organisations‖ are looking for meaningful work, safety, and available superiors. Blessing White‘s report (2011), showed

that fewer than one in three employees worldwide (31%) are engaged and nearly one in five (17%) are actually disengaged. Sundaray (2011:53) maintained that through employee engagement, a positive attitude by employees particularly towards their organisation will be developed and sustained. Sundaray (2011:53) also pointed out that those employees who are engaged will find it easy to work closely with colleagues in order to increase job performance in an organisation and will also have an understanding of the organisation‘s context. On the contrary, Sundaray (2011:54) noted that disengaged employees lack energy or passion in their work, and they often appear to ‘sleepwalk’ at work. Likewise, Kowalski (2003:62) argued that in such a case, an organisation would achieve minimal return on investment especially where a large percentage of employees are not actively engaged. Furthermore, Lockwood (2007:2) explained that there is a move by organisations into an environment which is boundaryless and this makes it important for organisations to ensure that there is attraction, engagement, development and retention of talent.

7.2.2.3 Effects of the Prevailing Managerial Leadership Style (autocratic style) on Employee Job Satisfaction

The primary study indicated that with regard to the influence of the prevailing managerial leadership style on employee job satisfaction, there is a negative relationship between the prevailing managerial leadership style and clinical employees’ job satisfaction. On the other hand, there is a positive relationship between the prevailing leadership style and non-clinical employees’ job satisfaction. The literature review revealed that a negative relationship between the prevailing managerial leadership style of managers and job satisfaction of clinical employees is supported by Saqib Khan et al. (2015:87) and Ibrahim et al. (2014:3) who noted that this style of leadership is linked to absenteeism and employee turnover. Voon et al. (2011) found that a transformational style of leadership had a positive correlation with job satisfaction. Similarly, Shafie et al. (2013) showed a significant interplay between transformational leadership style and employee performance. Furthermore, Rahman Ahmad et al. (2013) discovered that a strong interplay existed between transformation leadership and job satisfaction. Rahman Amad et al. (2013) noted little correlation between nurse‘s job satisfaction and transactional leadership. Al-Albabheh (2013) found a positive correlation between democratic and laissez-faire leadership styles and job satisfaction. Sarwar et al. (2015), however, found a positive correlation between transformational and transactional leadership styles and job satisfaction although transformation leadership had more of an

impact on job satisfaction and organisational commitment. Dalluay and Jalagat (2016) discovered a strong impact of participative or democratic style of leadership on employee job satisfaction and, on the contrary, found laissez-faire leadership to have the lowest correlation with employee job satisfaction.

7.2.2.4 Effects of the Prevailing Managerial Leadership Style (autocratic style) on Employee Organisational Commitment

The results of the primary study indicate that there is a negative relation between the prevailing leadership style adopted by managers at selected public hospital and clinical employees' organisational commitment. By contrast, this study found a positive relationship between the prevailing leadership style and non-clinical employees' organisational commitment. The literature review showed that Bučiūnienė and Škudienė (2008) demonstrated a positive relationship between a transformation leadership style and affective commitment. Additionally, Bučiūnienė and Škudienė (2008) discovered that transactional leadership was less important than transformational leadership regarding followers' relation to organisational commitment. In addition, the laissez-fair style of leadership was found to have a negative impact on affective commitment (Bučiūnienė and Škudienė, 2008). Saqer (2009) found the perceived style of leadership had a positive relationship with organisational commitment. The positive relationship was found to be stronger with regard to the transformational style of leadership than transactional leadership. In addition, the laissez-faire leadership style was found to have a negative correlation with organisational commitment (Saqer, 2009). Senthamil and Palanichamy (2011) found transformational leadership style the preferred style of leadership, and this leadership style was found to have a more positive relationship with employees‘ organisational commitment than transactional leadership. Bharatkumar (2011) found that there is no positive relationship between laissez-faire leadership and organisational commitment. Additionally, a transactional leadership style was found not to be a significant explanatory variable for subordinate effectiveness and organisational commitment, as well as subordinates' job satisfaction. Bharatkumar (2011), however, found transformational leadership style to be a significant explanatory variable for subordinates‘ extra effort, effectiveness, and satisfaction‖. Bharatkumar (2011) concluded that a transformational leadership style, as compared to laissez-faire and transactional leadership styles, creates extra efforts, effectiveness and satisfaction in higher subordinates. According to Mahomed (2016:16), Renko et al. (2015) emphasised that no one style of leadership is

universally applicable. Each has its own positives and negatives, and successful organisational operation is dependent upon using a particular style at appropriate times.

7.3 SUMMARY OF RESEARCH FINDINGS (MANAGERS' PERSPECTIVES)

This study also aimed to check the level of managers' understanding of the NHI public policy in the South African context, employee engagement, employee job satisfaction, and employee organisational commitment. Additional, the study aimed at identifying challenges, obstacles and problems facing managers working at selected public hospitals in Limpopo, especially when executing their daily tasks or responsibilities. This section, therefore, deals specifically with managers' understanding of the NHI public policy in the South African context, employee engagement, employee job satisfaction, and employee organisational commitment. Challenges, obstacles and problems identified by managers working at selected hospitals are also discussed in this section. The section too has been divided into two sub-sections with the first sub-section discussing the findings from the primary study and the second sub-section covering the findings from the literature review related to the current study.

7.3.1 FINDINGS FROM THE PRIMARY STUDY

7.3.1.1 Understanding of the NHI Policy

On the study objective: *get managers' understanding of the NHI policy in the South African context,* the results of the study indicate that all respondents (managers) (n=20) had a clear understanding of the NHI public policy and this was supported by the fact that most of the respondents explained that NHI offers free access to a good quality of health service for both the employed and unemployed. Furthermore, the respondents also mentioned that the NHI public policy was introduced to ensure the provision of free quality services to everyone in all communities.

7.3.1.2 Understanding of the Concept of Leadership, Types of Leadership and Application of Leadership in the Workplace

About the study objective to *get managers' understanding of the concept of leadership,* the findings of this study indicated that the majority of the respondents understood the meaning of leadership. This statement is confirmed by responses such as 'leadership is leading and managing people', 'giving direction to where people should go and how to get there by

assisting them'. Also, 'leadership is leading the team in order to follow organisational vision and achieve set goals'.

With regard to types of leadership styles, the respondents in this study were asked to indicate the leadership styles they know. Eight leadership styles were mentioned by the respondents, namely, participative, transformative, democratic, laissez-faire, autocratic or authoritative, servant and charismatic. The most common leadership styles mentioned were democratic and autocratic or authoritative styles of leadership. In addition respondents mentioned laissez-faire, democratic and autocratic leadership styles.

Concerning applying leadership in the workplace, most of the respondents said they apply leadership in the workplace as they understand it. The respondents' explanations included the following: a person is a leader because there are followers and there is a huge responsibility which comes with leadership; problems should be solved on behalf of a team of subordinates and they should be given clear directions.

In addition to the above, respondents were asked if they attended workshops where leadership was discussed. A number indicated that they attended the workshops but not in the LDoH; some had attended workshops at their churches. Some commented that the church workshops were very good.

Respondents were asked about the approach to teach leadership in the LDoH. The study shows that the majority (n=18) of the respondents suggested different ways of teaching leadership in the department. Of these, three respondents indicated that the leadership training should be interactive and this was supported by the responses such as leadership should be taught through interactive workshops; leadership can only be taught through intensive workshop; and leadership should be taught through intensive training and interactive workshops.

7.3.1.3 Understanding of Employees' Engagement

Regarding study objective: *get managers' understanding of the concept of employee engagement*, this study revealed that most of the respondents understand the concept of employee engagement. This statement is supported by responses such as 'it is about involving employees in the decision-making process and always obtaining buy-in prior to final decisions being taken'; 'it is engaging subordinates on daily activities and discussing

improvement plans for all areas which need to be improved or finding solutions to the existing problems'. Respondents were also asked if they had attended workshops or training session on employee engagement. The majority (n=19) of the respondents said, "No." The respondent who had attended a workshop explained that this was while the respondent was studying and it was found it to be an 'eye opener'.

7.3.1.4 Understanding of Employees' Job Satisfaction

Concerning the study objective to *get managers' understanding of the concept of employee job satisfaction*, the findings of this study show that all respondents (n=20) had an understanding of what employee job satisfaction is, though each respondent explained it in his or her own way. This statement was supported by the following statements: 'when employees work in a peaceful environment' and 'being happy with given tasks or duties'; 'it is also about employees enjoying their actual jobs and their employee' – morale is high.

The results of the study further highlight that employee job satisfaction includes many factors such as good benefits, working conditions, salary, career development, according to the respondents. This was confirmed by responses such as 'employee job satisfaction is satisfaction which is derived from receiving good benefits'; and 'working conditions also play a critical role in increasing satisfaction levels especially where the environment is conducive'. Some of the respondents indicated that employee job satisfaction is about salary.

7.3.1.5 Understanding of Employees' Organisational Commitment

With regard to the study objective to *get managers' understanding of the concept of employees' organisational commitment*, the findings of the study provided an understanding of organisational commitment as a concept. This is supported by responses such as 'it is all about employees being committed to their organisational goals' and 'it is about being loyal to the employer and always doing what is expected of you as an employee by the employer'. However, there were a few (n=3) respondents who indicated lack of knowledge about the concept of organisational commitment. This was confirmed by respondents who were not sure about its meaning, even though they confirmed it was important to them. Others thought of it as caring for the job and thinking of what to do best for the patients – some found it difficult to explain, but felt it was all about commitment to the job. Regarding the importance of organisational commitment, the results of this study revealed that all respondents believed that organisational commitment was important.

7.3.1.6 Influence of Leadership Styles adopted by Managers on employee engagement, job satisfaction and organisational commitment

Respondents were asked if managerial leadership styles had an influence on employee engagement, job satisfaction and organisational commitment. All respondents said that adopted leadership styles have good and bad influences on the three concepts. They indicated that bad leaders would be sabotaging service delivery; bad leaders only think themselves, while good leaders are tolerant and accommodate everyone. Furthermore, it was also explained that good leadership styles will boost employee morale and also solve the issue of a high attrition rate, and will encourage employees to come to work on time and put energy into their work.

7.3.1.7 Leadership Competencies

Respondents were asked about leadership competencies and to identify the most important leadership competencies for a leader in a hospital setting. The top five competencies identified in descending order were communication skills, organising skills, planning skills, professionalism, and directing skills.

7.3.1.8 Work-related challenges, obstacles and problems experienced by respondents (Managers)

About the study objective: *identify the challenges, obstacles and problems facing managers working at public hospitals on a daily basis when executing their tasks or responsibilities*, respondents were asked if there were any challenges faced at the hospital on a daily basis when executing their duties. The findings revealed that most (n=19) respondents had work related challenges. These challenges faced at the workplace on a daily basis included lack of respect, resistance to change, poor employee attitude, absenteeism, bad attitude by employees, lack of respect, increased workloads, and bad working relationships.

7.3.2 FINDINGS FROM THE LITERATURE REVIEW

7.3.2.1 Understanding of the NHI Policy

The results of the primary study indicated that all respondents (managers) (n=20) had a clear understanding of the NHI public policy. Mthembu (2012) found that 78% of respondents showed a strong understanding of NHI as a concept. Mathe (2014) also found a high level of

awareness of NHI by respondents even though this author found low levels amongst respondents with regard to functional knowledge of the NHI policy. The study by Matsi (2015) found 65% of the respondents had knowledge of what constitutes a NHI policy. Similarly, Molebatsi (2014) revealed that mutual understanding was found that the NHIS is a way of providing universal access for all people to healthcare by means of socialising the health system or creating a medical aid that would cater for everyone. Also, Molebatsi (2014) showed that there were believes by at least 92.3% of the respondents that the NHIS's contribution towards South Africa's health system will be positive, however, only if implementation is proper. According to Makinde (2005:63), effective implementation of public policy largely depends on communication. In fact through effective communication, transmission of orders to responsible personnel takes place in a manner which is clear, accurate and consistent. This author argued that inadequate information is something which would lead to misunderstandings by policy implementers (Makinde (2005:63). The study by Matsi (2015) showed that respondents identified issues relating to implementation of NHI as bad attitudes, personnel factors such as shortage of staff, shortage of equipment and supplies, lack of required source of care, lack of finance, infrastructure and administrative factors. Khuzwayo (2015) revealed that most respondents were concerned about issues relating to lack of training of staff even though a NHI policy implementation was to commence in 2015. The researcher's view is that adequate training of staff particularly all managers and employees in the South African Public Health Sector, is crucially important for implementation of any policy either new or old policy. What is more, Booysen (2017) found that less than half of private users were not aware of the NHI policy and half or more of the respondents described their knowledge as 'little' or 'not yet enough'. Booysen (2017) attributed the low levels of awareness and knowledge to the fact that the survey was done at the very outset of the launch of the new policy of NHI. Sheema (2017) provided critical issues which must be addressed urgently when the NHI policy is implemented. These issues include resource maldistribution, private health care costs, quality of care offered by public versus private healthcare facilities, and improving private and public sector partnerships.

Further, Setswe et al. (2015) in their study, indicated that a high number of respondents (80.3%) was aware of a NHI policy. Setswe et al., (2015) however recorded that 49.8% of respondents did not know how the NHI works. Moreover, it was found in the study that 71% of the respondents were unaware of the origin of NHI development as a concept in SA. Respondents expressed understanding of NHI policy and nearly half of the respondents

indicated that they attended workshops where NHI was discussed. The findings indicated that those who attended the NHI workshops had already known about it. This was supported by the responses such as 'the NHI workshops which were attended were useless because the NHI is already known'. Respondents in the study by Khuzwayo (2015) indicated that lack of training of staff involved in the implementation of NHI policy or improper training which includes lack of knowledge on the NHI policy would be problematic.

7.3.2.2 Understanding of the Concept of Leadership, Types of Leadership and Application of Leadership in the Workplace

The findings of this primary study indicated that the majority of the respondents understood the meaning of leadership. Suranga et al. (2017:20) maintained that environmental pressures can be addressed successfully through understanding and promoting of effective leadership in an organisation. According to Bittel and Newstrom (1990: 268), leadership is "…the special skill of getting other people to follow and do willingly the things that the leader would want them to do". Additionally, leadership was defined by Bhatti et al. (2012: 192) as "…a social influence process in which the leader seeks the voluntary participation of subordinates in an effect to reach organisation goals, a process whereby one person exerts social influence over other members of the group, a process of influencing the activities of an individual or a group of individuals in an effort towards goal achievement in given situations, and a relational concept involving both the influencing agent and the person being influenced". Bettel and Newstrom (1990:268) shared the view that "…leadership is the special skill of getting other people to follow and do willingly the things that the leader would want them to do".

With regard to types of leadership styles, the primary study revealed that the most common leadership styles mentioned were democratic and autocratic or authoritative styles of leadership. From the literature, Alkahtani 2015:25) highlighted that the most commonly applied leadership styles in today's various organisations are transactional, transformational, and laissez-faire. Mishra et al. (2014:73) assumed that a leader may use many different types but most often there is one style which tends to dominate.

Concerning applying leadership in the workplace, the primary study showed that most of the respondents said they apply leadership in the workplace as they understand it. According to Femi and Chukwubueze (2015:76), management and organisational effectiveness should be increased through effective use of management style. Kozak and Uca (2008), cited in Femi

and Chukwubueze (2015:76), emphasised that proper use of management style as an important management tool can result in enhancement of positive worker‘s relationships, improved organisational climate, and increased workers‘ production.

7.3.2.3 Understanding of Employees' Engagement

Results from the primary study show that most of the respondents understand the concept of employee engagement. According to Saks (2006), cited in Anbuodi and Devibala (2009:7), engagement should not be confused with organisational commitment as these are two different concepts. Engagement is concerned with attitude as well as individual‘s attentiveness to his or her work and the effect they exert when performing their roles. By contrast, organisational commitment is about one‘s attachment and attitude with regard to the employees‘ organisation (Saks, 2006, cited in Anbuodi and Devibala, 2009:7). Employee engagement is defined in Lockwood (2007:2) as "…the extent to which employees commit to something or someone in their organisation, how hard they work and how long they stay as a result of that commitment" Equally, Khan (1990), cited in Sultana (2015:111), defined employee engagement as "…the harnessing of organisation member‘s selves to their work roles, and in engagement people employ themselves physically, cognitively, and emotionally during role performance".

7.3.2.4 Understanding of Employees' Job Satisfaction

The findings of current study show that all respondents (n=20) have an understanding of what employee job satisfaction is, though each respondent explained it in his or her own way. According to Singh and Gupta (2012:517), job satisfaction is "…simply how people feel about their jobs. It is the extent to which people like (satisfaction) or dislike (dissatisfaction) their jobs, and it can also be a reflection of good treatment and an indicator of emotional wellbeing". What is more, the results of the current study highlight that employee job satisfaction includes many factors such as good benefits, working conditions, salary, career development, according to the respondents. Singh and Jain (2013:105) posited that "…happy workers are productive workers and productive workers are likely to be happy. Employee job satisfaction is essential to face the dynamic and ever increasing challenge of maintaining productivity of the organisation by keeping their workforce constantly engaged and motivated". Singh and Jain (2013:105) further argued that the level of job satisfaction is influenced by various factors such as the promotion system, the job itself, pay and other

benefits like rewards, working conditions quality, and perceived fairness within an organisation. Singh and Jain (2013: 105) asserted that people working in organisations and those studying organisations find job satisfaction studies a topic of significant interest.

7.3.2.5 Understanding of Employees' Organisational Commitment

The primary study indicated that most of the respondents had an understanding of the employees' organisational commitment concept. From the literature, it came out that the concept of organisational commitment is arguably defined in different ways by different researchers in their fields of studies (Noraanzian and Khalip, 2016:17). Meyer and Allen (1997), cited by Noraanzian and Khalip (2016:17), understood the concept to be a multidimensional one, and they posited that there are many different ways in which this concept has been understood. Ugboro and Obeng, 2001) in Derdevid (2004:112), explained that organisational commitment as a concept was seen to have two basic dimensions: (a) employees and organisational relationships being characterised through organisational commitment; and (b) employees' decision to continue or discontinue working for the organisation being affected by organisational commitment. Commitment is defined by Rhodes and Eisenberger (2002), cited in Tabatabaei and Soleimanian (2015:525), as "…a mutual relationship comprising employees' commitments to the organisation and vice versa. The latter, which entails organisational support, refers to the strength of employee perceptions regarding the care, cooperation, and well-fare the organisations provide for them". Organisational commitment is defined by Aydogdu and Asikgil (2011), in Ramogale (2016:20), as "…the preparedness to put in effort on the organisation's behalf and an intention to stay with the organisation for a long time". In addition to the above, respondents were asked if managerial leadership styles have an influence on employee engagement, job satisfaction and organisational commitment.

Concerning work related challenges, obstacles and problems faced by the South African Public Health Sector, literature review showed the following:

7.3.2.6 Leadership and Management Failures

Literature relevant to the primary study showed that South African Public Health Sector was found to be lacking leadership and management capacity. This was found by Rust and de Jager (2010:2277), who reported that there is very little understanding of the operational complexities, particularly on how bigger hospitals should be run. Also, these authors said that

Hospitals are micromanaged and managers are handcuffed by the provincial head office officials with tedious procedures and endless regulations. Equally important, it is stated in the Presidential Health Summit Report (2018:29) that, "The leadership capacity of many leaders and managers in public health leaves much to be desired as leaders lack appropriate management capacity". What is more, Manyisa (2016) showed that participants in their majority expressed dissatisfaction with regard to recruitment of people without necessary skills and qualifications to managerial posts and this was found to have led to management failures. Accordingly, Saloojee (2011:190) expressed that hospital managers are disempowered, and as result it is difficult for them to design their own budgets, procure goods and services, and determine staffing requirements and appointments. In fact, taking accountability of their institutions has been a major challenge (Saloojee, 2011:190).

7.3.2.7 Increased Patient Load and Long Waiting Time

Increased patient load and long waiting time were showed by the literature to be of great concern in the South African Public Health Sector. This was revealed by Nhlapo (2012) who found that it took a significant amount of time for patients before they were seen by the nurses and doctors. Also, there was a significant amount of time which was spent in Pharmacy before patients were assisted (Nhlapo, 2012). Correspondingly, participants in the study conducted by Mokoena (2017) explained that they were experiencing increased workload as a result of allocation of only two professional nurses per shift, and this was found to be a challenge especially if one fell sick or was absent from work. Likewise, Ramasodi (2010) discovered that the level of job satisfaction among the healthcare professionals surveyed was very low. In fact, 80% of the surveyed healthcare professionals were dissatisfied or highly dissatisfied with their job (Ramasodi, 2010). In addition, Ramasodi (2010) found that 73.8 % of the participants were not convinced that their incomes reflected what they were expected to do as their work. Equally important, Manyisa (2016) showed that participants complained about workloads which were too heavy for them and led to fatigue and absenteeism among staff members. Likewise, Pillay (2009) showed that nurses in the public sector were mostly not satisfied with their pay, the resources which were made available to them, and workload.

7.3.2.8 Inadequate Equipment

The challenge of inadequate equipment in the South African Public Health Sector is evident. The study by Young (2016) found that there was lack of glove usage at public hospitals in SA, and nurses explained that it was not mandatory but rather own choice to wear gloves or not to wear them. Also, what Young (2016) observed was that those who wore gloves, did not take them off when moving around in the facility and this meant that they touched cabinet doors, files, door handles, and other patients with the same gloves. Certainly, this exposed other patients to potential infections (Young, 2016:6). Likewise, Manyisa (2016) found that working conditions in the selected hospitals were described by participants as demotivating and demoralising, psychologically traumatic and physically exhausting. Similarly, Naidoo's study (2016) showed that basics such as syringes, needles, paper towels, and gloves run out at public hospitals. Also, participants in the study conducted by Naidoo (2016) believed that both corruption and inaptitude were to be blamed for shortages of goods and services supplies. Besides, Mokoena (2017) showed that there was a shortage of material resources at a public hospital in Limpopo Province. These included lumber puncture needles for investigating or diagnosing meningitis, glucometer for monitoring blood glucose and this led to extended stay of patients in the hospital (Mokoena, 2017). Correspondingly, Saloojee (2011:191) stipulated that, "Every year, budgetary indiscipline results in critical shortages of drugs, food supplies and equipment in many provinces, particularly during the last financial quarter from January to March, and during April when new budgetary allocations are being released".

7.3.2.9 Poor Infrastructure

About the infrastructure, Botha and Cloete (2000:2) explained that a lack of proper maintenance and proper maintenance management led to deterioration of buildings and building services, something these authors called "the general state of neglect of the buildings". Botha and Cloete (2000:3) stipulated that "there was a lack of vision regarding the maintenance of hospital, and its long-term effects. Maintenance in several institutions did not occur, resulting in the huge current backlog. This can partly be ascribed to a lack of accountability and a lack of maintenance system". In the same manner, Phasha (2015) showed that respondents (managers) expressed that the majority of staff shared their dissatisfaction with regard to working conditions which were poor and others with the rural setting and infrastructure. Similarly, Manyisa (2016) discovered that participants were

dissatisfied with the infrastructure where lack of office space was found described as a challenge. Again, Manyisa (2016) showed that according to participants in their majority, bad infrastructure in public hospitals was a reason for cross infections as a result of patients overcrowding. Next, participants in the study by Manyisa (2016) indicated that there was only one toilet in some sections of the hospital which was used shared by both males and females personnel. Equally important, Manyisa and van Aswegen (2017:35) pointed out that patients' rights to privacy have been compromised by lack of space in public hospitals. The Presidential Health Summit Report (2018:42) highlights that health facilities infrastructure is substandard and ageing with unsafe facilities.

7.3.2.10 Poor Quality of Health Care Services

According to Young (2016:5), many problems concerning disease control and prevention in public hospitals in SA were observed. This is supported by the fact that, Young (2016) observed that the urine cups which used by patients were reused by other patients without being properly washed with soap or sanitized in any possible way. Maphumulo and Bhengu (2019:2) point out that significant efforts for improving the provision of the quality of health in South Africa since 1994 election, have been made. According to Maphumulo and Bhengu (2019:2), South Africa is, however, still experiencing several issues which include but not limited to the following: adverse events where in some cases patients die after developing complications and having been denied access to the public healthcare, Prolonged waiting time due to human resources shortages, a challenge which is viewed as Sub-Saharan African Health Systems major weakness, poor hygiene and poor infection control measures as a result of lack of cleanliness, poor waste management, and poor maintenance of equipment, increased litigations because of avoidable errors and this according to Maphumulo and Bhengu (2019:2) puts a huge pressure to the Department of Health's budget as a result of huge payouts, poor record keeping and shortage of resources in medicine and equipment.

7.3.2.11 Understaffing and Shortage of Human Resources

The challenge of understaffing and shortage of human resources has been confirmed by a number of studies. Shortage of staff, specifically nursing personnel in the public hospitals was cited by a majority of participants in the study conducted by Manyisa (2016). Also, participants in Manyisa's study (2016) cited turnover rates which were high, failure to replace nurses who had died or retired, and freezing of vacant posts as contributing factors for

shortages of staff. Likewise, Pasha's study (2015) discovered that due to shortage of staff, hospitals were stressed and could not function maximally with varying strength of management. Likewise, the study by Mokoena (2017) revealed that shortage of staff was cited by most participants who expressed their inability to provide quality patient care. Correspondingly, a major compliant among health care personnel in public hospitals was found to be long working hours (Manyisa & van Aswegen, 2017:34). According to Manyisa and van Aswegen (2017:35), developed countries are also experiencing shortage of health care personnel, thus a challenge of shortage of health care personnel is not experienced only in the developing countries.

7.3.2.12 Lack of Staff Discipline

Rust and de Jager (2010:2279), explain that there is a common lack of discipline and as a result, this has a negative influence on work ethic and as well as morale. Also, there is a severe limited hospital managers' ability with regard to tackling of disciplinary action because of bureaucracies (Rust & de Jager, 2010:2279). In a like manner, Saloojee (2011:194) points out that the centralised nature of provincial health bureaucracies has been an obstacle for disciplinary action by hospital managers. This has been supported by the fact that in some provinces, the only person authorised for dismissing employees was the provincial head of health (Saloojee, 2011:194). Additionally, Saloojee (2011:194) highlighted that the challenge of widespread absenteeism has been common especially among health professionals, even at institutions which were found to be well-run. According to the Presidential Health Summit Report (2018:42), the health system has been crippled by corruption at all levels, criminal proceedings and lack of consequences. Above all, Rust and de Jager (2010:2281) suggested the introduction of professionalism hospital leadership and management especially for the control of hospital expenditures, efficiency and effectiveness improvement purposes, management, and hospitals' role specifically in the health sector.

7.3.2.13 Flawed Communications Channels

Manyisa's study (2016) showed that a majority of participants expressed their dissatisfaction for poor communications systems in their institutions. Additionally, participants in the study by Manyisa (2016) expounded that when they received information which affected them in their work environment, it was received through the grapevine or from friends. Moreover, Naidoo's study (2016) showed that inadequate information technology and communication

systems were identified by participants as important challenges in public hospitals. Manyisa and van Aswegen (2017:37) argued that the existing situation at public hospitals and creation of conducive environment which ensures provision of high quality patient care may be improved through allocation of resources, improved communication, interpersonal relations between management and staff.

7.3.2.14 Poor Records Management

The study by Bantom (2016) which was conducted in a rural community hospital in the province of Eastern Cape of South Africa, identified missing patients' records and illiteracy, lack of infrastructure, time consuming manual process and unreadable hand written records as challenges which were experienced by the healthcare professionals and patients. Identically, the study by Marutha (2011) showed that 67% of the respondents cited that their knowledge of electronic records management was poor even though they appeared to have an understanding of what electronic records management meant. Additionally, Marutha (2011) found that there was a poor records administration at hospitals in the Public Health Sector of the Limpopo Province. In fact, Marutha (2011) revealed that a majority of respondents (70%) explained that although the electronic system was utilised daily at public hospitals in Limpopo Province, the system was used for checking personal and financial details of the patient only. Again, Maruta's (2011) study showed that even though hospitals in the public hospitals in Limpopo province used E-HIS (Electronic Health Information System) as the patient administration system, observation reported that in all hospitals electronic records were half done. Furthermore, Shortage of filing space, misfiling and missing files, and incompetent / unskilled staff were found to be amongst challenges faced by hospitals in the public health sector of Limpopo Province. In the same way, Wegner and Rhoda (2013) found that a major barrier to locating patient folders was a result of incorrect or non-documentation in the hospital ward administration records.

7.3.2.15 Budgetary Constraints and Poor Revenue Collection by Public Hospital

The study by Mbanga, Madale and Becker (2002) showed that the influence of a Hospital Information System (HIS) introduced then had its own challenge when it came to revenue collection in hospitals. In fact, Mbanga, *et al*. (2002) revealed that hospitals which had electronic financial management system did not appraise HIS in a positive way. The study by Mbanga, *et al*. (2002) showed that Revenue Clerks resorted to the use of calculators rather

accessing information directly the system and this was because the system was found to be time consuming and problematic. Also, Mbanga, *et al*. (2002) found that Revenue Clerks at hospitals which had no financial management system in place prior to implementation of HIS, were happy with the implementation of HIS. Equally, Wright, Mahony and Cilliers (2017) revealed that legislation, leadership, software and hardware resources, and data management were amongst challenges with HIS. In addition, lack of integration between systems in public hospitals was cited in the study by Wright, *et al*. (2017). The challenge of budgetary constraints is also evident in many studies. Manyisa (2016) pointed out that budget constraints were explained to be resulting from insufficient budget allocation to hospitals, financial mismanagement, management's failure to plan or prioritise and the procurement processes which were referred to as "sluggish process". In the same way, Naidoo (2016) showed that inadequate budget was raised by participants as an issue which needed to be brought to the attention of government. Similarly, the Presidential Health Summit Report (2018:42) pointed out that what adds to the funding constraints is the public sector is inadequate revenue collection. Also, the health system is faced with mandates that are not funded, over expenditure, rising accruals and deteriorating service delivery (Presidential Health Summit Report, 2018:47).

7.3.2.16 Lack of Polices, Guidelines and Standard Operating Procedures (SOP)

Lack of policies, guidelines and SOPs was identified by Young (2016) as a problem which was significant at the South African hospitals. Young (2016) reported that a manager, who was interviewed, indicated that the hospitals did not have a policy on hand washing. This meant that hand washing was not mandatory even though employees were encouraged to wash their hands after utilising rest rooms (Young, 2016). In a like manner, the study by Naidoo (2016) revealed that most participants raised concerns about inadequate and inappropriate delegations and departmental policies.

According to Makinde (2005:64), required resources for effective implementation of policy include "…an adequate number of staff who are well equipped to carry out the implementation, relevant and adequate information on the implementation process, the authority to ensure that policies are carried out as they are intended, and facilities such as land, equipment, buildings, etc". It is worth noting that in terms of the National Health Act, 109 of 2003, "The Minister must within the limits of available resources – (a) endeavour to promote, improve and maintain the health of the population". The findings from both the

primary study and the literature review were discussed. In the next section, the focus moves to overall summary of key findings from the primary study.

7.3.3 OVERALL SUMMARY OF KEY FINDINGS FROM THE PRIMARY STUDY

In order to determine the leadership styles adopted by managers working at public hospitals in Vhembe District of the LDoH, a factor analysis was conducted. Two leadership styles emerged: autocratic and participative managerial leadership styles. The study, however, found that the autocratic managerial leadership style is the prevailing style adopted by managers working at selected public hospitals of the LDoH. An autocratic managerial leadership style is characterised by aspects such as lack of consultation and involvement of subordinates; no explanations of how to perform activities and employees are expected to always comply with the manager though obeying orders. This style of leadership was found to be unsuitable for employees working at public hospitals and it was also found to be negatively related to employees' engagement, job satisfaction and organisational commitment.

From a qualitative perspective, the study found managers had an understanding of the NHI public policy which is being piloted in different districts of the South African public health sector. Concerning important competencies for managers working at hospital settings, the top five competencies were identified as communication; organising; planning; professionalism; and directing skills. The study also identified work-related challenges experienced by managers on a daily basis included lack of respect; resistance to change; poor or low employee morale; absenteeism; and bad working relationships amongst employees. This section has described summary of key findings from the primary study; the next sections deal with study strengths and implications of the study.

7. 4 STRENGTHS AND IMPLICATIONS OF THE STUDY

The study's contribution is particularly to the work on public policy, leadership, and the three dependent variables of employee engagement, employee job satisfaction, and organisational commitment, in the South African Public Health Sector. Now that the prevailing managerial leadership style adopted by managers working at the selected hospitals of the LDoH is known, managers should play a pivotal role in ensuring that suitable leadership styles as recommended by the researcher are considered and adopted for enhancing and sustaining high levels of employee engagement, employee job satisfaction, and employee organisational

commitment. In order to increase knowledge of employees (both clinical and non-clinical) working at the selected hospitals and also in the LDoH as whole, continuous training on aspects like public policy, leadership, employee engagement, employee job satisfaction, and employee organisational commitment, cannot be ignored. This study also has implications for management in the LDoH, in that, the need to create a favourable environment where all employees are engaged, satisfied and committed to the department, has been identified. Certainly, one cannot dispute the fact that, public policy, leadership, employee engagement, employee job satisfaction, and employee organisational commitment are vitally important to any hospital setting and its day to day functioning.

What is more, there are additional important implications that have unfolded for management in this study. Precisely, these include: Management should be made aware of existing different leadership styles since leadership styles influence employee engagement, job satisfaction and organisational commitment in the Department. For management to support implementation of any public policy, new or old, the use of appropriate leadership styles should be encouraged. Leadership styles which promote openness, transparency, accountability and teamwork should be consistently adopted to support implementation of any public policy. Management should always acquaint themselves with the content and context of the existing and new public policies especially in the health sector and other sectors, as these public policies are implemented to improve lives of all people in the country.

Additionally, it is imperative that other scholars conduct further studies which support the implementation of the NHI public policy in SA. Training of managers in the LDoH specifically on leadership, employee engagement, job satisfaction and organisational commitment might assist with adoption of the suitable managerial leadership styles which improve employees' emotional wellbeing. Future research should also focus on investigating training programmes available for managers in the LDoH and also the entire South African Public Health Sector. The central implication of this study's findings is that a deeper understanding of managerial leadership styles adopted by managers working at the selected hospitals of the LDoH is provided. Practically, the findings of this study could be used as a basis for the improvement of managerial leadership styles, and also to formulate strategies which are appropriate for addressing key challenged and obstacles facing managers in the LDoH when executing their duties on a daily basis. All in all, the study's contribution to the literature in general, is that it provided more support to the viewpoint that leadership styles

influence employee engagement, job satisfaction, and organisational commitment. Now that the strengths and study implications have been outlined, in the next section's focus is on study recommendations respectively.

7. 5 STUDY RECOMMENDATIONS

7.5.1 Recommendation pertaining to Public Policy and the NHI policy

Managers in the LDoH should receive training on the concept public policy, and any new public policies in the health sector including the NHI public policy. Managers should, therefore, be encouraged to capacitate their subordinates on the concepts public policy and any new public policies that are introduced in the health sector. Training on public policies should be regarded as the most important competency requirement of managers in the LDoH.

In addition, managers in the LDoH should be encouraged to continuously communicate public policies introduced by the Government of SA in the health sector and also other sectors. Managers should be encouraged to adopt at least democratic or participative style, transformational, bureaucratic, and ethical styles of leadership at their work environment in order to support implementation of public policies such as the NHI.

7.5.2 Recommendations pertaining to Leadership, Employee Engagement, Job Satisfaction and Organisational Commitment

In order for managers to adopt suitable leadership styles in a hospital setting, and increase employee engagement, job satisfaction and organisational commitment, the following recommendations are made: managers should be encouraged to adopt at least democratic or participative, transformational, bureaucratic, and ethical styles of leadership at their work environments. Potential leaders within the LDoH should be continuously identified and capacitated through workshops and leadership development programmes. The LDoH should ensure that leadership development programmes are prioritised every year, and their implementation is continuously supported. Career planning goals for potential leaders should be developed, and a skills roadmap for future leaders should also be developed. Critical vacant posts including management posts should be prioritised for filling in order to solve the problem of the burning issue of employees acting in higher (management) posts for long periods. Managers in the LDoH should receive training on the concepts of leadership: employee engagement, job satisfaction, organisational commitment. Additionally, the LDoH should regularly conduct surveys on leadership, employee engagement, job satisfaction and

organisational commitment, and discuss survey findings or outcomes as well as improvement plans with all employees (subordinates and managers) and relevant stakeholders for the Department. Also, the Department should prioritise the provision of resources (financial and non-financial resources) like required equipment, information, protective clothing, to mention a few, necessary for employees to do their jobs more efficiently and effectively.

7.5.3 Recommendations pertaining to Future Research

A study examining the same concepts such as leadership as an independent variable, employee engagement, job satisfaction and organisational commitment as dependent variables, in the public health sector should be conducted to get more insight with regard to managerial leadership styles adopted by managers of other public hospitals in South Africa and elsewhere. The researcher understands that managerial leadership styles adopted by males and females, experienced and less experienced managers in any setting might differ, and this study did not actually investigate that. It is, therefore, recommended that future studies should concentrate on managerial leadership styles adopted by males and females, experienced and less experienced managers in any setting, in SA and worldwide. Again, the study was only conducted in the selected public hospitals in Vhembe District of the LDoH and this meant that the results could not be generalised to the whole of the LDoH, other sectors or elsewhere. Future studies should be done in other parts of South Africa, in different sectors and organisations, and elsewhere. This study did not investigate characteristics or traits which distinguish effective leaders from ineffective leaders, and thus this is also viewed as a future area of research. Also, it is recommended that future research looks at the concept of leadership, and employee engagement, job satisfaction and organisational commitment using theories of leadership apart from Theory X and Y, and Theories N and Z. Additionally, it is worth mentioning that the study did not investigate the relationship between managerial leadership styles and employees' performance or organisational performance. Future studies should therefore pay attention to the relationship between managerial leadership styles and employees' performance or organisational performance in the South African Public Health Sector and other sectors in South Africa. Again, the focus of future studies should also be on examining the influence of the prevailing managerial leadership styles of managers working at public hospitals on employee absenteeism and retention. Having outlined study recommendations, in the next section the focus is on contribution made by the current study.

7.6 CONTRIBUTION MADE BY THE CURRENT STUDY

This study was conducted to explore leadership styles of managers working at Public Hospitals particularly in the Vhembe District of the LDoH in South Africa. The study was conducted primarily in support of the pilot implementation of the NHI public policy and also to prepare the South African public health sector for the NHI countrywide implementation. Furthermore, the study was undertaken to identify challenges, obstacles and problems faced by managers working at public hospitals of the LDoH, particularly when executing their daily tasks or responsibilities. Prior to conducting the study, the prevailing managerial leadership styles of managers at the LDoH in Vhembe District were not known. Also, challenges, obstacles and problems faced by managers working at public hospitals of the LDoH, were not known. The influence of the prevailing managerial leadership style was also unknown. The results of this study, therefore, identified two leadership styles adopted by managers working at public hospitals in Vhembe district: autocratic and participative or democratic leadership styles. The findings of this study show that the prevailing leadership style adopted by managers employed at Public Hospitals in Vhembe District is an autocratic leadership style. This predominant managerial leadership style was discovered to be having a positive influence on clinical employees' employee engagement, and a negative influence on non-clinical employees' employee engagement. The study also revealed a negative influence of the prevailing leadership style on clinical employees' job satisfaction, and a positive relationship between the prevailing leadership style and non-clinical employees.

What is more, the study findings indicate a negative correlation between clinical employees' organisational commitment, and a positive relationship between non-clinical employees' organisational commitment. With regard to challenges faced by managers working at public hospitals in the Vhembe district, the findings reveal acting in higher posts, bad attitude by some employees, poor communication, absenteeism and lack of respect as key challenges faced by managers. In view of the study findings, the researcher recommended at least four leadership styles which are democratic and or participative, transformational, bureaucratic, and ethical leadership styles that should be adopted by managers working at public hospitals. The management of LDoH needs to ensure that recommendations made by the researcher in this study are taken into serious consideration, and should be implemented in order to improve leadership, employee engagement, job satisfaction, and organisational commitment in the Department, particularly for the support of NHI public policy implementation in the

province of Limpopo and as well as elsewhere. In next section, the focus is mainly on limitation of the study.

7.7 LIMITATIONS OF THE STUDY

Ghauri and Gronhaug (2010), cited in Leng *et al*. (2014:119), emphasised the importance of defining the study limitations in academic studies. The study limitations are, therefore, described below:

There is no published literature that directly assesses the influence of the managerial leadership style on employee engagement, job satisfaction and organisational commitment in both the South African Public and Private Health Sector. Thus for the literature review, the researcher had to use what other scholars have explored in the other sectors of South Africa and the rest of the world. This study was only conducted in one province, that is at all public hospitals (n=8) in Vhembe District which is a pilot district for the NHI public policy in Limpopo Province; other districts and levels of care like fixed and mobile clinics, and Community Health Centres (CHCs) were not included in this study. On the issue of the prevailing managerial leadership style adopted by managers working at public hospitals the results of the current study were in congruent with the study by Rust and de Jager (2010) who found autocratic style of leadership as the predominant style at selected hospitals in the province of Free State. On the influence of the prevailing managerial leadership styles adopted by managers working at the selected public hospitals, the results of the current study were not necessarily consistent with previous studies in different settings or organisations worldwide. This does mean, however, that this study is of utmost importance to the management of the LDoH, especially for understanding the influence of the predominant leadership style on the three constructs of employee engagement, job satisfaction and organisational commitment. A study examining the same concepts such as leadership as an independent variable, employee engagement, job satisfaction and organisational commitment as dependent variables, in the public health sector should be conducted to get more insight with regard to leadership styles adopted by managers of other public hospitals in South Africa and elsewhere. The researcher understands that leadership styles adopted by males and females, experienced and less experienced managers in any setting might differ, and this study did not actually investigate that. The fact that the study was only conducted in the Vhembe District of the LDoH implies that the results cannot be generalised to the whole of the LDoH, other sectors or elsewhere. Future studies should be done in other parts of South

Africa, in different sectors and organisations, and elsewhere. It will be beneficial to conduct further research in the LDoH in order to ascertain which managerial leadership styles would be preferred by males and females employees and also young and older employees. Additionally, it is worth mentioning that the study did not investigate the relationship between managerial leadership styles and employees' performance or organisational performance. Future studies should therefore pay attention to the relationship between managerial leadership styles and employees' performance or organisational performance in the South African Public Health Sector and other sectors in South Africa. Again, the study did not examine the influence of the prevailing managerial leadership styles of managers working at public hospitals on employee absenteeism and retention. Certainly, it is worth noting that employee retention is critical in any setting or organisation, in particular the South African public health sector which is faced serves majority of the population.

7.8 CONCLUSION

The purpose of this chapter was to provide a summary of the study findings, highlight the limitations, implications, and recommendations based on the results of the study. This final section of Chapter 7 provides a general study conclusion. There are many commonalities in public policy implementation. The researcher was motivated to undertake this study because the literature showed that in South Africa there are many public policies which are well developed and yet challenges exist such as poor leadership, shortage of resources which include human resources, lack of or inadequate finances, lack of or poor infrastructure specifically at implementation levels in most of the sectors including the public health sector. The researcher found it extremely necessary to conduct the study which supported implementation of a particular public policy, in this regard the NHI policy, the South African public health sector specifically in the province of Limpopo.

Discussions in the previous chapters revealed that SA as country spends huge amounts of money for health care on very few people. Additionally, the Constitution of Republic of SA declared access to health as a right. Hence, the country has to enthusiastically deal with expensive cost of private health care and address the problems of quality of public health care. Precisely, the Government of SA, through the National Department of Health, had realised that it was high time for the country to move to UHC where everyone receives quality healthcare, regardless of his or her economic status. This UHC in the South African context is called the National Health Insurance. It is worth mentioning that the Government

of SA has recently approved the NHI policy which is to be implemented country wide. The principal aim of the study was, therefore, to understand leadership as a contributing factor for successful implementation of public policies.

Existing literature showed limited studies on the understanding of leadership particularly on the influence of the prevailing managerial leadership styles on employee engagement, job satisfaction and organisational commitment, in the hospital settings of the South African public health sector. Regarding theories which guided the study, Theories X and Y, and Theories N, and Z management styles were used to understand and contextualise the study findings. The concepts of public policy, leadership, employee engagement, job satisfaction and organisational commitment had to be understood by the researcher. Some of the leadership styles discussed in the study include: autocratic style, authoritarian style, transformational style, transactional style, ethical style and democratic style. In this study, both qualitative and quantitative methods (mixed methods) were employed to clearly understand managerial leadership styles and answer research questions. The strengths of this study is that clinical and non-clinical employees' perception of the predominant leadership style was ascertained and compared unlike most of the previous studies which combined both clinical and non-clinical employees even though their responsibilities are completely different.

The results of the study identified two managerial leadership styles which were found to be adopted by managers working at selected hospitals in Vhembe District of the LDoH. The two managerial leadership styles are autocratic and participative or democratic leadership styles. The research had to determine which one of the identified two styles of leadership was the predominant style, and autocratic leadership style emerged to be the predominant managerial leadership style adopted by managers at the selected hospital.

Also, the study had to identify challenges and obstacles faced by managers working at the selected hospitals in Vhembe District of the LDoH. Acting in higher posts, bad employees' attitudes, poor communication, absenteeism and lack of respect were found to be the key challenges and obstacles faced by managers working at the selected hospitals in Vhembe District of the LDoH. In this study democratic or participative leadership style and transformational leadership style were recommended for managers working at the selected public hospitals in Vhembe District of the LDoH.

In a nutshell, SA as a developing country should be commended for introducing the NHI policy which strives to ensure access to quality health care by all. It is, therefore, imperative to note that, prior to conducting the study, managerial leadership styles adopted by managers working at the selected public hospitals in Vhembe District of the LDoH were not known. Additionally, the predominant managerial leadership style was also not known, and as well as its influence on employee engagement, job satisfaction and organisational commitment. Furthermore, challenges and obstacles faced by managers working at the selected hospitals in Vhembe District of the LDoH were not identified, understood and documented. Also, the study to investigate managers' understanding of the NHI policy in the context of SA, the concepts of leadership, employee engagement, job satisfaction and organisational commitment in a single study particularly in the LDoH was not explored. Above all, what made this study unique was that it obtained views from managers, both clinical and non-clinical employees working at the selected public hospitals; something which other past studies failed to do. An important implication that has unfolded for management, is that leadership styles which promote openness, transparency, accountability and teamwork, should be consistently adopted to effectively support implementation of any public policy introduced by the Government of SA.

To conclude, the study was a contribution to the public health sector as it investigated the influence of the prevailing managerial leadership style on employee engagement, job satisfaction, and organisational commitment in the South African Public Health Sector. This was mainly done with the aim to support implementation of public policy, in particular the NHI policy.

REFERENCES

Aalateeg, S., 2017, "Literature Review on Leadership Theories", *IOSR Journal of Business and Management*, 19 (11): 35-43.

Addo, M. & Eboh, W.O., 2014, "Quantitative and Qualitative Research Methods", *The Essentials of Nursing and Health Research*, ResearchGate, 138-154.

Adil Namia, F., 2018, "Most Effective Management Style for modern workplace", *International Journal of Engineering and Management Science (IJEMS)*, 3 (3): 402-411.

Afshinpour, S., 2014, "Leadership Style and Employee Satisfaction: A Correlation Study", *International Letters of Social and Humanistic Sciences*, 27, 156-169.

Ahlowalia, S. & Jha, A., 2015, "Personality: An Effective Predictor of Employee Engagement?" *International Journal of Social Sciences & Interdisciplinary Research* (IJSSIR), 4 (9), 186-193.

Ahmad, A.R. Adi, M.N.M. Noor, H.MD. Ghafer, A. Rahman, A. & Yushuang, T., 2013, "The Influence of Leadership Style on Job Satisfaction among Nurses", *Asian Social Sciences*, 9 (9), 172-178.

Ahmad, N. Hussain, A. & Tariq, M.S., 2014, "Linkage between Leadership Styles and Employee Performance", *International Journal of Accounting Research*, 2 (1), 21-29.

Ahmed, I.K. & Dantata B.S., 2016, "Problems and Challenges of Policy Implementation for National Development", *Research on Humanities and Social Sciences*, 6 (15), 60-66.

Akor, P.U., 2014, "Influence of Autocratic Leadership Style on the Job Performance of Academic Librarians in Benue States", *Journal of Educational and Social Research*, 4 (7), 148-152.

Al-Albabneh, M., 2013, "Leadership Style of Managers in Five-Star Hotels and its Relationship with Employee's Job Satisfaction", *International Journal of Management & Business Studies*, 3 (2), 93-98.

Alamaz, T.R. Alharthey, B.K and Rasli, A., 2013, "Overview of Path-Goal Leadership Theory", *Jurnal Teknologi (Social Sciences)*, 64 (2): 49-53.

Algahtani, A., 2014. "Are Leaders and Management Different? A Review", *Journal of Management Policies and Practices,* 2 (3), 71-82.

Alkahtani, A.H., 2015, "The Influence of Leadership Styles on Organisational Commitment: The Moderating Effect of Emotional Intelligence", *Business and Management Studies,* 2 (1), 23-34.

Allen, M.W. Armstrong, D.J. Reid, M.F, and Riemenschneider, C.K., 2008, "Factors impacting the Perceived Organisational Support of IT Employees", *Information & Management,* 45, 556-563.

Allen, N. & Meyer, J., 1990, "The measurement and antecedents of affective, continuance and normative commitment to the organization", *Journal of Occupational Psychology,* 63, 1-18.

Allen, N. & Meyer, J., 1991, "A Three-Component Conceptualisation of Organisational Commitment", *Human Resource Management Review,* 1 (1), 61-89.

Alnassan, A.R. & Sharma, C.B., 2016, "Leadership Styles: The Current Leadership of Syria", *International Journal of Current Advanced Research,* 5 (5), 900-905.

Alshenqeeti, H., 2014, "Interviewing as a Data Collection Method: A Critical Review", *English Linguistics Research,* 3 (1), 39-45.

Al-Yami, M. Galadas, P. & Watson, R., 2017, "Leadership Style and Organisational Commitment amongst Nursing Staff in Saudi Arabia", *Journal of Nursing Management*, 26, 531-539.

Amanchukwu, R.N. Jones Stanley, G.J. & Ololube, N.P., 2015, "A Review of Leadership Theories, Principles and Styles, and Their Relevance to Educational Management", *Nigeria: Scientific & Academic Publishing,* 5 (1), 6-14.

Amanchukwu, R.N. Stanley, G. J. & Ololube, N.P., 2015, "A Review of Leadership Theories, Principles and Styles and Their Relevance to Educational Management", *Management,* 5 (1), 6-14.

Amin, M. Shah, S. & Tatlah, I. A., 2013, "Impact of Principals/Directors' Leadership Styles on Job Satisfaction of the Faculty Members: Perceptions of the Faculty Members in a Public

Amini, M.Y. Mulavizada, S. and Nikzad, H., 2019, "The Impact of Autocratic, Democratic and Laissez-Fair Leadership Style on Employee Motivation and Communication: A Case Study of Afghan Wireless Communication Company (AWCC), 21 (6): 45-50.

An Oracle White Paper.; 2012, "Seven Steps for Effective Leadership Development", *Taleo Cloud Service. Oracle Corporation*. World Headquarters, 500 Oracle Parkway, Redwood Shores, CA 94065. U.S.A.

Anbuodi, P. & Devibala, V.B., 2009, "A Study on Employee Engagement in Insurance Sector in Madurai", *Singaporean Journal Scientific Research (SJSR),* 2 (1), pp. 6-9.

Ani, G.J. Oliver, N.C. Okpala, P.U. Dyages, W.O. & Akese, M.I., 2017, Using the Path-Goal Theory of Leadership to Enhance Administration of Nursing Care Services", *Journal of Harmonized Research in Management,* 3 (2): 95-105.

Anyebe, A.A., 2018, "An Overview of Approaches to the Study of Public Policy", *International Journal of Political Science (IJPS),* 4 (1), 8-17.

Aronson, J., 1994, "A Pragmatic View of Thematic Analysis", *The Qualitative Report,* 2 (1), 1-2.

Arzil, S. & Farahbod, L., 2014, "The Impact of Leadership Style on Job Satisfaction: A Study of Iranian Hotels", *International Journal of Contemporary Research in Business*, 6 (3), 171-186.

Athanassoulis, N. & Wilson, J., 2009, "When is Deception in Research Ethical"?, *Clinical Ethics*, 4 (1), 44-49.

Ather, S.M. & Sobhani, F.A., "Managerial Leadership: An Islamic Perspective", *IIUC Studies,* Vol-4, 7-24.

Avolio, B, J. & Bass, B., 1999, "Re-examining the Components of Transformational and Transactional Leadership Using the Multifactor Leadership Questionnaire", *Journal of Occupational and Organisational Psychology,* 72, 441-462.

Avolio, B.J. & Bass, B.M., 1997, "The Full Range of Leadership Development: Manual for Multi-Factor Leadership Questionnaire", Binghamton: New York: Bass / Avolio & Associates.

Avolio, B.J. Bass, B. & Jung, D.I., 1995, "MLQ Multifactor Leadership Questionnaire: Technical Report". Redwood City, CA: Mind Garden.

Avolio, B.J. Gardner, W.L. Walumbwa, F.O. Luthans, F. & May, R., 2004, "Unlocking the Mask: A look at the process by which Authentic Leaders impact follower Attitudes and Behaviors", *The Leadership Quarterly,* 15, 801-823.

Aydin, O.T., 2012, "The Impact of Theory X, Theory Y and Theory Z on Research Performance: An Empirical Study from A Turkish University", *International Journal of Advances in Management and Economics,* 1 (5), 24-30.

Babalola, S.S., 2016, "The Effect of Leadership Style, Job Satisfaction and Employee-Supervisor Relationship on Job Performance and Organisational Commitment", *The Journal of Applied Business Research,* 32 (3), 935-946.

Babooa, S.K., 2008, "Public participation in the making and implementation of policy in Mauritius with reference to Port Louis' Local Government", Unpublished Doctoral thesis. Pretoria: University of South Africa.

Bagraim, J., 2004, "Measuring Organisational Commitment: A South African Application", *Unpublished Manuscript,* School of Management Studies, Cape Town: University of Cape Town.

Bahmanabadi, S., 2015, "A Case Study of the Impact of Leadership Styles on Bank Employees' Job Satisfaction", Bachelor Thesis 15 hp, Business administration C-Organisation, Södertön University, The Institute of Social Sciences.

Bandalos, D. L. & Boehm-Kaufman, M. R., 2008, "Four common misconceptions in exploratory factor analysis", In Lance, C. E. & Vandenberg, R.J. *Statistical and methodological myths and urban legends: doctrine, verity and fable in the organizational and social sciences Taylor & Francis,* 61-87.

Bantom, S.A., 2016, “Accessibility to Patients own health information: A Case in Rural Eastern Cape, South Africa”, Dissertation Submitted in fulfilment of the requirements for the degree Master of Technology, Information Technology in the faculty of Informatics and Design at the Cape Peninsula University of Technology.

Barkenbus, J., 1998, “Expertise and the Policy Cycle’, Energy, Environment, and Resource Centre”, The University of Tennessee, http://www.gdrc/decision/policy-cycle, pdf.

Bartholomew Ikechukwu, U. & Chukwuemeka, E.E.O., 2013, “The Obstacles To Effective Policy Implementation by the Public Bureaucracy in Developing Nations: The Case of Nigeria”, *Kuwait Chapter of Arabian Journal of Business and Management Review*, 2 (7), 59-68.

Bass, B. (1990b) “From Transactional to Transformational Leadership: learning to share the vision”. Organizational Dynamics, Vol. 18, No. 3, pp.19-31.

Bass, B.M. & Avolio, B.J., 2004, “The Multifactor Leadership Questionnaire”: *Third edition manual and sampler set*. Retrieved from: http:/www.mindgardern.com.

Baumruk, R., 2006, “Why Managers are Crucial to Increasing Engagement: Identifying Steps Managers can take to Engage their Workforce”, *Hewitt Associates*, An interview by Bob Gorman Jr., Robert E. Gorman Communication, 24-27.

Baysak, B. & Yener, M. İ., 2015, “The relationship between perceived leadership style and perceived stress on hospital employees”, *Procedia - Social and Behavioral Sciences*, 207, 79-89.

Bell, C. Chan, M. & Nel, P., 2014, “The Impact of Participative and Directive Leadership on Organisational Culture: An Organisational Development Perspective”, *Mediterranean Journal of Social Sciences*, 5 (23), 1970-1985.

Benatar, S. Sullivan, T. & Brown, A., 2017, “Why equity in health and in access to health care are elusive: Insights from Canada and South Africa”, *Global Public Health, An International Journal for Research*, Policy and Practice, 1-25.

Bennis, W., 2007, “The Challenges of Leadership in the Modern World”, *American Psychologist*, 62 (1), 2-5.

Benoit, F., 2013, "Public Policy Models and Their Usefulness in Public Health: The Stages Model", Montréal, Québec: National Collaborating Centre for Healthy Public Policy, 1-10.

Bharatkumar, B.S., 2011, "Perceived Leadership Styles and Its Impact on Organisational Commitment", A Thesis Submitted to Ganpat University for the award of Degree of Doctor of Philosophy (Management).

Bhattacherjee, A., 2012, "Social Science Research, Methods, and Practices", *Textbooks Collection,* 3, 1-149, http://scholarcommns.usf.eduloa-texbooks.

Bhatti, N. Maitlo, G.M. Shaikh, N. Aamir Hashmi, M. & Shaikh, F.M., 2012, "The Impact of Autocratic and Democratic Leadership Style on Job Satisfaction", *International Business Research,* 5 (2), 192-201.

Bhurtel, A. & Adhikari, E.R., 2016, "Performance Appraisal for Employee Development: Exploring Perceptions of Supervisors", *International Journal of Social Science and Management (IJSSM),* 3 (2). 93-101. DOI: 10.3126/I;ssm.v3i2.14670.

Bin Shmailan, A.S., 2016, "The Relationship between job Satisfaction, Job Performance and Employee Engagement: An Explorative Study", *Issues in Business Management and Economics,* 4 (1), 1-8.

Bittel, L.R. & Newstrom, J.W., 1990, "What every Supervisor should know", 6th Edition. New York. McGraw-Hill Publishing Company.

Blessing White, 2011, "Employee Engagement Report-2011", Princeton, NJ: BlessingWhite.

Booysen, F., 2017, 'Perceptions of and Support for NHI in South Africa, Population Health, Health Systems and Innovation (PHHSI)", Human Sciences Research Council (HSRC), Development of Economics, University of Free State (UFS). Paper presented at the biennial conference of the Economic Society of South Africa. 30 August-1 September 2017, Grahamstown.

Bopa, B.M., 2012, "The Relationship Between Leadership Effectiveness and Organisational Performance", *Journal of Defense Resources Management,* 3 (1), 123-127.

Botha, B. & Cloete, C.E., 2000, "A Facilities Management System for the Maintenance of Government Hospitals in South Africa", *Acta Structilia,* 7 (1): 1-21.

Braeken J, van Assen MALM, 2017, "An empirical Kaiser criterion", *Psychology Methods,* 22(3):450-466. DOI: 10.1037/met0000074. Epub 2016 Mar 31.

Braun, V. & Clarke, V., 2013, "Teaching Thematic Analysis, Overcoming Challenges and Developing Strategies for Effective Learning", *The Psychologist,* 26 (2), 120-123.

Brauns, M. & Stanton, A., 2015, "Good Governance and the Implementation of National Health Insurance in the Public Health Sector: A Case of South Africa", *Journal of Governance and Regulation,* 4 (4), 17-25.

Brauns, M. & Wallis, M., 2014, "Policy Implementation and The Promotion of Service Delivery within The Public Health Sector In South Africa", *International Business & Economics Research* Journal, 13 (2), 201-212.

Bridgman, P. & Davis, G., 2003, "What Use is Policy Cycle? Plenty, if the Aim is Clear", *Australian Journal of Public Administration,* 62 (3), 98-102.

Browing, M., 2018, "Self-Leadership: Why It Matters", International Journal of Business and Social Science, 9 (2):14-18.

Brown, E., 2007, "Personal, Institutional, and Communal Leadership: Rethinking Leadership Development for the Jewish Community", *Journal of Jewish Communal Service,* 82 (3), 234-243.

Brown, M.E. Treviño, K.L. & Harrison, D.A., 2005, "Ethical Leadership: A Social Learning Perspective for Construct Development and Testing", *Organisational Behavior and Human Decision Processes,* 97, 117-134.

Brynard, P.A, 2006, "The Nature of the Policy Problem," *Journal of Public Administration,* 41 (2.2), 356-372.

Brynard, P.A, 2007, "Multiplicity in Public Policy Implementation", *African Journal of Public Affairs,* 1 (1), 34-40.

Brynard, P.A., 2005, “Policy Implementation: Lessons for Service Delivery”, 27th AAPAM annual roundtable conference, Zambezi Sun Hotel, Livingstone, Zambia. 5-9 December 2005.

Brynard, P.A., 2005, “Policy Implementation: Lessons for Service Delivery”, *Journal of Public Administration,* 40 (4.1), 649-667.

Bucata, G. and Rizescu, A.M., 2016, “Management Style as a Triggering factor for Organisation Effectiveness and Efficiency”, Journal of Defense Resources Management, 7 (2) (13): 159-164.

Bučiūnienė, L. & Škudienė, V., 2008, “Impact of Leadership Styles on Employees’ Organisational Commitment in Lithuanian Manufacturing Company”, 57-65.

Burger, R. & Christian, C., 2018, “Access to health care in post-apartheid South Africa: availability, affordability, acceptability”, *Health Economics, Policy and Law*, 1-12.

Bush, T., 2007, “Educational Leadership and Management: Theory, Policy, and Practice”, *South African Journal of Education*, 27 (3), 391-406.

Buthelezi, M.T., 2014, “Researching Job Satisfaction of Employees in Durban”, A dissertation submitted in partial fulfillment of the requirements for the Degree of Master of Business Administration, Graduate School of Business and Leadership, College of Law and Management Studies, University of KwaZulu-Natal.

Camilleri E., 2002, "Some Antecedents of Organisational Commitment, Results from an Information System Public Sectors Organisation", *Ministry of Finance*, Malta, 1-29.

Campbell, D. & Campbell, S., 2008, “Introduction to Regression and Data Analysis”, *Statlab Workshop,* 1-15.

Casida, J. & Parker, J., 2011, “Staff Perceptions of Nurse Manager Leadership Styles and Outcomes”, *Journal of Nursing Management,* 19, 478-486.

Charry, K., 2016, “Leadership Theories-8 Major Leadership Theories”, Retrieved 25 January 2018 from http.//psychology.about.com/od/leadership/p/leadtheories.htm.

Chekole, H., 2015, “Relationship Between Leadership Style and Employee Commitment in Governmental Health Institutions, in Case of University of Gondar Hospital”, A Thesis Submitted to the Department of Management for partial fulfillment of the requirements of Masters of Business Administration (MBA), University of Gondar College of Business and Economics, Department of Management, Gondar, Ethiopia.

Cherry, K., 2016, “The Eight Major Theories of Leadership”, reachingnewhieghtsfoundation.com. Accessed on 25 May 2020.

Chigudu D, 2015, “Navigating Policy Implementation Gaps in Africa: The Case of Zimbabwe”, *Risk Governance & Control: Financial Markets & Institutions*, 5 (3), 7-14.

Chirchir, R.K. Kemboi, A. Kirui, W. & Ngeno, V., 2014, “Leadership Style and Teachers Commitment in Public Primary Schools in Bomet County, Kenya”, *Journal of Education and Practice,* 5 (39), 175-183.

Chitra, M.K., 2013, “Role of Leadership in Employee Retention-A Pragmatic Study with Reference to Private Sector Bank Employees”, *International Journal of Business and Management (IRJBM),* VI, 65-74.

Choi, S., 2007, “Democratic Leadership: The Lessons of Exemplary Models for Democratic Governance”, *International Journal of Leadership Studies,* 2 (3), 243-262.

Chua, J. Basit, A. & Hassan, Z., 2018, “Leadership Style and Its Impact on Employee Performance”, *International Journal of Accounting & Business Management,* 6 (1), 80-94.

Claassen, P.S., 2015, “Analysing the Impact of Leadership Styles and Employee Engagement on Job Satisfaction of Salespeople in the Speciality Chemical Industry”, Mini-Dissertation Submitted in Partial Fulfilment of the Requirements for the Degree Master of Business Administration at the Potchefstroom Campus of the North West University, October 2015.

Clark. D., 2002, Leadership Style Survey

Cloete, F. & de Coning, C., 2011, *Improving Public Policy Theory, Practice and Results*, 3rd edn., Van Schaik Publishers, Pretoria, Francis Baard Street Hatfield, South Africa.

Colakoglu, U. Culha, O. & Atay, H., 2010, "The Effects of Perceived Organisational Support on Employees' Affective Outcomes: Evidence from the Hotel Industry", *Tourism and Hospitality Management*, 16 (2), 125-150.

Coovadia, H. Jewkes, R. Barron, P. Sanders, D. & Mclntyre, D., "The health and health system of South Africa: historical roots of current public health challenges", *Lancet*, 374, 817-834.

Corry, M. Ianacone, R. & Stella, J., 2014, "Understanding Online Teacher Best Practices: A Thematic Analysis to Improve Learning", *E-Learning and Digital Media*, 11 (6), 593-607.

Costello, A.B. & Osborne, J.W., 2005, "Best Practices in Exploratory Factor Analysis: Four Recommendations for Getting the Most from Your Analysis", *Practical Assessment Research & Evaluation*, 10 (7), 1-9.

Curtain, R., 2000, "Good Public Policy Making: How Australia Fares", *Agenda: a Journal of Policy Analysis and Reform*, 8 (1), 33-46.

Dalluay, V.S. & Jalagat, R., 2016, "Impacts of Leadership Style Effectiveness of Managers and Departments Heads to Employees' Job Satisfaction and Performance on Selected Small-Scale Business in Cavite, Philippines", *International Journal of Recent Advances in Organisational Behaviour and Decision Sciences (ITRAOB),* 2 (2), 734-751.

Dariush, L. Choobdar, G. Valadkhani, P. & Mehralic, E., 2016, "Leadership Styles facilitating Organisational Commitment of Employees", *International Journal of Economics, Commerce and Management*, IV (5), 640-655.

Daud, N., 2016, "Determinants of Job Satisfaction: How Satisfied Are the New Generation Employees in Malaysia?", *Procedia-Social and Behavioural Sciences*, 219, 208-213.

Davies, B.J. & Davies, B., 2004, "Strategic Leadership", *School Leadership & Management*, 24 (1), 29-38.

De Vos, A.S. Strydom, H. Fouché, C.B. & Delport, C.S.L., 2011, (4th Ed), "Research at Grass Roots, for the Social Science and Human Service Professions", Van Schaik Publishers, Pretoria.

Deherty, J., 2014, "Improving Public Hospitals through Effective Clinical Leadership: Lessons from South Africa", *Centre for Rural Health,* University of the Witwatersrand, South Africa, The Municipal Services Project.

Department of Health, South Africa. National Health Insurance for South Africa: Towards Universal Health Coverage. [online] Available from: https://www.health-e.org.za/wp-content/uploads/2015/12/National-Health-Insurancefor-South-Africa-White-Paper.pdf [accessed 30 July 2017].

Dhai, A. & Mahomed, S., 2018, "Healthcare in Crisis: A Shameful Disrespect of our Constitution" *South African Journal of Bioethics Law,* 11 (1): 8-10.

Doncaster, R. & Humber, S., 2014, "Clinical and Management Supervision for Clinical and Non-Clinical Staff Policy", *NHS Foundation Trust,* 3-30.

Dordević, B., 2004, "Employee Commitment in Times of Radical Organisational Changes", *Economic and Organisation,* 2 (2), 111-117.

Ebegbulem, J.C., 2012, "Corruption and Leadership Crisis in Africa", *International Journal of Business and Social Sciences,* 3 (11), 221-227.

Eisenberger, R. Huntington, R. Hutchison, S. & Sowa, D., 1986, "Perceived Organisational Support", Journal of Applied Psychology, 71 (3), 500-507.

Eisenberger, R. Stinglhamber, F. Vandenberghe, C. Sucharski, I.L. & Roades, L., 2002, "Perceived Supervisor Support: Contributions to Perceived Organisational Support and Employee Retention", *Journal of Applied Psychology,* 87 (3), 565-573.

Ensley, M.D. Hmieleski, K. M. & Pearce, C.L., 2006, "The Importance of Vertical and Shared Leadership within new Venture Top Management Teams: Implications for the Performance of Startups", *The Leadership Quarterly,* 17, 217-231.

Equity Briefing Paper., 2007, "Are South African new Health Policies making a Difference?", *Centre for Health Policy*, School of Public Health, University of the Witwatersrand, Johannesburg, South Africa, 1-3.

Farhan, B.Y., 2018, "Application of Path-Goal Leadership Theory And Learning Theory In A Learning Organisation", *The Journal of Applied Business Research*, 34 (1): 13-22.

Fegley, S., 2006, "Talent Management Survey Report", Society for Human Resource Management (SHRM), 1-30.

Femi, A.F. & Chukwubueze, A.O., 2015, "Influence of Management Style on Worker's Productivity in Nigeria Machine Tools, Osogbo, Osun State, Nigeria", *International Journal of Innovative Research & Development*, 4 (4), 74-80.

Field, A., 2005, *Discovering Statistics Using SPSS*, 2nd edn., London: Sage.

Fleenor, J.W., 2011, "Trait Approach to Leadership", *Encyclopaedia of Industrial and Organisational Psychology*, SAGE Publication: 830-832.

Fombad, M.C., 2013, "Accountability Challenges in Public-Private Partnerships from a South African Perspective", *African Journal of Business Ethics*, 7 (1), 11-25.

Fouka, G. & Mantzorou, M., 2011, "What are the Major Ethical Issues in conducting Research? Is there a Conflict between the Research Ethics and the Nature of Nursing", *Health Science Journal*, 5 (1), 3-14.

Gandolfi, F and Stone, S., 2017, "The Emergence of Leadership Styles: A Clarified Categorization", Review of International Comparative Management, 18 (1): 18-30.

Gardner, W.L. Avolio, B.J. Luthans, F. May, D.R. & Walumbwa, F., 2005, "Can you see the real me? A self-based model of authentic leader and follower development", *The Leadership Quarterly*, 16, 345-372.

Gaur, S. & Saminathan, J., 2008, "Study Report on Work Life Imbalance impact of Job Satisfaction in Non-Clinical Staff at Tertiary Health Care Center, Delhi", *Clinical Practice*, 15 (6), 881-886.

Ghosh, S. & Swamy, D.R., 2014, "A Literature Review on Organisational Commitment-A Comprehensive Summary", *International Journal of Engineering Research and Applications,* 4 (12), 4-14.

Gigaba, M, 2015, "The Impact of Leadership Style on Employee Engagement in the Platinum Mining Sector in South Africa", A Research Project Submitted to the Gordon Institute of Business Science, in Partial Fulfillment of the Requirements for the Degree of Master of Business Administration, University of Pretoria.

Gogtay, N.J. Deshpande, S.P. & Thatte, U.M, 2017, "Principles of Regression Analysis", *Journal of The Association of Physicians of India,* 65, 48-52.

Golafshani, N., 2003, "Understanding Reliability and Validity in Qualitative Research", *The Qualitative Report,* 8 (4), 597-606.

Google Maps. nd.[online] Available from: https://maps.google.com/ , [Accessed 22 July 2017].

Gopal, R. & Chowdhury, R.C., 2014, "Leadership Styles and Employee Motivation: An Empirical Investigation In A Leading Oil Company in India", *IMPACT International Journal of Research in Business Management,* 2 (5), 1-10.

Grant, C. & Osanloo, A., 2014, "Understanding, Selecting, and Integrating a Theoretical Framework in Dissertation Research: Creating the Blueprint for Your House", *Administrative Issues Journal: Connecting Education, Practice, and Research,* 4 (2), 12-26.

Gumede, V., 2008, "Public Policy in a Post-Apartheid South Africa: A Preliminary Perspective", *Africanus,* 38 (2), 7-23.

Hallworth, M. Parker, S. & Rutter, J., 20100, "Policy Making in the Real World, Evidence and Analysis", *Institute for Government,* London, 1-104.

Hanson, T., 2011, "Public Servant Leadership: A New Paradigm for Public Service", Management & Careers, *Government Finance Review,* 48-52.

Hargreaves, A., 2007, "Sustainable Leadership and Development in Education: Creating the future, conserving the past", *European Journal of Education,* 42 (2), 223-233.

Hartigh, W., 2015, “A Vision 2030: South Africa National Development Plan, [online] Available from: Mediaclubsouthafrica.com.http//www.mediaclubsouthafrica.com/democracy/3655-a-vision-for-2030-south-africa-national-development-plan [Accessed 8 April 2015].

Hindle, T., 2008, *Guide to Management Ideas and Gurus*, The Economist, Profile Book, 322, 20, 1-322.

Hoch, T.E., 2013, “Shared Leadership and Innovation: The Role of Vertical Leadership and Employee Integrity”, *Journal of Business and Psychology*, 28 (2), 159-174.

Hofman, K.J. McGee, S. Chalkidou, K. Tantivess, S. & Gulyer, A., 2015, “National Health Insurance in South Africa: Relevance of a National priority-setting Agency”, *South African Medical Journal (SAMJ),* 105 (9), 739-740.

Hogwood, B.W & Gunn, L.A., 1984, *Policy Analysis for the Real World*, Oxford University Press, Oxford , New York.

Hopkins, T.H., 1996, “Ten essential Leadership Skills for Managers”, [online] Available from: Hopkins Associates Websites: http://www.hopkins-associates.com. [Accessed 18 May 2018]

Hornby, A.S., 2001, *Oxford Advance Learner’ Dictionary*, 6th ed, Oxford University Press, Oxford New York.

Hosseini, S.J.F. & Eghtedari, N., 2013, “A Confirmatory Factor Analysis affecting the Development of Nanotechnology in Agricultural Sector of Iran”, *African Journal of Agricultural Research,* 8 (16), 1401-1404.

House, V.W., n.d., “Models of Policy Making”, Montana State University, 244-246.

Howell, R. D., Breivek, E. & Wilcox, J. B., 2007. “Reconsidering formative measurement”, *Psychological Methods,* 2(12), 205-218.

Huang, C.H., 2013, “Shared Leadership and Team Learning: Roles of Knowledge Sharing and Team Characteristics”, *The Journal of International Management Studies,* 8 (1), 124-133.

Hughes, Tawney A., 2014, “Idealized, Inspirational, and Intellectual Leader in the Social Sector: Transformational Leadership and the Kravis Prize”, *CMC Senior Theses*. Paper 906. 1-68.

Hunter, D.J. & Marks, L., 2002, “Decision-making processes for effective policy implementation” [online] Available from: http://www.hda.nhs.uk/evidence [Accessed 16 May 2017].

Ibrahim, L.y., 2016, “Effective Managerial Leadership and Challenges in Sport Organisation”, *IOSR Journal of Sports and Physical Education (IOSR-JSPE),* 3 (5), 73-80.

Igbal, N. Karim, S.H.A. & Haider., 2015, “Impact of Rewards and Leadership on the Employee Engagement in Conventional Banking Sector of Southern Punjab”, *Asian Journal of Business & Management Review,* 5 (4), 1-3.

Ikechukwu, U.B. & Chukwuemeka, E.E., 2013, “The Obstacles to Effective Policy Implementation by The Public Bureaucracy in Developing Nations: The Case of Nigeria”, *Kuwait Chapter of Arabian Journal of Business and Management Review*, 2 (7), 59-68.

İkinci, S.S., 2014, “Organisational Change: Importance of Leadership Style and Training”, *Management and Organisational Studies*; 1 (2), 122-128.

Imenda, S., 2014, “Is There a Conceptual Difference between Theoretical and Conceptual Frameworks?, *Journal of Social Sciences,* 38 (2), 185-195.

Imurana, B.A. Haruna, R.K. & Kofi, A-B.N., 2014, “The Politics of Public Policy and Problems of Implementation in Africa: An Appraisal of Ghana’s National Health Insurance Scheme in Ga East District”, *International Journal of Humanities and Social Science*, 4 (4), 196-207.

Ipuele, O.A. and Aondoaseer, A.F., 2013, “Leadership Styles as Recipes for Transformation”, International Journal of Business and Management Review, 1 (4): 35-53.

Iqbal, N. Anwar, S. & Haider, N., 2015, “Effect of Leadership Style on Employee Performance”, *Arabian Journal of Business Management Review,* 5 (5), 1-6.

Ispas, A., 2012, “The Perceived Leadership Style and Employee Performance in Hotel Industry-a Dual Approach”, *Review of International Comparative Management,* 13 (2), 294-304.

Jabbar, A.A. and Hussein, A.M., 2017, “The Role of Leadership in Strategic Management”, International Journal of Research-GRANTHAAYAH, 5 (5): 99-106.

James, E.H., & Wooten, L.P., “Crisis Leadership and Why it Matters”, *The European Financial Review,* 60-64.

Javaid, M.F. & Mirza, M.U., 2012, “Leadership Styles Enhances the Employee Organisational Commitment: A Case Study of Educational Institutions in LAHORE”, *International Journal on Management, Statistics & Social Sciences,* 1 (1), 64-77.

Javed, H.A., Jaffari, A.A. & Rahim, M., 2014, “Leadership Styles and Employees’ Job Satisfaction: A Case from the Private Banking Sector of Pakistan”, *Journal of Asian Business Strategy,* 4 (3), 41-50.

Jelsma, J. & Clow, S., 2005, “Ethical Issues Relating to Qualitative Research”, *South African Journal of Physiotherapy*, 61 (1), 3-6.

Jing-zhou, P. Xiao-xue, Z. & Xia-qing, Z., 2008, “The Role of Leadership between the Employees and the Organization, A bridge or A ravine?-An Empirical Study from China”, *Journal of Management and Marketing Research,* 41(5), 1-14.

John, S. and Chattopadhyay, P., 2015, “Factors Impacting Leadership Effectiveness: A Literature Review”, *Arabian Journal of Business and Management Review*, 5 (6): 1-5.

Jones, D.W. and Rudd, R.D., 2017, Proceedings of the 2007 AAAE Research Conference, 34: 520-530.

Joshi, B., 2017, “Time to Adopt Mixed Leadership Style”, *Asian Journal of Research in Business Economics and Management,* 7 (8): 52-68.

Juma, T.O., 2015, “The Challenges of Public Policy Formulation and Evaluation Through the Questions “What, Who, How, and When?”, *International Journal of Economics, Commerce and Management,* III (11), 830-841.

Kabir, M.M.N. & Parvin, M.M., 2011, “Factors Affecting Employee Job Satisfaction of Pharmaceutical Sector”, Australian Journal of Business and Management Research, 1 (9), 113-123.

Kama, Z.S., 2017, “An Evaluation of Access to Health Care: Gugulethu Community Health Clinic”, Thesis submitted in fulfilment of the requirements for the degree Master of Technology, Public Management, in the Faculty of Business at the Cape Peninsula University of Technology.

Kamau, O., & SMA, M., 2016, “A Critical Review of Literature on Employee Engagement Concept”, *International Journal of Research in Social Sciences*, 6 (3), 1-8.

Kanodia, R. & Sacker, A., 2016, “Trait Theories of Leadership”, *International Journal of Science Technology and Management,* 5 (12), 121-133.

Kayode, O., 2013, “Application of Theory X and Y in Classroom Management”, *International Journal of Education and Research*, 1 (5), 1-10.

Kelly. J., 2014, “A Study of the Impact on Leadership Styles within the Health Service Executive as a Result of the Economic Downturn in Ireland (2008-2013)”, A Dissertation Submitted in Partial fulfillment of an MSc in Management, National College of Ireland, unpublished thesis.

Keskes, I., 2003, “Relationship between leadership styles and dimensions of employee organisational commitment, A critical review and discussion of future directions”, *Intangible Capital*, 10 (1), 26-51.

Khalid, I. Mushtaq, M. & Naveed, A., 2016, “Loopholes in Public Policy Making: A Case Study of Pakistan”, *Journal of Political Studies*, 23 (2), 373-396.

Khan, A.R., & Khandaker, S., 2016, “A Critical Insight into Policy Implementation and Implementation Performance”, *Public Policy and Administration,* 15 (4), 538-548.

Khan, I. and Nawaz, A., 2016, “A Comparative Analysis of Leadership Theories: A Review”, Gomal University Journal of Research, Special Issue IV: 20-31.

Khan, Z.A. Bhat, S.J. and Hussanie, I., 2017, “Understanding Leadership Theories-A Review for Researchers”. *Asian Journal of Research in Social Sciences and Humanities,* 7 (5): 249-264.

Khan, Z.A. Nawaz, A. and Khan, I., 2016, “Leadership Theories and Styles: A Literature Review”, Journal of Resources Development and Management, 16: 1-7.

Khathamuthu, P. & Kanagaletchumy A., 2012, “Impact of Leadership Styles on Employee Adaptability in Call Center, A Perspective of Telecommunication Industry”, Research Report Submitted in Partial Fulfilment of the Requirements for the Degree of MBA.

Khumalo, L., 2015, “The Impact of Leadership Styles on Organisational Commitment”, Thesis Submitted in Partial Fulfillment of the Requirements for the Masters Degree in Business Leadership at the University of South Africa (UNISA).

Khuong, M.N. & Nhu, N.V.Q., 2015, “The effects of ethical leadership and organisational culture towards employee’s sociability and commitment: A study of Tourism Sector in Ho Chi Minh City, Vietnam”, *Journal of Advanced Management Science,* 3(4), 329-336.

Khuzwayo, P.B., 2015, “The Views of Primary Health Care Nurses towards The National Health Insurance”, A Research Report submitted to the Faculty of Management in Partial Fulfillment of the requirements for the Degree of Master of Management (in the field of Public and Development Management), Unpublished Thesis: University of Johannesburg. [online] Available from: https://ujdigispace.uj.ac.za

Kimberlin, C.L., & Winterstein, A.G., 2008, “Validity and Reliability of Measurement Instrument used in Research”, *American Society of Health System Pharmacists,* 65.2276-2284.

Klopper, H., 2008, “The Qualitative Research Proposal, School of Nursing Science”, North-West University (Potchefstroom Campus), South Africa, Curationis 3 (4), 62-72.

Knill, C. & Tosun, J., 2011, "Policy Making", *First Publ.in: Comparative Politics*/ed.by Daniele Caramani:-2.ed-Oxford (u.a): Oxford University Press-S 373-388, 1-40.

Kocolowski, M.D., 2010, "Shared Leadership: Is it Time for a Change?", *Emerging Leadership Journeys,* 3 (1), 22-32.

Kolisang, L.O., 2011, "Exploring the Relationship between Leadership and Organisational Culture", A dissertation submitted in partial fulfilment of the requirements for the degree: Master's Degree in Business Administration at Potchefstroom Business School. North-West University.

Konstantinou, C. & Prezerakos, P., 2018, "Relationship between Nurse Managers' Leadership Styles and Staff Nurse's Job Satisfaction in a Greek NHS Hospital", *American Journal of Nursing Science,* 7 (3-1), 45-50.

Kotter, J.P., 1990, "What Leaders Really Do?"; *Harvard Business Review,* 85-96.

Kotter, J.P., 2001, "What Leaders Really Do?" *Harvard Business Review*, 79 (11), 85-96.

Kovach, M., 2018, "An Examination of Leadership Theories in Business and Sport Achievement Contexts", *The Journal of Values-Based Leadership,* 11 (2): 1-16.

Kowalski, 2003, "The Engagement Gap", *Trainin*g, 40 (4), 62.

Krishman, V.R., 2005, "Transformational Leadership and Outcomes: Role of Relationship Duration", *Leadership and Organisation Development Journal*, 26 (6), 442-457.

Kulaç, O. & Özgür, H., 2017, "An Overview of the Stages (Heuristics) Model as a Public Policy Analysis Framework", *European Scientific Journal*, May 2017 /SPECIAL/ edition, 144-157.

Kumar Parida, S. & Nayak, S., 2012, "Leveraging Employee Through Work Life Balance", *International Conference on Challenges and Opportunities in Mechanical Engineering, Industrial Engineering and Management Studies (ICCOM-2012),* 11-13 July 2012, 1132-1137.

Kumar, A.S., 2015, "Employee Engagement: The Key to Organisational Excellence", *SAMZODHANA-Journal of Management Research*, 5 (2), 111-118.

Lakshmi, S. & Mohideen, M.A., 2013, "Issues in Reliability and Validity of Research", *International Journal of Management Research and Review*, 3 (4), 2752-2758.

Lapadat, J.C., 201, "Thematic Analysis", *Encyclopaedia of Case Study Research,* 1-2. SAGE Publications, Inc.

Laub, J. A. (1999). Assessing the Servant Organization Development of the Servant Organisational Leadership Assessment (SOLA) Instrument", A Dissertation Submitted to the Graduate Faculty at Florida Atlantic University in Partial fulfillment of the Requirements for the Degree of Education, Boca Raton.

Law, P., 2016, "Spiritual Leadership", in Leadership, Perspectives from the front Line, Veldsman, T.H. and Johnson, A.J, (eds), Randburg: KR Publishing.

Leng, S. C. Li Xuan, C. Kai Sin, N.G. Kit Leng, W & Wai Yan, W., 2014, "The Impact of Leadership Styles on Employee Commitment in Retail Industry", A Research Project submitted in Partial Fulfillment of the Requirements for the Degree of Bachelor of Business Administration (Honours), Universiti Tunku ABDUL RAHMAN, Faculty of Business and Finance Department of Business.

Lester, C.N., 1975, "Leadership Styles- A Key to Effectiveness", *Journal of Extension,* November / December, Virginia Polytechnic Institute and State University.

Limpopo Department of Health, Annual Performance Plan, Vol.7: 2014/15.

Limpopo Department of Health, Human Resources Report, April 2015.

Limpopo Development Plan 2015-2019, Limpopo Provincial Government [online] Available at: http/www.limpopo.gov.za , [Accessed 16 December 2017].

Lin, P.Y. MacLennan, S. Hunt, N. & Cox, T., 2015, "The Influence of Nursing Transformational Leadership Style on the Quality of Nurses' working lives in Taiwan: A Cross-Sectional Quantitative Study", *BioMed Central Nursing*, 14 (33), 1-9.

Local Government Policy-Making Process, Municipal Research & Services Center of Washington, Report No.45, February 1999, 1200 5th Avenue, Suite, 1300 Seattle, WA 98101-119, 1-29.

Lockwood, N.R., 2007, "Leveraging Employee Engagements for Competitive Advantage: HRs Strategic Role", *HR Magazine,* 52 (3), 1-11.

Lojpur, A. Aleksic, A. Vlahovic, S. Bach, M.P. & Pekovic, S., 2015, "Examining Determinants of Leadership Style among Montenegrin Managers", *Nase Gospodarstvo/Our Economy,* 61 (1), 13-24.

Low, K.C.P and Teo, T.C., 2015, "Tsonami Leaders and their Style (s) and Ways", International Journal of Business and Social Science, 6 (9), 31-46.

Lumbasi, G.W. K'Aol, G.O. & Ouma, C.A., 2016, "The Effects of Participative Leadership Style on The Performance of COYA Senior Managers in Kenya", Researchjournali's Journal of Management. 4 (5), 1-12.

Lumley, E.J. Coetzee, M. & Tladinyane, R. & Ferreira, N., 2011, "Exploring the Job Satisfaction and Organisational Commitment of Employees in the Information Technology Environment", Southern African Business Review, 15 (1), 100-118.

Lumley, E.J. Coetzee, M. Tladinyane, R., & Ferreira N., 2011, "Exploring the Job Satisfaction and Organisational Commitment of Employees in the Information Technology Environment", *South African Business Review,* 15 (1).

Lunenburg, F.C., 2011, "Leadership versus Management, A Key Distinction—At Least in Theory", *International Journal of Management, Business, and Administration*, 14 (1), 1-4.

Luthra, A. & Dahiya, R., 2015, "Effective Leadership is all about Communicating Effectively: Connecting Leadership and Communication", *International Journal of Management and Business Studies,* 5 (3), 43-48.

Mackay, M. & Shaxton, L., n.d., "Understanding and Applying Basic Public Policy Concepts", University of Guelph, and Delta Partnership, 1-5.

Madushani, H.D.P., 2016, "Ethical Issues in Social Science Research: A Review", *Journal of Social Statistics,* 26-33.

Mahlathi, P. & Dlamini, J., 2015, "Minimum Data Sets for Human Resources for Health and The Surgical workforce in South Africa's Health System, A rapid analysis of Stock and Migration", *African Institute of Health & Leadership Development*, 1-13.

Mahmood, A., 2015, "Effects of Leadership Styles on Organisational Commitment in Public and Private Sectors of Pakistan", Master's Thesis, University of Agder, School of Business and Law.

Mahomed, Y., 2016, "The Impact of Different Leadership Styles on Employee Engagement in an Organisation Undergoing Change", A Research Project submitted to the Gordon Institute of Business Science, in partial fulfillment of the requirements for the Degree of Master of Business Administration, University of Pretoria.

Makinde, T., 2005, "Problems of Policy Implementation in Developing Nations: The Nigerian Experience", *Journal of Social Sciences,* 11 (1), 63-69.

Makinde, T., 2015, "Interface between Politics and Public Policy: A Relationship of Inseparableness", Global Journal of Interdisciplinary Social Sciences, 4 (3), 124-130.

Malhotra, N. K., 2011. *Basic marketing research.* 4th edn., Eaglewood Cliffs: NJ: Prentice-Hall.

Malik., S.H., 2009, "Leadership Behavior and Employee Job Satisfaction: A Study of Path Goal Theory in Telecom Sector", A Thesis Submitted for the degree of Doctor of Philosophy in Human Resource Development to Faculty of Advanced Integrated Studies and Research, National Univesity of Modern Languages Islamabad.

Maniram, R., 2007, "An Investigation into the Factors Affecting Job Satisfaction at the KwaZulu Natal Further Education and Training College", Swinton Campus, Dissertation submitted in partial fulfillment of the requirements of the Magister Technologiae, Business Administration, Division of Management Science, University of South Africa.

Mannix, J. Wikes, L. & Daly, J., 2013, "Attributes of Clinical Leadership in Contemporary Nursing: An Integrative Review", *Contemporary Nurse,* 45 (1), 10-21.

Manyisa, Z.M. & van Aswegen, E.J., 2017, "Factors Affecting Working Conditions in Public Hospitals: A Literature", *International Journal of Africa Nursing Sciences*, 6: 28-38.

Manyisa, Z.M., 2016, "The Current Status of Working Conditions in Public Hospitals at a Selected Province, South Africa: Part 1", Journal of Human Ecology, 56 (1, 2): 210-219.

Mapetere, D. Mavhiki, S. Nyamwanza, T. Sikomwe, S. & Mhonde, C., 2012, "Strategic Role of Leadership in Strategy Implementation in Zimbabwe's State Owned Enterprises", 3 (16), 271-276.

Maphumulo, W.T. & Bhengu, B.R., 2019, "Challenges of Quality Improvement in the Healthcare of South Africa Post-Apartheid: A Critical Review", Curationis, 42 (1) a1901: 1-9.

Marais, D.L. & Petersen, I., 2015, "Health System Governance to Support Integrated Health Care in South Africa: Challenges and Opportunities", *Internal Journal of Mental Health System*, 9 (14), 1-21.

Markos, S. & Sridevi, M.S., 2010, "Employee Engagement: The Key to Improving Performance", *International Journal of Business and Managemen*t, 5 (12), 89-96.

Marume, S.B.M. & Ndudzo, D., 2016, "Approaches to Administrative Leadership", *International Journal of Engineering Science Invention*, 5 (4), 9-17.

Marume, S.B.M. Ndudzo, D. & Jaricha, E., 2016, "Types and Kinds of Public Policy and Public Policy Making", *Quest Journals, Journal of Research in Humanities and Social Sciences*, 4 (4), 23-28.

Marume, S.B.M., 2016, "Public Policy & Factors Influencing Public Policy", *International Journal of Engineering Science Invention*, 5 (6), 6-14.

Marutha, N.S., 2011. "Records Management in support of Service Delivery in the Public Health Sector of the Limpopo Province in South Africa", submitted in accordance with the requirements for the degree of Master of Information Science at the University of South Africa.

Masango, M., 2002, “Leadership in the African Context”, *Verbum ET ECCLIESIA JRG*, 23 (3), 707-718.

Mathe, J.J., 2012, “Student’s Awareness, Knowledge of, and Attitude towards NHI”, Minor Dissertation submitted in partial fulfillment of the requirements for the degree: Masters of Commerce in Business Management in the Faculty of Management, Unpublished: University of Johannesburg. [online] Available from: https://ujdigispace.uj.ac.za

Matjie, M.A., 2010, “The Relationship between Transformational Leadership, Emotional Competence and Conflict Management Skills of Managers in the Public Sector”, Research Dissertation Submitted for the fulfillment of the Requirements for the Degree: Master of Administration in Idustrial Psychology in the Faculty of Management Sciences and Law at the University of Limpopo (Turfloop Campus), South Africa, unpublished thesis.

Matland, R.E., 1995, “Synthesizing the Implementation Literature: The Ambiguity-Conflict Model of Policy Implementation”, *Journal of Public Administration Research and Theory: J-PART*, 5 (2), 145-174.

Matsi, M., 2015, “Views and Perceptions of Health Care Workers on the National Health Insurance at Pietersburg-Mankweng Tertiary Hospital, Limpopo Province”, Research Dissertation submitted in partial fulfillment of the requirements for the degree of Masters of Public Health at the School of Public Health, Unpublished Thesis, University of Limpopo Medunsa Campus, South Africa.

Matsoso, M.P. & Fryatt, R., 2013, “National Health Insurance: The First 18 months”, *South African Health Report,* National Department of Health, 21-33.

Mbanga, N. Madale, R. and Becker, P., 2002, “Evaluation of Hospital Information System in the Northern Province in South Africa, Using Outcome Measures”, Report Prepared for the Health Systems Trust. *The Medical Research Council of South Africa*: 1-87.

McCann, J.T. Graves, D & Cox, L., 2014, “Servant Leadership, Employee Satisfaction and Organisational Performance in Rural Community Hospitals”, *International Journal of Business and Management*, 9 (10), 28-38.

Mchunu, S.A., 2016, “An Implementation Analysis of the KwaZulu-Natal Liquor Licensing Act (Act No.6 of 2010): A Case Study of uThukela District Area”, The Research Paper was Submitted to the Faculty of Humanities, University of KwaZulu-Natal, in the Fulfilment of the Degree of Masters in Policy and Development Studies, November 2016.

McIntyre, D. Bloom, G. Doherty, J. Brijlal, P., 1995, “Health Expenditure and Finance in South Africa”, *Health System Trust and the World Bank*.

McIntyre, D., Doherty, J., & Gilson L., 2003, “A tale of two visions: The changing fortunes of Social Health Insurance in South Africa”. *Health Policy Plan,* 18 (1), 47-58. https://doi.org/10.1093/heapol/18.1.47.

McIntyre, D.I. Goudge, J. Harris, B. & Nxumalo, N., 2009, “Prerequisites for National Health Insurance in South Africa: Results of a National Household Survey”, *South African Medical Journal,* 99, 725-729.

Mclaggan, E. Bezuidenhout, A. & Botha, C.T., 2013, “Leadership Style and Organisational Commitment in the mining industry in Mpumalanga”, *South African Journal of Human Resource Management/ SA Tydskrif vir Menslikehulpbronbestuur*, 11 (1), 1-9.

Mdluli, C.N.P., 2002, “An Evaluative Study of the Leadership Style of Female Principals” Submitted in partial fulfilment of the requirements of the degree of Master of Education in the Department of Educational Planning and Administration, University of Zululand (Durban-Umlazi Campus), South Africa.

Mehta, D. & Mehta, K.N, 2013, “Employee Engagement, A Literature Review”, *Economia Seria Management*, 16 (2), 209-215.

Metzler, J.M., 2006, “The relationships between leadership styles and employee engagement”, *Master's Theses and Graduate Research at SJSU Scholar Works,* Paper 2967.

Mills, D. Q., 2005, “The Importance of Leadership”, *Leadership: How to Lead, How to Live.* [online] Available at: http://www.nwlink.com/donclark/leader/survstyl.html , Accessed 25 January 2018.

Minnaar, F. & Bekker, K., 1st edn., 2005, "Public Management in the Information Ag, Pretoria, Van Schaik Publishers.

Mishra, A. & Mahapatra, M., 2018, "Servant Leadership: A Necessity for Competitive Advantage", *Journal of Business Management & Social Sciences Research,* 7 (2), 40-44.

Mishra, D. Kapse, S. & Bavad, D., 2013, "Employee Engagement at Banks in Kutch", *International Journal of Application or Innovation in Engineering & Management (IJAIEM*), 2(7), 349-358.

Mishra, G.P, Grunewald, D, & Kulkarni, N.A., 2014, "Leadership Styles of Senior and Middle Level Managers: A Study of Selected Firms in Muscat, Sultanate of Oman", *International Journal of Business and Management,* 9 (11), 72-79.

Mmamokgothu, T.L., 2011, "The Impact of Leadership in the Acceleration of Service Delivery in the Department of Health and Social Development, Capricorn District", Submitted in Partial fulfillment of the Requirements for the Degree: Master in Development in the Faculty of Management Sciences and Law at the University of Limpopo (Turfloop Graduate School of Leadership), South Africa, unpublished thesis.

Mmela, M.L., 2017, "Governance and The Leadership Challenges in Emalahleni Local Municipality", Master of Public and Development Management, Wits School of Governance.

Mohamed, R.K.M.H. & Nor Mohamad., 2013, "The Relationship between McGregor's X-Y Theory Management Style and Fulfillment of Psychological Contract: A Literature Review", *International Journal of Academic Research in Business and Social Sciences,* 3 (5), 715-720.

Mohamed, S.A. & Ali, M., 2016, "The Importance of Supervisor Support for Employees' Affective Commitment: An Analysis of Job Satisfaction", *International Journal of Scientific and Research Publications,* 6 (2), 435-439.

Moir, M., 2017, "Contextual Leadership: As a Mediator of Leader Effectiveness", *Psychology and Behavioural Science International Journal,* 3 (4): 001-002.

Mokoena, M.J., 2017, "Perceptions of Professional Nurses on the Impact of Shortage of Resources for Quality Patient Care in a Public Hospital: Limpopo Province", Submitted in Accordance with the Requirements for the Degree of Master of Arts in the Subject Health Studies at the University of South Africa.

Molebatsi, P.D., 2014, "An evaluation of the feasibility of the National Health Insurance System in South Africa", Mini-Dissertation submitted in partial fulfillment of the requirements for the degree Master in Business Administration at the Potchefstroom Campus of the North-West University, South Africa.

Morrell, K. & Hartley, J., 2006, "A Model of Political Leadership", *Human Relations,* 59 (4), 483-504.

Mourougan, S. & Sethuraman, K., 2017, "Hypothesis Development and Testing", *IOSR Journal of Business and Management,* 19 (5), 34-40.

Mousa, M. & Alas, R., 2016, "Organisational Commitment: A Case Study of Egyptian Teachers Post Revolution", *International Journal of Business Administration,* 7 (4), 33-42.

Mowday, R.T. Steers, R.M. & Porter, L.W., 1979, "The measurement of organizational commitment" *Journal of Vocational Behavior,* 14, 224-247.

Mthembu, N.N.H., 2012, "An Analysis of the Nurse Managers' Interpretation of the National Health Insurance Policy, its implications for implementation in healthcare facilities in the eThekwini District", A Dissertation submitted to the Faculty of Health Sciences, School of Nursing and Public Health, In fulfillment of the requirements for the Degree: Research Masters (Nursing): University of KwaZulu-Natal (UKZN), South Africa.

Mthethwa, R.M., 2012, "Critical Dimensions for Policy Implementation", *African Journal of Public Affairs,* 5 (2), 36-47.

Mtimkulu, D.S. Naranjee, N. & Karodia, A.M., 2014, "An Evaluation of The Leadership Styles of Managers and Their Impact on Human Capital factors of Motivation, Performance and Absenteeism of Employees at Selected Hospitals in Eastern Free

State, South Africa", *Arabian Journal of Business and Management Review,* 4 (2), 47-76.

Muhammad, F., 2014, "Leadership, Governance and Public Policy Implementation Competencies in the Broader Public Sector", *European Journal of Business & Management,* 6 (36), 66-73.

Muhammad, F., 2014, "Leadership, Governance and Public Policy Implementation Competencies in the Broader Public Sector", *European Journal of Business and Management,* 6 (36), 66-72.

Muhl, C.J., 2002, "What is an Employee", The Answer depends on the Federal Law", *Monthly Labor Review,* 3-11.

Munzhedzi, H.P., 2011, "Performance Management System and Improved Productivity: A case of the Department of Local Government and Housing in Limpopo Province", Submitted in accordance with the requirements for the degree of Master of Administration in the subject Public Administration at the University of South Africa.

Musbah, A.R. Habtoor, N. & Abdalla, M.A.D., 2015, "Sources of Administrative Leadership Strength and its Relationship with Training of Human Resources", *Asia Journal of Management Sciences & Education,* 4 (1): 58-68.

Muteswa, R.P.T., 2016, "Qualities of a Good Leader and the Benefits of Good Leadership to an Organisation: A Conceptual Study", European Journal of Business and Management, 135-140.

Mutia, P.M. and Muthamia, S., 2016, "The Dichotomy of Servant Leadership and Its Practicality on the African Continent", *International Education Research Foundation and Publisher,* 4 (5): 130-145.

Naidoo, S., 2016, "Chief Executive Officers and Public Hospital Management in South Africa", Wits School of Governance, University of the Witwatersrand.

Nath Gangai, K. & Agrawal, R., 2015, "Job Satisfaction and Organisational Commitment: Is It important for Employee Performance", *Int. J. Manag. Bus. Res,* 5 (4), 269-278.

National Planning Commission, South Africa. Diagnostic Overview, [online] Available from: http://www.education.gov.za/Portals/0/Documents/Publications/National%20Planning%20Comission%20Diagnostics%20Overview%20of%20the%20country.pdf?ver=2015-03-19-134928-000 [accessed 16 May 2018].

Ndethiu, E.K., 2014, "The Effects of Leadership Styles on Employee Engagement in an International Bank with Substantial Operations in Kenya", A Research Project Submitted to the Chandaria School of Business in Partial Fulfillment of the Requirements for the Degree of Executive Master of Science in Organisational Development (EMOD), United States International University.

Neck, C.P. and Manz, C.C., 1992, "Thought Self-Leadership: The Influence of Self-Talk and Mental Imagery on Performance", Journal of Organisational Behavior, 13: 681-699.

Nelso, T. & Squires, V., 2017, "Addressing Complex Challenges through Adaptive Leadership: A Promising Approach to Collaborative Problem Solving", *Journal of Leadership Education*, 16 (14), 111-123.

Nemae, B., 2012, "The Impact of Participative Leadership on Employees Motivation, Job Satisfaction and Innovation", Dissertation submitted in partial fulfilment of the requirements for the degree of MSc in Project Management. Faculty of Business. The British University in Dubai.

Newton, R.R., 1980, "Theory X? Theory Y? You may be Theory N", *NASSP Bulletin*, 64 (440), 64-66.

Nhlapo, M.T., 2012, "The Appraisal of Factors Affecting Waiting Times and Recommendations for Improvement at Out-Patient Department (OPD) of Kopanong Hospital", A Research report Submitted to the Faculty of Health Sciences, University of the Witwatersrand in partial fulfilment of the Requirements for the degree of Master of Public Health in the field of Hospital Management.

Nojimu, T.A., 2014, "The Factors Influencing the Leadership Style of Nigerian Small-Scale Business Entrepreneur", *European Journal of Business and Management*, 6 (1): 78-83.

Noordin, F. Rahman, A. Rahim, A. Ibrahim, A.H. & Omar, M.S., 2011, "An Analysis of Careers Stages on Organisational Commitment of Australian Managers", *International Journal of Business and Social Science,* 2 (17), 117-126.

Noraazian, & Khalip., 2016, "A three- Component Conceptualisation of Organisational Commitment", *International Journal of Academic Research in Business and Social sciences,* 6 (12), 16-23.

Norris, M. & Lecavalier , L., 2009, "Evaluating the use of exploratory factor analysis in developmental disability psychological research". *Journal of Autism and Developmental Disorders,* 40(1), 8-20.

Northhouse, G., 2007, *Leadership Theory & Practice,* 3rd edn., Thousand Oak: Sage Publications.

Nwagboso, I., 2012, "Public Policy and the Challenges of Policy Evaluation in the Third World", *British Journal of Humanities and Social Sciences,* 5 (1), 59-65.

Nyengane, M.H., 2007, "The Relationship between Leadership Style and Employee Commitment: An Exploratory Study in an Electricity Utility of South Africa", A Thesis submitted in partial fulfilment of the requirements for the Degree of Master of Business Administration, Rhodes University.

Oam, J.T., 2015, "The Art of Crisis Leadership: Incident Management in the Digital Age", *MissionMode Solutions,* 1-136.

Oates, V. & Dalmau, T., 2013, "Ethical Leadership: A Legacy for a Stronger Future", *Performance,* 5 (2), 18-27.

Obicci, P.A., 2015, "Effects of Ethical Leadership on Employee Performance in Uganda", *Net Journal of Business Management,* 3 (1): 1-2.

Odumeru, J.A. & Ifeanyi, G.O., 2013, "Transformational vs Transactional Leadership Theories: Evidence in Literature", *International Review of Management and Business Research,* 2 (2), 355-361.

Odunlade, R., 2012, "Managing Employee Compensation & Benefits", *Library Philosophy and Practice (e-journal),* paper 714.

Ogbeidi, M.M., 2012, “Political Leadership and Corruption in Nigeria Since 1960: A Socio-economic Analysis”, *Journal of Nigeria Studies,* 1 (2), 1-25.

Ojokuku, R.M. Odetayo, T.A. & Sajuyigbe, A.S., 2012, “Impact of Leadership Style on Organisational Performance: A Case Study of Nigerian Banks”, *American Journal of Business and Management,* 1 (4), 202-207.

Oliver. S., 2006, “Leadership in Health Care”, *Professional Issue,* Musculoskelet Care, 4 (1), 38-47.

Onyia, V. Enyinnah, N. and Olubiyi, T., 2019, “Leadership and Employee Performance: The Dunning-Kruger Effect”, International Journal of Advance Research (IJAR), 7 (10): 358-367.

Owolabi, A.K. Mhlongo, T.P. and Evans, N., 2016, “The Status and Challenges of Clinical Informatics Development in South Africa", *Inkanyiso: Journal of Humanities and Social Sciences,* 8 (2): 125-135.

Pallant, J., 2005, “Survival Manual: A Step by Step Guide to Data Analysis Using SPSS for Windows”, Version 12.

Pandita, D. & Bedarkar, M., 2014, “A Study on the Drivers of Employee Engagement impacting Employee Performance”, *Procedia-Social and Behavioral Sciences,* 133, 106-115.

Pasha, F.G., 2015, “Management of Public Hospitals In Waterberg District (Limpopo Province)”, Research Mini-Dissertation Submitted in fulfilment of the Requirements for the Degree of Master of Public Health in the Faculty of Health Sciences (School of Health Sciences) at the University of Limpopo (Turfloop Campus).

Passchier, R.V., 2017, “Exploring the Barriers to Implementing NHI in South Africa: The People’s Perspective”, *South African Medical Journal,* 107 (10), 836-838.

Pati, S.P. & Kumar. P., 2010, “Employee Engagement: Role of Self-Efficacy, Organisational Support & Supervisor Support”, *The Indian Journal of Industrial Relations,* 46 (1), 126-137.

Paudel, N.R., 2009, "A Critical Account of Policy Implementation Theories: Status and Reconsideration", *Nepalese Journal of Public Policy and Governance*, XXV (2), 36-54.

Peretomonde, O., 2012, "Situational and Contingency Theories of Leadership, Are They The Same?, *Journal of Business and Management*, 4. (3), 13-17.

Persson, M., 2014, "The Dynamics of Policy Formulation, Making Sense of Public Unsafety", *Örebro Studies in Political Science*, 36, Örebro University, 1-105.

Peters, G.B., 2015, "Advanced Introduction to Public Policy", Edward Elgar Publishing, Inc, William Pratt House, Northampton, Massachusetts 01060, USA.

Pfeifer, J.W., 2003, "Crisis Leadership: The Art of Adapting to Extreme Events", *Discussion Paper Series of Harvard Kennedy School's Program on Crisis Leadership*, 1-22.

Phago, K.G., 2010, "Effects of The Development and Implementation of the National Public Housing Policy in South Africa with Specific Reference to the Gauteng Province", A Thesis Submitted in accordance with the Requirements for the Degree of Doctor of Administration at the University of South Africa.

Pillai, S., 2013, "Total Employee Engagement: Result of Powerful Leadership Style and Employee Motivation", *International Journal on Arts, Management and Humanities*, 2(2), 39-43.

Pillay R 2009. Work satisfaction of professional nurses in South Africa: A comparative analysis of the public and private sectors. Human Resources for Health, 7(1): 5.

Pocket Guide to South Africa 2012/2013, Provinces, 164-171.

Polit, D.F. & Hungler, B.P., 1995, *Nursing Research, Principles and Methods*, 5th edn, USA: Limpton Company.

Pradeep, D. D. & Prabhu, N. R. V., *2011,"* The Relationship between Effective Leadership and Employee Performance", *International Conference On Advancements In Information Technology With Workshop Of ICBMG IPCSIT, 20, IACSIT Press, Singapore, 198-207.*

Pretorius, W., 2008, “Leadership Style and Personality Types”, Submitted in accordance with the requirements for the Degree: Magister Theologia in the Subject Leadership and Church Management at the South African Theological Seminary.

Prevodnik, M. & Biloslavo, R., 2009, “Managers and Leaders in Organisations of a Post-Transition Economy”, *Organizacij*a, 42, 87-94.

Pyke, M.M., 2018, “The Psychology of Leadership Theories: Trait or Learned?”, Exploratory Paper Submitted in Partial fulfilment of the requirements of fellowship in the American College of Medical Practice Executives.

Quasim, S. Cheema, F.E.A. & Syed, N.A., 2012, “Exploring Factors Affecting Employees’ Job Satisfaction at Work”, *Journal of Management and Social Sciences*, 8 (1), 31-39.

Rahi, S., 2017, “Research Design and Methods: A Systematic Review of Research Paradigms, Sampling Issues and Instruments Development”, *International Journal of Economics & Management Sciences*, 6 (2), 1-6.

Rahimi, G.R. & Noruzi, M.R., 2011, “A Brief Look on Policy, Typology of Policy, and Its Related Affairs”, *International Journal of Business and Social Science*, 2 (11), 173-176.

Rahman Amad, Abd. Mohd Adi, M.N. Noor. H.Md. Abdul Rahman, A.G. Yushuang, T., 2013, “The Influence of Leadership Style on Job Satisfaction among Nurses”, *Asian Social Science*, 9 (9), 172-178.

Rahman Khan, A., & Khandaker, S., 2016, “A Critical Insight into Policy Implementation and Implementation Performance”, *Public Policy and Administration*, 15 (4), 538-548.

Rahman, Akhter, & Khan., 2017, “Factors Affecting Employee Job Satisfaction: A Comparative Study of Conventional and Islamic Insurance”, *Cogent Business & Management*, 4: 1273082, 1-15.

Rahmat, A.A., 2015, “Policy Implementation: Process and Problems”, *International Journal of Social Science and Humanities Research*; 3 (3); 306-311.

Ram, P. & Prabhakar. G., 2011, "The role of Employee Engagement in work-related outcomes", *Interdisciplinary Journal of Research in Business*. 1 (3), 47-61.

Rama Devi, V., & Narayanama, P.L., 2016, "Impact of Leadership Style on Employee Engagement", *Pacific Business Review International,* 1 (1), 91-98.

Ramasodi, J.M.B., 2010, "Factors Influencing Job Satisfaction Among Healthcare Professionals at South Rand Hospital", Research Dissertation submitted in fulfillment of the requirements for the degree of Master of Public Health in the faculty of Health Systems Management and Policy (School of Public Health) at the University of Limpopo.

Ramey, J.W., 2002, "The Relationship Between Leadership Styles of Nurse Managers and Staff Nurse Job Satisfaction in Hospital Setting", *Theses, Dissertations and Capstones,* Paper 138.

Ramogale, M.A., 2016, "The Relationship between Organisational Commitment, Job Satisfaction, and Turnover Intention in the Department of Rural Development and Land Reform, Limpopo Province", Research Dissertation Submitted in fulfillment of the requirements for the degree of Mater of Administration in Human Resource Management in the faculty of Management and Law (School of Economics and Management) at the University of Limpopo.

Republic of South Africa, 1996, Constitution of the Republic of South Africa, 1996 (Act 108 of 1996), Pretoria: Government Printer.

Republic of South Africa, 1997, Basic Conditions of Employment, (Act 75 of 1997), Pretoria: Government Printer.

Republic of South Africa, 1998, Employment Equity Act, 1998 (Act 55 of 1998), Government Gazette, Pretoria: Government Printer.

Republic of South Africa, 1998, Skills Development Act, 1998 (Act 97 of 1998), Pretoria: Government Printer.

Republic of South Africa, 2001, Public Service Regulations, 2016, Pretoria: Government Printer.

Republic of South Africa, 2003, National Health Act, 2003 (Act 61 of 2003), Government Gazette, Pretoria: Government Printer.

Republic of South Africa, 2003, National Health Act, 2003 (Act 61 of 2003), Government Gazette, Pretoria: Government Printer.

Republic of South Africa, 2014, Public Administration Management Act, 2014 (Act 11 of 2014), Government Gazette, Pretoria: Government Printer.

Republic of South Africa, Public Service Commission (PSC), 2018, "investigation into Health Care Facilities in KwaZulu-Natal: A Special focus on Professional Ethics", *Summary Report*, March 2018.

Research Ethics., 2014, "ACSAD Handbook of Principles and Procedures", Cardiff School of Art & Design.

Research Ethics: A Handbook of Principles and Procedures, 2018, University of Gloucestershire, 1-26.

Richman, A., 2006, "Everyone wants an engaged workforce. How can you create it?" 49, 36-137.

Roux N.L., 2002, "Public Policy- Making & Policy Analysis in South Africa amidst Transformation, Change and Globalization: Views on Participants and Role Players in the Policy Analytic Procedure", *Journal of Public Administration*, 37 (4), 418-437.

Rowe, W.G., 2007, "Cases in Leadership." Thousand Oaks, CA: Sage Publications.

Rust, A.A.B. & de Jager, J.W.J., 2010, "Leadership in Public Health Care: Staff Satisfaction in Selected South African Hospitals", *African Journal of Business Management*, 4 (11), 2277-2287.

Salleh, I.S. Syuhanda, N. Ali, N.S.M. Mohd-Yusof, K. & Jamaluddin, H., 2017, "Analysing Qualitative Data Systematically using Thematic Analysis for Deodoriser Troubleshooting in Palm Oil Refining", *Chemical Engineering Transactions*, 56, 1315-1320, DOI:10.3303/CET1756220.

Saloojee, H., 2011, “Chapter 9, The Crisis of Children in South African Public Hospitals”, *New South African Review*, 2: 182-201.

San Long, C. Yean Thean, L. Wan Ismail, W.K. & Jusoh, A., 2012, “Leadership Styles and Employees’ Turnover Intention: Exploratory Study of Academic Staff in a Malaysian College”, *World Applied Sciences Journal*, 19 (4), 575-581.

Sandra, L.M., 2008, “An Employee Engagement Assessment of XYZ Manufacturing Company”, A research paper submitted in Partial fulfillment of the Requirements for the Master of Science Degree in Technology Management, The Graduate School, University of Wisconsin-Stout.

Sanneh, L. & Taj, S.A., 2015, “Employee Engagement in the Public Sector, A Case Study of Western Africa”, *International Journal of Human Resources Studies*, 5(3), 70-101.

Saqer, H.D., 2009, “The Effects of the Perceived Leadership Style on Organisational Commitment: An Empirical Study on UNRWA Staff”, Thesis submitted in partial fulfillment of the requirements for the degree of Master of Business Administration, Islamic University, Gaza Deanery of Higher Education, Faculty of Commerce Business Administration.

Saqib Khan, M. Khan, I. Afaq Qureshi, Q. Muhammad, I.H. Rauf, H. Latif, A. &Tahir, M., 2015, “The Styles of Leadership: A Critical Review”, *Public Policy & Administration Research*, 5 (3).

Saraf, S. & Saraf, K., 2014, “Role of Administrative Leadership in Influencing Employee Motivation”, *International Journal of Science & Technology Research*, 3 (12), 282-286.

Sarwar, A. Mumtaz, M. Batool, Z. & Ikram, S., 2015, “Impact of Leadership Styles on Job Satisfaction and Organisational Commitment”, *International Review of Management and Business Research*, 4 (3), 834-844.

Savard, J.-F. with the collaboration of R. Banville (2012), “Policy Cycles”, in L. Côté and J.-F. Savard (eds.), *Encyclopedic Dictionary of Public Administration*. [online] Available from: www.dictionnaire.enap.ca.

Schneider, A. Hommel, G. & Blettner. M., 2010, "Linear Regression Analysis", *Part 14 of Series on Evaluation of Scientific Publications, Dtsch Arztebl Int,* 107 (44), 776-82, DOI:10.3238/Arztebl.2010.0776.

Scott, C., 2000, "Accountability in the Regulatory State", *Journal of Law and Society,* 27, 38-60. http://dx.doi/org/10.1111/1467-6478.00146.

Scott, P.H. & Tweed, S., 2016, "Implication of Spiritual Leadership on Organisations", *Journal of Education & Social Policy,* 3 (6), 66-70.

Sebola, M.P, 2014, "Research in South African Public Administration: The Paradox of Science, Politics and Economics of a Public Policy", *Bangladesh e Journal of Sociology,* 11 (2), 29-40.

Sekhejane, P.R., 2013, "South African National Health Insurance (NHI) Policy: Prospects and Challenges for its Efficient Implementation", *Policybrief, Africa Institute of South Africa,* 102, 1-5.

Senthamil Raja, A. & Palanichamy, P., 2011, "Leadership Styles and its impact on Organisational Commitment", *The Journal of Commerce,* 3 (4), 15-23.

Sepahvand, R. Pirzad, A. & Rastipour, M., 2015, "Exploring Servant Leadership effects on Employees Satisfaction from work", International Journal of Asian Social Science, 5 (1), 45-51.

Sepahvand, R. Pirzad, A. and Rastipour, M., 2015, "Exploring Servant Leadership Effects on Employees Satisfaction from Work", International Journal of Asian Social Science, 5 (1):45-51.

Sergiovanni, T.J., 1982, "Ten Principles of Quality Leadership", *Educational Leadership,* 39 (5), 330-336.

Sethuraman, K and Suresh, J., 2014, "Effective Leadership Styles", *International Business Research,* 7 (9): 165-172.

Setswe, G. Muyanga, S. Witthuhn, J. & Nyasulu, P., 2015, "Public Awareness and Knowledge of the National Health Insurance in South Africa", *Pan African Medical Journal,* 22 (19).

Shafie, B. Baghersalimi, S. & Barghi, V., 2013, "The Relationship between Leadership Style and Employee Performance: A Case Study of Real Estate Registration Organisation of Tehran Province", *Singaporean Journal of Business Economics, and Management Studies,* 2 (5), 21-29.

Shanock, L.R. & Eisenberger, R., 2006, "When Supervisors Feel Supported: Relationships with Subordinates", *Journal of Applied Psychology*, 91 (3), 689-695.

Sharma, M.K. & Jain, S., 2013, "Leadership Management: Principles, Models and Theories", *Global Journal of Management and Business Studie*s, 3 (3): 309-318.

Sharma, M.K. and Jain, S, 2013, "Leadership Management: Principles, Models and Theories", *Global Journal of Management and Business Studies,* 3 (3): 309-319.

Sheena, M., 2017, "Exploring the beliefs and attitudes of private general practitioners in the Western Cape towards the proposed national health insurance system", Degree: Master of Medicine in Family Medicine, Stellenbosch University. [online] Available from: https://sholar.sun.ac.za

Shisana, O. Rehle, T. & Louw, J. Zungu-Dirwayi, N. Dana, P. & Rispel, L., 2006, "Public Perceptions on National Health Insurance: Moving towards Universal Health Coverage in South Africa", *South African Medical Journal (SAMJ),* 96 (9), 814-818.

Shokane, M.S. Stanz. K.J. & Slabbert, J.A., 2004, "Description of Leadership in South Africa: Organisational Context Perspective", *South African Journal of Human Resource Management*, 2 (3), 1-6.

Shonhiwa, D. C. (2016). An Examination of the Situational Leadership Approach: Strengths and Weaknesses. Cross-Currents: An International Peer-Reviewed Journal on Humanities & Social Sciences, 2(2), 35–40.

Shurbagi, A.M.A. & Zahari, I.B., 2012, "The Relationship between Transformational Leadership, Job Satisfaction and the Effects of Organisational Culture in National Oil Corporation of Libya", *International Conference on Management, Applied and Social Sciences (ICMASS'2012)* March 24-25, Dubai.

Shurbagi, A.M.A., & Bin Zahari, I., 2013, "The Relationship between Organisational Commitment and Job Satisfaction in National Oil Corporation of Libya", 2nd *International Conference on Business, Economics, and Behavioral Sciences* (ICBEBS'2013), December 20-21, Bali (Indonesia).

Siddique, J., 2015, "Job Satisfaction and Leadership Styles: A Study of Malaysian Organisations", *Elk Asia Pacific Journal of Leadership and Innovation Management*, 1 (2).

Šimanskienė, L. & Župerkienė, E., 2014, "Sustainable Leadership: The New Challenge for Organisations", *Forum Scientiae Oeconomia*, 2 (1), 81-93.

Sinclair M, 2007, "Editorial: A guide to understanding theoretical and conceptual frameworks", *Evidence Based Midwifery*, 5(2): 39.

Singh, J.K. & Jain, M., 2013, "A Study of Employees' Job Satisfaction and its Impact on their Performance", *Journal of Indian Research*, 1 (4), 105-111.

Singh, R. & Gupta, N., 2012, "Analyse the Affective Factors of Job Satisfaction: A Case Study of Telecom Sector in India", *International Journal of Science and Research (IJSR)*, 3 (8), 517-521.

Singhai, M. Dani, s. Hyde, A. & Patel, R., 2016, "Job Satisfaction Review: Research Journal of Management Sciences", 5 (9), 66-68.

Sinha, S., 2012, "The Art of Self-Leadership-A Road to Employee Excellence", Journal of Human Resource Management and Development (JHRMD), 2 (1): 32-46.

Sithole, H.L., 2015, "An overview of the National Health Insurance and its possible impact on eye healthcare services in South Africa", *African Vision Eye Health*, 74 (1), 1-6.

Sivanathan, N. & Fekken, G.C., 2002, "Emotional Intelligence, Moral Reasoning and Transformational Leadership", *Leadership and Organisation Development Journal*, 23 (4), 198-204.

Society for Human Resource Management (SHRM) Report, 2016, "Employee Job Satisfaction and Engagement: Revitalising a Changing Workforce".

Soieb, A.Z.M. Othman, T, & D'silva, L., 2015, "Mediating Influence of Collaboration on the Relationship between Leadership Styles and Employee Engagement among Generation Y Officials in Malaysian Public Sector", *Journal of Applied Sciences,* 1-25.

Solomon, A. & Steyn, R., 2017, "Leadership Style and Leadership Effectiveness: Does Cultural Intelligence Moderate the Relationship?", *Acta Commercii-Independent Research Journal in the Management Sciences,* 17 (1), 1-3. https://doi.org/10.4102/ac.v17i1.435.

South African Government, "Human Resource Development Strategy for South Africa (HRD-SA): A Nation at Work for a Better Life: 2010-2030", Government Printers: Pretoria.

South African Government, "Remunerative Policy for Health Professionals Employed in the Public Health Sector", Government Printers: Pretoria.

South African Human Rights Commission "Report, Public Inquiry: Access to Health Care Services, 2007" [online] Available from: http://www.sahrcc.org.za [Accessed on 20 March 2019].

South African National Department of Health, "Human Resource for Health Strategy for the Health Sector: 2012/13-2016/17", Pretoria: Government of South Africa.

South African National Department of Health, "Nursing Strategy for South Africa: 2008", Pretoria: Government of South Africa.

South African National Department of Health, "Policy on the Management of Public Hospitals: 2011", Pretoria: Government of South Africa.

South African National Department of Health, "White Paper for the Transformation of the Health System in South Africa", Pretoria: Government of South Africa, 1997.

Spector, P.E., 1997, "Job Satisfaction: Application, Assessment, Causes, and Consequences", Thousand Oaks, CA: Sage Publications, Inc.

Stagnaro, C. & Piotrowski, C., 2014, "Shared Leadership: A Critical Component in IT Project Management", *Journal of Technology Research,* 5, 1-22.

Stanley, D., 2006, “Role Conflict: Leaders and Managers”, *Nursing Management*, 13 (5), 31-37.

Stanley, D.J., 2012, “Clinical Leadership and Innovation”, *Journal of Nursing Education and Practice*, 2 (2), 119-126.

Statistics South Africa. nd. [online] Available from: http://www.statssa.gov.za, [Accessed on 10 July 2015].

Statistics South Africa., 2017, Mid-Year Population Estimates, [online] Available from: http://www.statssa.gov.za, [Accessed on 26 March 2019].

Steyn, A. Smith, C. Du Toit, S. & Strasheim, C., 1999, “Modern Statistics in Practice”, Pretoria: J.L. van Schaik Academic.

Stumpf, M.N., 2003, “The Relationship of Perceived Leadership Styles of North Carolina Extension Directors to Job Satisfaction of County Extension Professionals”, A dissertation submitted in partial fulfilment of the requirements for a Degree of Doctor of Education to the Graduate Faculty of North Carolina State University, Adult and Community College.

Sultan, S., 2015, “The Impact of Employee Engagement in Improving Organisational Performance”, *The International Journal of Business & Management Performance*, 3 (2), 111-114.

Sundaray, B.K., 2011, “Employee Engagement: A Driver of Organisational Effectiveness”, *European Journal of Business and Management*, 3 (8), 53-59.

Suranga Silva, S. & Mendis, B.A.K.M., 2017, “Relationship between Transformational, Transactional and Laissez-Faire Leadership Styles and Employee Commitment”, *European Journal of Business and* Management, 9 (7), 13-21.

Sutton, R.I. & Staw, B.M., 1995, “What Theory is Not”, Administrative Science Quarterly, 40 (3), 371-384.

Swanwick, T. & McKimm, J., 2011, “What is Clinical Leadership and why is it important?”, *The Clinical Teacher*, 8, 22-26.

Swarnalatha, C. & Prasanna .T.S., 2013, "Leveraging Employee Engagement for Competitive Advantage: HR's Strategic Role", *Global Journal of Commerce and Management Perspective,* Global Institute for Research & Education, 1-6.

Swathi, S., 2013, "Impact of Leadership on Employee Engagement" *International Journal of Marketing, Finance Services & Management Research,* 2 (5), 151-157.

Tabatabaei, S.A.N, & Soleimanian, M., 2015, "The Impact of Ethical Leadership on Organisational Commitment and Job Neglect Case Study: University of Isfahan", *International Research Journal of Management Sciences,* 3 (10), 524-528.

Talan, T., 2016, "Administrative Leadership: What Is It? Why Is It Important?', *McCormik Center for Early Childhood Leadership,* National Louis University.

Tanveer, A.M., 2008, "Reliability and Validity of Qualitative and Operational Research Paradigm", *Pakistan Journal of Statistics and Operation Research,* IV (1), 35-45.

Tashakkori, A. & Creswell, J.W., 20707, "Editorial: The New Era of Mixed Methods", *Journal of Mixed Methods Research,* 1, 3-7, DOI: 10.1177/2345678906293042.

Teghtsoonian, K., 2003, "Undertaking a Literature Review Notes for a Presentation at the Practicalities of Completing a Degree in HSD".

Tehreem, A. Nawaz, Y. Mahmood, B. Sohail, MM and Abeeda, H., 2013, "Perception about Causes and Impact of Poor LEADERSHIP (A Study In Sargodha City), IOSR Journal of Humanities and Social Science, 16 (6): 58-62.

Terre Blanche, M. Durrheim, K. & Painter, D., (edn.), 2006, *Research in Practice, Applied Methods for the Social Science,* University of Cape Town, CTP Printers, Cape Town.

Tewksbury, R., 2009, "Qualitative vs Quantitative Methods: Understanding Why Qualitative Methods are Superior for Criminology and Criminal Justice", *Journal of Theoretical and Philosophical Criminology,* 1(1), 38-58.

The Presidential Health Summit Report, 2018, "Strengthening the South African Health System towards Integrated and Unified Health System", Birchwood Conference

Centre, Johannesburg, 19-20 October 2018. [online] Available from: www.thepresidency.gov.za: [Accessed 14 June 2020].

The World Health Report, (2007), "A safer future: global public health security in the 21st century", WHO, Geneva.

Tiftik, H. Kılıç, Ş. and Sağlam, M., 2015, "Leadership Theories and Comparison of Them", *Journal of Research in Business, Economics and Management (JRBEM),* 4 (2): 312-322

Toli, M.H.2014, "Assessment of the Challenges Affecting the Efficient and Effective Management of District Hospitals in the Motheo District in the Free State Province", Dissertation submitted in fulfillment of the requirements for the Magister Technologiae: Public Management, Department of Government Management, Faculty of Management Sciences, Central University of Technology, Free State.

Toni, A. D. & Tonchia, S., 2001, "Performance measurement systems: models, characteristics and measures", *International Journal of Operations & Production Management,* 21(1), 46-71.

Torjman, S., 2005, "What is Policy?", Caledon Institute of Social Policy, Ottawa, Ontario, Canada, 1-20.

Tutu, D.M., 2002, "Attributes of Leadership", *Verbum Et Ecclesia JRG,* 23 (3): 621-624.

Uche, C.N. and Timinepere, C.O., 2012, "Management Styles and Organisational Effectiveness: An Appraisal of Private Enterprises in Eastern Nigeria", American International Journal of Contemporary Research, 2 (9):198-204.

University of Punjab, Pakistan", *Journal of Research & Reflections in Education, 7* (2), 97-112.

Uzohue, C.E. Yaya, J.A, & Akintayo, O.A., 2016, "A Review of Leadership Theories, Principles, Styles and their Relevance to Management of Health Science Libraries in Nigeria", *Journal of Educational Leadership and Policy,* 1 (1), 17-26.

Van Dyk, A. Van Der Westhuizen, L. & Jooste, K., 2009, "Leadership in Health Service Management", 2nd edn., JUTA, Lansdowne, 7779, ABC Press, Cape Town, SA.

Van Rensburg, H.CJ. & Fourie, A., 1994, "Inequalities in South African Health Care", *South African Medical Journal*, 84, 95-99.

Van Wyk, C. & Pelser, A.M., 2014, "Leadership's Role in Effective Implementation of School Discipline Policies", *International Business & Economics Research Journal*, 13 (4), 833-840.

Vithal, R. & Jansen, J., 1997, "Designing Your First Research Proposal", *A Manual For Researchers in Education and the Social Sciences*, Juta & Co, Ltd, Cape Town.

Voon, M.N. Lo, M.C. Ngui, K.S. & Ayob, N.B., 2011, "The Influence of Leadership Styles on employees' Job Satisfaction in Public Sector Organisations in Malaysia", *International Journal of Business, Management and Social Sciences*, 2(1), 24-32.

Wacker, J.G., 1998, "A definition of Theory: Research Guidelines for Different Theory-Building Research Methods in Operations Management", *Journal of Operations Management*, 16, 361-385.

Wadhwa, D.S. Verghese, M. & Wadwa, D.S., 2011, "A Study on Factors Influencing Employee Job Satisfaction-A Study in Cement Industry of Chhattisgarh", *International Journal of Management & Business Studies*, 1(3), 109-111.

Wagner, R. & Harter, J.K., 2006, "The great Elements of Managing", *Business Book Summaries*. EBSCO Publishing Inc.

Wakahiu, J. & Salvaterra., 2012, "Sustainable Leadership: Lessons and Implications of a Leadership Development Program for Women Religious in Africa", *The Journal of Pan African Studies*, 5 (2), 150-167.

Wegner, L. & Rhoda, A., 2013, "Missing Medical Records: An Obstacle To Archival Survey-Research in A Rural Community in South Africa", *South African Journal of Physiotherapy*, 69 (2): 15-19.

Weinstein, R.B., 2013, "Servant Leadership and Public Administration: Solving the Public Sector Financial Problems through Service", *Journal of Management Policy and Practice*, 14 (3), 84-91.

Weiss, D.J. Dawis, R.V.E. England, G.W. & Lofquist, L.H., 1967, "Manual for the Minnesota Satisfaction Questionnaire", Vol. 22, Minnesota Studies in Vocational Rehabilitation, Minneapolis: University of Minnesota, Industrial Relations Center.

Wellins, R. & Bernthal, P., 2005-2015, "Employee Engagement: The Key to Realising Competitive Advantage", A Monogram, Development Dimensions International (DDI), Inc, 1-23.

Welman, C. Kruger F. & Mitchell. B., 2005, *Research Methodology*, 3rd edn, Oxford University Press, Southern Africa (Pty) Ltd, Cape Town.

Whitelaw, P.A., 2001, "Reliability and Validity: the terrible twins of good research", *MLQ network newsletter*, November, 108-110.

Willams, L. J., Edwards, J. R. & Vandenberg, R. J., 2003, "Recent advances in causal modeling methods for organizational and management research", *Journal of Management*, Volume 29, 903-936.

Williams, B., 2012, "Exploratory Factor Analysis: A Five-Step Guide for Novices", *Australasian Journal of Paramedicine*, 8 (3), 1-13.

Williams, S., 1997, "Personality and Self-Leadership", *Human Resource Management Review*, 7 (2): 139-155.

Wisdom, J. & Creswell, J.W., 2013, "Mixed Methods: Integrating Quantitative and Qualitative Data Collection and Analysis while Studying Patient-Centered Medical Home Models", *Rockville, MD: Agency for Healthcare Research and Quality*, 1-5.

Wiza, M. & Hlanganipai.N., 2014, "The impact of Leadership Styles on Employee Organisational Commitment in Higher Learning Institutions", *Mediterranean Journal of Social Sciences*, 5(4), 135-143.

Wolinski, S. (2010). Leadership Theories. [online] Available from: http://managementhelp.org/blogs/leadership/2010/04/21/leadership-theories/. [Accessed on June 10, 2020]

Wong, P.W., 2014, "A Snap Shot on Qualitative Research Methods", Education Research and Reviews, Academic Journals, 9 (5), 130-140.

Wright, G. Mahony, DO. & Cilliers, L., "Electronic Health Information System for Public Healthcare in South Africa: A Review of Current Operational Systems", Journal of Health Informatics in Africa, 4 (1): 51-55.

Yalew, F., 2016, "The Effect of Leadership Style on Employees' Job Satisfaction in Program for Appropriate Technology in Health (PATH) Ethiopia", A Thesis Submitted to The Department of Business Administrations and Information Systems, Presented in Partial Fulfillment for the Requirements of the Degree of Master of Arts (Human Resource Management), College of Business and Economics, School of Commerce, Addis Ababa University.

Yao, L. Shin Woam, K. Li, F. & Bin Ahmad, M.H., 2017, "The Relationship between Leadership Styles and Employee Engagement: Evidence from Construction Companies in Malaysia", *The Social Sciences*, 12 (6), 984-988.

Young, M., 2016, "Private vs. Public Healthcare in South Africa", *Honors Thesis*, Paper 2741, Scholarworks, Michigan University.

Yukl, G., 1989, "Managerial Leadership: A Review of Theory and Research", *Journal of Management*, 15 (2), 251-289.

Yukl, G., 1999, "An Evaluation of Conceptual Weakness in Transformational and Charismatic Leadership Theories", *Leadership Quarterly*, 10 (2): 285-305.

Yukl, G., 2012, "Effective Leadership Behavior: What We Know and What Questions Need More Attention", *Academy of Management Perspectives*, 66-85, http//dx/doi.org/10.5465/amp.2012.008.

Yusuf, M.O. Muhammed, U.D. & Kazeem, A.O., 2014, "Management of Leadership Style: An Approach to Organisational Performance and Effectiveness in Nigeria", *International Journal of Humanities Social Sciences and Education (IJHSSE)*, 1 (2), 17-29.

Zaccaro S.J., 2007, "Trait-Based Perspectives of Leadership", American Psychologist, 62 (1):6-16.

Zaleznik, A., 1992, “Managers and Leaders: Are They Different? *Harvard Business Review,* 1-13.

Zhang, T., 2010, “The Relationship between Perceived Leadership Styles and Employee Engagement: The Moderating Role of Employee Characteristics”, Thesis was presented for the degree of Doctor of Philosophy (PhD).

Zhu, Y., 2013, “A Review of Job Satisfaction”, *Asian Social Science,* 9 (1), 293-298.

Zikmund, M. Babin, B. J. Carr, J. C. & Griffin, M., 2013, *Business research methods.* 8th ed. South Western: Mason.

APPENDIX A: ETHICAL CLEARANCE CERTIFICATE

24 October 2017

Mr Matome Edward Teffu 200306103
School of Social Sciences
Howard College Campus

Dear Mr Teffu

Protocol reference number: HSS/1201/017D
Project title: The Influence of Prevailing Managerial Leadership Style on Employee Engagement, Job Satisfaction, and Organisational Commitment: A South African Public Health Sector perspective

Full Approval – Expedited Application

In response to your application received on 24 July 2017, the Humanities & Social Sciences Research Ethics Committee has considered the abovementioned application and FULL APPROVAL for the protocol has been granted.

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number.

PLEASE NOTE: Research data should be securely stored in the discipline/department for a period of 5 years.

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

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

Yours faithfully

Dr Shenuka Singh (Chair)
Humanities & Social Sciences Research Ethics Committee

/pm

cc Supervisor: Dr ND Loubser
cc. Academic Leader Research: Professor Maheshvari Naidu
cc. School Administrator: Ms Leonie Kok

Humanities & Social Sciences Research Ethics Committee
Dr Shenuka Singh (Chair)
Westville Campus, Govan Mbeki Building
Postal Address: Private Bag X54001, Durban 4000
Telephone: +27 (0) 31 260 8567/8350/4557 Facsimile: +27 (0) 31 260 4609 Email: ambaw@ukzn.ac.za / snymanl@ukzn.ac.za / mohunp@ukzn.ac.za
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APPENDIX B: LETTER OF REQUEST FOR PERMISSION TO CONDUCT THE STUDY

Matome Edward Teffu
22 Emsley Street
Westernburg
0699

Limpopo Department of Health
Private Bag X 9302
Polokwane
0700

TO: HEAD OF DEPARTMENT (HOD): LIMPOPO DEPARTMENT OF HEALTH

SUBJECT: REQUEST FOR PERMISSION TO CONDUCT A STUDY IN THE LIMPOPO DEPARTMENT OF HEALTH: VHEMBE DISTRICT.

1. I am Matome Edward Teffu a PhD student at the University of KwaZulu Natal and my student number is **200306103**.

2. I hereby apply for the HOD's approval to conduct a study in the Limpopo Department of Health particularly at all public hospitals in Vhembe District.

3. My Project Title is **The influence of the Prevailing Managerial Leadership Style on Employee Engagement, Job Satisfaction, and Organisational Commitment: A South African Public Health Sector Perspective**.

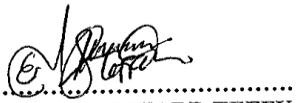
4. Kindly note that University has granted me Ethical Clearance Provisional Approval and promised to grant me final approval once the Department has granted me approval to conduct the study.

5. Attached to this letter is a copy of my Research Proposal and ethical clearance Provisional Approval from the University.

6. Once the study has been conducted and finalised, key findings will be shared with all relevant stakeholders in the Department.

7. Your assistance in this regard is greatly appreciated.

Regards



MR. MATOME EDWARD TEFFU

12/09/2017
DATE

APPENDIX C: LETTER OF APPROVAL TO CONDUCT THE STUDY

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH

Enquiries: Stols M.L (015 293 6169)

Ref:4/2/2

Mr. Teffu ME
22 Emsley Street
Westernberg
0699

Greetings

RE: The Influence Of Prevailing Managerial Leadership Style On Employee Engagement, Job Satisfaction And Organisational Commitment : A South African Public Health Perspective

The above matter refers.

1. Permission to conduct the above mentioned study is hereby granted.
2. Kindly be informed that -
   - Research must be loaded on the NHRD site (http://nhrd.hst.org.za) by the researcher.
   - Further arrangement should be made with the targeted institutions, after consultation with the District Executive Manager.
   - In the course of your study there should be no action that disrupts the services.
   - After completion of the study, it is mandatory that the findings should be submitted to the Department to serve as a resource.
   - The researcher should be prepared to assist in the interpretation and implementation of the study recommendation where possible.
   - The above approval is valid for a 3 year period.
   - If the proposal has been amended, a new approval should be sought from the Department of Health.
   - Kindly note, that the Department can withdraw the approval at any time.

Your cooperation will be highly appreciated.

Head of Department

13/10/2017
Date

18 College Street, Polokwane, 0700, Private Bag x9302, POLOKWANE, 0700
Tel: (015) 293 6000, Fax: (015) 293 6211/20 Website: http/www.limpopo.gov.za

APPENDIX: D: LETTER TO THE DISTRICT EXECUTIVE MANAGER OF VHEMBE DISTRICT

Matome Edward Teffu
22 Emsley Street
Westernburg
0699

TO: DISTRICT EXECUTIVE MANAGER: VHEMBE DISTRICT OF THE LIMPOPO DEPARTMENT OF HEALTH.

SUBJECT: PERMISSION TO CONDUCT RESEARCH AT PUBLIC HOSPITALS IN VHEMBE DISTRICT

1. I am **Matome Edward Teffu** a student registered for a PhD in Public Policy at the University of KwaZulu-Natal.

2. As a student, I am required by the university to write a thesis, for me to complete the above mentioned degree.

3. My research topic is: The Influence of Prevailing Managerial Leadership Styles on Employee Engagement, Job Satisfaction and Organisational Commitment: A South African Health Sector Perspective.

4. Kindly note that I requested permission to conduct the study at all hospitals in Vhembe District, and the Head of Department for Limpopo Department of Health has granted me permission to conduct the study (permission letter attached to this memo).

5. I would like to request the District Executive Manager to allow me to visit all public hospitals in Vhembe District during the months of November and December 2017, to conduct my research.

6. It should be noted that in the course of my study there will be no action that disrupts the services.

7. Your assistance in this regard is greatly appreciated.

MATOME EDWARD TEFFU

28/10/2017

DATE

APPENDIX: E: LETTER TO CHIEF EXECUTIVE OFFICERS

Matome Edward Teffu
22 Emsley Street
Westernburg
0699

TO: CHIEF EXECUTIVE OFFICERS OF HOSPITALS IN VHEMBE DISTRICT

SUBJECT: RESEARCH ON: THE INFLUENCE OF PREVAILING LEADERSHIP STYLE ON EMPLOYEE ENGAGEMENT, JOB SATISFACTION AND ORGANISATIONAL COMMITMENT: A SOUTH AFRICAN PUBLIC HEALTH SECTOR PERSPECTIVE.

1. I am Matome Edward Teffu a PhD student at the University of KwaZulu Natal.

2. I am currently undertaking research on: The Influence of Prevailing Leadership Style on Employee Engagement, Job Satisfaction and Organisational Commitment: A South African Public Health Sector Perspective.

3. Kindly note that I have been granted permission by the Head of Department for Limpopo Department of Health to conduct my study at all Public Hospitals in Vhembe District.

4. In view of the above, I kindly note that I will be visit your hospitals during the months of November and December 2017 to conduct research.

5. It should be noted that the employees working at the hospitals will have access to my findings and I will assist in the interpretation of my findings.

6. Your assistance in this regard is greatly appreciated.

Regards

Matome Edward Teffu

Student at: University Of KwaZulu-Natal

APPENDIX: F: CONSENT TO PARTICIPATE IN A RESEARCH STUDY

Title of Study: **The Influence of Prevailing Managerial Leadership Style on Employee Engagement, Job Satisfaction, and Organisational Commitment: A South African Public Health Sector perspective**

Researcher: Matome Edward Teffu

You are being asked to be in a research study of: The Influence of Prevailing Managerial Leadership Style on Employee Engagement, Job Satisfaction, and Organisational Commitment: A South African Public Health Sector perspective. The Purpose of the Study is to investigate the prevailing leadership styles of Managers working at Public Hospitals of the Limpopo Department of Health, with reference to Vhembe District. Benefits of participating in the study are that once the study is completed and approved by the University, key findings will be shared with you as a participant and employees of the hospitals in Vhembe District. Suitable leadership style (s) will be recommended for Managers working at Public Hospitals particularly in the Limpopo Department of Health. Please note that your participation in the study is voluntary and your identity remains anonymous.

I……hereby voluntarily consent to participate in the above mentioned study. I realise that the study deals will human participation. The research project including background of the research, research objectives, broader issues to be investigated and research methods used have been explained to me. I will be informed of any new information which may become available during the research and that may influence my willingness to continue with my participation.

Access to any information pertaining to my participation in the study is restricted to persons that are directly involved in the research.

Participation in this study is voluntary and I can withdraw my participation at any stage.

……. **…..……**
Signature of the Researcher **Signature of Participant**

Signed At…….This…….Day Of……2017

APPENDIX G: SEMI STRUCTURED INTERVIEW GUIDE FOR MANAGERS

The purpose of this semi-structured interview questionnaire is to collect data on leadership styles adopted by Managers working at the Public Hospitals with a focus on Vhembe District of Limpopo Department of Health.

SECTION A: DEMOGRAPHIC PROFILE

The information requested in this section of the instrument is to assist in the interpretation of the results of the study. All your responses will be treated ***confidentially*** and will only be used for academic purposes for my PHD in Public Policy at the University of KwaZulu-Natal. I appreciate your help in providing this important information.

Your Age	Your Gender	Your Population Group	Your Job Title	Your Annual Salary	Number of Years Employed by the Department of Health	Number of Years working at the Current Hospital

SECTION B: UNDERSTANDING THE CONCEPTS OF LEADERSHIP, EMPLOYEE ENGAGEMENT, EMPLOYEE JOB SATISFACTION, AND EMPLOYEE ORGANISATIONAL COMMITMENT.

1. What is your understanding of the National Health Insurance Policy?

_____
_____
_____

2. Have you ever attended a workshop where implementation of National Health Insurance Policy was discussed?

_____
_____

3. What do you understand about leadership as a concept, and are you applying it as a Manager?

_____
_____
_____

4. Are there any leadership styles that you know? If yes, please name them.

_____
_____
_____

5. Have you ever attended a workshop or training session on leadership, and how did you feel about it?

_____
_____
_____

6. Do you have a suggestion on how leadership should be taught in the Limpopo Department of Health?

_____
_____
_____

7. What do you understand about employee engagement and is it important to you as a Manager?

_____
_____
_____

8. Have you ever attended a workshop or training session on employee engagement and how did you feel about it?

_____
_____
_____

9. What is your understanding of employee job satisfaction, and does it really matter to you as a Manager?

_____
_____
_____

10. When last do you think your Hospital conducted an employees' satisfaction survey?

_____
_____
_____

11. If an employees' satisfaction survey was conducted, were the results of the survey communicated and discussed with you as a Manager?

_____
_____
_____

12. How often do you suggest the Department should conduct employee satisfaction surveys?

_____
_____
_____

13. What is your understanding of employee organisational commitment and is it important to you as a Manager?

_____
_____
_____

14. In your own understanding, do you think leadership styles adopted by you as a Manager have influence on employee engagement, job satisfaction and organisational commitment? If yes, briefly explain how leadership styles influence the three variables.

_____
_____
_____

SECTION C: LEADERSHIP COMPETENCIES

1. Are there any leadership competencies that you know? If yes, please name them.

2. Which leadership competencies do you think are important for any leader in a hospital setting?

SECTION D: LEADERSHIP CHALLENGES

1. Are there any leadership challenges that you are experiencing at your hospital. If yes, please name them.

2. What is the impact of leadership challenges identified above on employee engagement, job satisfaction and organisational commitment?

3. How do you address challenges experienced by you as a leader specifically when executing your daily tasks?

4. In your view, how can the Department of Health deal with leadership challenges identified above?

5. In your view, are there other aspects relating to leadership in the Limpopo Department of Health you would like to mention but not covered in this interview guide?

APPENDIX : H: SURVEY QUESTIONNAIRE FOR SUBORDINATES

A SURVEY OF LEADERSHIP STYLES OF MANAGERS WORKING IN THE PUBLIC HOSPITALS: A CASE OF VHEMBE DISTRICT OF THE LIMPOPO DEPARTMENT OF HEALTH, LIMPOPO PROVINCE OF SOUTH AFRICA.

The purpose of this survey is to gather information regarding leadership styles adopted by Managers working in the Public Hospitals with a focus on Vhembe District of Limpopo Department of Health.

GENERAL INSTRUCTIONS

- The selected employees are requested to complete this questionnaire.
- Please answer the questions as objectively and honestly as possible.
- Please answer all questions as this will provide sufficient information to the researcher so that an accurate analysis and interpretation of data can be done.
- All information will be treated as ***strictly confidential*** and will only be used for academic purposes, for my PhD in Public Policy at the University of KwaZulu-Natal.
- The rating scales in this questionnaire in **Sections: B-E** are all **0-10**, with **0 being 'not at all'**, **'never'**, etc., **5 being a 'middle 'or 'average'**, and **10 being 'always', 'the best'** etc.
- Please rate each aspect out of **10**.

SECTION A: DEMOGRAPHIC PROFILE

The information requested in this section of the instrument is to assist in the interpretation of the results of the study. All your responses will be treated ***confidentially,*** and I appreciate your assistance in providing this important information.

Your Age	Your Gender	Your Population Group	Your Job Title e.g. State Accountant	Your Qualification (Choose One Answer by Putting a Cross (X))				Your Annual Salary	Number of Years Employed by the Department of Health	Number of Years working at the Current Hospital
				Below Matric	Matric or Grade 12	Diploma or Degree	Postgraduate			

NO	SECTION B: LEADERSHIP STYLES AND WORK											
1.	My direct supervisor has all the say.	0	1	2	3	4	5	6	7	8	9	10
2.	I do not have much power here.	0	1	2	3	4	5	6	7	8	9	10
3.	My direct supervisor's vision of the future governs what I do around here.	0	1	2	3	4	5	6	7	8	9	10
4.	I have a medium amount of power here.	0	1	2	3	4	5	6	7	8	9	10
5.	I am held accountable for achieving my direct supervisor's vision.	0	1	2	3	4	5	6	7	8	9	10
6.	My direct supervisor controls everything I do in the unit.	0	1	2	3	4	5	6	7	8	9	10
7.	My direct supervisor plans, organises and monitors everything in the unit.	0	1	2	3	4	5	6	7	8	9	10
8.	My direct supervisor and I make decisions together.	0	1	2	3	4	5	6	7	8	9	10
9.	My direct supervisor likes to keep some distance from employees in the unit.	0	1	2	3	4	5	6	7	8	9	10

NO	SECTION B: LEADERSHIP STYLES AND WORK											
10.	My direct supervisor's views dominate in the unit.	0	1	2	3	4	5	6	7	8	9	10
11.	My direct supervisor consults with me and then he or she makes the final decision.	0	1	2	3	4	5	6	7	8	9	10
12.	My direct supervisor shares issues with me and then he or she makes the final decision.	0	1	2	3	4	5	6	7	8	9	10
13.	It is important to me to know in detail what I have to do on a job.	0	1	2	3	4	5	6	7	8	9	10
14.	It is important for me to know in detail how I am supposed to do a job.	0	1	2	3	4	5	6	7	8	9	10
15.	I try very hard to improve on my past performance at work.	0	1	2	3	4	5	6	7	8	9	10
16.	It is important for me to know how well I am doing.	0	1	2	3	4	5	6	7	8	9	10
17.	It is important for me to know in detail what the limits of my authority on a job are.	0	1	2	3	4	5	6	7	8	9	10
18.	I speak highly of this hospital to my friends.	0	1	2	3	4	5	6	7	8	9	10
19.	I consider this hospital my first choice.	0	1	2	3	4	5	6	7	8	9	10
20.	The hospital inspires me to do my best work.	0	1	2	3	4	5	6	7	8	9	10
21.	I would be happy for my friends and family to use this hospital's services.	0	1	2	3	4	5	6	7	8	9	10
22.	I would say that the hospital I am working for is a good place to work.	0	1	2	3	4	5	6	7	8	9	10
23.	I would prefer to stay with this hospital as long as possible.	0	1	2	3	4	5	6	7	8	9	10
24.	I frequently make suggestions to improve the work of the hospital.	0	1	2	3	4	5	6	7	8	9	10
25.	My supervisor encourages me to do more than is actually required.	0	1	2	3	4	5	6	7	8	9	10

26. Is the style of leadership adopted by your Manager important to you? Please elaborate in the box below:

NO	SECTION C: EMPLOYEE ENGAGEMENT											
27.	When I get up in the morning, I feel like going to work.	0	1	2	3	4	5	6	7	8	9	10
28.	To me my job is challenging.	0	1	2	3	4	5	6	7	8	9	10
29.	When I am working; I forget everything else around me.	0	1	2	3	4	5	6	7	8	9	10
30.	At my work I feel as if I am bursting with energy.	0	1	2	3	4	5	6	7	8	9	10
31.	My job inspires me.	0	1	2	3	4	5	6	7	8	9	10
32.	Time flies when I am working.	0	1	2	3	4	5	6	7	8	9	10
33.	At my work I always persevere even when things do not go well.	0	1	2	3	4	5	6	7	8	9	10
34.	I am enthusiastic about my job.	0	1	2	3	4	5	6	7	8	9	10
35.	I get carried away when I am working.	0	1	2	3	4	5	6	7	8	9	10
36.	I am proud of the work that I do.	0	1	2	3	4	5	6	7	8	9	10
37.	It is difficult to detach myself from my job.	0	1	2	3	4	5	6	7	8	9	10
38.	I find the work that I do full of meaning and purpose.	0	1	2	3	4	5	6	7	8	9	10
39.	At my job I feel strong and energetic.	0	1	2	3	4	5	6	7	8	9	10
40.	I feel happy when I am working eagerly.	0	1	2	3	4	5	6	7	8	9	10

41. What is your own understanding of employee engagement? Please explain in the box below:

NO	SECTION D: EMPLOYEE JOB SATISFACTION											
42.	I am happy with my supervisor's leadership.	0	1	2	3	4	5	6	7	8	9	10
43.	I understand how my effort contributes to the success of the hospital.	0	1	2	3	4	5	6	7	8	9	10
44.	My morale is high most of the time.	0	1	2	3	4	5	6	7	8	9	10
45.	I feel comfortable talking about my personal issues with my supervisor.	0	1	2	3	4	5	6	7	8	9	10
46.	I enjoy working for this hospital to the extent that I am not actively seeking a job elsewhere.	0	1	2	3	4	5	6	7	8	9	10
47.	I sometimes consider quitting my job.	0	1	2	3	4	5	6	7	8	9	10
48.	My supervisor gives me an opportunity to work alone on the job.	0	1	2	3	4	5	6	7	8	9	10
49.	I am happy with the way my supervisor handles problems and conflicts in the unit.	0	1	2	3	4	5	6	7	8	9	10
50.	My job is not what I always wanted to do.	0	1	2	3	4	5	6	7	8	9	10
51.	I am happy with the way my supervisor treads me as a subordinate.	0	1	2	3	4	5	6	7	8	9	10
52.	I am happy with my pay and the amount of work my supervisor asks me to do on a daily basis.	0	1	2	3	4	5	6	7	8	9	10
53.	I am happy with the way my supervisor communicates with me and other subordinates.	0	1	2	3	4	5	6	7	8	9	10
54.	I get a strong feeling of self-esteem or self-respect from being in my job.	0	1	2	3	4	5	6	7	8	9	10
55.	I am happy with opportunities for personal growth and career development in my job.	0	1	2	3	4	5	6	7	8	9	10
56.	I have a strong feeling of worthwhile accomplishment in my job.	0	1	2	3	4	5	6	7	8	9	10
57.	I am happy with my present job and it meets the expectations I had when I took the job.	0	1	2	3	4	5	6	7	8	9	10
58.	I am happy with the amount of respect and fair treatment I receive from my supervisor.	0	1	2	3	4	5	6	7	8	9	10
59.	I am happy with the continuous feedback I receive from my supervisor.	0	1	2	3	4	5	6	7	8	9	10
60.	I am happy with the amount of supervision I receive from my supervisor.	0	1	2	3	4	5	6	7	8	9	10
61.	I am happy with the opportunities of participating in the determination of hospital's policies, procedures and guidelines.	0	1	2	3	4	5	6	7	8	9	10

62. What is your own understanding of employee job satisfaction? Please explain in the box below:

NO	SECTION E: EMPLOYEE ORGANISATIONAL COMMITMENT											
63.	I am very happy being an employee of this hospital.	0	1	2	3	4	5	6	7	8	9	10
64.	I enjoy discussing-this hospital with people outside.	0	1	2	3	4	5	6	7	8	9	10
65.	I really feel as if this hospital's problems are my own.	0	1	2	3	4	5	6	7	8	9	10
66.	I think that I could easily become as attached to another organisation as I am to this one.	0	1	2	3	4	5	6	7	8	9	10
67.	I do not feel like part of the family at this hospital.	0	1	2	3	4	5	6	7	8	9	10
68.	I do not feel emotionally attached to this hospital.	0	1	2	3	4	5	6	7	8	9	10
69.	This hospital has a great deal of personal meaning for me.	0	1	2	3	4	5	6	7	8	9	10
70.	I consider this hospital as a suitable place for me.	0	1	2	3	4	5	6	7	8	9	10
71.	I worry about the loss of investment I have made in this hospital.	0	1	2	3	4	5	6	7	8	9	10
72.	If I was not an employee of this hospital I would be sad because my life would be disrupted.	0	1	2	3	4	5	6	7	8	9	10
73.	I am loyal to this hospital because I have invested a lot in it emotionally, socially and economically.	0	1	2	3	4	5	6	7	8	9	10
74.	I often feel anxious about what I have to lose with this hospital.	0	1	2	3	4	5	6	7	8	9	10
75.	Sometimes I worry about what might happen if something was to happen to this hospital.	0	1	2	3	4	5	6	7	8	9	10
76.	I feel that I owe this hospital quite a bit because of what it has done for me.	0	1	2	3	4	5	6	7	8	9	10
77.	This hospital deserves my loyalty because of its treatment of me.	0	1	2	3	4	5	6	7	8	9	10
78.	I feel I would be letting my co-workers down if I was not an employee of this hospital.	0	1	2	3	4	5	6	7	8	9	10
79.	I am loyal to this hospital because my values are largely its values.	0	1	2	3	4	5	6	7	8	9	10
80.	This hospital has a mission that I believe in and am committed to.	0	1	2	3	4	5	6	7	8	9	10
81.	I feel it is "morally correct" to dedicate myself to this hospital.	0	1	2	3	4	5	6	7	8	9	10

82. What do you understand by employee organisational commitment? Kindly explain in the box below:

83. Are you aware of the introduction of National Health Insurance Policy by the South African Government? If Yes, what is your understanding of this policy.

84. Do you have any other general comments?

THIS IS THE END OF THE SURVEY
I THANK YOU FOR THE TIME YOU HAVE TAKEN TO PARTICIPATE IN THIS SURVEY

APPENDIX: I: FACTOR ANALYSIS FOR CLINICAL EMPLOYEES

Factor pattern matrix from principal component analysis of the leadership and work questions for Clinical Employees

Factor pattern matrix from principal component analysis of the leadership and work questions for clinical employees							
Variables	F1	F2	F3	F4	F5	F6	F7
The hospital inspires me to do my best work.	**0.831**	-0.116	-0.248	-0.097	0.010	-0.149	0.097
I would be happy for my friends and family to use this hospital's services	**0.815**	-0.205	-0.267	-0.116	0.031	-0.138	0.160
I would prefer to stay with this hospital as long as possible.	**0.793**	-0.285	-0.182	-0.115	0.069	-0.004	-0.035
I would say that the hospital I am working for is a good place to work.	**0.790**	-0.242	-0.281	-0.110	0.093	-0.149	0.082
I consider this hospital my first choice.	**0.786**	-0.237	-0.202	-0.185	0.119	-0.067	0.056
I speak highly of this hospital to my friends.	**0.763**	-0.133	-0.198	-0.225	0.023	0.015	0.018
My direct supervisor controls everything I do in the unit.	0.492	-0.120	**0.535**	-0.005	-0.289	-0.371	-0.147
My direct supervisor consults with me and then he or she makes the final decision.	0.482	0.249	-0.065	**0.579**	-0.042	0.283	0.275
My direct supervisor shares issues with me then she makes the final decision.	0.427	0.290	-0.004	**0.577**	-0.002	0.180	0.299
My direct supervisor's vision of the future governs what I do around here.	0.386	0.033	**0.517**	0.239	-0.064	-0.131	-0.176
My direct supervisor and I make decisions	0.357	0.137	-0.280	**0.590**	-0.005	0.087	-0.111

Factor pattern matrix from principal component analysis of the leadership and work questions for clinical employees							
Variables	F1	F2	F3	F4	F5	F6	F7
together.							
It is important to me to know in detail how I am supposed to do a job.	0.355	**0.735**	0.066	-0.156	0.042	0.028	-0.208
It is important to me to know in detail what the limits of my authority on a job	0.303	**0.725**	0.071	-0.252	0.054	0.103	-0.140
It is important to me to know how well I am doing.	0.284	**0.724**	0.005	-0.260	0.074	-0.138	0.087
My direct supervisor's views dominate in the unit.	0.283	-0.085	**0.507**	-0.188	-0.349	0.411	0.279
My direct supervisor has all the say.	0.267	-0.178	**0.665**	-0.075	0.256	0.107	0.299
I do not have much power here.	0.189	-0.208	**0.519**	-0.058	**0.615**	-0.113	0.153
My direct supervisor likes to keep some distance from staff in the unit.	0.174	-0.098	0.160	-0.498	-0.259	**0.504**	0.081

APPENDIX: J: FACTOR ANALYSIS FOR NON-CLINICAL EMPLOYEES

Factor pattern matrix from principal component analysis of the leadership and work questions for Non-Clinical Employees

Factor pattern matrix from principal component analysis of the leadership and work questions for non-clinical employees						
Variables	F1	F2	F3	F4	F5	F6
I would say that the hospital I am working for is a good place to work.	**0.816**	-0.413	-0.189	0.019	-0.014	-0.021
I would prefer to stay with this hospital as long as possible.	**0.790**	-0.416	-0.148	0.001	0.019	-0.022
The hospital inspires me to do my best work.	**0.759**	-0.453	-0.227	0.023	-0.103	0.025
I consider this hospital my first choice.	**0.731**	-0.410	-0.269	0.078	-0.038	-0.052
I would be happy for my friends and family to use this hospital's services	**0.722**	-0.406	-0.223	0.114	-0.197	0.059
My direct supervisor plans, organises and monitors everything in the unit.	0.499	0.228	**0.505**	0.212	-0.252	-0.068
My direct supervisor controls everything I do in the unit.	0.499	0.194	**0.504**	**0.522**	-0.264	0.081
My direct supervisor has all the say.	0.390	0.060	**0.501**	0.352	0.049	-0.463
It is important to me to know how well I am doing.	0.361	**0.699**	-0.433	0.137	-0.008	-0.027
I do not have much power here.	0.339	0.063	0.102	0.051	**0.624**	-0.517
My direct supervisor likes to keep some distance from	0.335	-0.016	0.214	0.259	**0.553**	0.409

Factor pattern matrix from principal component analysis of the leadership and work questions for non-clinical employees						
Variables	F1	F2	F3	F4	F5	F6
staff in the unit.						
It is important to me to know in detail what I have to do on a job.	0.266	**0.657**	-0.426	0.049	-0.002	-0.006
My direct supervisor's view dominates in the unit.	0.237	0.278	0.320	0.361	-0.122	**0.509**
It is important to me to know in detail how I am supposed to do a job.	0.220	**0.712**	-0.377	0.171	-0.083	-0.076