Effective public leadership to drive organisational change in the public health sector in order to improve service delivery: The case of the Western Cape Department of Health

by
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Declaration

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Abstract

The goal of this research was to investigate effective leadership that drives organisational change in the public health sector to meet the changing environmental needs to improve service delivery within the Western Cape Department of Health. Organisational change in the public health sector must lead to improved public health service delivery.

The role of leadership is to deal with incompetent personnel as they are the cause of problems regarding inadequate service delivery. Leadership must contribute to the main areas where competency development needs to take place. Healthcare 2030 requires transformational leadership from the ranks of managers and clinicians for collective and distributed leadership across all levels of organisations.

The research methodology used in this study was a combination of qualitative and quantitative research methodologies. The methodology included an empirical investigation in the form of a literature review and a preliminary semi-structured interview as well as a non-empirical investigation. The empirical investigation was conducted by using semi-structured interviews as well as a survey questionnaire which was designed to gather information focussing on leader personality traits, task-related traits and understanding the organisation.

This study specifically focussed on effective public leadership to drive organisational change in the health sector and to improve service delivery. The results provide support for a cohesive trait-behavioural model of leadership effectiveness. In general, leadership traits associated with task competence are related to task-oriented leadership behaviours, which improve performance-related leadership outcomes. Effective leadership in the public health sector that drives organisational change is based on the general personality traits of a leader, task-related traits and understanding the organisation. These are the elements that are important for effective public leadership to improve service delivery.

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Opsomming

Die doel van hierdie navorsing was om doeltreffende leierskap, wat organisatoriese verandering in die openbare gesondheidsektor teweeg kan bring, te ondersoek. Sodoende kan in die veranderende omgewingsbehoeftes voorsien word en kan die Wes-Kaapse Department van Gesondheid verbeter. Organisatoriese verandering in die openbare gesondheidsektor moet tot verbeterde openbare gesondheidsdienslewering lei.

Die rol van leierskap is om onbekwame personeel te hanteer omdat hulle die oorsaak van probleme met betrekking tot onvoldoende dienslewering is. Leierskap speel ‘n sleutelrol in die bevordering van bevoegdheidsontwikkeling. Healthcare 2030 vereis transformerende leierskap uit die geledere van bestuurders en dokters oor alle vlakke van organisasies heen.

Die navorsingsmetodologie wat in hierdie studie gebruik is, was ’n kombinasie van kwalitatiewe en kwantitatiewe navorsingsmetodologieë. Die metodologie het ’n empiriese ondersoek in die vorm van ’n literatuuroorsig en ’n voorafgaande semi-gestruktureerde onderhoud asook ’n nie-empiriese ondersoek, ingesluit. Die empiriese ondersoek is uitgevoer deur van semi-gestruktureerde onderhoude en ’n opnamevraelys gebruik te maak. Die vraelys is ontwerp om inligting met betrekking tot leiers se persoonlikheidseienskappe, taak-verwante eienskappe en ’n begrip van die organisasie te ondersoek.

Hierdie studie het spesifiek op doeltreffende openbare leierskap gefokus om organisatoriese verandering in die gesondheidsektor te bewerkstellig en dienslewering te verbeter. Die resultate ondersteun ’n samehangende eienskapgedragmodel van leierskapdoeltreffendheid. Oor die algemeen is leierskapeienskappe wat met taakbevoegdheid geassosieer word, verwant aan taakgeöriënteerde leierskapgedrag wat prestasieverwante leierskapuitkomste verbeter. Doeltreffende leierskap in die openbare gesondheidsektor wat organisatoriese verandering dryf, is gegrond op die algemene persoonlikheidseienskappe van ’n leier, taak-verwante eienskappe en ’n begrip van die organisasie. Dit is die elemente wat belangrik is vir doeltreffende openbare leierskap om dienslewering te verbeter.

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List of Abbreviations

C^2AIR^2	Caring; Competence; Accountability; Integrity; Responsive; Respect
CEO	Chief Executive Officer
CSP	Comprehensive Service Plan
HC 2030	Health Care 2030
HR	Human Resources
HRH	Human Resource Health Strategy
MDGs	Millennium Development Goals
NDP	National Development Plan
PHC	primary health care
SA	South Africa
WCDoH	Western Cape Department of Health
WHO	World Health Organisation

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Chapter 1: Introduction and Problem Statement

1.1 Introduction

Van Wart (2011) states that effective public leadership requires a high level of competence in articulating the service and accountability needs of an increasingly diverse constituency. Public leadership further requires high levels of competence in integrating systems and operations across national boundaries to meet these services and accountability needs (Van Wart 2011). In a specific public environment the most important role of public sector leaders is to solve the problems and challenges faced.

> "Several factors are causing a multitude of changes in the world and are having a significant impact on the way work gets done. Factors such as changing workforce, rapidly changing technology, and changing board requirements are causing organisations to take practical steps to plan for future leadership development" (Phillips & Schmidt 2004: 3).

Phillips & Schmidt (2004) argue that in order for leaders to lead, they need capabilities in the areas of people management, empowerment and communication skills. Arguably, "a common understanding among researchers in the field of public leadership indicates that responsible leadership responds to both existing gaps in leadership theory and the practical challenges facing leadership" (Pless & Maak, 2011: 4). In the field of public leadership it is understood that there are changing factors that affect the organisation and requires practical planning for future leadership development.

It then follows that the aim of this study is to investigate the relationship between effective leadership and organisational change. The study will focus on evidence suggesting a relationship between effective leadership and the probability of successful organisational change. The significance of this study is to support the confirmation of understanding what causes effective organisational change in the public health sector.

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1.2 Definition of Research Problem

1.2.1 Research statement

The goal of this research is to investigate effective leadership that drives organisational change in the public health sector to meet the changing environmental needs. Organisational change in the public health sector must lead to the improvement of public health service delivery. Improvement of service delivery requires: (1) improved competencies from public health personnel, (2) improved management and leadership from the incumbents in leadership and management positions and (3) improved information technology. If they are improved, these factors seem to be the factors which will deliver results in effective and transformed service delivery. The role of leadership is to deal with incompetent personnel that lead to inadequate service delivery problems and leadership must contribute to the main areas where competency development needs to take place. This role of leadership in the achievement of effective organisational change through competency development in the public health sector will be researched in this study. In order to achieve this research goal, the following objectives will be pursued:

1. Leadership, public leadership and effective public leadership will be analysed based on a literature study;
2. Organisational change in the public health sector in South Africa will be described;
3. The challenges in the South African public health sector environment and the need for organisational change through effective leadership will be researched;
4. Based on the understanding of effective public leadership and the challenges related to organisational change in the South African public health sector, an analysis will be conducted and strategies, findings and recommendations will be documented; and
5. A summary and conclusions will be provided.

The research question for this dissertation is: “What is needed in the public health sector to bring about organisational change in order to improve service delivery and meet the changing environmental needs?”

1.2.2 Scope of the study

The study focuses on the relationship between effective leadership and organisational change in the public health sector. In order to achieve the goal and objectives of the research, the thesis is divided into the following chapters:

Chapter 1: Introduction. This chapter outlines the context, orientation and overview.

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Chapter 2: This chapter provides an overview of the Western Cape Department of Health (WCDoH).

Chapter 3: Leadership, Public Leadership and Effective Public Leadership: A Literature Review. In this chapter a literature study exploring the nature and scope of leadership, public leadership and effective public leadership is presented.

Chapter 4: Organisational change. This chapter focuses on organisational change in the public health sector, specifically in South Africa and highlights challenges and the impact of effective leadership.

Chapter 5: Research design and methodology. In this chapter the research design and methodology illustrate the literature and theory. The theory is based on an understanding of how public leadership is effected and an understanding of the challenges that are experienced in organisational change. The analysis aims to identify new insights, strengths and weaknesses.

Chapter 6: Recommendations. In this chapter recommendations are highlighted.

Chapter 7: Summary and conclusion of the study.

1.3 Research design and methodology

This study makes use of an empirical investigation in the form of a literature review and a preliminary semi-structured interview as well as a non-empirical investigation. The present study was designed to employ existing secondary data which was obtained through the literature review, with the aim of analysing the information in order to identify objectives and research problems. The research methodology which was used included both qualitative and quantitative research methodology. Carter & Thomas (1997) define qualitative research as a method of collecting, analysing and interpreting data in order to explain occurrences and phenomena. A quantitative research method was also used during this study, the purpose of quantitative research "is to evaluate objective data consisting of numbers" (Welman, Kruger & Mitchell, 2005: 8). Furthermore "quantitative research is based on the measurement of quantity or amount" (Kothari, 2004: 3).

An empirical study was conducted by using semi-structured interviews. Semi-structured interviews allow a multipurpose method of accumulating data, with the researcher using a

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predetermined list of questions. Face-to-face interviews were conducted with key respondents from the WCDoH. Furthermore, a survey questionnaire was designed to gather information form top management. This questionnaire was sent via email to top managers at head office level and within the District Health Services. Therefore quantitative research analysis was employed during this study. The significance is to ascertain the importance of leadership characteristics in relation to organisational change. Therefore quantitative research is used to evaluate the data. "As a result of dealing with numbers, quantitative researchers use a process of analysis that is based on complex structured methods to confirm or disprove hypotheses" (Welman, Kruger & Mitchell, 2005: 8). The quantitative research methodology consists of a questionnaire that targets management in top positions.

The target population for this research study consists of officials in top management positions. The sampling method which was employed was probability sampling. According to Welman et al. (2005), probability sampling ensures that every unit of analysis has an equal chance of being selected. For this reason simple random sampling was employed. The benefit of simple random sampling is that it provides full representation of the population and does not favour individuals.

1.4 Definition of concepts and terms

1.4.1 Leadership

"Leaders are individuals who establish direction for a working group of individuals and who gain commitment from this group of members to established direction and who then motivate members to achieve the direction's outcomes" (Conger, 1992: 18). Leadership is considered as the process of influencing people within an organisational context to direct their efforts toward particular goals (Grobler, Warnich, Carrell, Elbert & Hatfield, 2011). Leadership is considered as the process of influencing people. Effective leadership

Effective leadership "refers to attaining outcomes such as productivity, quality and satisfaction in a given situation" (DuBrin 2010: 20). Effective leadership is therefore related to achieving quality outcomes. This kind of leadership is understood to focus on the successful outcome or the result of the end product.

1.4.2 Organisation

Robbins and Barnwell (2006) define an organisation as a social entity which is consciously managed and co-ordinated. According to them (Robbins & Barnwell, 2006), it functions on a

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continuous basis to achieve a common set of goals. This means that there is a management hierarchy with decision-making and people interacting.

1.4.3 Organisational change

Organisational change refers to "new ways of organising and working" (Dawson 2004:16). These entail not only creating new ways of working, but also making room for new ideas to improve production or service delivery to sustain an organisation.

1.4.4 Organisational culture

"There is a general agreement that organisation culture refers to a system of shared meaning held by members, distinguishing the organisation from the other" (Robbins, Judge, & Odendaal, 2009: 424). In view of Robbins et al. (2009) organisational culture is a system of shared values that a group has invented, discovered or developed in learning to cope with its problems of eternal adaptation and internal integration. Organisational culture is therefore understood to represent a system of shared values which is recognised as the accepted attitudes and behaviour of people. These values are embedded in a system which is considered to be important to the individuals of the organisation.

1.4.5 Public leadership

Morse, Buss and Kinghorn (2007) define public leadership as people in government with positional authority. Public leadership, however, is not only limited to organisations and people occupying formal leadership positions in government. Instead, public leadership is a process of creating public value inside and outside government at all levels of the organisation while formal leaders play a critical role.

1.4.6 Public health

The World Health Organisation (WHO, 2014) defines public health as organised measures (whether public or private) to prevent disease, promotes health and prolong life among the population as a whole. The World Health Organisation activities aim to ensure conditions in which people can be healthy and focus on entire populations. Thus, public health is concerned with the total system and not only the suppression of a particular disease or on individual patients.

Public health professionals monitor and diagnose the health concerns of entire communities and promote healthy practices and behaviours to ensure that populations stay healthy.

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1.5 Effective public leadership to drive organisational to improve service delivery

Historically, according to Magawa (2012) in most developing countries, during the 1970s there were inequalities in the provision of health services and a worsening burden of disease with rising costs. As a result, in the mid-70s, international health organisations began exploring different approaches to improve health.

Access to public health facilities is poorly affected by the skewed allocation of resources (both financial and human) between public and private sectors, with disproportionate financing of the private sector. Five times is more spent on the average medical aid member than on an uninsured person using the public sector (Harrison, 2009).

Based on the report of the 2011 Human Development Resource Centre (Schaay, Sanders & Kruger, 2011), South Africa has made significant progress in developing sound and progressive public health legislation and policies, established a unified national health system, increased infrastructure at primary care level, removed user fees for maternal and child health services, introduced a system of social support grants, ensured the steady increase of immunisation coverage, and supported the world's largest HIV/AIDS treatment programme. Furthermore, despite these major achievements, the country has made insufficient progress towards Millennium Development Goal (MDG) 5 (on child health) and 6 (on HIV/AIDS, TB and malaria), while progress towards MDG 4 (on maternal health) has even been reversed. In response "the South African Government has initiated a number of reforms to address the recognised crisis in the health sector, commencing with the post-Polokwane Health Sector Roadmap and the development of the Ten Point Plan for health reform (Schaay, Sanders & Kruger, 2011). This also resulted in the development of Health Care 2030.

According to Health Care 2030 (Western Cape$_a$, 2014) regardless of the good outcomes of the WCDoH there remains a lag of what is required by the MDG targets and achieving these goals has become the key drivers of this strategy for 2030. MDGs such as chronic diseases, mental health and trauma will also be addressed. There has been increasing attention paid to the risks related to health, and consequently health services however the health sector continues to face significant challenges. These include burden of diseases, economic and social inequity, barriers to accessing health services, inequitable distribution of health resources, and continuing human resource capacity needs as well as other weaknesses in the areas of human resources and leadership are also cause for concern.

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According to Health Care 2030 (Western Cape$_a$, 2014) transformational leadership is the desired leadership style in the ranks of managers and clinicians. Effective public leadership requires "a charismatic, transformational style. Distributing orders to people does not necessarily inspire them to follow someone. Instead, leaders appeal to people by demonstrating that by following them, they have much to gain" (Seepersad, 2012). Leadership represents an individual with strong charisma and influence. A leader is therefore a people person who is very effective at creating loyalty by attracting people to their cause through promising rewards. According to Kanter (2005) an effective public leader needs to develop sophisticated leadership techniques that extend to focusing on social strategy, political will and interpersonal skills. Seepersad (2012) and Kanter's (2005) explanation of an effective public leader expresses transformational leadership style which represents loyalty, influencing people and focusing on social strategy.

1.6 Chapter summary

This chapter provided an outline of the study, the definition of the research problem which included the research statement, outline of each chapter, research design and methodology and definitions of key concepts which will be used throughout the study. This research study employed a mix of qualitative and quantitative research methods. Face-to-face interviews were conducted with key respondents from the WCDoH and a survey questionnaire was designed to gather information form top management which was distributed.

The following chapter explains the current functioning of the Western Cape Department of Health in order to understand the influences of environmental factors and challenges.

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Chapter 2: Overview of the current functioning of the Western Cape Department of Health

2.1 Introduction

The main function and responsibility of the Western Cape Department of Health (WCDoH) is to deliver an all-inclusive package of health services to the people of the Western Province.

2.2 Vision and mission

The vision of the Department is quality health for all.

The mission of the Department is to undertake to provide equitable access to quality health services in partnership with the relevant stakeholders within a composed and well-managed healthcare system to the people of the Western Cape and the peripheral areas (Western Cape, 2014).

2.3 Values

The organisation states that, in order to achieve the outlined mission, its activities will be anchored in the following values (C^2AIR^2):

1)" Caring

2) Competence

3) Accountability

4) Integrity

5) Responsiveness

6) Respect" (Western Cape, 2014).

2.4 Legislative mandate

The legal mandate of the WCDoH resides in the Constitution of South Africa and various legislation, policies and prescripts.

2.4.1 The Constitution of South Africa of 1996

According to chapter 2 section 27 of the Constitution of South Africa Act 108 of 1996:

"(1) Everyone has the right to have access to

(a) Health care services, including reproductive healthcare;
(b) Sufficient food and water; and

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

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

(3) No one may be refused emergency medical treatment."

2.4.2 The National Health Act 61 of 2003

According to the National Health Act 61 of 2003, its objective is to regulate national health and to provide uniformity in respect of health services across the nation by—

(a) "establishing a national health system which—

(i) encompasses public and private providers of health services; and

(ii) provides in an equitable manner the population of the Republic with the best possible health services that available resources can afford;

(b) setting out the rights and duties of health care providers, health workers, health establishments and users; and

(c) protecting, respecting, promoting and fulfilling the rights of

(i) the people of South Africa to the progressive realisation of the constitutional right of access to health care services, including reproductive health care;

(ii) the people of South Africa to an environment that is not harmful to their health or well-being;

(iii) children to basic nutrition and basic health care services contemplated in section 28(l)(c) of the Constitution; and

(iv) vulnerable groups such as women, children, older persons and persons with disabilities" (South Africa, Act 61 of 2003*)*.

The National Health Act of 2003 clearly regulates the national health system in South Africa and makes provision for health services across the nation.

2.4.3 Other mandates

National Legislation

The WCDoH function within the national legislative framework.

- "Allied Health Professions Act 63 of 1982
- Atmospheric Pollution Prevention Act 45 of 1965

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- Basic Conditions of Employment Act 75 of 1997
- Births and Deaths Registration Act 51 of 1992
- Broad-Based Black Economic Empowerment Act 53 of 2003
- Children's Act 38 of 2005
- Chiropractors, Homeopaths and Allied Health Service Professions Act 63 of 1982
- Choice on Termination of Pregnancy Act 92 of 1996
- Compensation for Occupational Injuries and Diseases Act 130 of 1993
- Constitution of the Western Cape 1 of 1998
- Construction Industry Development Board Act 38 of 2000
- Correctional Services Act 8 of 1959
- Criminal Procedure Act 51 of 1977
- Dental Technicians Act 19 of 1979
- Division of Revenue Act (Annually)
- Domestic Violence Act 116 of 1998
- Drugs and Drug Trafficking Act 140 of 1992
- Employment Equity Act 55 of 1998
- Foodstuffs, Cosmetics and Disinfectants Act 54 of 1972
- Government Immovable Asset Management Act 19 of 2007
- Hazardous Substances Act 15 of 1973
- Health Professions Act 56 of 1974
- Higher Education Act 101 of 1997
- Inquests Act 58 of 1959
- Intergovernmental Relations Framework Act 13 of 2005
- Institution of Legal Proceedings Against Certain Organs of State Act 40 of 2002
- International Health Regulations Act 28 of 1974
- Labour Relations Act 66 of 1995
- Local Government: Municipal Demarcation Act 27 of 1998
- Local Government: Municipal Systems Act 32 of 2000
- Medical Schemes Act 131 of 1997
- Medicines and Related Substances Control Amendment Act 90 of 1997
- Mental Health Care Act 17 of 2002
- Municipal Finance Management Act 56 of 2003
- National Health Laboratories Service Act 37 of 2000
- Non-profit Organisations Act 71 of 1977

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- Nursing Act 33 of 2005
- Occupational Health and Safety Act 85 of 1993
- Older Persons Act 13 of 2006
- Pharmacy Act 53 of 1974
- Preferential Procurement Policy Framework Act 5 of 2000
- Promotion of Access to Information Act 2 of 2000
- Promotion of Administrative Justice Act 3 of 2000
- Promotion of Equality and Prevention of Unfair Discrimination Act 4 of 2000
- Protected Disclosures Act 26 of 2000
- Prevention of and Treatment for Substance Abuse Act 70 of 2008
- Public Audit Act 25 of 2005
- Public Finance Management Act 1 of 1999
- Public Service Act 103 of 1994
- Road Accident Fund Act 56 of 1996
- State Information Technology Agency Act 88 of 1998
- Skills Development Act 97 of 1998
- Skills Development Levies Act 9 of 1999
- South African Medical Research Council Act 58 of 1991
- South African Police Services Act 68 of 1978
- Sterilisation Act 44 of 1998
- Tobacco Products Control Act 83 of 1993
- Traditional Health Practitioners Act 35 of 2004
- University of Cape Town (Private) Act 8 of 1999" (Western Cape, 2014).

Provincial Legislation

There is also provincial legislation which is developed according to national prescripts which the WCDoH function within.

- Communicable Diseases and Notification of Notifiable Medical Condition Regulations published in Proclamation R158 of 1987
- Exhumation Ordinance 12 of 1980
- Regulations Governing Private Health Establishments published in PN 187 of 2001
- Training of Nurses and Midwives Ordinance 4 of 1984
- Western Cape Ambulance Services Act 3 of 2010

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- Western Cape Direct Charges Act 6 of 2000
- Western Cape District Health Councils Act 5 of 2010
- Western Cape Health Care Waste Management Act 7 of 2007
- Western Cape Health Facility Boards Act 7 of 2001
- Western Cape Health Services Fees Act 5 of 2008
- Western Cape Land Administration Act 6 of 1998 (Western Cape, 2014).

2.4.4 Multi-level functions of a health system

The World Health Organisation (WHO, 2000) defines a health system as a system that consists of all organisations, people and actions whose primary commitment is to promote and maintain health. In South Africa, the National Health Act provides a coherent framework for functions and roles of each level of the health system. Furthermore according to Gilson & Daire (2011):

a. At a macro level, the national health system's role is to create synergies between national health policies, strategies, resource allocation efforts and health worker rewards systems, regulatory imperatives, inter-agency partnerships, as well as coordination across functions and service delivery activities and interventions in line with overall systems goals. The above roles are also influenced, for example, by global contexts, including multilateral trade environments, drug prices, overseas aids, pandemic disease entities.

b. At a provincial level, the health system performs functions similar to those at the macro level (as in (a) above), but are largely limited to the host province and its health districts.

c. The meso level is comprised of health districts and sub-districts as service-delivery units. The key functions of this level of the system is to respond to local needs through ensuring equitable access to services, provision of essential health care supplies, an effective workforce, safe and cost-effective technologies and infrastructure as well as a functional health information system in line with provincial and national policies.

d. At the micro level, the health system consists of a collection of institutions, service providers, patients/clients, partners, citizens and households. The role of this level is to ensure provision of care, compliance with provincial policies, maintenance of performance standards, reporting on the performance towards achieving targets and feedback to various stakeholders.

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The National Health Act enables a coherent framework in which the South African health system functions. In addition, the act provides clarity regarding the roles and functions for each of the different levels of the health system. This further enables understanding of the demographic profile of the Western Cape Province.

2.5 Demographic profile

The Western Cape Province is divided into five rural district municipalities, namely Eden, Cape Winelands, the Central Karoo, the Overberg and the West Coast, and one metropolitan district, namely Cape Town Metro District. The Central Karoo covers the largest surface area (38 873 km^2) whereas the Cape Town Metro District covers the smallest surface area (2 502 km^2). The Cape Town Metro District consists of approximately 64 per cent of the population and displays higher density ratios, which are significant for planning purposes. The remainder of the population is distributed more sporadically in approximately equal amounts between the rural districts, namely Cape Winelands, Overberg, Eden, and West Coast, with the exception of Central Karoo, which is very sparsely populated (Western Cape, 2014).

2.6 Summary of the organisational structure

According to the WCDoH Annual Report 2010/2011 (Western Cape, 2011) the organisation and post structure of the Department is based on the Department's Strategic Plan and reflects the core and support functions to be implemented in achieving the strategic objectives of the Department.

The current approved organisation and post structure of the Department of Health is based on a combination of the Comprehensive Service Plan’s (CSP) establishment and amendments that have occurred to accommodate service delivery needs. The CSP includes “maps of services per geographical area, service delivery models (from the entry level clinics to highly specialised services rendering institutions), and organisation and staff establishments (per occupation / job category) for institutions, including management structures” (Western Cape, 2011).

Further alignment may be required with the proposed Healthcare 2030 (HC 2030) model. The establishment makes provision for the core and support functions required to achieve the strategic objectives of the Department. Post structures are monitored to ensure that staff members are functioning according to the purpose and functions of the current organisational design. Priority projects are identified annually to address efficiency and are based on service

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needs and operational requirements (Western Cape, 2014). The combination of the CSP and HC2030 strategies contribute to the development of new structures for the Western Cape health services for efficient rendering of primary health care at district level.

2.6.1 Staff recruitment, retention and challenges

The main challenges are to secure sufficient funding for the staff establishment and to recruit suitably qualified staff to be appointed in the funded vacant posts. The attrition rate for health professionals is relatively high as some leave the service within the first three years of appointment. The Department has shown the ability to fill these vacancies on a year-on-year basis from the existing capacity found within the labour market. However, the regular loss of health professionals creates a challenge for maintaining the continuity of services and put pressure on training to rebuild capacity (Western Cape, 2014).

According to the Western Cape Annual Performance Plan (Western Cape, 2014), the recruitment of qualified and competent health professionals poses a challenge due to the scarcity of skills in specialist areas and the restrictive appointment measures that are imposed on certain occupations through the various new occupational-specific dispensations, e.g. pharmacists and emergency medical staff. “The average age of the workforce of the Department is 40 to 49 years. It is therefore necessary to recruit, train and develop younger persons and undertake succession planning (Western Cape, 2013: 54). It is therefore necessary to recruit, train and develop younger persons and undertake succession planning. The average age of initial entry into the Department by professionals is 26 years, e.g. medical officers after completing their studies and compulsory in-service duties (Western Cape, 2013).

According to the Annual Performance Plan (Western Cape, 2014), the challenge remains to retain these occupational groups in a permanent capacity. “The main reasons for resignations are for financial gain and there are instances where employees resign and return on contract in order to receive the monthly 37 per cent service benefit” Western Cape, 2014).

2.6.2 Occupational specific dispensations (OSDs)

As a result, the entire organisational and post structure for health professionals had to be aligned in order to accommodate the new occupational levels and hierarchical structures. The translation and appointment of staff to the occupational specific dispensations has resulted in significantly higher personnel costs. The specific minimum educational and registration

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requirements are perceived in some categories as discriminatory as it is felt that restrictions have been placed on the appointment of specific professional staff, such as paramedics, forensic pathology officers and nursing. In certain professional occupational categories, the salary structure of the occupational specific dispensations is not competitive enough in comparison to the private sector. This limits the recruitment of professional nurses in trauma, theatre, maternity, mental health and intensive care, pharmacists, paramedics as well as lecturers in emergency medical services (Western Cape, 2014).

2.7 Performance against the provincial human resources plan

The National Department of Health published the Human Resources for Health South Africa: HRH Strategy for the Health Sector: 2012–2017 in October 2011. This will provide a framework for the development of the provincial Human Resources Plan.

The HRH Strategy for the Health Sector 2012-2017 identifies eight themes that have been prioritised and which form the framework of the HRH Strategy. This will also guide the provincial Human Resource Plan:

a) "Leadership, governance and accountability.
b) Health workforce information and health workforce planning.
c) Re-engineering of the workforce to meet service needs.
d) Upscaling and revitalising education, training and research.
e) Creating the infrastructure for workforce and service development.
f) Strengthening and professionalising the management of HR and prioritising workforce needs.
g) Ensuring professional quality care through oversight, regulation and continuing
h) Professional development.
i) Improve access to health professionals and health care in rural and remote areas" (Western Cape, 2014).

The eight priorities in the HRH Strategy enable a framework for an improved Human Resource Plan for the Western Cape Department of Health.

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2.8 Health Care 2030

2.8.1 Introduction

The National Development Plan (NDP) 2030 envisions a health system that is accessible to everyone, works for everyone and produces positive health outcomes. The NDP 2030 considers long-term goals focussing on quality health for all and recognising environmental factors outside the health system shaping health outcomes: "lifestyle, nutrition, education, diet, sexual behaviour, exercise, road accidents and the level of violence" (South Africa, 2011: 19).

The WCDoH embarked on Healthcare 2030 in which the values of the Department will be embedded. Healthcare 2030 provide the desired service platform over the next two decades. A framework has been developed considering three main areas which focus on opportunities for changing, acknowledging key lessons from the Comprehensive Plan of 2010 and introducing innovative thinking.

- Changes, including opportunities and threats in the external environment;
- Distilling key lessons from the Comprehensive Service Plan (CSP) of 2010; and
- Fresh thinking about a reimagined future (Western Cape$_a$, 2014).

Healthcare 2030 sets out the vision, values and principles guiding the Department in what needs to be achieved by 2030. The document also represents a strategic framework for the Department together with a set of planning limitations and tools that will be applied which takes into consideration the changes of the external environment. The development of the 2030 strategy took into account demography, socio-economic determinants of health, burden of disease and its associated risk factors, climate change, advances in technology and limited resources. Furthermore, the Department took into account the changing policy environment and policy requirements such as the Millennium Development Goals (MDGs), the 2030 National Development Plan (NDP), the priority National Health outcomes and the provincial strategic objective to improve wellness. The Department will build on the strong foundation, direction and many other achievements of the Comprehensive Service Plan (CSP) and learn from the lessons in its planning and implementation towards 2030 (Western Cape$_a$, 2014).

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2.8.2 Vision and priorities

Vision

The 2030 vision for the Western Cape Department of Health is to provide access to person-centred, quality care. There are multiple perspectives relating to this vision. These perspectives include those of patients, staff, the community, the Department, spheres of government and strategic partners. To bring the vision for 2030 to life at a physical, intellectual and emotional level, we have attempted to describe in detail what the achievement of the vision will feel like for a range of role players – from patients to other stakeholders (Western Cape[2], 2014).

Priorities

1. Reducing infectious diseases such as HIV/TB;

2. Improving healthy lifestyles;

3. Preventing injuries and violence;

4. Improving maternal and child health;

5. Strengthening women's health; and

6. Improving mental health (Western Cape[2], 2014).

The vision and mission set the standard for activities, formulating strategies and generating the goals to be achieved by the WC DoH. HC 2030 also refers to leadership and organisational change.

2.9 Leadership and organisational change

According to the Western Cape Government Blueprint (Western Cape, 2009) change management interventions, with specific reference to behaviour change and leadership styles is needed to align its leadership role, organisational culture, climate and values to ensure service delivery excellence.

> "2030 requires transformational leadership from the ranks of managers and clinicians. Leadership must be collective and distributed across all levels of the organisation. Steps to strengthen leadership and facilitate transformational action will be taken. Leadership will demonstrate and embody prevailing organisational values, have highly developed inter-personal skills, encourage innovation, draw

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on the capability of all employees and be visibly collaborative with staff and partners" (Western Cape[2]; 2014).

In order to achieve these leadership values the future requires a range of change agents to lead the required health system transformation process towards Vision 2030. The Department will need to invest in building strong transformational leadership alliances with its strategic partners. The Department recognises that it requires a strong focus on transformational leadership in light of its hierarchical and bureaucratic nature.

According to Healthcare 2030, the intention is to develop managers and clinicians who:

- "Embody organisational values in the behaviours;
- Depend on interpersonal forms of power, as opposed to power based on a position in the hierarchy;
- Nurture creativity to enable innovation;
- Draw on the inherent and potential capabilities of all employees in the Department; and
- Are visibly collaborative in their relationships with staff and external stakeholders" (Western Cape[a], 2014).

Furthermore, leadership entails both having someone formally in charge of the change process and sharing responsibility for mobilising the change efforts. This type of leadership does not require an individual who can perform all of the essential leadership functions. Some leadership functions may be shared by several members of a group, some leadership functions may be allocated to individual members and different people may perform a particular leadership function at different times. Collective leadership like this, as provided by different employees of the WCDoH, will be essential.

2.10 Service Platform

According to Healthcare 2030 (Western Cape, 2014), the shape of the envisioned 2030 service platform focuses on strengthening the primary health care (PHC) and district hospitals. This strategic document focuses on the general health service platform and does not deal with any specific disciplines or sub-specialities. Special reference is made to tuberculosis (TB), rehabilitation, mental health and oral health in order to provide context to the realignment of these services from specialised hospitals to the mainstream health service. The four beliefs of the planning methodology are using the dependent population as a base,

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the smallest geographic entity for which there is good data, household income as a proxy for inequity and creation of norms and planning tools for application within specific service settings.

2.10.1 Change management challenges

> "The size and shape of the service platform and related service pressures, impact on the number and skill mix of staff required to deliver the service. The large service delivery workload creates a stressful working environment that can negatively affect the quality of staff performance and contribute to low morale and high levels of absenteeism" (Western Cape, 2014: 13).

The WCDoH is a large, complex, hierarchical organisation with many decentralised entities. Top-down leadership alone will not achieve whole-system change because (a) health systems are complex; (b) power is distributed among professional groups; (c) care is necessarily multidisciplinary; and (d) professions have their own norms and hierarchies. Healthcare 2030 (HC 2030) recognises that the key challenge will be to create a work environment that harnesses the relationships and the skills and capabilities of individuals in the system. This challenge entails referring to managers at all levels that need to be visible to support the frontline staff, listening to their issues and needs and addressing problems with creative solutions. Frontline staff needs to be acknowledged and recognised for their efforts, dedication and commitment to person-centred care. Managers need to be receptive to constructive criticism and be held accountable when they fail to accept such input.

According to the empirical study conducted the way government of today conducts business is very operative and bureaucratic. Government activities are strictly regulated and guided in order be compliant with the relevant regulations. A lot of emphasis is placed on obtaining an unqualified (clean) audit report for the WCDoH. The WCDoH is one of two departments among all departments of health that have been getting unqualified audits for the past 10 years.

However, the healthcare system is a consistently changing environment (e.g. technological influences and demographic changes) and the burden of disease is always changing. Therefore, there is a need for creativity and innovative ways of doing things, but within the regulating framework. There is tension between policies and innovative thinking. For this reason, HC 2030 was developed and provides space to do things differently but within the

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regulatory framework. HC 2030 focuses on re-energising people, changing the way people conduct their daily duties. Historically there was a lot of emphasis only on outcomes, but HC 2030 emphasises the need to focus on the patient's experience of the service and understanding the patient needs.

There is a lot of bureaucracy and in order to address the changing environment there needs to be a shift in leadership style. The desired leadership style is transformational leadership. The key issues of HC 2030 are the values, improving the quality of care, patient experience, building capacity and reducing waiting times. A five-year planning process will commence in August 2014 whereby managers will look at certain aspects of HC 2030 that are relevant to them and address each element by proposing what actions can be implemented to assist the implementation of the HC 2030 vision.

Currently, a change management programme is in place and is run in collaboration with Ernst & Young which has been rolled out in 38 facilities (i.e. clinics and clinical health facilities within the metro and rural districts). This programme converts the values of HC 2030, namely C^2AIR^2, into meaningful practices within the facilities. The programme will also be rolled out among staff at head office level because of the important role and support they play in the functioning of the organisation. Other envisaged changes are the organisational structure in particularly Primary Health Care facilities. The WCDoH is in the process of developing new models for all the different levels of hospitals and Primary Health Care facilities.

Training will be provided, but a sitting classroom environment will not be effective enough to understand the changing environment and needs of the WCDoH. The level of success will be measured according to the five-year plan and HC 2030 prescribed measures for monitoring and evaluation by suggesting preferable indicators to evaluate the performance towards the anticipated targets.

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2.11 Chapter summary

The core function and responsibility of the WCDoH is to deliver a comprehensive package of health services to the people of the Western Cape Province. In order to do so the Department sets out a vision and a mission. Furthermore, all functions and activities are regulated by a framework.

The organisation and post structure accommodate service delivery needs which are within the Provincial Human Resources Plan to address staff recruitment, retention and other challenges. However, the size and shape of the service platform and related service pressure impact on the number and skill mix of staff required to deliver services.

HC 2030 is a strategic framework which sets out planning limitations and tools that should be applied. This strategic framework provides room for creative thinking within the legislative framework. Emphasis is placed on leadership and organisational change. The desired leadership style is transformational leadership.

The empirical study proves that the desired leadership style in order to achieve organisational change is transformational to improve culture, efficiency, work processes and frontline staff that will improve service delivery.

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Chapter 3: Leadership, Public Leadership and Effective Public Leadership: A Literature Study

3.1 Introduction

> "The lack of leadership talent in the pipeline presents a challenge for many organisations. Many organisations do not have the leadership talent to sustain a competitive advantage" (Phillips & Schmidt, 2004: 5).

According to Rust & De Jager (2010) there is a lack of leadership and management capacity within the public health sector in South Africa. The problem remains that head office staff has little understanding of operational complexities. Hospitals are micromanaged by these staff members and hospital managers have little control over budgets, procurement, staffing structures and staffing levels. Due to this arrangement, hospital managers are disempowered by centralised control and cannot be regarded as accountable for healthcare failures in hospitals because they lack the necessary authority.

> "At the applied level, leadership is complex. It involves, among other things, an array of assessment skills, a series of characteristics (traits and skills) that the leader brings to a particular setting and a wide variety of behavioural competencies. Furthermore, the leadership skills needed in the same position may vary over time as the organisation's environment" (Van Wart, 2011: 3-4).

According to Dukakis & Portz (2010) there are influencing factors that determine the success of a leader-manager emphasising the importance of putting a dedicated team together. This team will consist of public servants, motivated and mentored by the leader-manager as they develop their own capacity to lead and get the expected results (Dukakis & Portz, 2010). Leadership in the public sector refers to the promotion of institutional adaptations in the public interest. In this sense, leadership entails a positive advocacy of the need to promote certain fundamental values. Leadership is an important and crucial variable that leads to enhanced management capacity, as well as organisational performance (Dukakis & Portz (2010).

However, Wallis, Dollery & McLoughlin (2007) argue that the pressure on public institutions ascended from a perceived need to make public services responsible for the public. With this in mind, the activities, processes and structures describing the public sector of modern

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economics always undergo change as policy-makers seek to resolve perceived problems, improve current arrangements and handle new challenges. Leadership was and still is one of the main subjects in organisational studies. Public sector leadership has been under scrutiny by the media and under increased pressure for accountability towards clients.

3.2 Leading and managing

> "To become a manager who leads, you need to gradually shift your mindset toward seeing yourself as someone who mobilizes and empowers others to create the future. To shift your mindset, it is critical to know your values; because they will influence the kind of future you can create and will guide and sustain you on your journey" (Galer, Vriesendorp & Ellis, 2005: 2).

Managers who lead are associated with organising, influencing and creating an awareness to create the desired future. Galer, Vriesendorp & Ellis (2005) adopt the approach of a leader mindset shift. The values of a manager are important. Galer, Vriesendorp & Ellis (2005) focuses on individual actions to shift to collaborative actions to solve problems, take responsibility and address challenges. A manager who leads requires significant changes in an individual's mind-set. Instead of recognising management as an administrative function with tasks and instructions, a manager must view management as a dynamic and strategic process occurring in conditions of uncertainty (Galer, Vriesendorp & Ellis, 2005).

3.3 Leadership Styles

According to Van Wart (2012) leadership styles are clusters of behaviours understood by followers and leaders. Generally, good leaders have a range of styles that they use. They are able to adopt a style to the situation or adopt the situation to the style (Van Wart, 2012).

DuBrin (2010) refers to leadership styles as a combination of attitudes and behaviours which leads to a certain regularity and dealing with group members. Six leadership styles are referred to: participative leadership; autocratic leadership; the leadership grid; entrepreneurial leadership; gender difference and choosing the best style.

Many leadership theories exist in the field of leadership studies. The following literature summarises different leadership theories:

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a) Fiedler's contingency theory

Fred E. Fiedler developed a widely researched and cited contingency model that proves that the best leadership style is determined by the situation in which the leader is working. DuBrin (2010) explains that Fiedler's theory categorises a manager's leadership style as relationship-motivated or task-motivated.

According to Daft (2011), Fiedler found a pattern in leadership styles and refers to task-oriented and relationship-oriented leaders.

Daft defines the former as follows: "The task-oriented leader excels in the highly favourable situation because everyone gets along, the task is clear, and the leader has power, all that is needed is for someone to take charge and provide direction. Similarly, if the situation is highly unfavourable to the leader, a great deal of structure and task direction is needed. A strong leader defines task structure and can establish authority over subordinates" (Daft 2011: 76).

Daft continues to define the latter as follows: "The relationship-oriented leader performs better in situations of moderate favourability because human relations skills are important in achieving high group performance. In these situations, the leader may be moderately well liked, have some power, and supervise jobs that contain some ambiguity. A leader with good interpersonal skills can create a positive atmosphere that will improve relationships, clarify task structure and establish position power" (Daft 2011:75-76). According to Scholtes (1998), leading people requires establishing personal relationships on a daily basis and encouraging others to nurture relationships as well.

In view of Daft, Fiedler's theory explains the relationship among style, situational favourability and group task performance. To use Fiedler's contingency theory, a leader needs to know whether he or she is engaged in a task-oriented or relationship-oriented style of leadership.

Murray, Poole & Jones (2005) suggests three important factors: the leader's position and the legitimate power in the organisation which enables the leader to reward followers based on achievement; task structure which concerns how tasks are coordinated within the group and represents the leader's authority in the team; member relations.

Fiedler's contingency theory therefore suggests a leadership style of engaging with followers but is affected by the degree to which a leader holds power in the organisation.

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b) The path-goal theory

According to DuBrin (2010), the path-goal theory emphasises the requirements a leader must possess to achieve high productivity or performance as well as morale in a given situation. This theory was developed by "Robert House" (House, 1971 cited in DuBrin, 2010: 139). The path-goal theory specifies that a manager should choose a leadership style that takes into account the characteristics of the group members and the demands of the task. The path-goal theory searches for the right fit between leadership and the situation. This is detailed further by House as follows:

- "Directive leadership: letting followers know what is expected; giving directions on what to do and how; scheduling work to be done; maintaining definite standards of performance; clarifying the leader's role in the group;
- Supportive leadership: doing things to make work more pleasant; treating team members as equals; being friendly and approachable; showing concern for the well-being of subordinates;
- Achievements-oriented leadership: setting challenging goals; expecting the highest levels of performance; emphasizing continuous improvement in performance; displaying confidence in meeting high standards; and
- Participative leadership: involving team members in decision-making; consultation with them and asking for suggestions when making decisions" (Schermerhorn, 2011: 321).

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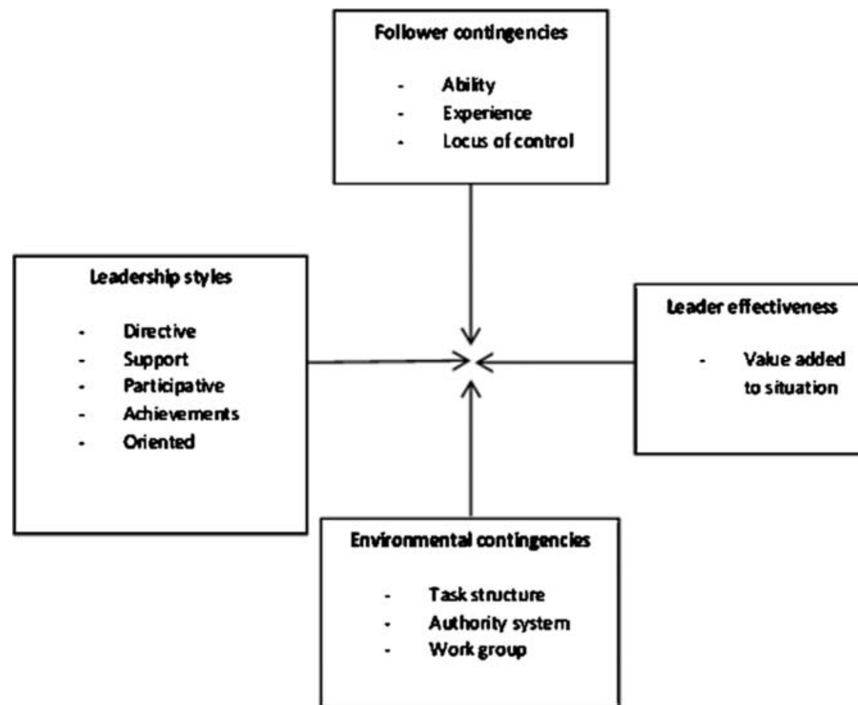

Figure 1: Contingency relationship in House's path-goal leadership theory

Source: Schermerhorn (2011: 321)

The path-goal theory as summarised in figure 1 provides an overview of how leadership styles can be integrated with situational characteristics. Schermerhorn (2011) summarises it as follows:

> When job assignments are unclear, directive leadership helps to clarify task objectives and expected rewards. When self-confidence is low, supportive leadership can increase confidence by emphasizing individual abilities and offering needed assistance. When task challenge is insufficient in a job, achievement-oriented leadership helps to set goals and raise performance aspirations. When performance incentives are poor, participative leadership might clarify individual needs and identify appropriate rewards (Schermerhorn, 2011:322).

Rowe & Guerrero (2011) also suggest the path-goal theory that emphasises that employees will be motivated and will achieve the expected outcomes if they believe they have the ability to perform the work-related task. Their efforts will then lead to

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accepted and meaningful outcomes. According to the path-goal theory it is understood that subordinates are motivated by the leader to achieve goals when they are given a clear direction and support.

c) McGregor's X theory and Y theory

McGregor (1960) identified two separate sets of assumptions that managers, in general, have about their employees. Theory-X is an authoritarian management style and assumes that most people dislike work. Employees must be controlled and threatened with punishment to get the work done and managers deal with employees who lack ambition (McGregor, 1960). Whereas Theory-Y accepts the management style as being participatory and finds work to be a source of satisfaction, employees own their motivation, exercise self-control, and have self-direction, creativity in pursuit of individual and share goals (McGregor, 1960).

Miller (2009) refers to McGregor's theory as conceptualising employees as individuals characterised by needs for attention, social interaction and individual achievement. Theory X and Theory Y are two leadership styles which are appropriate for different types of organisations. According to Rowitz (2014), "Theory X is more suitable for an organisation in which the employees do not like their work situation and will avoid work whenever possible. In this case the employees have to be forced, controlled, or reprimanded in order for the organisation to meet its goals and objectives". Theory X perceptions are negative which include perceiving that people are lazy, dislike work and require close supervision. Rowitz (2014) further describes Theory Y as being appropriate for an organisation where employees like their jobs because they accept the organisations' goals and objectives. These employees are self-directed and want to take on more responsibility. Theory Y leaders believe employees are positive, seek responsibility and can work without supervision.

Thus, we can say that Theory X presents a negative view of employees' nature and behaviour at work, while Theory Y presents a positive view of the employees' nature and behaviour at work. From the literature, Theory X encourages use of tight control and supervision and implies that employees are reluctant to organizational changes. Theory Y implies that the managers should create and

encourage a work environment which provides opportunities to employees to take be resourceful and self-direction.

d) The leadership grid of Blake & Mouton

Robert Blake and Jane Mouton developed a leadership grid in 1964. The Blake & Mouton (1964) model of leadership provides an outline of leadership styles. According to Amos, Ristow, Ristow & Pearse (2008), this model is based on two major concerns, namely production and people: "Production concerns focus on accomplishing an assignment task or attaining desired results, while people concerns address the needs, morale, and capabilities of the individual employee" (Amos et al. 2008: 203). Nel, Werner, Haasbroek, Poisal, Sono & Schultz (2008) agree that the Blake & Mouton leadership grid compares different leadership styles by taking concern with production. Furthermore, according to Mills, Helms Forshaw & Bratton (2007), Blake & Mouton's leadership grid describes a way of plotting leadership behaviours, for example a leader who shows concern towards people and a leader who only shows concern towards production.

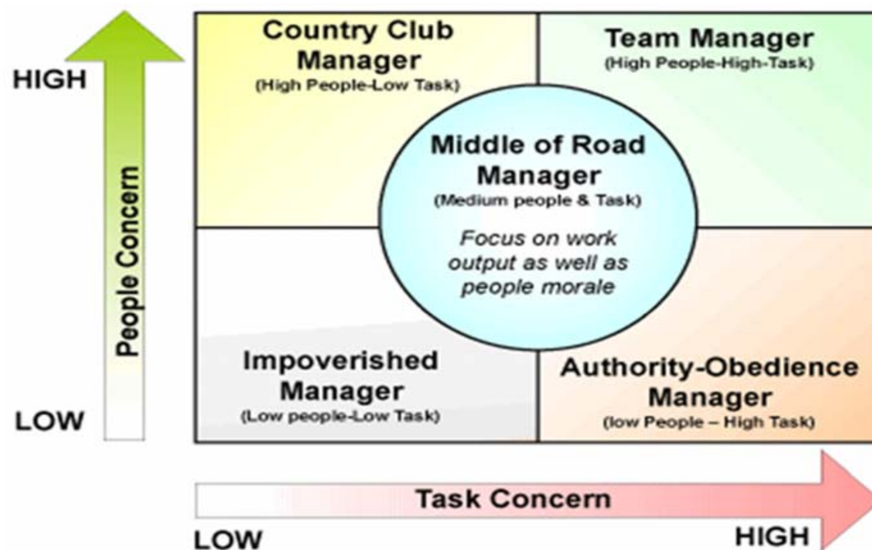

Figure 2: Blake and Mouton's leadership grid

Source: http: www.riskmanagement365.com (2012)

The managerial grid is based on a behavioral theory with five different types of styles. According to Miner (2002) this model identifies five different leadership styles based on

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the concern for people and the concern for production. Miner (2002) describes the leadership styles as: impoverished management associated is associated with neither commitment to the work environment nor to be appreciated by the people; social management refers to placing high value on personal relationships; organizational management aims for security through compromise and being part of a team; team management refers to being involved, participative and prioritizing creativity and welcoming new ideas (Miner, 2002).The Blake & Mouton Grid is understood to be concerned with the degree to which a leader considers the needs of team members and considers the concern for emphasising objectives and organisational efficiency when accomplishing a task. When applying this theory, the first step is to identify the suitable leadership style, to identify areas of improvement and to develop leadership skills. The leadership grid of Blake & Mouton focuses on two leadership behaviours, namely task and relationship behaviours.

e) The situational leadership theory of Hersey & Blanchard

Hersey & Blanchard developed a theory in 1982 that proposed the following: “A leader should adjust his or her style to the maturity or readiness level of employees” (Nel et al., 2008: 362). According to Nel et al. (2008), Hersey & Blanchard’s situational leadership theory states that the leader must firstly determine his subordinates’ maturity levels, particularly with regard to the tasks that are carried out. The more developed the subordinates are in the tasks; the more the activities must be reduced.

The situational leadership model of Hersey & Blanchard is the most used model in leadership training in the public and private sectors, according to Vasu, Stewart & Garson (1998). Hersey & Blanchard’s model emphasizes that there is not only one correct leadership style. The model illustrates that the leadership style is dependent on the situation. Vasu et al. (1998) highlights specific major elements in the context of leadership and focuses on the follower and the situation provides the environmental stimulus to which a leader must respond by implementing the appropriate leadership style by understanding the level of maturity of the followers in terms of readiness for task performance and then use the style that best fits.

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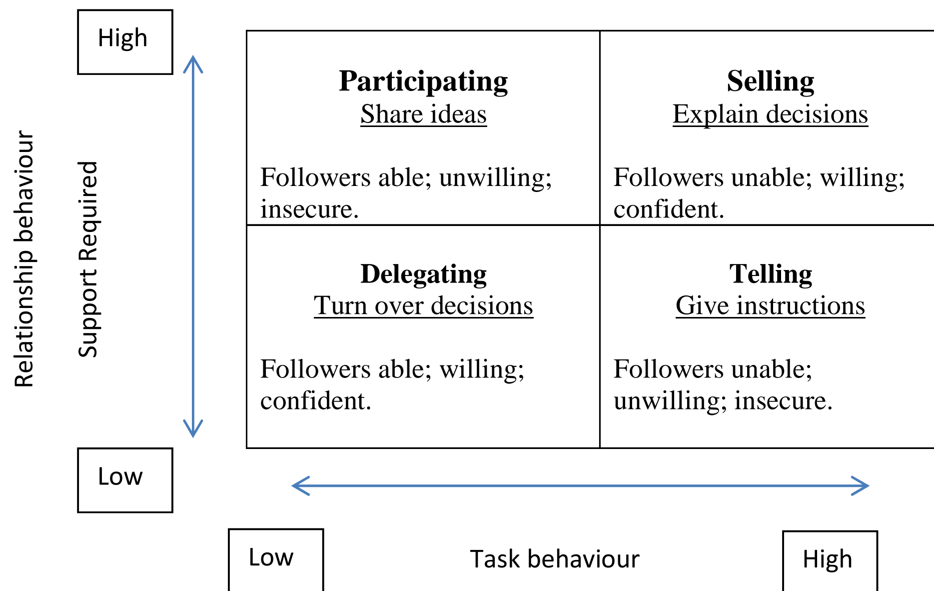

Figure 3: Leadership implications of the Hersey-Blanchard situational leadership model

Source: Shermerhorn (2011: 320)

In contrast to Fiedler's view that a leadership style is hard to change, Hersey-Blanchard's situational leadership model suggest that successful leaders do adjust their leadership styles based on follower readiness to perform in a given situation. Figure 2 refers to how able and willing or confident followers are to perform required tasks. Hersey-Blanchard situational leadership model provides possible combinations of task oriented and relationship oriented behaviours in four leadership styles:

- "Delegating – Allowing the group to take responsibility for task decisions; a low-task; low relationship style.
- Participating – Emphasizing shared ideas and participative decisions on task directions; a low-task; high relationship style.
- Selling – Explaining task direction in a supportive and persuasive way; a high-task; high relationship style.

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- Telling – Giving specific task directions and closely supervising work; a high-task; low-relationship style" (Shermerhorn, 2011: 321).

When applying the Hersey & Blanchard situational leadership model, the leadership style depends on each individual situation and no single leadership style can be considered the best. For Hersey & Blanchard, tasks are different and each type of task requires a different leadership style. A good leader will be able to adapt her or his leadership to the goals or objectives to be accomplished. Not only is the leadership style important for a successful leader-led situation, but the ability or maturity of those being led is a critical factor as well. Goal setting, capacity to assume responsibility, education and experience are the main factors that make a leader successful.

f) Transformational theory

Burns (1978: 19-20) defined transformational leadership as a process where leaders and followers engage in a mutual process of raising one another to higher levels of morality and motivation. Burns' (1978) view is that transformational leadership is more effective than transactional leadership, where the demand is for more selfish concerns. This demand for social values thus encourages people to collaborate, rather than working as individuals. He also views transformational leadership as an ongoing process rather than the discrete exchanges of the transactional approach.

Furthermore, DuBrin (2010) defines transformational leadership as a focus on what the leader accomplishes, his personal characteristics and his relationship with group members. This theory suggests that a leader brings about major positive change. The transformation theory identifies the need to transform organisations from a level of low performance to a level of acceptable performance. In practice this theory focuses on the process of changing an organisation by focussing on the leader's role. DuBrin (2010) highlights key elements such as:

> "Raising people's awareness; helping people look beyond self-interest; helping people search for fulfilment; helping people understand the need for change; investing managers with a sense urgency; committing to greatness; adopting a long-range perspective and at the same time observing organisational issues from a broad

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> rather than a narrow perspective; building trust; concentrating resources on areas that need the most change" (DuBrin 2010: 85-86).

Transformational leadership is viewed as charismatic and idealised influence. Charismatic leaders represent a strong character to influence subordinates with a high moral and ethical behaviour (Winkler, 2010). Winkler also associates transformational leadership with a leader who creates a supportive atmosphere, provide intellectual stimulation, innovation and motivation.

"Transformational Leadership starts with the development of a vision, a view of the future that will excite and convert potential followers. This vision may be developed by the leader, by the senior team or may emerge from a broad series of discussions" (Bass, 1998:3). Bass further explains the importance of a transformational leader is setting a vision and constantly selling the vision to others to influence the change. This takes commitment and energy, but in order to create followers a transformational leader has to create trust and have personal integrity (Bass, 1998).

The transformational leadership theory believes that leaders are people-centred; create a vision, nurture trust and innovation.

g) Transactional leadership theory

Burns defines leadership as "leaders inducing followers to act for certain goals that represent the values and the motivations – the wants and needs, the aspirations and expectations – of both leaders and followers" (Burns, 1978: 19).

According to Burns (1978), leadership must be aligned with a collective purpose and effective leaders must be judged by their ability to make social changes. He suggests that the roles of the leader and follower should be united conceptually and that power and conflict should be the processes of leadership. The transactional leader works through creating clear structures whereby it is clear what is required of their subordinates and the rewards the subordinates get for following orders. Formal disciplinary systems are well in place and understood.

Transactional leadership has key characteristics, according to Andriopoulos & Dawson (2009) leaders use rewards to motivate employees and only take corrective action when followers fail to complete a task. Transactional leaders also provide guidance by clarifying roles and setting task requirements.

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These leadership theories retain different focal areas determined by individual beliefs. Fiedler's theory emphasises that the leadership style is determined by the situation a manager is exposed to. Arguably leaders have personality traits that contribute to leadership effectiveness as long as it suits the situation. The path-goal theory, however, focuses on the characteristics of the group members and their tasks. McGregor's X theory and Y theory differentiate between negative and positive behaviour of employees to determine the leadership style. Blake & Mouton's theory is more concerned with reaching objectives whereas Hersey & Blanchard's theory uses the measurement of employee maturity of the work to determine the volume of tasks that must be given to employees.

Leadership is also conceptualised as either transactional or transformational. Transactional leaders are those who lead through social change whereas transformational leaders are those who inspire followers to achieve extraordinary outcomes and develop their own leadership potential. The transactional leader allocates work to a subordinate. The subordinate is considered to be fully responsible for it, whether or not they have the resources or capability to carry out the work. When things go wrong, the subordinate is considered to be personally at fault and is punished for their failure (just as they are rewarded for succeeding). The transformational theory is based on a theory according to which leaders are those who inspire followers. Leaders do this by responding to individual goals and by empowering followers and aligning the objectives of their followers, themselves, the group and the organisation.

3.4 Effective leadership

An effective leader has characteristics, traits and skills. "Three of the more common leadership characteristics are traits and skills, leader behaviours, and leader attributions of followers" (Van Wart 2011:45). Van Wart (2011) identifies an effective leader as possessing leadership characteristics and behaviours.

3.4.1 Leadership traits and skills

Traits are the most instinctive elements of the leader's capacity. According to Van Wart (2012), ten of the most important elements were reviewed. These were self-confidence; decisiveness; resilience; energy; ambition; willingness; flexibility; service mentality; personal integrity; and emotional maturity.

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Van Wart (2012) identifies elements that involve what needs to be accomplished by being decisive, the ability of being flexible, energetic and having a drive towards achievement. Van Wart's elements also indicate that a leader must be willing to assume responsibility, be flexible and be public service oriented. Furthermore, Van Wart (2012) recognises that leaders' skills include essential aspects that are shaped by education or training. Van Wart (2012: 325) identifies six essential aspects:

1. Communication: Communication skills involve the ability to effectively exchange information through active and passive means;
2. Social skills: Social skills involve the ability to interact effectively in social settings and to understand and productively harness one's own and other's personality structures;
3. Influence skills: Involve the actual use of power through concrete behaviour strategies or tactics;
4. Analytical skills: Require the ability to remember, mark distinctions and deal with complexity;
5. Technical skills: Include the basic professional and organisational knowledge associated with an area of work;
6. Continual learning: Taking responsibility for acquiring new information [and] looking at old information in new ways to use new and old information creatively.

Research studies indicate that leaders have certain personality traits which contribute to leadership effectiveness in many situations as long as the leader's style suits the situation. According to DuBrin (2010), these traits can be divided into two groups: (i) general personality traits and (ii) task-related traits.

(i) General personality traits

All leaders possess personality traits that vary from each other to achieve success. The consequent visibility of these traits is related to success and satisfaction in both work and personal life. These traits include the following individual qualities.

- **Self-confidence**

  "Self-confidence improves one's performance in a variety of tasks, including leadership" (DuBrin 2010:34). In light of this explanation, a self-assured person instils self-confidence in team members and when faced with an impossible deadline group members are motivated to meet the challenging task demands by working

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together. According to DuBrin (2010), self-confidence was among the first leadership traits identified by researchers and is a major contributor to leadership effectiveness. Self-confidence, according to Daft (2011) is a general assurance in one's own judgements and active leaders need self-confidence. Self-confidence improves a leader's performance as well as influencing team members' attitudes by motivating them to complete tasks.

- **Humility**

  According to DuBrin (2010), humility is admitting that one does not know everything, being humble and admitting mistakes to the team members. Humility is a trait whereby a leader is complimented for an achievement and gives the credit to the group. Schyns & Hansbrough (2010) also associate humility with trust and openness and modesty in a broad spectrum. Humility is associated with trust, openness and modesty. This is a key element that enables a leader to create a successful team.

- **Authenticity**

  According to DuBrin (2010), authenticity refers to being genuine, honest about one's personality, values and beliefs, and having integrity. In addition, "integrity is the quality of honesty and trustworthiness" (Northouse, 2013: 25). Leaders that are authentic inspire confidence and are trustworthy.

- **Extraversion**

  "Extraversion has been recognised for its contribution to leadership effectiveness because it is helpful for leaders to be gregarious and outgoing in most situations" (DuBrin 2010: 38). This means that the leadership role is to be expressive and participate in group activities.

- **Assertiveness**

  When a leader is assertive, it helps the group perform effectively and achieve goals. According to Scholtes (1998), "[a]ssertiveness refers to being forthright in expressing demands, opinions, feelings and attributes." By being assertive, leaders complete tasks successfully because group members understand the expected outputs.

- **Enthusiasm, optimism and warmth**

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According to DuBrin (2010) group members respond positively to enthusiasm because it is perceived as a reward for constructive behaviour and it is desirable for leaders to be enthusiastic. Enthusiasm often takes the form of optimism which assists in maintaining a positive attitude while attaining difficult goals. Furthermore, DuBrin (2010) explains that bringing warmth to a group establishes understanding and provides emotional support to group members.

- **Sense of humour**

  According to DuBrin (2010), humour increases approachability in the workplace as it relieves tension and boredom.

These general personality traits (i.e.: self-confidence; humility; authenticity; extraversion; assertiveness; enthusiasm; optimism and warmth; sense of humour) in effective leadership is very important. Lussier & Achua (2010) agree that general personality traits are the foundation for the field of leadership because personality influences the decision to be made. Personality traits also affect behaviour and the perceptions of others. Although the discussion of general personality traits focussed on seven traits other traits such as task-related personality traits will be discussed.

(ii) Task-related personality traits

Task-related personality traits are associated with accomplishments within the workplace.

- **Passion for the work and the people**

  "A dominant characteristic of effective leadership is their passion for their work" (DuBrin 2010: 42). This means that being passionate about the nature of one's work can be a positive factor.

- **Emotional intelligence**

  Emotional intelligence is considered as self-awareness, self-management, social awareness and relationship management. According to DuBrin (2010: 44), "[m]any different aspects of emotions, motives and personality that help determine interpersonal effectiveness and leadership skills have been placed under the comprehensive label of emotional intelligence." As a task-oriented personality trait, emotional intelligence is the ability to understand one's feelings, have empathy, regulate one's emotions and understand other people's emotions. Responding to

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people according to their emotional reactions entails empathy, which is important to understand their positions on issues (Goleman, 1995).

Emotional intelligence in leadership, according to Northouse (2013), is having the ability to perceive and express emotions to facilitate thinking, making decisions and reasoning with others.

- **Flexibility and adaptability**

  Leaders face challenges and, more importantly, change. According to DuBrin (2010) a leader must be flexible to cope with changes such as technology, organisational restructuring and a changing workforce. Leaders who are flexible adjust to demands of changing conditions and are successful in achieving the anticipated goals of service delivery. Flexibility as an essential leadership trait requires a leader to adapt a leadership style in a demanding situation, be open to new ideas, getting to know new processes and satisfying client demands (Locke, 1999). Flexibility and adaptability traits in leadership are required for a leader to adapt to a situation with the aim of meeting the clients' demands and addressing challenging assignments.

- **Internal locus of control**

  For DuBrin (2010), internal locus of control is prime movers of events and helps a leader in the role of taking charge. It is understood people with a high internal locus of control will take more responsibility for outcomes and actions which is important in leadership. Yukl (1998) also identifies locus of control as a trait predicting effective leadership.

- **Courage**

  "Leaders need courage to face the challenges of taking prudent risks and initiative in general" (DuBrin (2010). It is therefore important for a leader to take responsibility and be willing to put their reputation on the line. Khan (2012) in turn states that a leader must have courage to take a stand, make bold decisions and take responsibility. These actions will also foster courageousness in followers.

Leadership traits are qualities relating to the individual's personal attitude and work related attitude. These traits are considered to be the essence of an individual becoming a good

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leader. In the public service, these traits are crucial in order to guide followers in achieving the organisation's interests. Effective leadership focuses on the quality of individuals' characters.

Bertocci (2009) describes traits associated with leadership effectiveness. These traits are adaptability, alertness, creativity, personal integrity, emotional balance, control and independence (Bertocci, 2009). A multitude of leadership traits has been described and an effective leadership will ensue when applying the right trait at the right time.

Trait leadership is defined as patterns of personal characteristics that reflect a range of individual differences across organisations (Zaccaro, Kemp & Bader, 2004). Zaccaro et al.'s (2004) model of leadership traits includes the following: extraversion; agreeableness; conscientiousness; openness; neuroticism; honesty and integrity; charisma; intelligence; creativity; motivation; need for power; communication; interpersonal skills; problem-solving; technical knowledge; and management skills. Leadership traits have been the most criticised aspects in theories of leadership.

3.4.2 Participative leadership

> "People skills are often the most important quality you need to look for in identifying a good employee, particularly if you are hiring at a senior level" (Dukakis & Portz, 2010: 21).

In participative leadership, DuBrin (2010) refers to participative leaders as sharing decision-making with group members and divides this style into three subtypes: consultative leaders; consensus leaders; and democratic leaders.

- Consultative leaders

  DuBrin (2010) explains that these leaders confer with group members before making decisions but retain the final authority to make decisions.
- Consensus leaders

  DuBrin (2010) describes consensus leaders to encourage group discussions about an issue then make a decision that reflects the general agreement and ensures that all group members support the decision.
- Democratic leaders

  "Democratic leadership styles are generally preferred during the day-to-day operations of most organisations" (Seeger, Sellnow & Ulmer, 2003: 245). This style

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empowers employees and creates problem solving capacity throughout the organisation (Seeger et al. 2003).

In agreement to DuBrin (2010), the participative leadership style is based on management openness and transparency because the leader consults, involve other members and then makes a decision. It also encompasses a teamwork approach, negotiating demands and working together with others. DuBrin (2010) also indicates the disadvantages of participative leadership as being time-consuming.

"A participative leader consults with sub-ordinates, obtains their ideas and opinions, and integrates their suggestions into the decisions about how the group or organisation will proceed" (Northouse, 2031: 140). In this view a participative leadership consults by communicating ideas with the team which affects the decision making process in an organisation.

House & Aditya (1997) traits, such as the ability to take charge, tolerate stress, be self-assured, take control, be honest, adjust to different situations and have sensitivity to others, separate the leaders from employees.

3.4.3 Leader behaviours in the public sector

As discussed in Blake and Mouton's leadership grid there are two types of leader behaviours, namely concerned for people and concern for production. Van Wart (2012) describes the behaviour of leaders as getting tasks done with and through people to ensure that their organisation or unit is aligned with its environment. Van Wart identifies seven main behaviours:

(i) Task behaviour;
(ii) Operations planning;
(iii) Clarifying roles and objectives;
(iv) Delegating;
(v) Problem-solving;
(vi) Managing technical innovation; and
(vii) Creativity.

According to Van Wart (2012), the first characteristics of people-oriented leadership behaviour are:

- "Consulting which means checking with people on work-related matters and involving people in decision-making processes.

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- Planning and organising personnel involves co-ordinating people and operations and ensuring that the follower competencies necessary to do the work are, or will be, available. It also involves self-planning.
- Developing staff refers to improving sub-ordinates effectiveness in their current positions and preparing them for their current positions and preparing them for their next position or step.
- Motivating means enhancing the inner drives and positive intentions of subordinates (or others) to perform well through incentives, disincentives and inspiration. Managing teams involves creating and supporting 'true' teams in addition to traditional work units. The related competency of team building involves enhancing identification with the team, co-operation between members, and spirit de corps of both work groups and teams.
- Managing conflict is a behaviour used to handle various types of interpersonal disagreements, build cooperative interpersonal relationships, and harness the positive effects of conflict.
- Managing personal change means establishing an environment that provides the emotional support and motivation to change" (Van Wart, 2012: 326-327).

Effective leadership in the public sector requires traits and skills resulting in service excellence. The important elements are self-confidence, decisiveness, resilience, willingness, flexibility and being service-oriented is important. Possessing leadership skills are important for excellence in service delivery because it includes essential aspects obtained through training. Furthermore, an effective public leader must possess certain personal qualities. It is discovered that these personal qualities indicate that the leader is client-oriented and understands the service need. However, an effective leader must possess task-oriented traits which focus on the goal and objectives of the organisation and which maintain service excellence.

Van Wart (2012) identifies seven main objectives which are management-related activities. The author (Van Wart, 2012: 327) further discusses people-orientated leadership behaviour which focuses on the personal behaviour of an effective leader in the public sector.

3.5 Transformational vs. Transactional leadership

According to Cox (2001), there are two basic categories of leadership: transactional and transformational. As defined earlier in section 3.3 of this dissertation, transactional leaders

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are those who lead through social change whereas transformational leaders are those who inspire followers to achieve extraordinary outcomes and develop their own leadership potential.

There is interplay between transformational and transactional leadership. Clawson's (2009) figure illustrates that leadership is a process. It involves relations between leader and followers and involves influencing people.

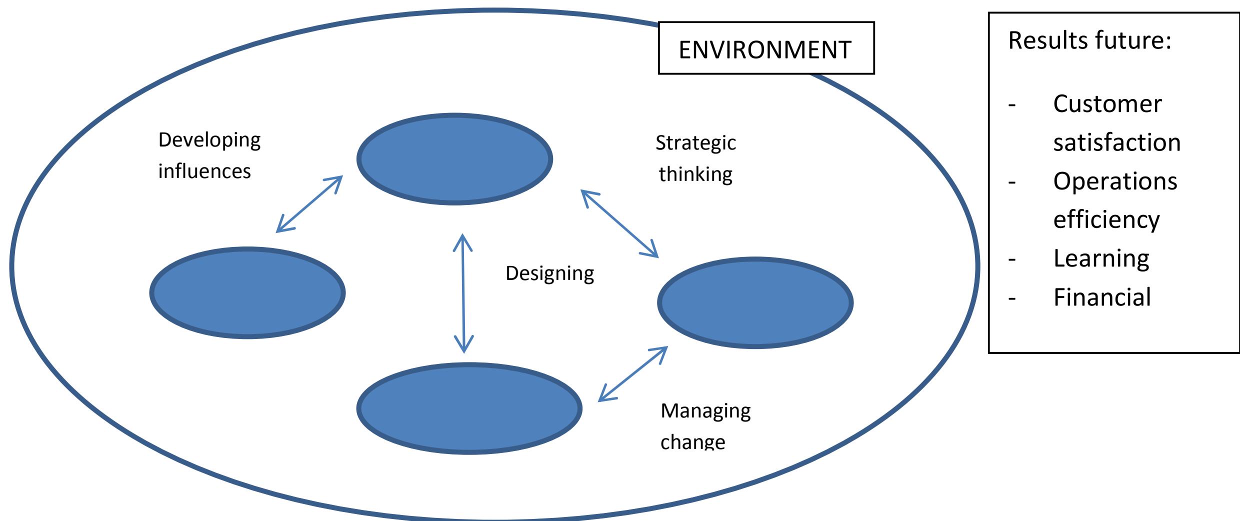

Figure 4: Key leadership initiative

Source: Clawson (2009:15)

Figure 3 illustrates that commitment and enthusiasm towards achieving individual interests and, more importantly, the organisation's interests in an environment. The interests bring about change towards a desired organisational future. The future results emphasis on client satisfaction, operations efficiency, learning and financial interests.

In order to distinguish between management and leadership, figure 4 below reveals a continuum ranging from management to leadership.

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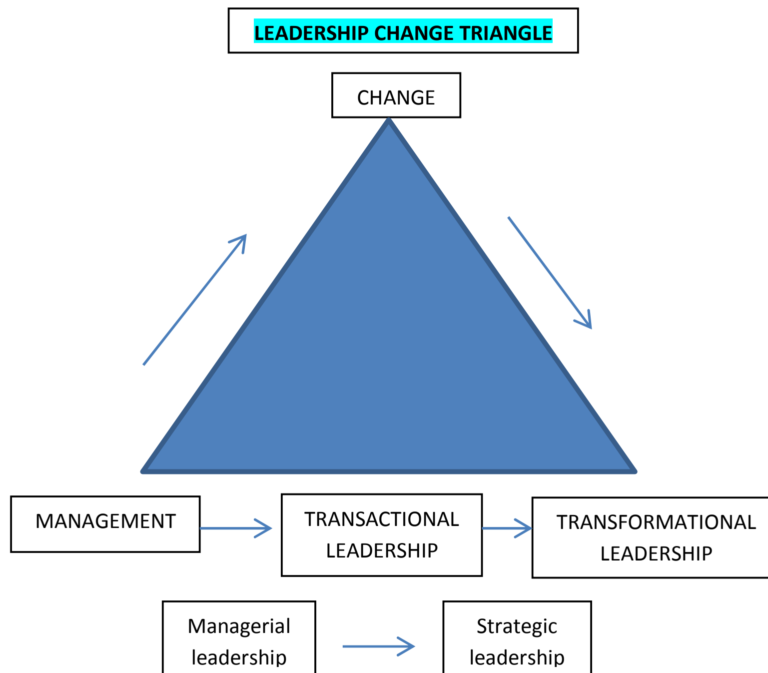

Figure 5: Leadership Change Triangle

Source: Rowitz (2009)

This continuum can be viewed as a leadership change triangle. This change triangle illustrates the way a leader will function. Management is placed at the left side following traditional managerial processes. Transactional leadership is at the centre between management and transformational leadership to illustrate the interaction. Managing entails organising the internal parts of the organisation to coordinate resources and implement activities to produce outputs. The processes include activities, such as planning, budgeting, organising and staffing, while leading is about enabling those within and outside the system to face challenges and achieve results under complex conditions.

According to Nel et al. (2004), transformational leaders do the following:

- “Establish a sense of understanding of the need and urgency for change to take place;
- Build a team that will guide change;
- Provide a systematic plan and clear objectives for attaining the vision;

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- Formulate structures to foster the full participation and buy-in of everybody involved in the organisation;
- Remove constraints that hinder the accomplishment of the new vision and provide capacity for successful goal attainment;
- Evaluate the process on a periodic basis; [and]
- Sustain and reinforce the new culture continuously" (Nel et al., 2004: 345).

Based on the literature, it is accepted that these characteristics of transformational leaders implement change.

A new paradigm of leadership has captured widespread attention. Transformational leaders' help followers develop by responding to individuals' needs by empowering them and by aligning the objectives and goals of the individual followers, the leader, the group and the organisation. Bass & Riggio (2006) explain that transformational leadership motivates others to do more than they intend. Transformational leaders set more challenging expectations and typically achieve high performance.

The literature reveals that the process from management to a transformational leader entails inspiring and engaging with employees. The process requires establishing trust, building relationships and creating a shared vision. The approach relies on understanding the urgency for change, establishing a team that will guide change, formulate plans and structures and remove any constraints. Transformation is a complex and long process and is only possible to implement meaningful change if reliable and capable leaders lead the process. However, in the health sector it is more complex.

3.6 The nature of public leadership

> "The global health agenda is increasingly focused on strengthening health systems to improve population-level health outcomes in low- and middle-income countries. One component of this strategy focuses on the development of sufficient workforce capacity, a target area that has been somewhat resistant to intervention thus far. The chronic shortage of skilled leadership in the healthcare sectors of low- and middle-income countries greatly hinders the improvement of facilities and systems and the ability to provide needed services" (Ramanadhan, Kebede, Mantopoulos & Bradley, 2010: 105).

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"Public leadership is essentially studies of the lives and/or particular characteristics and behaviours of individuals occupying high public offices" (Hart & Urh, 2008: 2). Hart & Urh (2008) further describe the study as part of an effort to identify, describe, understand and evaluate the behaviour of those who exercise power and influence over the majority. In this explanation public leadership is conceptualised in terms of a number of distinctive functions that need to be performed in order for an organisation to govern itself effectively and democratically.

According to Hart & Urh (2008), public leadership is theorised as distinctive functions that need to be performed in order for a society to govern itself effectively and democratically but are not performed impulsively by public institutions. Public leadership can be explained in the following sections:

- **Political leadership**

"Political leadership tends to be exercised around a number of strategic, recurrent challenges facing societies and their governments" (Hart & Urh (2008:3). In most cases leaders of government are also leaders of political parties before they become government leaders.

According to Hart & Urh (2008), heads of government and political leaders focus on the agenda and problem definition. Furthermore, every aspiring political leader seeks the opportunity for policy change. Even though all leaders want change, some of them want change in different directions.

Hart & Urh (2008) conceptualise that political leaders are defined by power. There are those leaders that adhere to the power of doctrine and on the contrary those leaders who embrace populism by popular support and public power. "Leadership involves balancing the responsibilities of rule with the accountabilities of the office seizing the policy initiatives that come with the power of rule while knowing that a variety of public reckonings loom down the electoral track" (Hart & Urh 2008: 5).

- **Administrative leadership**

As defined by Van Wart (2011) the definition of leadership in administration focuses on getting things done and the means by which things get done: "Administrative leadership

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is the process of providing results required by authorised systems in an efficient, effective and legal manner" (Van Wart 2011:24).

Hart & Urh (2008) explain that the most characteristic predicament that senior public administrators face is that of having to serve and being expected to lead simultaneously. This means serving their political controllers, the democratic process and serving the citizens as clients. According to Hart & Urh (2008) administrative leadership is derived from early military bureaucracy. Protecting political territory and democracy is a late entry whereby administrative bureaucracy is consistent with democracy.

Leadership in the public sector requires appropriate strategies in order to implement change. There are many leaders in the public sector ranging from managers to executive authorities. In order to be an effective leader one must be a strategic thinker. This requires specific characteristics, traits and behaviour with the influence of internal and external environment factors.

Leadership, according to Robbins (1997 cited in DuBrin, 2010:21) refers to a framework. Leadership is understood by assessing the following key components:

a) "leader characteristics and traits;

b) leader behaviour and style;

c) group members' characteristics;

d) the internal and external environment" (DuBrin, 2010:21).

DuBrin (2010) significantly indicates that leadership characteristics must not only be embedded in high-level positions, but every position in an organisation must practice leadership behaviour.

Goldsworthy (2011) explains effective leadership in well-defined processes that assist leaders in analysing and reporting their needs. It is important to examine leadership skills and strengths as well as develop a leadership plan in order to measure performance against organisational objectives.

According to Goldsworthy (2011), the key elements are:

- Examine leadership skills and strengths;
- Create your leadership development plan;

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- Action your leadership development plan; and
- Evaluate your training and leadership performance

According to Grobler, Warnich, Carrell, Elbert & Hatfield (2011), leadership is a process which involves a relationship between leaders and followers. It also involves influencing people and linking everyone's interests to the organisation. Significantly, it involves followers to bring about change towards establishing a desired future for their organisation.

A public leader faces societal challenges whereas as administrative leader focus on carrying out the activities. An effective leader is a well-defined individual that possess traits and characters, examine their skills and strengths, create plans as well as action them.

3.7 The Scope of Effective Public Leadership

Effective public leadership is viewed as "the degree to which public administrators are able to incorporate a global perspective into their decision-making and operations are now a significant part of how the public assess the effectiveness of government service" (Morse & Buss 2008: 15). Drath, McCauley, Palus, Van Velsor, O'Connor & McGuire (2008) propose in turn that leadership is perceived in terms of three leadership outcomes:

1) Direction: widespread agreement in a collective on overall goals, aims and mission;
2) Alignment: the organisation and co-ordination of knowledge and work in a collective; and
3) Commitment: the willingness of members of a collective to subsume their own interests and benefit within the collective interest.

The essence of leadership is the result and achievement of these outcomes. The important questions are not about inputs – appointing good leaders, ensuring they have good interactions with followers and clear goals – but are focused instead on how to achieve the outcomes – how people can collectively produce a shared sense of direction and purpose, what are the types of alignment methods that would work for them and how people can create conditions for commitment to the organisational strategy.

Gilson & Daire (2011) highlight the critical importance of leadership which lies in the fact that it comprises a complex set of people and organisations inside and outside the health sector and inside and outside of Government. All of these people and organisations work

within a dynamic environment of changing health needs, medical and technological advances and resource conditions. Given this complexity, leadership is necessary to guide and enable the different parts of the health system to work towards common goals.

3.7.1 Leadership competencies

Competencies vary in nature. Scholtes (1998) refers to leadership competencies are based on various premises, assumptions and beliefs about people and organisations. Leadership competencies is having the ability to understand the variability of work planning and problem solving; having the ability to think within a system and leading the system; understand people and knowing why they behave as they do (Scholtes, 1998).

The approach adopted by Galer, Vriesendorp & Ellis (2005) in table 1 represents leadership competencies by focussing on specific skills and personal values.

Table 1: Leadership competencies

Competency	Application
Master yourself	Reflect on yourself and be aware of your impact on others, manage your emotions effectively, use your strengths, and work on your shortcomings
See the big picture	Look beyond a narrow focus to take into account conditions outside your immediate area of work
Create a shared vision	Work with others to envision a better future and use this vision to focus all your efforts
Clarify purpose and priorities	Know your own values and what is most important to accomplish
Communicate effectively	Hold conversations focused on outcomes; balance advocacy with inquiry; and clarify assumptions, beliefs, and feelings within yourself and others
Motivate committed teams	Create the clarity, trust, and recognition necessary to lead teams to high performance that can be sustained over time
Negotiate conflict	Reach agreements from which both sides can benefit
Lead change	Enable your work group to own challenges, enlist stakeholders, and navigate through unstable conditions

Source: Galer, Vriesendorp & Ellis (2005:16

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According to Galer, Vriesendorp & Ellis (2005), leadership competencies are a mix consisting of specific skills and personality traits of the individual manager. By mastering one's leadership competencies, one can reflect on one's emotions, strengths and identify shortcomings. However one must also consider the bigger picture which entails taking into account the environmental factors which create a vision to be shared – an improved vision to drive activities. Clarifying the organisational purpose and priorities creates a sense of knowing what is important to accomplish. Communicating effectively clarifies assumptions, beliefs and expected outcomes. Motivation creates a trusting environment and gives recognition where necessary for teams to achieve high performance. The model also considers conflict whereby agreements must be reached to benefit the team. Leading change enables the group to take responsibility and navigate through challenges.

3.7.2 Effective leadership development

In an ideal world, leadership theory would inform leadership development practice. However, many leadership development programmes lack a clearly articulated perspective on leadership beyond a competence, behaviour and values approach. It is accordingly important to note that leadership and management are two distinctive and complementary systems of action. "Change leaders need to view the organisation as a complex and dynamic system of independent parts that influence and impinge on each other" (Graetz, Rimmer, Lawrence & Smith, 2002: 209). To achieve effective leadership development, leaders need to develop plans aligned to business strategies to articulate the necessary competencies, behaviours and approaches to achieve organisational goals.

According to Phillips & Schmidt (2004), the lack of leadership talent marks a challenge for many organisations. This requires organisations to proactively build and strengthen leadership. Along with these challenges comes the challenge of selecting effective leadership development methods. Phillips & Schmidt (2004: 5) indicates that research shows that effective leadership development is achieved through a systems approach by incorporating experiences with mentoring, coaching or training which are aligned with development and business strategies.

According to Shi & Johnson (2014), everyone has projected leadership skills and with the appropriate challenges and support at the appropriate time these skills are exercised. A development plan is important for documenting challenging experiences to enable creativity whereby the aim is for leaders to "learn how to learn" and to respond to challenging experiences (Shi & Johnson, 2014). Leadership development is viewed as a life course

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approach. "Companies that do have a dedicated talent-management role are more likely to have more advanced and successful talent management programmes in place (Shukla, 2009: 114). According to Shukla (2009) one in four organisations has consolidated talent management activities focussing on leadership development, succession planning, career development, performance management, recruitment, learning and development (Shukla, 2009). Talent management is considered as an imperative tool in effective leadership development.

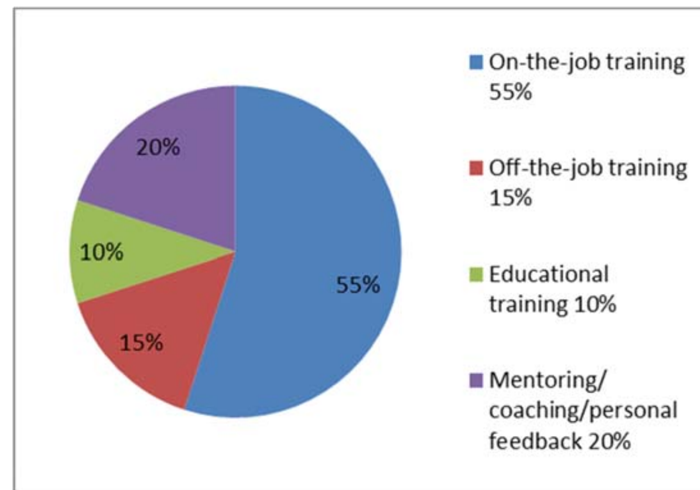

Figure 6: Leadership development methods

Source: Phillips & Schmidt (2004: 6)

Figure 4 indicates that 55 per cent of experiences are on-the-job training; 15 per cent are off-the-job training experiences; 10 per cent educational training; and 20 per cent mentoring/coaching/personal feedback. The figure illustrates that 70 per cent of leadership development emanates from job experiences.

Phillips & Schmidt (2004) state that "the most effective leadership development methods that have demonstrated bottom-line results can be grouped into the categories of feedback, challenging experience, formal developmental relationships and leadership training."

- **Feedback:** Effective leaders seek feedback, are open to criticism and learn from mistakes. Evaluation is a critical component of leadership development. Assessments are useful for reviewing performance from managers. The competencies define groups of behaviour, knowledge and motivate job-related success or failure.
- **Challenging experiences:** Challenging experiences are experiences that create lasting change and encourage employees to look at lessons learnt.

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a) **Job assignments:** Job assignments are challenging experiences that can effectively develop leaders. When choosing challenging job assignments, leaders' experience lessons learnt and experience is gained when faced with the same or similar assignment. New skills are also gained from challenging job assignments.

b) **Action learning:** Action learning focuses on solving work-related problems and that team recommendations lead to successful achievements.

   Action learning is known as formal development and relationship development. Action learning focuses on obtaining feedback from challenging job experiences (Phillip and Schmidt, 2004).

- **Formal development relationships:** Leadership development often occurs through the relationships a leader forms.

   a) **Mentoring**: "There are several benefits as well as challenges to implementing a formal mentoring program. It can increase productivity, improve recruitment efforts, increase organisational communication and understanding, increase the motivation of senior leaders, enhance services offered by the organisation, and improve strategic and succession planning" (Phillips & Schmidt 2004: 18). Mentoring is a long-term professional and committed relationship that develops over time. It is viewed as a developmental system that critically supports and nurtures relationships that actively promote learning between supervisor and employer within a work environment (Johnson, 2006; Mullen, 2011). By taking these principles and advantages into consideration, formal mentoring programmes tend to be cost-effective because internal staff are utilised. Mentoring entails helping people through a relationship in which a more experienced person invests time to assist in the growth and development of another person.

   b) **Professional coaching**: "Professional coaching enables organisations to leverage the strength and skills of talented senior leaders, enhancing the impact that these key leaders have on business results" (Phillips & Schmidt, 2004: 19). This means that professional coaching uses a thorough assessment process and participants to identify strengths, growth opportunities and build new skills. However, Phillips and Schmidt (2004) explain that in order to use coaching for effective leadership development, it is important a business

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coaching model is used by the coach because it involves assessments, feedback, creating a development plan linked to business strategy, coaching sessions and an evaluation of the process. Professional coaching as an individual working with others to address personal and professional development needs by assisting them to make changes that improve their performance.

Coaching is typically sharing a conceptual framework to encourage thinking and planning to allow managers to expand their learning expertise and manage anxiety in tough situations (O'Neill, 2007). This is a form of leadership training. Leadership training has been shown to be more effective when there is a strong link to a leader's individual development plan. These methods are outlined in the previous bullet (b), i.e. feedback; action learning; mentoring; and coaching. The essence of this exercise is to engage current leaders and teach future leaders.

All the developmental activities involve reflection which is committed to finding the problem and solving the problem. In order to proceed with this action, Phillips & Schmidt (2004) refer to strategies which assist with articulating assumptions and critical questioning. To determine these sources a leader must write a report or keep a journal for future brainstorming.

"Developing leaders and leadership capacity in an organisation has at least an implicit effect on the ability of that organisation to change, but it is also argued that such development should explicit if change is to be achieved successfully" (Baker, 2007: 128). Baker (2007) argues leadership develop must be entrenched, continuous and is a fundamental aspect of any change management methodology, assisting both the leader and those to be led.

According to Fulmer & Bleak (2008: 27-31), however, setting the context for a leadership strategy is based on key findings of strategic design: linking business and leadership development strategies; the communication of strategy; and the identification and implementation of lean competency models.

It is understood that a leadership strategy is experiencing a teachable moment and pairing it with the opportunity to change culture. Fulmer & Bleak (2008) state that teachable moments occur when individuals have been asked to change their roles in order to create the required organisational culture to compete in the new environment. The organisational culture is a set of accepted corporate values, strategies and leadership competencies.

When linking business and leadership development, Fulmer & Bleak (2008) state that many organisations develop strategies and systems around it to ensure that all programmes are

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aligned. This means there is a strong relationship between alignment and the success of strategy. In the context of leadership development strategy, the link with business strategy provides an advantage to the organisation and its employees. It is thus important to communicate all strategies that are identified (Fulmer & Bleak, 2008). This communication serves as a tool to translate strategies, identify what the needs are and implement the strategies. Furthermore, alignment is a key concept for successful implementation of leadership development strategies. According to Fulmer & Bleak (2008), a simple leadership model with concise values can identify and ensure success in the organisation's future. Therefore, organisations must understand the competencies required for success as this is the starting point for a leadership development strategy.

3.7.3 Leadership development accountability

> "Great leaders deliver great results. This is perhaps the most profound finding from research on leadership development over the past decade. This phenomenon has been clearly articulated by astute gurus and seen by forwarding-thinking CEOs as key to developing true competitive advantage. Truly, organisations with strong leaders and superior leadership-development strategies deliver better results. In short, developing great leaders delivers great results and is a key determinant of business success." (Fulmer & Bleak 2008: 3)

Leadership development accountability in organisations is an advantage. Organisations with strong leaders achieve great results and these leaders have superior leadership development strategies which is a key factor in leadership accountability.

In Phillips & Schmidt (2004), organisations that want to accelerate the development of leaders must select effective leadership methods, invest wisely and be able to demonstrate the success of their leadership methods. Furthermore, Phillips & Schmidt (2004) indicate that measurement and evaluation are ways to determine if the selected leadership development method is working and has an impact on the organisation's strategies. This means that organisations must take accountability for the results of effective development.

3.7.4 The leadership scorecard

Minnaar (2010) describes scorecards as the results of performance evaluations conducted in the organisation and of an individual. The most well-known balance scorecard was developed and presented by Robert Kaplan and David Norton. Kaplan and Norton's scorecard provide managers with the necessary instruments they need for future competitive success. It

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proposes a balanced approach to the management and measurement of performance: "The balance scorecard translates an organisation's mission and strategy into a set of performance measures that provide a framework for a strategic measurement system" (Phillips & Schmidt 2004: 25).

The balance scorecard measures organisational performance across four perspectives: financial; customers; internal business process; leaning and growth. It has several critical success factors found to have the most impact on the success of leadership development initiative and continuous evaluation. According to Phillips & Schmidt (2004), the essence of using a "leadership scorecard" is that it incorporates measurement of achieving goals, acceleration of effective leadership development in the organisation and ensuring proven evaluation techniques lead to increased effectiveness in leadership development methods. In turn, this means ensuring leaders are developed effectively, organisations are forecasted for success and organisations incorporate strong leadership.

In essence, effective leadership relies on leadership functions, roles and attributes. Leaders of change must break down barriers between functional areas, involve employees at all levels of the organisation in planning and decision-making processes and encourage teamwork as well as the sharing of ideas. The continuous development of leadership skills in different situations, the more experience leaders will gain to understand the complexities associated with change management. An effective leader in the public sector should stress responsibilities to the public such as ethical behaviour and the need to social well-being and the benefits thereof.

3.8 Effective Public health leadership

According to the World Health Organisation (2007), "leadership and governance involve ensuring strategic policy frameworks exist and are combined with effective oversight, coalition building, regulation, attention to system design and accountability" (WHO, 2007: 6).

Wallis, Dollery & McLoughlin (2007) define public health leadership as the activities, processes and structures informing the public sector of modern economics, always undergoing change, improving current arrangements and occurring new challenges. It could be argued that the pressure on public institutions ascended from a perceived need to make public services more responsive to clients. Any health crisis occurring in other parts of the world will have an effect on what will eventually affect the health of the public in our local

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communities. With this in mind public health leaders must show commitment towards carrying out services and problem-solving in crisis situations.

Rowitz (2014) states that public health leadership includes having a commitment to the community and the values the community stands for. To have a community perspective requires systems thinking at a local and global level. Furthermore to (Rowitz, 2014) public health leaders also need to possess commitment to social justice to act within the governing framework of public health.

3.8.1 Clinicians as leaders

Mountford & Webb (2009) refer to the healthcare industry facing daunting challenges. Across developed countries, cost inflation continues unchecked, many health systems face recruitment challenges despite large pay raises for doctors and an increasing number of clinicians say they would advise young people against choosing careers in medicine. There are also strong arguments supporting clinicians to change their mindset and be retrained to lead the healthcare reform around the world.

Mountford & Webb (2009) further state that change is still needed, despite years of progress in the quality of healthcare around the world. This transformation will require leadership and that leadership must come substantially from doctors and other clinicians, whether or not they play formal management roles. Clinicians not only make the frontline decisions that determine the quality and efficiency of care but also have the technical knowledge to help make sound strategic choices about longer-term patterns of service delivery.

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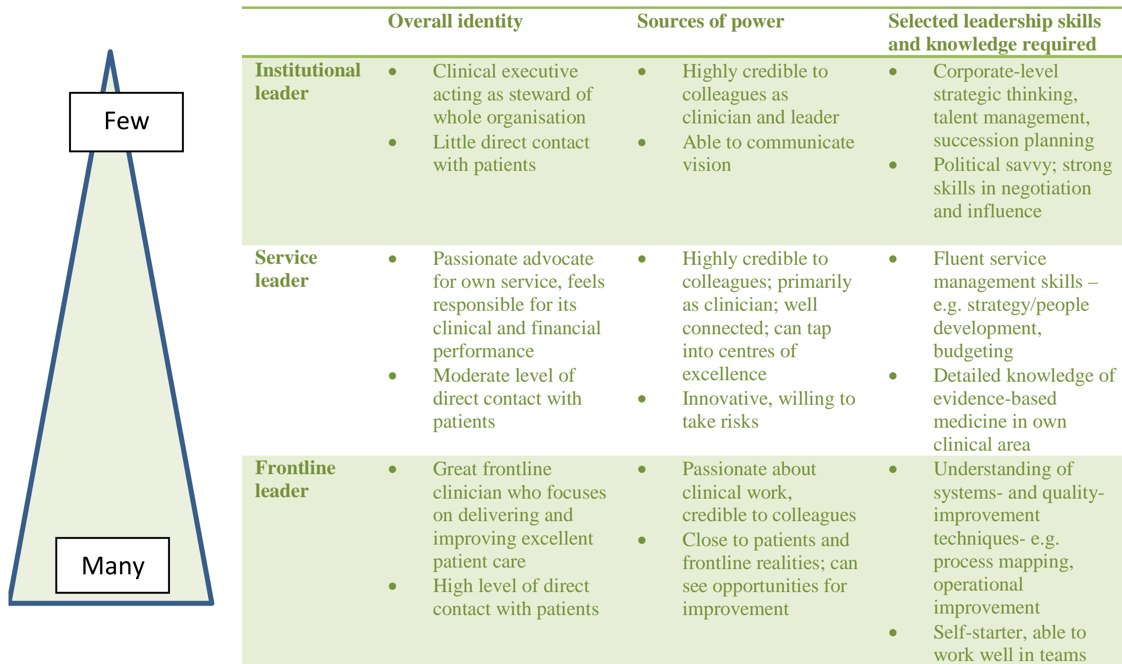
Diagram 1. Clinical Leadership Types



	Overall identity	Sources of power	Selected leadership skills and knowledge required
Institutional leader	• Clinical executive acting as steward of whole organisation • Little direct contact with patients	• Highly credible to colleagues as clinician and leader • Able to communicate vision	• Corporate-level strategic thinking, talent management, succession planning • Political savvy; strong skills in negotiation and influence
Service leader	• Passionate advocate for own service, feels responsible for its clinical and financial performance • Moderate level of direct contact with patients	• Highly credible to colleagues; primarily as clinician; well connected; can tap into centres of excellence • Innovative, willing to take risks	• Fluent service management skills – e.g. strategy/people development, budgeting • Detailed knowledge of evidence-based medicine in own clinical area
Frontline leader	• Great frontline clinician who focuses on delivering and improving excellent patient care • High level of direct contact with patients	• Passionate about clinical work, credible to colleagues • Close to patients and frontline realities; can see opportunities for improvement	• Understanding of systems- and quality-improvement techniques- e.g. process mapping, operational improvement • Self-starter, able to work well in teams

Source: Mountford & Webb (2009: 4)

Diagram 1 describes three clinical leadership types: institutional; service leaders; and frontline leaders.

The institutional leaders are clinical leaders who are appointed in formal executive level roles. They can communicate a vision and they possess skills in leadership and administration. The overall identity of institutional leaders is marked by having minimal direct contact with patients. They are highly reliable to colleagues and require strategic thinking and negotiation skills. The service leader advocates services that are innovative. This leader is willing to take risks. Frontline leaders have direct contact with patients, are passionate about clinical work and work closely with patients and seek opportunities for improvement.

Leadership was and still is one of the main subjects in organisational studies. Public sector leadership has been under scrutiny by the media and increased pressure for accountability towards clients. Public health leadership is defined as a commitment to the community and the values for which it stands. Having a community perspective requires a systems thinking approach and understanding that the community does not only refer to locals but also to the larger global community that affects the health of the public over time.

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Bohmer (2013) agrees that most definitions of leadership include a focus on a shared goal and states that leaders create conditions that enable and encourage others to achieve a shared goal through collective action. This is a challenge in healthcare as most clinicians were trained as professionals and do not necessarily view the goal as shared. Clinicians generally feel more accountable to professional bodies than hierarchies. Therefore leading and managing in the public health sector remain a challenge.

3.9 Leading and managing in the public health sector

According to Gilson and Dair (2005), managers who lead are expected to help all managers tap into their natural abilities to lead others to reach for and achieve results. It is for managers who want to learn how to create a shared vision of a better future and mobilise individuals, teams and entire organisations to make a difference. This approach is based on the belief that improvements in health care are made by managers who lead and manage well.

When considering Galer, Vriesendorp & Ellis (2005) focusing on real organisational challenges, managers can develop their ability to lead by focussing on health outcomes, practising leadership at all levels, learning to lead, acknowledging that leadership is developed over time and that they need to sustain leadership through systems. This requires managers to have good management and leadership results and measurable improvements in service delivery and outcomes. It encourages good leadership to be promoted at all levels of management through facing challenges and receiving feedback information on leadership practices. However, becoming a manager who leads is a process and takes time. In order to sustain improved service delivery, good leadership skills are essential and by putting a measurable system in place ensures good practices.

In the adopted leadership and management framework of Galer, Vriesendorp & Ellis (2005) activities and organisational outcomes are associated with each leading and managing practice to identify the value and expected result of integrating these practices into your daily work. The practices are:

Table 2. Leadership and management framework

Leading	Managing
- Scanning - Focussing - Aligning/mobilising - Inspiring.	- Planning - Organising - Implementing - Monitoring and evaluating.

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According to Galer, Vriesendorp & Ellis (2005), by applying the eight practices consistently, work groups and organisations can systematically make improvements that will strengthen their services and improve health outcomes. When applying the leadership and managing practices in your daily work, they assist in staff development and assessments can be conducted to identify those practices that you need to strengthen.

If leaders do not drive the development process and implement activities with a clear vision then the process is likely to fail (Aral, Fenton & Lipshutz, 2013). In order to be an effective public leader in the health sector a clear vision and values must be articulated.

3.10 Chapter Summary

This chapter explored leadership, public leadership and effective public leadership.

Leadership characteristics are combined intelligence, skills and expertise that make a leader effective. Being a leader means having the capability of learning, changing, innovating and providing the creative thrust which, if properly motivated, can ensure the long-term survival of the organisation by achieving organisational goals.

The review of the leadership literature makes it clear that every leader uses his or her individual style of leadership. Furthermore, the literature emphasises that being a leader is a multidimensional activity. The leadership theories that were discussed explain various elements contributing to employee productivity and behaviour which could lead to the leadership style chosen by the manager.

As a public health leader, the literature reveals that it takes being dedicated to a vision and an organisation of motivated people to achieve the results you envision for a community. Achieving these results depends much less on authority than on a commitment to creating the desired future.

With the correct leadership style in place organisational change can be achieved. The following chapter will discuss organisational changes to improve service delivery in the health sector.

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Chapter 4: Organisational Change in the South African public health sector

4.1 Introduction

Although “health management” is the more commonly used term in South Africa (SA), this chapter focuses on issues of public health leadership to drive organisational change in order to improve service delivery. According to Al-Abri & Al-Hashmi (2007) one of the key concerns are the competencies in healthcare management and healthcare professionals are obligated both to acquire and to maintain the expertise needed to undertake their professional tasks.

This chapter discusses the overall health system, the global pressures causing change in the South African public health sector, the dynamics of managing change, organisational culture, creating a changed environment and transforming Human Resources practices.

4.2 The roots of the South African health sector

The apartheid era brought about two setbacks to South Africa’s health care and systems development, namely “the racial fragmentation of health systems; and the deregulation of the health sector (Kautzky & Tollman, 2008). Post-apartheid restructuring during 1994–1999 brought substantial changes. Key policy documents, in particular the White Paper for the Transformation of the Health System in South Africa of 1997 which is promised to improve both the PHC and development of the DHS (National Department of Health, 1997).

During 1999–2004 the South African government faced new challenges in the form of the growing burden of disease accompanied by deaths and the declining life expectancy index (Statistics South Africa, 2000) while still dealing with the inheritance of apartheid. In 2004–2009 there was an upscale of PHC programmes due to the introduction of the antiretroviral (ARV) programme, which promised an increase in life expectancy and reduction on the burden of health services (Thom, 2005).

The South African public health system faces continuous challenges such as weakness in the PHC persisting in most places in South Africa. This resulted in a policy reform and commitment from government to strengthen the health system and reduce inequalities (Integrated Support Team, 2009). In the Western Cape, “the challenge for the public health service is to deliver excellent, value-for-money care that results in the prevention of disease, a

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successful return to health and wellness, or the successful management of illness (Western Cape, 2010: 26).

4.3 Change in the South African public health sector

Generally, “the global health agenda is increasingly focused on strengthening health systems to improve population-level health outcomes in low- and middle-income countries. One component of this strategy focuses on the development of sufficient workforce capacity, a target area that has been somewhat resistant to intervention thus far. The chronic shortage of skilled leadership in the healthcare sectors of low- and middle-income countries greatly hinders the improvement of facilities and systems and the ability to provide needed services” (Ramanadhan, Kebede, Mantopoulos & Bradley, 2010: 105). Ramanadhan et al. (2010) refer to health systems strengthening and focus on interventions to improve the health of the population. The South African public health sector must adapt to changes by reviewing strategies to fit the needs of environmental factors influencing operations and, more importantly, social needs.

According to Thornhill & Hanekom (1995), the introduction of citizen participation is a new concept in the South African public sector which requires a mind shift from the traditional approach to the new participatory approach. This type of approach may imply that changes to organisational structures and leadership styles are needed. It may even lead to changing goals, administrative institutions and attitudes of people. In light of this statement, the view of the public sector manager’s role is seen not only as a manager but as a leader. However, the question remains to which extent managers in general are able to change, prepared to change and willing to change. Thornhill & Hanekom (1995) refers to public officials as “change agents”. The role of the appointed official will have to change to a commitment to both good management and social equity.

As mentioned previously, the South African public health sector is complex and in order to meet the demands put on it the management of resources must be adapted to international changes. Robins & Barnwell (2006) recognise that change will not be successfully accomplished without forgetting old habits, learning new habits and incorporating these new ways as part of practices. The old ways of doing things must be discarded in order to enforce change. Robbins & Barnwell (2006) further view the implementation of change as a struggle of two forces, as there are:

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> "Those that resist change and those that promote change. Resistance to change may emerge from comfort and familiarity with past years' established practices; lack of understanding of what is involved in the change; the influence of other powers which resist change; dislike to new roles or relationship may be associated with the change; suspicion that new practices are unworkable; dismay at the loss of skills and doubts about the ability to learn new ones; and the influence upon attitudes of key opinion leaders" (Robbins & Barnwell, 2006: 392).

When change is introduced in an organisation there may be resistance from employees because of the lack of understanding and people are comfortable in the way things have always been done. Resistance from sources will differ depending on the situation; employees may dislike what change will be implemented. According to Robbins & Barnwell (2006) those managing change have powerful forces to promote the change. This includes the power to change structure, declare authority, fund training and arrange information sessions.

The public health sector operates in a demanding environment in which change is needed to meet these demands. In Rothwell, Prescott & Taylor (2008), transformation is viewed as "the ability to translate the ever-changing competitive environment and organisational strategies into systems and processes that align the energies and knowledge of people with the common organisational vision" (Rothwell et al., 2008: 48). In order to do so, one must understand the process and establish the critical success factors for achieving change. In the public health sector, practical values for managers, such as the need to adapt to radical changes in the environment, remain a challenge. Therefore, in order to achieve the organisation's vision, a number of key elements must be in place. These include attracting and retaining staff as well as linking strategic goals by focussing on core human resources competencies. In many cases there are barriers in trying to achieve these changes. However, according to Rothwell et al. (2008), to overcome these barriers, it is important that effective leaders exist in organisations.

4.4 The South African Public Health System

The South African public health sector functions within a larger health system. Gilson & Daire (2011: 70) refer to a "health system". According to Scholtes (1998), a system is composed of many parts, it has a purpose, each part of the system contributes to the purpose and each part has its independent purpose but is dependent on other parts of the system. An organisation must be viewed as a system, namely a social and technical system that has a purpose with interdependent parts.

They (Gilson & Daire, 2011) indicate that both management and leadership are important in health system development. However, to bring about the demands of change within health systems requires leadership in an effort to influence factors of health as well as more direct health-improving activities.

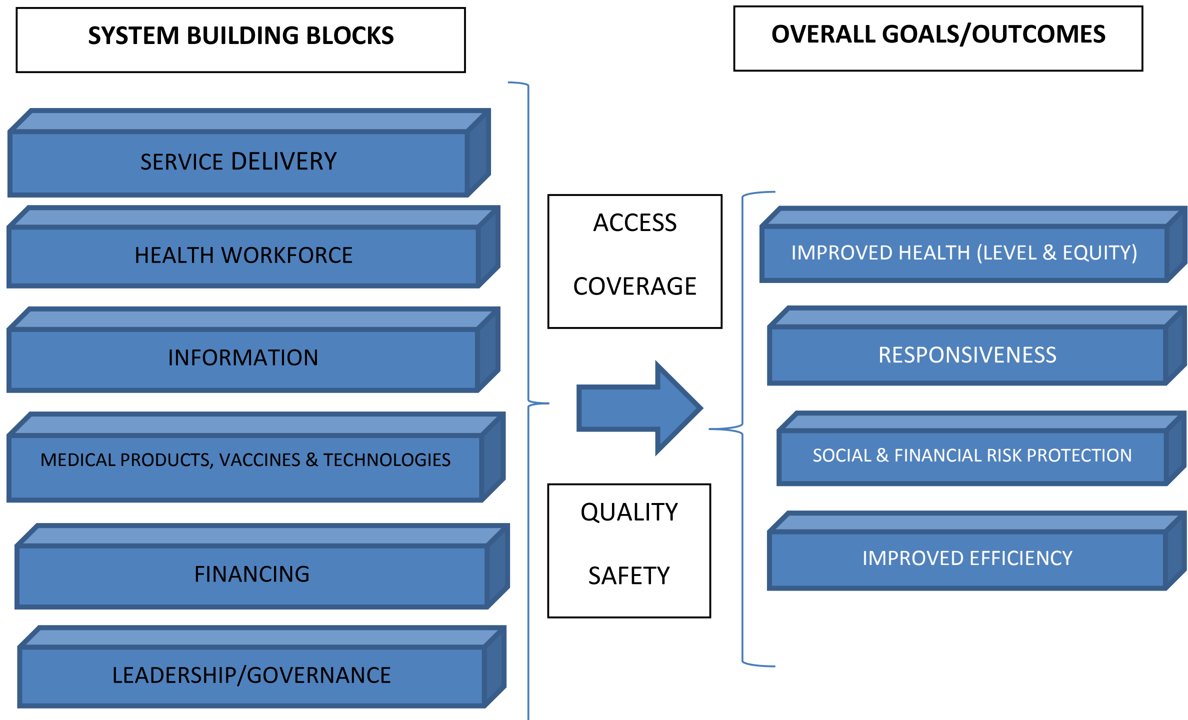

Figure 7: WHO Health System Framework

Source: WHO (2008: 10)

Health system strengthening seeks to improve the six building blocks and managing their interactions in ways that achieve more equitable and sustained improvements across health services and health outcomes. Figure 6 refers to the key elements of a health system, which are:

- “Health Services Delivery:
  - inequitable access and utilization;
  - inadequate planning and management;
  - fragmentation; and
  - low quality.

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- Human Resources for Health:
- low-quality and sometimes costly health profession education;
- high rural-urban and international migration of health professionals (low retention); and
- inefficient cadre mix and distribution.

- Information:
- inadequate analysis/use of existing information and evidence;
- fragmentation and duplication; and
- research agenda not reflecting the specific needs of the Region.

- Health Care Financing:
- low government investment in the sector in most countries;
- high out-of-pocket payment; and
- financial incentives that encourage irrational care.

- Medical Products, Vaccines and Technology:
- poor quality, counterfeits and fakes, poor procurement and supply;
- irrational use of drugs and technology;
- inefficient and poor quality and management of laboratory services; and
- high levels of obsolete, inappropriate and non-functional medical technology.

- Leadership and Governance:
- weak accountability and regulatory capacity;
- unclear role of the state in the health sector;
- limited planning and management capacity; and
- inefficient aid coordination leading to inefficient and fragmented assistance" (WHO, 2008: 10–11).

The World Health Organisation includes leadership and governance as one of the six building blocks of a health system. The overall goal is to improve health levels and equity; be responsive; ensure social and financial risk protection as well as address efficiency issues within the health system. These building blocks also enable an understanding between linking priorities and balancing the progress of set goals within a health system as well as

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recognizing that attitudes to the health system are formed at its interface with communities which lead to change.

4.5 Managing change

An organisation consists of a structure. Baker (2007) states that every organisation needs a structure and the key activities determining a structure is the role and activities, the management framework, finance and staffing arrangements. “A good fit-for-purpose structure will enable changes-continuous or discontinuous, small or large-to be made effectively and efficiently” (Baker, 2007: 26). The influence of change requires different solutions for different situations. The key is to find a structure that works for the organisation that will allow it to function successfully in the future.

Managing change in an organisation is a complex, dynamic and challenging process. According to Davies, Finlay & Bullman (2000), managing change is about handling the complexity of the change process. It is about evaluating, planning and implementing operations, strategising and making sure that the change is worthwhile and relevant. Managing change is a mix of technological and people-oriented solutions.

4.5.1 Key drivers of change

Managers who lead in any organisation need to understand what motivates change and why change is needed. Baker (2007) identifies seven key drivers for change, “the user; competition; diversity and diversification; legislation; human resource management; technology; and finance” (Baker, 2007: 5):

- The user (community or patients) is a key stakeholder and in the public sector users are becoming more demanding for service needs;
- Competition, there is increased competition for services and obtaining the best suitable employees to work for the organisation;
- Communities are diverse in terms of ethnic, social and cultural mixes and reflecting that diversity in an organisation can foster improved thinking and approaches. This also creates a shift in the attitudes and cultures of organisations;
- Legislation is used as a method of meeting government ambitions and user demands;
- The approaches of legislation, culture and social change come together in human resources management which manage and lead people;
- Technology has the power to transform the way an organisation functions i.e. increasing or reducing productivity or change working patterns;

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- Public sector organisations have to stay within budget and manage them efficiently as well as utilise resources effectively (Baker, 2007).

The forces of change according to Hussey (2000) are technological change which continues to accelerate and organisations cannot ignore developments that could be advantageous. Hussey (2000) also adds that organisations are obligated to attain high quality standards of services and customers (communities) are more demanding in their needs. Furthermore, Hussey (2000) states that the changing demographic profile of the country must be considered and other global trends such as privatisation.

These drivers and forces of change places great pressure on the public health sector considering the demanding needs as well as understanding diversity of the community, ensuring quality services are rendered, administering legislation, keeping up to date with innovative technology and using available resources efficiently.

4.5.2 Organisational change and leadership

As discussed earlier, the difference between management and leadership is commonly known as management focussing on being efficient, doing things right and leadership focusing on being effective and doing the right thing.

In figure 6, the diagram illustrates the ideal successful characteristics of a strong organisation. The strengths are illustrated in five key interrelated areas: leadership, decision-making and structure, people, work processes and systems, and culture. The cycle also illustrates the capacity required for an organisation to change.

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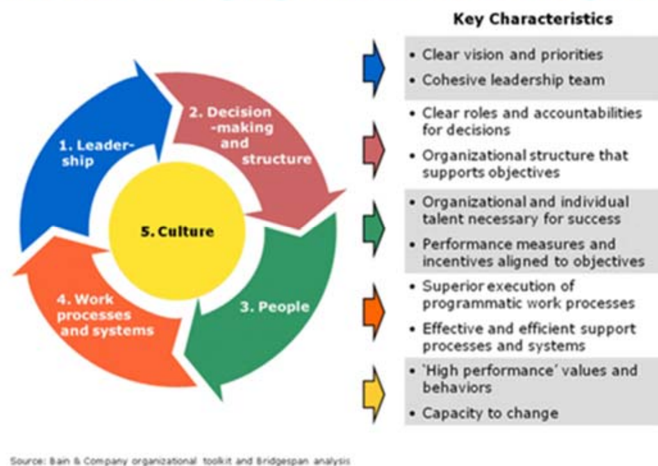

Figure 8: Strong organisations do 5 things well

Source: Kramer & Stid (2009)

The description of the five key characteristics mentioned considers leadership to create a clear vision, prioritise and promote a cohesive leadership team. In Klewes & Longen (2008), the leadership role in transformation is associated with change management, but change management which is strict usually achieves the opposite effect of transformation. For this reason, strategies, methods and tools, no matter how important and helpful they may be, at best support and accompany the natural flow process.

According to Rowitz (2013) training of future leaders is critical. Public health leaders not only need training in their specialities but also in management techniques and tools. This requires good communication, problem-solving, decision-making and policy development skills. Rowitz (2013) furthermore states that leaders must be familiar with how their organisation functions. There is a major difference between managing change and leading change. To lead change, leaders must be visionary and create awareness thereof. At the same time managing change is important because it keeps the system running smoothly.

4.6 The role of leadership in organisational change

As mentioned in the previous chapter, leaders must have certain traits and skills. However, there are certain leadership roles that are important in implementing change. These critical change leadership roles will now be discussed.

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Managing organisational culture is viewed as an essential part of the health system reform in the United Kingdom National Health System (NHS). Evidence reveals that the health system reform is a complex and multi-level process requiring strategies, according to Scott, Mannion, Davies & Marshall (2003). Studies also show that organisational cultures that emphasise teamwork, group affiliation and coordination have been related with greater implementation of continuous improvement in practices. Change in any organisation is a process.

As mentioned earlier, transformational leadership refers to the relationship between the leader and employees focussing on transformation and organisational culture. Transformational leadership influences a number of important organisational outcomes. Therefore, it is important to explore the relationship between leadership and organisational change. Schein (2004) distinguishes between leadership and management. Schein (2004) argues that leadership is a unique talent to understand, redefine and work with a culture or destroy it when it is considered to be dysfunctional.

In developing strategies for cultural change in a healthcare organisation, according to Thornhill & Hanekom (1995), the changing demands on the public sector create new challenges for the administrative and managerial abilities of the manager.

In order to implement change in the public health sector Graetz, Rimmer, Lawrence & Smith (2002) refer to critical change leadership roles. Graetz et al. (2002) identify the need for strong leaders who perform a number of critical roles. These roles include:

- "Energising and mobilising the workforce into a state of readiness for change.
- Envisaging the future ideal and defining the direction in a way that appeals to and inspires all stakeholders on a personal level.
- Demonstrating personal commitment and involvement by consistently and relentlessly communicating and modelling the new behaviours.
- Providing enabling systems and structures that will sustain the momentum for change" (Graetz et al., 2002:216).

These critical roles make it clear that senior leaders must begin the task of implementing organisational changes by encouraging a readiness for change, creating a vision and setting the direction. The involvement of senior management must envisage the success towards the transformation process by showing commitment and involvement. Therefore, Schein (2004: 10) argues that between leadership and management by stating that leaders create and

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manage culture while managers or administrators work within a culture. In support, Nel & Beudeker (2009) believe that the challenge of transforming an organisation resides in shifting values of the majority in the organisation. This is the primary leadership role.

Diagram 2. Change classification scheme

Magnitude of change

	Planned	Unplanned
Revolutionary	SYSTEMATIC - Introduction of a major new technology - Privatisation or deregulation - Entry into a major new market.	CHAOTIC - Terrorist attack - Failure of major supplier or customer - Unanticipated hostile takeover.
Evolutionary	ADAPTIVE - Updating computer systems - Change in distribution methods - Modifications to existing products.	TRANSITORY - Sudden strike - Major change in commodity prices - Loss of key management personnel.

Anticipation of change

Source: Robbins & Barnwell (2006: 378)

Robbins & Barnwell (2006: 377) developed a matrix considering planned and unplanned change as well as revolutionary and evolutionary change along with the examples of each expected in the quadrant i.e.: adaptive change; systematic change; chaotic change; transitory change. Once the need for change has been identified and the strategy designed, the awareness of the anticipated change needs to be created.

4.7 Creating a changed environment

Firstly, any change in an organisation relates to development as "organisational development (OD) and change management (CM) help people in organisations identify and plan how to deal with changes – intentional and unintentional – in their environment" (Rothwell, Stavros, Sullivan & Sullivan, 2010: 11). When providing a definition Rothwell et al. (2010) highlight several points in order to define organisational development. They (Rothwell et al., 2010) explain that it is a term-perspective strategy for solving short-term issues. Secondly, Rothwell et al. (2010) highlight that it is a tool to encourage complex organisations towards pursuing change which includes determining ways to improve their performance.

4.7.1 Effective models for change management

Furthermore, Rothwell et al. (2010) refer to change management as a process of assisting groups or organisations with change by influencing various planning activities for the

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purpose of bringing about change. This change can be an improvement of productivity or in the case of the public service improved service delivery.

There are three key elements identified to manage the process of change in an organisation namely: energising and raising awareness for change; creating a vision and setting the direction; leadership commitment and involvement.

(a) Energising and raising awareness for change

Before implementing change there is a need to create the need for change as well as gain employees' support and commitment. Leaders must provide a "big picture" approach that involves an analysis of the organisation's strengths and weaknesses as well as the external environmental trends. In order to make the change tangible, leaders must link the change process to key business processes and performance measures. Research also suggests that outside consultation and benchmarking with other organisations can be potential energisers.

(b) Creating a vision and setting the direction

The definition in leadership entails creating a vision. A shared vision and values become increasingly important to ensure a commitment and structure to the change effects.

(c) Leadership commitment and involvement

The involvement of senior management is seen as the primary key to the success of the change process. Senior management must provide the direction, set the performance goals, get buy-in from employees and sustain the change. According (to leadership commitment involves more than just being commitment through delegating responsibilities but also through collaborative work with stakeholders and employees (Graetz et al, 2002).

Graetz key elements for managing change starts by looking at the environment and the organisation. Another popular process for managing change is Kotter's eight step model, which is broken down in figure 7 and discussed further. Kotter (1996, 1998) developed a model which should be used at the strategic level of an organization to change its vision and successively transform the organization.

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Figure 9: Kotter's eight-step model

Source: Kotter, 1996

Step 1: Create a sense of urgency

Kotter (1996) believes that creating the sense of urgency for change to happen assists the whole organisation. In 2008, Kotter realised the first step in this phase is to create and sustain a sense of urgency, but most organisations does this poorly (Kotter, 2008).

Step 2: Form a Powerful Coalition

Putting together a guiding coalition convinces people that change is necessary (Kotter, 1996). Kotter (1996) identifies four characteristics:

1. Position power: Are enough key players on board, especially the main line managers, so that those left out cannot easily block progress;
2. Expertise: Are the various points of view – terms of discipline, work experience, nationality, etc. – relevant to the task at hand adequately represented so that informed, intelligent decisions are made?
3. Credibility: Does the group have enough people with good reputations in the firm so that its pronouncement will be taken seriously by other employees?
4. Leadership: Does the group include enough proven leaders to be able to drive the change process?"(Kotter, 1996: 57). According to Kotter (1996), a coalition of only managers will not succeed, but with effective leaders there will be good communication, direction and people will be empowered: "This process needs to be nurtured, with powerful players brought into this

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grouping at all levels, with senior managers always forming the core" (Burton, 2010: 252). Burton further explains that coalition is key to the success of change management and Kotter (1996) strongly suggests the need for this to build communication and foster relationships. During this phase teamwork is established and relationships are built to create a shared vision.

Step 3: Create a Vision for Change

A vision is important in a change process. A good vision serves the purpose of clarifying the direction, it motivates employees to what needs to be done and it assists coordinating the actions of all employees and other stakeholders involved even though there are thousands of people in an organisation (Kotter, 1996). The development of a transformational vision requires coalition teams to gather information, consider all opportunities and make decisions (Kotter, 1996). A vision is used to strengthen or transform existing cultures: "At a micro level, visions are used to focus awareness, energy, and initiative around local issues, process, and opportunities" (Cawsey, Deszca, Ingols, 2012: 120). Once a vision is created, it will determine organisational success.

Step 4: Communicate the Vision

The value of the vision must be communicated throughout the organisation to ensure success. The organisation's vision must be communicated frequently and powerfully, and be embedded within daily activities (Kotter, 1996 & 1998). Kotter's explanation of effective communication provides suggestions to effectively communicate change are: to be simple; to have multiple forums; to use repetition, to lead by example and that employees need to be aware of the change as well as what is foreseen in the future (Kotter, 1996).

Step 5: Remove Obstacles

According to Kotter (1996), once this step has been reached structures need to be put in place to create the sense of change. Removing obstacles can empower the people and another way of doing so is by reviewing the current organisational structure, job descriptions and performance appraisal systems (Kotter, 1996 & 2008). This step removes barriers preventing change and creates problem-solving and risk-taking.

Step 6: Create Short-term Wins

Create short-term targets – not just one long-term goal. Each target must be achievable, with no room for failure. The team must be motivated to work very hard to come up with targets (Kotter, 1996).

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Step 7: Build on the Change

Kotter (1996) argues that many change projects fail because victory is declared too early. Real change runs over a long period of time. Therefore, each successful target achieved provides an opportunity to be built on.

Step 8: Anchor the Changes in Corporate Culture

In the final step, the changed environment needs to be sustained. Furthermore, organisational culture often determines what gets done, so the values behind the vision must show in day-to-day work (Kotter, 1996).

Kotter's eight-step model starts with stressing the urgency to change by inspiring others. In addition, a powerful group of top level managers is formed to encourage employees to get work done while a map of successful goals for the organisation is created. Once the vision is formulated, it needs to be communicated and any resistance to change needs to be addressed. The next step of the model is motivation, which entails achieving organisational targets and building on the change. In the final step, institutionalisation of the changed environment must be incorporated in policies and practices.

According to Cameron & Green (2012), Kotter's eight-step model focuses mainly on encouraging employees in the early phases. The model is linear rather than a continuous cycle to monitor and evaluate the performance of the organisation's functions. Kotter's view of change management is based on a driving force of energy by senior leaders of the organisation (Smith, King, Sidhu & Skelsey, 2014). According to Wren (1995), the function of leadership is to promote change when it is needed by setting the direction. This is fundamental to and creates a vision and strategies which describe long-term plans and articulate a feasible way of achieving organisational goals (Wren, 1995). According to Nel, Van Dyk, Haasbroek, Schultz, Sono & Werner (2004), "effective change and leadership go hand in hand" (Nel et al., 2004: 512). Nel et al. (2004) further explain that it is important for managers to play a leadership role in organisations because it increases their chances of success.

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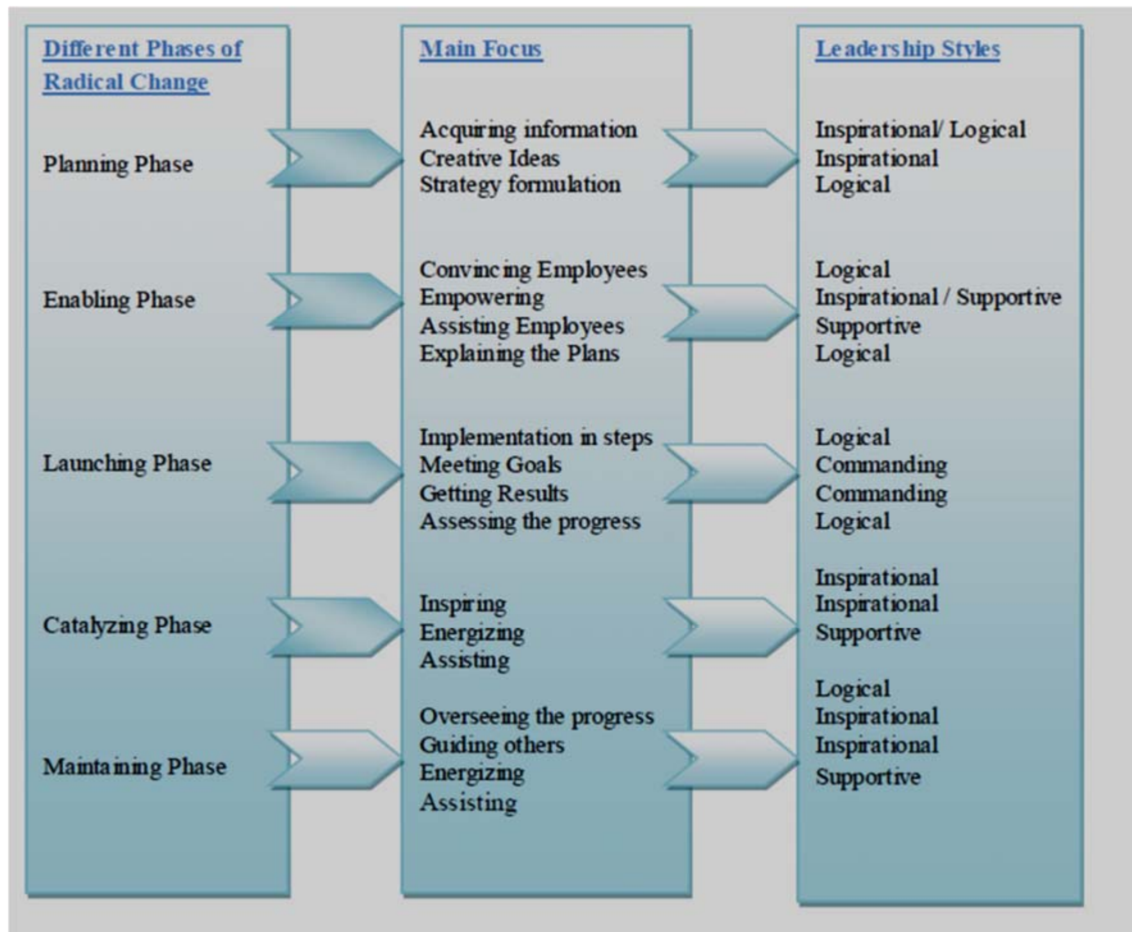

Figure 10: The different phases of change

Source: Reardon & Rowe, 1999: 134

The above figure shows that logical and Inspirational leaders are more focused on the radical changes and innovations and these leaders have a broader vision. The main focus is on empowering, energising and assisting. However, resistance to change by employees needs to be considered during the process: “One of the common reasons for resisting change is the feeling of discomfort with the nature of change itself, which may violate their belief system” (Sharma, 2007: 105). Another common reason for the resistance is the method by which change is introduced (Sharma, 2007). Leadership creates a sense of togetherness in a workplace, builds trust and consistency as well as nurtures, motivates and encourages people to take risks.

A leader can enforce new ways of doing things, articulate new goals and change reward and control systems once a culture exists in an organisation. However, none of these changes will result in cultural change unless the new way of doing things actually works better and provides the members with a new set of shared experiences.

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The literature reveals that leaders impose changes on their organisations which require new learning and will therefore not be resisted. These changes lead to new behaviours that make it easier to do what is expected, for example a new software program to make our work easier. In order to conceptualise the environmental influences and social needs causing organisations to adapt and change strategies. To overcome these barriers it is important that true leaders exist in organisations as organisations are complex. It is apparent that effective leadership results in a transformation in organisations.

4.8 Transforming HR practices

Human Resources management is defines as "the process through which an optimal fit is achieved among the employee, job, organisation, and environment so that employees reach their desired level of satisfaction and performance and the organisation meets its goals" (Van Dyk, 2001: 19). 'Human Resource Management (HRM) has emerged as the most important area in any organisation – corporate or otherwise, which is basic to the performance, output and results" (Shyni, 2005: 1). Shyni (2005), managing human resources is the key to success in organisations and is an inherent aspect in management skills.

Managing change in the health sector is one of the most important challenges facing HR practitioners. According to Flynn, Mathis, Jackson & Valentine (2007) the HR implications are managing diversity, preparing healthcare workers for new technologies and ensuring the quality of work life for all employees. Other issues to consider are the skill set of future health care workers which not only consists of clinical functions, but also administrative functions, and HR policy initiatives which need continuous monitoring (Flynn et al., 2007).

The role of HRM is changing. Ulrich (1997) defined competitive challenges for HRM to restructure the thinking methodology. These include globalisation, the focus on organisational capabilities for competitiveness, the need for an organisational model for change, dealing with ever-changing technology, and attracting, retaining and monitoring competent and intellectual staff (Ulrich, 1997).

4.9 Key elements in HR practices

Carpenter, Bauer & Erdogan (2010) define the HRM's role as a strategic partner within an organisation. The role of HR is changing. Previously considered a support function, HR is now becoming a strategic partner in assisting by mobilising an organisation plan and achieves its goals (Carpenter, Bauer & Erdogan, 2010).

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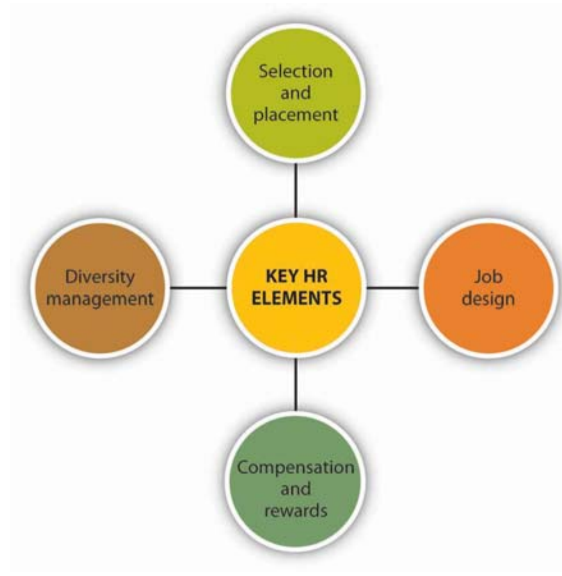

Figure 11: Key elements in HRM

Source: Carpenter, Bauer & Erdogan, 2010

In figure 9, key elements are identified: job design; compensation; diversity management; selection and placement.

According to Grobler, Warnich, Carrel, Elbert & Hatfied (2006), Human Resource (HR) professionals must become true leaders. Grobler et al. (2006) refer to the model known as agile leadership which contains five leadership actions that are essential to achieve success and requires HR leadership to maximise its impact in operations of the organisation. These leadership actions of change consist of anticipating changes, initiating action, generating confidence, liberating thinking and evaluating results.

(i) Anticipating change

"It is essential for HR leaders to be able to interpret the potential impact of business turbulence on the enterprise. To do this effectively, HR leaders need to proactively identify possible trends that will affect the business. They must also establish the underlying reasons for the trends and determine their likely impact on the organisation's operational plans" (Grobler et al., 2006: 626). Therefore it is important for an HR leader to understand the potential impact of the environmental influences to proactively develop plans to adapt and be prepared for the anticipated change. Grobler et al. (2006) state that an important aspect is to understand the status of the organisation's life cycle maturity i.e. is it in the

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embryo, maturity or decline phase. By understanding the life cycle phase HR leaders need to determine how to adapt HR practices by conducting an assessment of the impact of the external trends on the organisation.

(ii) Initiating action

Initiating action means "HR leadership must work closely with line managers to determine their individual needs. Issues important here [are] building of trust between the parties [and] having good listening skills" (Grobler et al., 2006: 627). According to Grobler et al. (2006), after conducting the previous step, a gap analysis must be done to determine the capabilities of the employees and the processes of the organisation to ascertain the readiness to carry out strategies. This could also entail new job descriptions and changes to the organisational structure. This gap analysis enables HR leaders to prioritise and align HR functions with organisational needs.

(iii) Generating confidence

"To achieve success, a culture of confidence and engagement must be created within the workforce by the HR leadership. This can take place by developing new competencies and skills required by the staff to execute their duties, and the hiring of employees who will fulfil the needs of the company to improve and maintain service excellence" (Grobler et al., 2006: 627). In this view, generating confidence aims to nurture a culture of confidence among employees and strengthen the workforce within an organisation. HR must develop new competencies and skills required by staff which will improve and maintain the service excellence.

(iv) Liberating thinking

According to Grobler et al. (2006), employees need to be empowered, encouraged and informed of the changes within the organisation and be prepared to take risks and be innovative. Grobler et al. (2006) state that this creates a liberated thinking mind which HR leaders need to encourage and enforce by engaging with line function managers.

(v) Evaluating results

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> According to Grobler et al. (2006), HR must play a leading part in three professional roles to be successful. The first is a strategic leadership role whereby HR leaders must be able to view people practices from on external and internal point of view. The second is an operational leadership role whereby the focus is on the required competencies. The third is a transactional leadership role whereby HR leaders must ensure that the correct objectives are complete according to the planned milestones and be able to minimise problems.

This involves forecasting the potential change, initiating activities to develop the necessary competencies, empower and encourage innovative thinking and evaluate the results by taking the lead in a strategic leadership role.

Mohrman, Galbraith & Lawler (1998) believe that the HRM function is being involved in initiating change and assisting with the ongoing learning process required to evaluate the impact of change. The important role of HRM in achieving successful change is when organisations integrate HRM policies in their strategies, training and operational matters (Johnson & Scholes, 1997).

4.10 Chapter summary

In the context of change, healthcare within the public sector is complex and requires re-engineering in order to adapt to the influences of global change. Through the development of accelerated development, organisations have to respond much quicker to challenges. Research indicates one of the most difficult industries to innovate is the healthcare industry.

In summary, the literature reveals that organisational change is dependent on effective leadership. Effective leadership implements change in the organisation through managing a change process. This is done by creating the need for change by scanning the environment, creating a vision, setting the direction and showing leadership commitment which is considered the primary key of the change process. .

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Chapter 5: Research design and methodology

The measuring instrument was a structured questionnaire, which focused on specific skills that were divided into categories. The literature review and the preliminary semi-structured interview formed a basis for the questionnaire and covered five fundamental areas of leadership skills including general personality traits, managing technical innovation, planning, task-oriented traits and understanding the organisation. These fundamental areas of leadership skills were selected to ascertain the importance of competencies of effective leadership in health service organisations. The rating was based on the level of importance for the specific trait or skill as ascribed by the respondent. A five-point scale was used for the sixty-three questions, i.e. not important; somewhat important; not sure; important; and very important.

Keeping in mind that the focus area is effective public leadership to drive organisational change in the public health sector to improve service delivery, effective public leadership to drive organisational change characteristics were selected based on the literature review.

Descriptive statistics were used to summarise the results representing regularities and percentages pertaining to the categories.

The questionnaire was approved by the Director: Human Resources Management of the WCDoH.

A total of 10 questionnaires were analysed. The accessibility and availability of the population were easily attainable; therefore, the probability sampling technique by means of a single-stage sampling procedure was used to access the individuals in the population. All responses were treated confidentially.

The underlying theme was effective public leadership to drive organisational change in the public health sector to improve service delivery.

The study focused on five (5) fundamental focus areas which were divided into specific traits that an effective public leader must possess to achieve organisational change in order to improve service delivery:

- **General personality traits**
    1) Knowing one’s own strengths

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2) Knowing one's development needs
3) Building team commitment
4) Believing in one's own capability to accomplish a task
5) Encouraging others
6) Listening and acknowledging others
7) Being proactive
8) Being a team member
9) Being self-confident
10) Seeking feedback from others routinely
11) Influencing others.

- **Managing technical innovation**
  1) Understanding of computer technology
  2) Promoting use of information technology.

- **Planning**
  1) Coaching and mentoring.

- **Task-oriented personality traits**
  1) Thinking innovatively
  2) Choosing challenging assignments
  3) Speaking and writing clearly
  4) Delegating
  5) Improving performance of work force
  6) Acting ethically
  7) Preparing a presentation
  8) Creating a culture of accountability
  9) Setting challenging goals
  10) Researching
  11) Analysing a problem systematically
  12) Holding people accountable
  13) Understanding the needs of others
  14) Translating policy
  15) Supporting policy implementation

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16) Analysing data.

- **Understanding the organisation**

1) Understanding organisational structures
2) Looking for future opportunities (for effective management of health service organisations)
3) Being sensitive to cultural backgrounds of others
4) Understanding stakeholders
5) Communication
6) Responding to community needs
7) Managing teams
8) Setting priorities on a rational basis
9) Providing organisational integrity
10) Defining a vision for change
11) Building of a network of associates
12) Identifying decision-makers in organisation
13) Knowing factors that affect the organisation
14) Drawing perspectives on long-term trends
15) Sharing a vision for change
16) Working cooperatively with each other
17) Developing financial plans
18) Being part of a team
19) Confronting performance problems
20) Understanding others
21) Developing strategic plans
22) Using of best practices
23) Improving organisational performance
24) Identifying individuals who influence decision-makers
25) Creating favourable conditions for the team to succeed
26) Reporting information accurately
27) Motivation to develop talent
28) Promoting social responsibility
29) Analysing organisational processes
30) Identifying areas for change

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31) Managing projects

32) Understanding the Constitutional mandate.

5.1 Population and sampling

The population size was 18 consisting of key participants who are hospital Chief Executive Officers (CEOs), Chief Directors, directors and middle management. The sample size of the population was 55, 5% whereby only 10 responses were received compared to the target of 100% of the total 18 managers.

The confidentiality of respondents was guaranteed as there was a requirement to disclose personal details or employee numbers. Demographics that were included were age, gender, race, number of years in the department, highest level of education, primary formal qualification, number of sub-ordinates, mentoring and coaching details.

5.1.1 Demographic details

The demographic details of the sample prove that 60% of the participants are between the ages of 50 to 59 years. Fifty percent of the respondents have been less than 5 years in their current position.

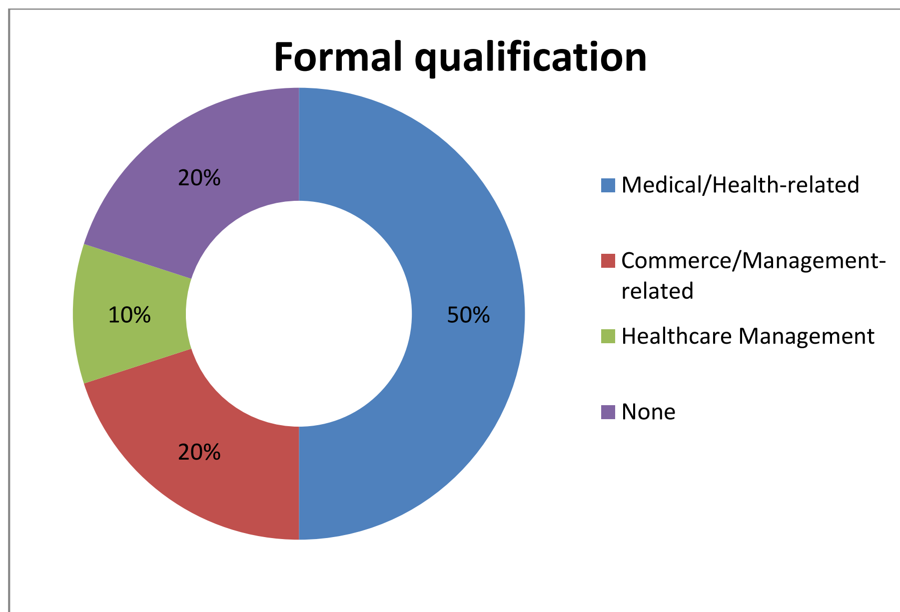

Figure 32: Formal qualification

The results shows that 50% of the managers have a medical or health-related qualification, 20% possess a commerce or management-related qualification, 10% have a qualification in

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healthcare management and 20% have no qualification but on-the-job training. Overall the results show that the majority of the managers have a medical or health-related qualification. Only 20% (2 people) have a qualification in management.

Fifty percent of the participants had been involved in a mentoring course.

Fifty percent of the participants supervised less than twenty people while the remaining participants have more than sixty subordinates reporting to them.

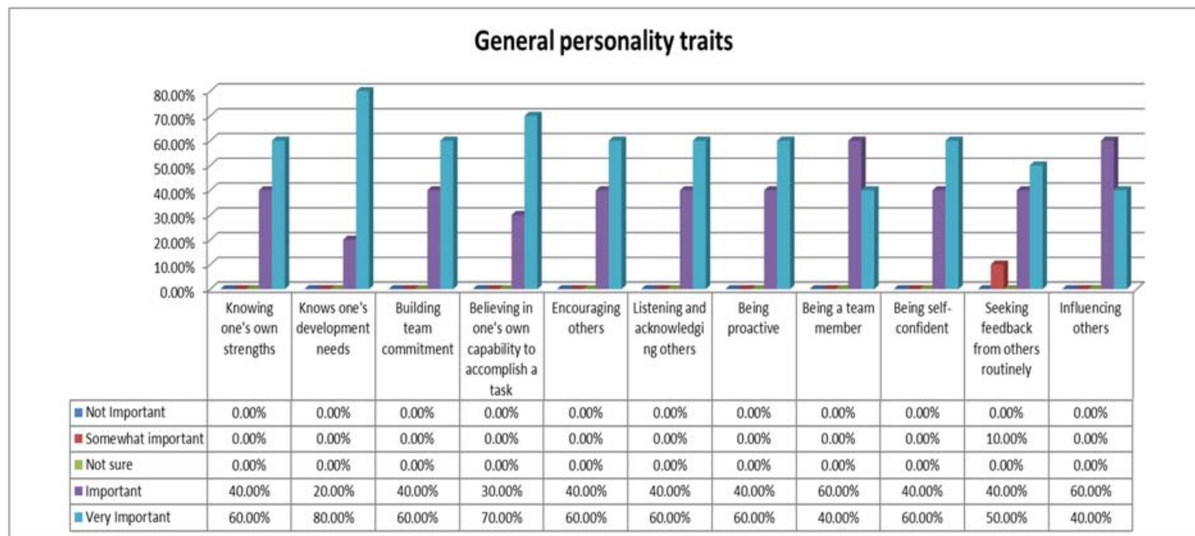
5.1.2 Challenges and limitations

The sample size of the population was 55.5% whereby only 10 responses were received compared to the target of 100% of the total 18 senior-level managers.

5.2 Results and interpretation of empirical findings

The following graphs are representations of findings and were analysed using a ratio of 10% equivalent to 1 person. Each question was scored according to very important, important, not sure, somewhat important and not important.

Graph 1. General personality traits



	Knowing one's own strengths	Knows one's development needs	Building team commitment	Believing in one's own capability to accomplish a task	Encouraging others	Listening and acknowledging others	Being proactive	Being a team member	Being self-confident	Seeking feedback from others routinely	Influencing others
Not Important	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Somewhat important	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	10.00%	0.00%
Not sure	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Important	40.00%	20.00%	40.00%	30.00%	40.00%	40.00%	40.00%	60.00%	40.00%	40.00%	60.00%
Very Important	60.00%	80.00%	60.00%	70.00%	60.00%	60.00%	60.00%	40.00%	60.00%	50.00%	40.00%

Graph 1 represents the general personality traits that are very important for managers leading in organisations. The assumption of the leader behaviour approach was that there were certain traits that would be universally effective for leaders. The questions focussing on general personality traits showed that in 9 out of the 11 questions the respondents indicated very important and none indicated not important. Important and very important were the most

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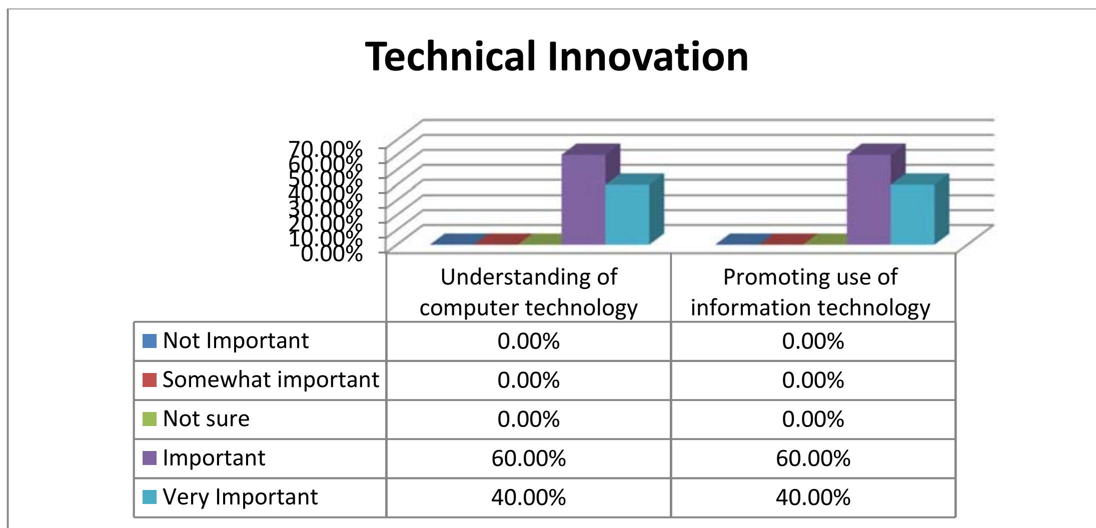
popular choices. All the respondents indicated that it is important or very important for managers in top management positions to possess certain general personality traits. Managers in top management positions identify themselves with these personality traits scoring 100% between important and very important. The only area scoring 90% is the question pertaining seeking feedback from others routinely. Ten percent (1 person) rated somewhat important.

Regardless of the great diversity among managers, there are some traits which most successful managers have. These are the “Traits” listed in graph 1. Very few managers have all the traits, but the most effective leaders will have most of them. A few managers will have only a few of these traits such as seeking feedback or being a team member, but they are likely to have those few very well developed.

According to Du Brin (2010) general personality traits refer to self-confidence which enables an effective leader to understand their strength and become pro-active. DuBrin (2010) and Daft’s (2011) explanation of humility enables an individual to know one’s own development needs by also seeking feedback from others. Believing in one’s own capabilities to accomplish a task signifies self-confidence and enables a leader to influence team members by motivating them in difficult or challenging situations (DuBrin, 2010).

Grobler et al. (2006) refer to HR leaders being proactive and identify possible trends that will affect the organisation. It is very important for a leader to determine the potential impact to proactively develop strategies.

Graph 2. Technical innovation



	Understanding of computer technology	Promoting use of information technology
Not Important	0.00%	0.00%
Somewhat important	0.00%	0.00%
Not sure	0.00%	0.00%
Important	60.00%	60.00%
Very Important	40.00%	40.00%

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Because of technical changes in the public health sector, technical innovation is important. The use of technology is less time-consuming and cuts costs. Various mechanisms used by the organisation maximises the use of resources, i.e. human resources; financial resources; and report writing. The results show the importance of technology influences within the WCDoH. Two questions pertaining to both understanding of computer technology and promoting the use of information management were asked. The managers involved in this study showed that the use of technical innovation by promoting and understanding / or understanding rated to be high importance. This proves that technical innovation is a key factor in the public health sector. Even though the use of information technology is used by means of different health programs, i.e. electronic use of monitoring and evaluation tools, there is still a gap in the number of staff trained in or capable of using these programs.

Phillips & Schmidt (2004) refer to technical innovation as being part of the environment which must be known in leadership development. Part of Van Wart's (2011) leader behaviours is managing technical innovation. Graph 3 supports the literature which represents questions pertaining to managing technical innovation. Overall 60% indicated that understanding computer technology and promoting the use of it are important, respectively; while 40% indicated that understanding and promoting the use of information technology are very important, respectively.

According to the Western Cape (2014), the average age of managers is 40 to 49 years. It is necessary to recruit, train and develop younger people and undertake intensive planning. In support, Van Wart (2012) refers to planning which involves organising personnel and ensuring that they have the correct competencies. In relation to this, coaching and mentoring are referred to which are aligned with leadership development aspects. Coaching and mentoring, according to Johnson (2006) and Mullen (2011) mentoring is a long-term professional development method enabling organisations to benefit from the strengths and skills of talented staff.

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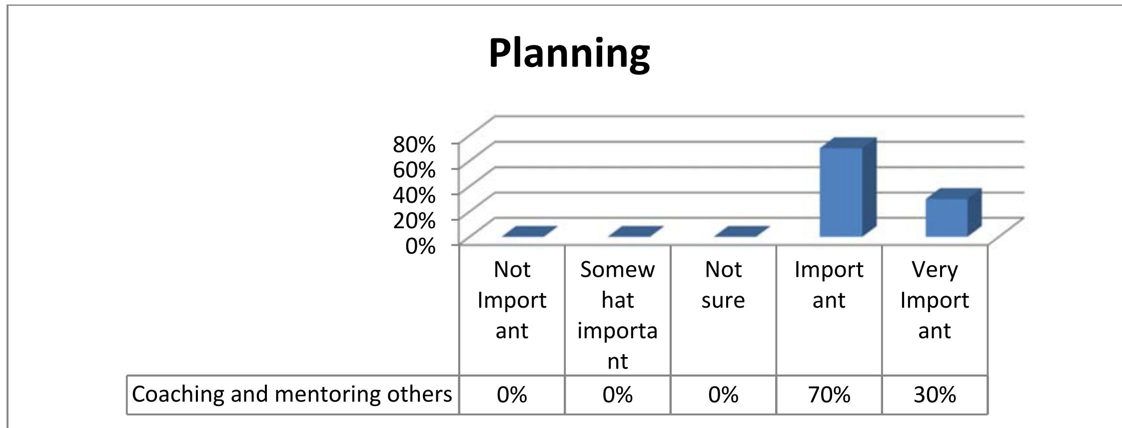
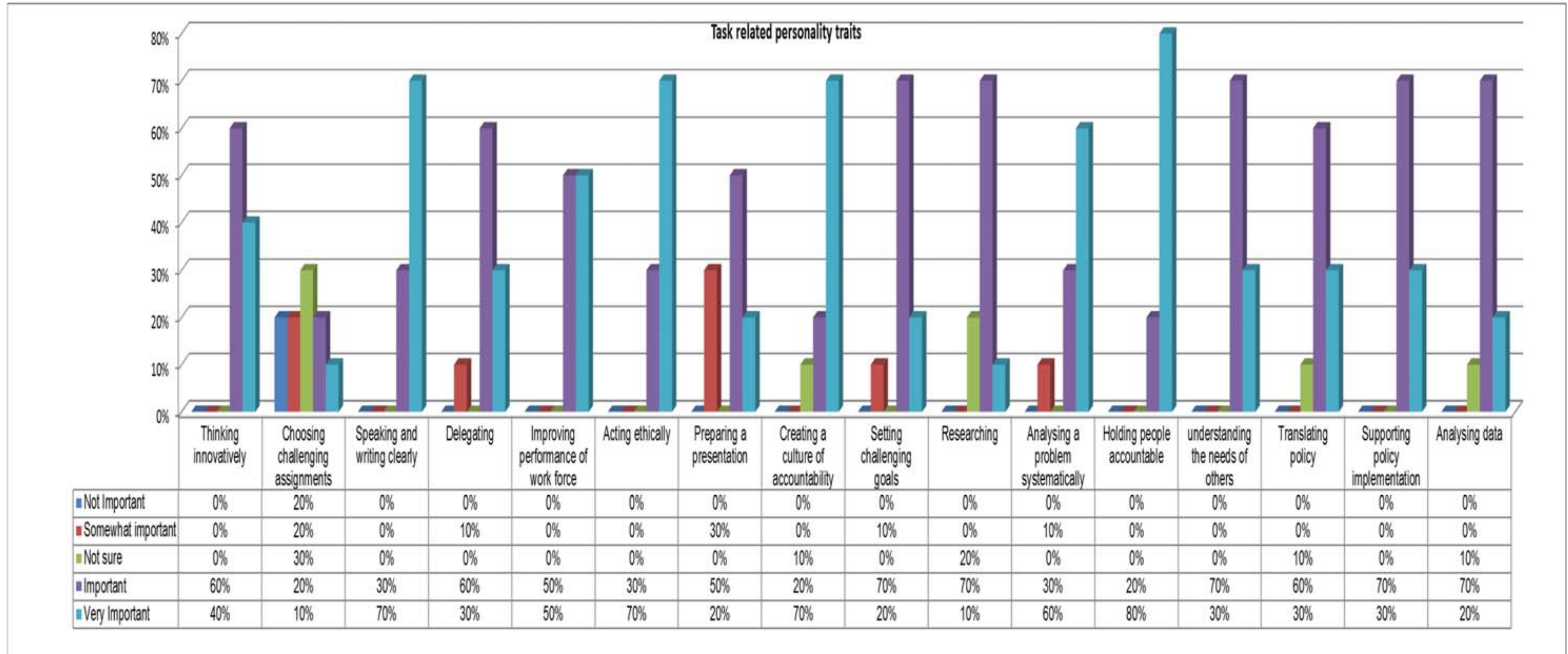
Graph 3. Planning



Question 14 focussed on planning. Seventy percent indicated that coaching and mentoring are important and 30% indicated that they are very important. It is evident that in order to encourage, develop and sustain team members, a coaching and mentoring process is important to serve the development needs of a team.

Based on the findings, planning is a critical element. One hundred percent of the respondents rated coaching and mentoring as important or very important.

Graph 4. Task-related personality traits



	Thinking innovatively	Choosing challenging assignments	Speaking and writing clearly	Delegating	Improving performance of work force	Acting ethically	Preparing a presentation	Creating a culture of accountability	Setting challenging goals	Researching	Analysing a problem systematically	Holding people accountable	understanding the needs of others	Translating policy	Supporting policy implementation	Analysing data
Not Important	0%	20%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Somewhat important	0%	20%	0%	10%	0%	0%	30%	0%	10%	0%	10%	0%	0%	0%	0%	0%
Not sure	0%	30%	0%	0%	0%	0%	0%	10%	0%	20%	0%	0%	0%	10%	0%	10%
Important	60%	20%	30%	60%	50%	30%	50%	20%	70%	70%	30%	20%	70%	60%	70%	70%
Very Important	40%	10%	70%	30%	50%	70%	20%	70%	20%	10%	60%	80%	30%	30%	30%	20%

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Majority of the respondents rated each of the task-related personality traits to be either important or very important with the average score of 89%. This proves that the respondents in top management positions consider it of importance to have task-related traits. Managers can relate to these task-related personality traits. The areas for improvement are choosing challenging assignments, delegating, preparing a presentation, setting challenging goals and analysing a problem. It is clear that management in leadership roles consider it of a high level of importance to possess task-related traits which enable them the competency to forecast changes needed in the organisation.

Both leader traits and behaviours have been investigated in this study. It is clear from the study that leadership deals with influence which is the result of an effective leader. A leader's ability to influence others may be based on a variety of factors other than his or her formal authority or position such as where the manager is based, i.e. head office level or hospitals.

The empirical research has not demonstrated consistent relationships between task-oriented or person-oriented leadership traits and leader effectiveness.

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Table 3. Understanding the organisation

Understanding the organisation	Not Important	Somewhat important	Not sure	Importan t	Very Important
Understanding organisational structures	0%	0%	0%	80%	20%
Look for future opportunities (for effective management of health service organisations)	0%	10%	0%	70%	20%
Being sensitive to cultural backgrounds of others	0%	0%	10%	40%	50%
Understanding stakeholders	0%	0%	10%	70%	20%
Communication	0%	0%	0%	10%	90%
Responding to community needs	0%	0%	0%	60%	40%
Managing teams	0%	10%	0%	60%	30%
Setting priorities on a rational basis	0%	0%	0%	60%	40%
Providing organisational integrity	0%	0%	0%	20%	80%
Defining a vision for change	0%	10%	0%	80%	10%
Building of a network of associates	0%	10%	10%	50%	30%
Identifying decision-makers in organisation	0%	0%	0%	80%	20%
Knowing factors that affect the organisation	0%	0%	10%	60%	30%
Drawing perspectives on long-term trends	0%	0%	0%	80%	20%
Sharing a vision for change	0%	10%	0%	50%	40%
Working cooperatively with each other	0%	0%	0%	70%	30%
Developing financial plans	0%	0%	10%	50%	40%
Being part of a team	0%	0%	0%	60%	40%
Confronting performance problems	0%	0%	0%	30%	70%
Understanding others	0%	0%	10%	50%	40%
Developing strategic plans	0%	0%	10%	60%	30%
Using best practices	0%	0%	0%	70%	30%
Improving organisational performance	0%	0%	0%	70%	30%
Identifying individuals who influence decision-makers	0%	0%	20%	50%	30%
Creating favourable conditions for the team to succeed	0%	10%	10%	50%	30%
Reporting information accurately	0%	0%	10%	60%	30%
Motivation to develop talent	0%	0%	0%	80%	20%
Promoting social responsibility	0%	0%	0%	80%	20%
Analysing organisational processes	0%	0%	10%	50%	40%
Identifying areas for change	0%	0%	0%	40%	60%
Managing projects	0%	0%	0%	60%	40%
Understanding the Constitutional mandate	0%	10%	0%	50%	40%

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The objective of these questions was to ascertain the level of understanding of the organisation from the respondents. The way an organisation is structured can be understood in terms of the following elements: the vision, understanding the factors that affect the organisation, strategising and the decision-making process.

There is an average of 94% rating for important/very important. An average of 94% is reflected in the level of understanding the organisation. The ratings important and very important of these elements were selected to understand the organisation. In relation to managing organisational change, communication stood out as being rated as very important. The elements that influence managing organisational change were identified by the respondents as important or very important.

Based on the findings in comparison to the empirical study there is a gradual move towards transformational leadership development from a service delivery perspective.

Reasons for the variations are likely the result of the different environment the manager is exposed to, i.e. hospitals; service managers; head office administration managers.

5.3 Deductions for this study

The main purpose of this study was to link the relationship between effective leadership and organisational change in the public health sector. Burns (1978) transformational leadership is supported by a process in which leaders and followers engage in a mutual process of motivating one another. DuBrin (2010) defines transformational leadership as a focus on what the leader accomplishes, the leader’s personal characteristics and the leader’s relationship with group members.

HC 2030 sets out the vision, values and principles guiding the WCDoH in what needs to be achieved by 2030. Managing change is a process and requires an effective leader to communicate, have social skills, influence others, possess analytical skills, possess technical skills and prioritise continual learning.

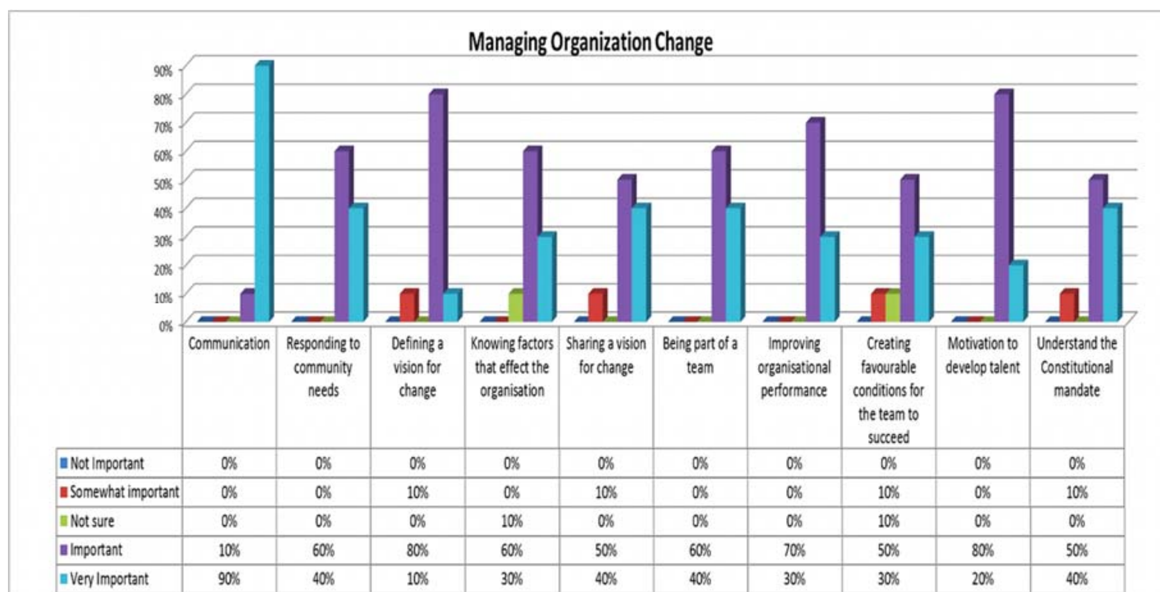
HC 2030 recognises that the key challenge is to create a work environment that connects the relationships and the skills and competencies of individuals in the system. Thus, managers at all levels need to be visible to support the frontline staff, listen to their issues and needs and address problems with creative solutions.

Furthermore, HC 2030 focuses on re-energising people and changing the way people conduct their daily duties. In order to achieve HC 2030's vision, the transformational leadership style, the desired leadership style for the department, and improvements are foreseen in the context of organisational cultures, efficiencies, work processes and frontline staff that will ultimately improve service delivery.

The vision of HC 2030 is caring, competence, accountability, integrity, responsiveness and respect (C^2AIR^2). In order to translate and embed these values in the daily functioning of the WCDoH there needs to be a shift in management. Managers need to lead, but lead effectively to initiate organisational change and focussing on improving service delivery. The healthcare system is a changing environment that affects the burden of disease, therefore there is a need to be creative and have innovative ways of doing things within the regulating framework. There is tension between policies and innovative thinking, therefore HC 2030 was developed and makes provision to do things differently but within the regulatory framework.

The graph below illustrates the critical elements in the relation between effective public leadership and organisation change.

Graph 5. Managing organisational change



	Communication	Responding to community needs	Defining a vision for change	Knowing factors that effect the organisation	Sharing a vision for change	Being part of a team	Improving organisational performance	Creating favourable conditions for the team to succeed	Motivation to develop talent	Understand the Constitutional mandate
Not Important	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Somewhat important	0%	0%	10%	0%	10%	0%	0%	10%	0%	10%
Not sure	0%	0%	0%	10%	0%	0%	0%	10%	0%	0%
Important	10%	60%	80%	60%	50%	60%	70%	50%	80%	50%
Very Important	90%	40%	10%	30%	40%	40%	30%	30%	20%	40%

Graph 5 represents the key aspects of an effective public health leader to managing organisational change. These key aspects are: communication; responding to community needs; defining a vision; knowing factors that affect the organisation; sharing a vision for change; being part of a team; improving organisational performance; creating favourable

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conditions for a team to succeed; motivation to develop talent; and understanding the constitutional mandate. Majority of the respondents indicated that the effective leadership traits in relation to managing organisational change are important/very important. The rating shows 100% in communication; responding to community needs; being part of a team; improving organisational performance; motivation to develop talent.

The significant element that scored the highest is communication. Nine out of 10 respondents indicated communication is very important. It is agreed that communication is key for an effective public leader when planning for change to influence service delivery.

The majority of the respondents indicated that understanding the needs of the community is very important. It is agreed that to understand the needs of a community is overall important in effective public leadership when forecasting change. This enables public health leaders to address the needs and utilise the available resources in the community.

The majority of the respondents indicated that defining a vision is important/very important and 10% (equivalent to 1 person) indicated it is somewhat important. The results show overall that defining and sharing a vision are important. A vision creates more than an image of the future. It has a compelling aspect that serves to inspire, motivate and engage people, and drives organisational change to improve service delivery.

Ninety percent of the respondents indicated that knowing the factors that influence it is important and 10% (1 person) indicated not sure. The results prove that it is important to know the factors that influence an organisation and enable a leader to learn everything about the organisation as it currently exists and what changes need to be put in place to improve service delivery.

The results show that being part of a team is rated important/very important. Therefore, it is important for a leader to be part of a team to become an effective public leader.

The majority of the respondents rated improving organisational performance as important/very important. One person indicated not sure and one person indicated somewhat important. This proves that it is important for an organisation to improve its performance. This must be done through a performance evaluation of the managers and the organisation as a whole.

One hundred percent of the respondents scored important/very important for motivation in developing talent. This shows that motivation in developing talent is important.

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A manager who leads a team towards a goal must therefore have most of the general personality traits, including technical innovation and planning skills to be incorporated into the task activities. In order to drive change, the organisation must be understood in order to effect the necessary changes that benefit the organisation and improve service delivery.

5.3.1 Effective leadership

In support of DuBrin’s (2010) view on general personality traits, a link is noted between effective leadership and transformational leadership within the eleven elements. This indicates that the ability of a leader to know his/her own strengths and development needs, namely building team commitment, believing in his/her own capability to accomplish a task, encouraging others, listening and acknowledging others, being proactive, being a team member, having self-confidence, seeking feedback from others and having the ability to influence others, was generally important in assessments of effective leadership.

Graph 1 (p. 75) shows that the key elements of effective leadership in driving organisational change in the public health sector improve service delivery. The overall results are suggested to be important/very important.

5.3.2 Effective public health leadership

Task-oriented traits are associated with accomplishments within the workplace to capacitate a manager with the necessary competencies to be an effective public leader. Effective leadership in the public sector requires skills that improve and sustain service delivery. The essence of an effective public leader is that a leader must possess task-oriented traits which focus on achieving goals and objectives of the organisation to improve service delivery. The role of top management is to plan, give direction, make decisions and define the vision.

It is evident that the top priority areas for an effective public health leader is innovative thinking; speaking and writing clearly; improving performance of workforce; acting ethically; holding people accountable; understanding the needs of others; and implementing policy. Choosing challenging assignments is a form of leadership development by learning from experience and trying new approaches to acquire new skills. The focus is on action learning which enables formal development, relationship building and problem-solving skills.

Important/very important was the overall rating given to technical innovation. Technology changes every day – particularly in the public health sector. An effective leader must be able to keep up with changes. Changes in technology create changing conditions within an

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organisation. Leaders must face challenges and very importantly adapt to the change to meet the demands of the anticipated improved service delivery (DuBrin, 2012).

5.3.3 Organisational change

Understanding the organisation enables leadership development to implement organisational change. The empirical results of this study show that effective public leadership drives organisation change in the public health sector.

It is evident that the important and priority areas in understanding the organisation are: understanding organisation structure; communication; responding to community needs; setting priorities on a rational basis; providing organisation integrity; identifying decision-makers in the organisation; ability to draw perspectives on long-term goals; working co-operatively with others; being part of a team; confrontation of performance problems; motivation to develop; talent; promoting social responsibility; identifying areas for change; and managing projects.

These effective leadership traits encourage an improved service delivery platform by being responsive to the social determents of the target population. The results provide support for an integrated trait-behavioural model of leadership effectiveness. In general, leader traits are associated with task competence related to task-oriented leader behaviours, which improve performance-related leadership outcomes.

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Chapter 6: Recommendations and conclusions

Based on the findings and discussion it has been established that the WCDoH has a major challenge in terms of its leadership. With urgent and fundamental interventions, it is envisioned that the leadership can be addressed and developed in such a way that it becomes instrumental in driving effective service delivery. The recommendations and conclusion made in this chapter are based on the extensive literature review and empirical findings.

6.1 Recommendations

The following recommendations are based on the extensive literature review and findings.

6.1.1 Effective public leadership development

As analysed in this research study, leaders have specific traits which result in effective leadership. These traits are divided into two categories namely: general personality traits and task related traits. It is therefore recommended a high performing and accountable leadership behavioural measurement at the most senior levels of the WCDoH is crucial in driving effective delivery of services to the community. Service delivery will also be enhanced through greater openness and accountability.

As discussed in chapter 2, there need to be a shift in leadership style to meet the goals of HC 2030. Current and future leaders within the WCDoH must be aggressive in meeting the challenges of a fast-paced environment, with strong implementation skills and a focus on collaboration and accountability. Further in chapter 3, effective leadership development methods were discussed. A strong systematic approach is needed to define clear expectations of performance and the measuring thereof among the management cohort. This will enable to strengthen the culture and supporting high performance of managers at senior level.

There is a need to focus on actions to optimise the utilisation of the public health workforce. It is clear that workforce development must be redesigned to draw perspectives on long-term goals, looking for future opportunities and, importantly, sharing a vision.

6.1.2 Effective performance management

Based on the findings in chapter 5 (graph 1), the methodology of the performance management system must be reviewed to create a learning and objective platform for managers to introduce new systems of working to improve service delivery. This enables a feedback mechanism and creates a culture of accountability.

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There need to a visible leadership role at all management levels. Leaders need to manage across the public health service to have a clear sense of what needs to be achieved. The performance appraisal system needs to be re-engineered to focus on performance, delivery and results.

A useful tool is Kotter's eight step model must be employed to develop manager's into leaders.

6.1.3 Improving HR practices to manage organisational change

As analysed in chapter 4 of this study, the development of more effective HR practices is crucial. These practices require a fundamental shift in how the WCDoH functions. A leadership programme must be developed to build management skills and technical knowledge to deepen their self-awareness (including how they identify and use their core strengths, respond to crises, delegate and handle conflict). This enables leaders to better motivate and manage themselves and their time. Therefore, HR strategic plans need to align with the vision of HC 2030 and focussing on people management skills to encourage managers to lead and strengthen who leaders are, not just what they do. The following is therefore recommended to improve leadership training focussing on the people skills for management:

- Talent management is needed to develop a comprehensive set of formal training for people at different stages of their careers. Put existing senior system leaders at the centre of leadership development and not on the sidelines. Senior leaders should not only clearly set the direction and communicate by influencing subordinates, but they should also visibly model new behaviour and actively involve themselves with the frontline staff at institutional level.
- HR practices need to focus on workforce training. The analysis indicates that workforce development needs to be designed to maximise the use of staff (administrators and medical staff). A skills development plan must be designed to address management gaps and this must be monitored and measured through an objective performance appraisal process.
- Evaluation and regular review of all formal and practice-based training activities should be kept abreast of environmental changes to support the public health sector.
- Talent management needs to be implemented.

HR development programmes need to be implemented at institutional level for leadership to be at all management levels and aligned to service needs of the public health sector.

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6.1.4 Practicing HC 2030

The desired leadership style is transformational leadership in order to achieve the vision of HC 2030. In order to have an impact towards achieving the HC 2030 goals, managers must incorporate C^2AIR^2 in their meetings and engagements. The key issue will be on how to implement these values in their daily duties as well as ensuring that these practices are implemented and filtered to their subordinates.

Institutionalisation of HC 2030 needs to start at a strategic level, focussing on people management skills. The findings in this this study proved that managers must delegate tasks to share the responsibility of the vision.

In the global world technical innovation is very important. The results prove that the influence of technology is important. In order to have an effective public health system, the WC DoH need to keep abreast with technology. This will also improve communication mechanisms to implement relevant policies.

The methods of communication are very important. Not only from managers who lead but those affected by services. Every community is unique.in order to address the burden of disease community participation forums need to be established involving managers at top level. This communication method will ensure what service needs are required.

The influence of the global economy and social determents cause government to identify policy gaols and needs. The policy processes employed must be clear and concise thus also defining roles and responsibilities of all stakeholders involved. This will ensure accountability throughout the process and everyone will understand what must be achieved.

The decision making process must be simplified to move away from beaurocracy. Establishing a decision making platform at service level is recommended for decentralised decision making.

6.2 Conclusion

This research study specifically focussed on effective public leadership to drive organisational change in the public health sector to improve service delivery within the Western Cape Department of Health. The theoretical, empirical vs. the non-empirical approach focussed on senior-level managers. The nature of the Western Cape Department of Health is comprehensive in obtaining the aims and desirable qualities for a good healthcare system. Due to environmental changes the situation requires effective public health leadership skills to adapt to these changes.

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The change in health services entails incremental improvement on existing organisational capabilities, more empowerment of the changing agents and continuous support to the changing leaders. In order to change the nature of management, effective leadership and a significant degree of vision, innovation and risk-taking from all concerned, not only management skills will be required. The focus has to shift away from bureaucracy and administration towards patient-centred service delivery, where there are encouragements for better management by effective, multidisciplinary teams and there is a need for decisive management training to be conducted. This training should define the required knowledge, skills and attitudes for managers at each level to identify the level of current management capacity and assess the training required to fill the gap.

The relationship between effective leadership in the public health sector to drive organisational change is based on the general personality traits of a leader, task-related traits and understanding the organisation to define the change by knowing the influences of the environment, being part of a team, defining a shared vision, setting the direction, creating a platform for continuous learning and monitoring performance on a regular basis to measure achievements.

The common elements found in the study are influence, communication, vision and performance. In conclusion, it is of importance for a manager (administrative, frontline and clinical) to lead in the public health sector to ensure effective service delivery. An effective leader influences others by communicating a shared vision for change which measures the performance to improve service delivery.

The objectives of this study were achieved by an extensive literature review which analysed leadership, public leadership and effective public leadership in the health sector. Organisational change in the public health sector in South Africa was discussed while the challenges in the South African public health sector environment and the need for organisational change through effective leadership were researched.

Based on the understanding of effective public leadership and the challenges related to organisational change in the South African public health sector, an analysis was conducted. Based on the understanding of effective public leadership and the challenges related to organisational change in the WCDoH, findings and recommendations were offered with accompanying strategies. In addition, a summary and a conclusion were put forward.

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It is evident that the public health sector is complex and that environmental influences affect the way WCDoH functions within the health system. There is a relationship between effective public leadership and service delivery. The empirical study shows that significant relationships exist between leadership and a number of traits. These include the following: general personality traits; task-orientated traits; managing technical innovation; planning; and understanding the organisation. To improve service delivery within the WCDoH strong leadership is needed to drive the change toward achieving HC 2030 goals. There is a need for a charismatic style of leadership, i.e. one that suites different situations.

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Addendum 1: Questionnaire Results

2: HOW WOULD YOU RATE THE IMPORTANCE OF THE FOLLOWING COMPETENCIES FOR THE EFFECTIVE LEADERSHIP OF HEALTH SERVICE ORGANISATIONS

		respondent 1	respondent 2	respondent 3	respondent 4	respondent 5	respondent 6	respondent 7	respondent 8	respondent 9	respondent 10
	General personality traits										
1	Knowing ones own strengths	2	1	1	2	2	1	1	2	1	1
2	Knows ones development needs	1	1	1	2	2	1	1	1	1	1
3	Building team commitment	1	1	2	1	2	2	1	2	1	1
4	Believing in ones own capability to accomplish a task	1	1	2	1	1	2	1	2	1	1
5	Encouraging others	2	1	2	1	1	2	1	2	1	1
6	Listening and acknowledging others	2	1	2	1	1	2	1	2	1	1
7	Being proactive	1	1	2	2	2	1	1	2	1	1
8	Being a team member	2	1	2	2	2	2	1	2	1	1
9	Self confidence	2	1	1	1	2	1	1	2	2	1
10	Routinely seeks feedback from others	2	1	4	2	2	2	1	1	1	1
11	The ability to influence others	1	1	2	2	2	1	2	2	1	2
	Managing technical innovation										
12	Understanding of computer technology	2	1	2	1	2	2	1	2	2	1
13	Promoting use of information technology	1	1	2	1	2	2	1	2	2	2
	Planning										
14	Coaching and mentoring others	2	1	2	2	2	2	1	2	2	1
	Task related personality traits										
15	Innovative thinking	2	2	2	2	2	1	1	2	1	1
16	Choosing challenging assignments	5	2	4	4	3	1	5	3	3	2
17	Speaking and writing clearly	1	1	2	2	2	1	1	1	1	1
18	Delegating	2	2	4	1	2	1	1	2	2	2
19	Improve performance of work force	2	1	2	2	1	2	1	2	1	1
20	Act ethically	2	1	2	1	2	1	1	1	1	1
21	Prepare a presentation	4	2	2	4	1	1	2	4	2	2
22	Creating a culture of accountability	1	1	2	1	3	1	1	1	1	2
23	Setting challenging goals	2	1	2	4	2	1	2	2	2	2
24	Research	2	2	3	2	3	2	1	3	2	2
25	Analyse a problem systematically	2	1	3	2	1	1	1	1	1	2
26	Holding people accountable	2	1	1	1	1	1	1	1	1	2
28	The ability to understand the needs of others	2	2	2	2	1	2	1	2	1	2
29	Policy translation	2	2	2	2	3	2	1	1	1	2
30	Policy implementation support	2	2	1	2	2	2	1	2	1	2
31	Data analysis	2	2	2	2	3	2	1	2	1	2

1	very important
2	important
3	not sure
4	somewhat important
5	not important

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	Understanding the organisation										
32	Understanding organisational structures	2	2	2	2	2	2	1	1	2	2
33	Look for future opportunities (for effective management of health service organisations)	1	2	2	4	2	2	1	2	2	2
34	Sensitivity to cultural backgrounds of others	2	1	2	2	1	3	1	2	1	1
35	Understanding stakeholders	2	2	2	2	3	2	1	1	2	2
36	Communication	1	1	2	1	1	1	1	1	1	1
37	Responding to community needs	2	2	2	2	1	2	1	2	1	2
38	Managing teams	2	1	2	4	2	2	1	2	1	2
39	The ability to set priorities on a rational basis	2	2	1	2	1	2	1	1	1	2
40	Provide organisational integrity	2	1	2	1	1	2	1	1	1	1
41	Define a vision for change	2	2	1	4	2	2	1	2	2	2
42	Building of network of associates	1	2	2	4	2	3	1	2	2	2
43	Ability to identify decision makers in organisation	2	1	2	2	2	2	1	2	2	2
44	Knows factors that effect the organisation	2	1	2	2	2	3	1	1	2	2
45	Ability to draw perspectives on long term trends	2	2	2	2	2	2	1	2	2	1
46	Sharing a vision for change	2	1	2	4	2	1	1	2	2	1
47	Working cooperatively with each other	2	2	2	2	2	3	1	2	2	1
48	Development of financial plans	2	1	1	2	2	1	1	3	1	2
49	Being part of a team	1	1	2	2	2	2	1	1	1	1
50	Confrontation of performance problems	2	1	2	2	2	1	1	1	2	1
51	Ability to understand others	2	2	2	2	1	3	1	2	2	1
52	Develop strategic plans	2	1	2	4	2	2	1	2	2	1
53	The use of best practices	2	2	1	2	2	2	1	2	2	1
54	Improvement of organisational performance	2	1	2	2	2	2	1	2	2	1
55	Ability to identify individuals who influence decision makers	2	1	2	4	1	3	1	2	2	2
56	The creation of favourable conditions for the team to succeed	4	1	2	2	1	3	1	2	2	2
57	The ability to report information accurately	2	1	2	2	3	1	1	2	2	2
58	Motivation to develop talent	2	2	2	2	2	2	1	2	2	1
59	Promote social responsibility	2	2	2	2	2	2	1	2	1	2
60	The ability to analyse organisational processes	2	2	2	1	3	2	1	1	1	2
61	To identify areas for change	2	1	1	2	2	1	1	1	1	2
62	Ability to manage projects	2	1	1	2	1	2	1	2	2	2
63	Understand the Constitutional mandate	1	2	4	2	2	2	1	1	1	2

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		population	18				
		total number of respondents	10	55.56%			
		2: HOW WOULD YOU RATE THE IMPORTANCE OF THE FOLLOWING COMPETENCIES FOR THE EFFECTIVE LEADERSHIP OF HEALTH SERVICE ORGANISATIONS					
			Not Important	**Somewhat important**	**Not sure**	**Important**	**Very Important**
		General personality traits					
1		Knowing one's own strengths				4	6
2		Knows one's development needs				2	8
3		Building team commitment				4	6
4		Believing in one's own capability to accomplish a task				3	7
5		Encouraging others				4	6
6		Listening and acknowledging others				4	6
7		Being proactive				4	6
8		Being a team member				6	4
9		Being self-confident				4	6
10		Seeking feedback from others routinely		1		4	5
11		Influencing others				6	4
			0	**1**	**0**	**45**	**64**
		Managing technical innovation					
12		Understanding of computer technology				6	4
13		Promoting use of information technology				6	4
			0	**0**	**0**	**12**	**8**
		Planning					
14		Coaching and mentoring others				7	3
		Task related personality traits					
15		Thinking innovatively				6	4
16		Choosing challenging assignments	2	2	3	2	1
17		Speaking and writing clearly				3	7
18		Delegating		1		6	3
19		Improving performance of work force				5	5
20		Acting ethically				3	7
21		Preparing a presentation		3		5	2
22		Creating a culture of accountability			1	2	7
23		Setting challenging goals		1		7	2
24		Researching			2	7	1
25		Analysing a problem systematically		1		3	6
26		Holding people accountable				2	8
27		understanding the needs of others				7	3
28		Translating policy			1	6	3
29		Supporting policy implementation				7	3
30		Analysing data			1	7	2
			2	**8**	**8**	**78**	**64**
		Understanding the organisation					
31	1	Understanding organisational structures				8	2
32	2	Look for future opportunities (for effective management of health service organisations)		1		7	2
33	3	Being sensitive to cultural backgrounds of others			1	4	5
34	4	Understanding stakeholders			1	7	2
35	5	Communication				1	9
36	6	Responding to community needs				6	4
37	7	Managing teams		1		6	3
38	8	Setting priorities on a rational basis				6	4
39	9	Providing organisatinal integrity				2	8
40	10	Defining a vision for change		1		8	1
41	11	Building of a network of associates		1	1	5	3
42	12	Iidentifyng decision-makers in organisation				8	2
43	13	Knowing factors that effect the organisation			1	6	3
44	14	Drawing perspectives on long term trends				8	2
45	15	Sharing a vision for change		1		5	4
46	16	Working cooperatively with each other				7	3
47	17	Developing of financial plans			1	5	4
48	18	Being part of a team				6	4
49	19	Confrontating performance problems				3	7
50	20	Understaning others			1	5	4
51	21	Developing strategic plans			1	6	3
52	22	Usingof best practices				7	3
53	23	Improving organisational performance				7	3
54	24	Identifying individuals who influence decision-makers			2	5	3
55	25	Creating favourable conditions for the team to succeed		1	1	5	3
56	26	Reporting information accurately			1	6	3
57	27	Motivation to develop talent				8	2
58	28	Promoting social responsibility				8	2
59	29	Analysing organisational processes			1	5	4
60	30	To identify areas for change				4	6
61	31	Ability to manage projects				6	4
62	32	Understand the Constitutional mandate		1		5	4
			0	**7**	**12**	**185**	**116**

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Addendum 2: Interview Questions for Chief Director Strategy and Support

What is the current organisational culture?

What is the current leadership style?

HC 2030 refers to leadership, in order to achieve the goals of HC 2030 what is the ideal leadership style to affect HC 2030?

Does the department have strategies to implement HC 2030?

(What plans are in place?)

How will the level of success of HC 2030 be measured?