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Vilane, Nothando Patricia

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LEADERSHIP AND COMPLIANCE IN THE RESIDENTIAL CARE FACILITIES FOR OLDER PERSONS IN EKURHULENI

By

Nothando Patricia Vilane

A Research Report submitted to the Faculty of Management, University of the Witwatersrand, in fulfilment of the requirements for the degree of Masters of Management in the field of Public and Development Management

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ABSTRACT

A Residential Care Facility for Older Persons is a building or other structure used primarily for the purposes of providing accommodation and of providing a 24-hour service to older persons. These facilities, specifically in Ekurhuleni, are faced with serious challenges that affect their ability to comply with the Older Persons Act. Furthermore, they tend to avoid registration with the government and are thus seen as operating illegally and putting the lives of Older Persons in danger.

The study seeks to explore in full the leadership challenges encountered by the Residential Care Facilities for Older Persons in Ekurhuleni, and in particular the leadership trends and key challenges prevalent in their operations. Leadership strategies are identified with the intention of improving the situation. Models of leadership and leadership styles commonly applied in these facilities were also presented.

The study followed a qualitative research approach in the form of focus groups and interviews. The sample units were comprised of respondents from five facilities that were randomly chosen. There were two focus groups, one comprising centre managers from the sampled facilities, and the other consisting of chairpersons and vice-chairpersons from the sampled facilities. Interviews were held with Government officials from the Department of Social Development and the Local Municipality who are responsible for the registration and monitoring of these kinds of facilities. Questionnaires were also used to interview staff members from the sampled facilities, particularly those staff members in senior or supervisory roles in the facilities. The collection of data was based on these two sources of information, that is, secondary data collected through document analysis, and primary data collected through focus groups and interviews.

DECLARATION

I declare that this research report is my own unaided work. It is submitted in fulfilment of the requirements of the degree of Masters of Management in the field of Public and Development Management at the University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination at any other University.

…… **……**

NOTHANDO P. VILANE **DATE**

DEDICATION

This study is dedicated to all families who have lost their loved ones as a result of a fire in an Old Age Home.

In memory of all those Older Persons who lost their lives in such tragedies, this research is dedicated to them.

ACKNOWLEDGEMENTS

I would like to give thanks to God Almighty for giving me the strength and courage to start and complete this study successfully.

I thank my supervisor, Dr Johnny Manamela Matshabaphala, for his guidance, direction and supervision on this research report. Thank you, this report would not have been finalized without you!

My beloved family (my Mother and my Brother) for the love and support they have shown me throughout the years.

My loving Life Partner Dingaan Msimango and my two sons Goitsimang and Thabiso Msimango. Thank you for believing in me and for your support and understanding throughout the whole programme.

Finally, to all the respondents who willingly completed the questionnaires and agreed to be interviewed – your valuable input allowed me to better understand the topic and finalize this report.

Thank you all so much!

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CHAPTER ONE
INTRODUCTION

1.1 INTRODUCTION

A Residential Care Facility is a building or other structure used primarily for the purposes of providing accommodation and of providing a 24-hour service to older persons, whether they are funded by the Government or not. As long as they are taking care of Older People they need to be registered and comply with the regulations of the Older Persons Act No. 13 of 2006. According to Chapter 4 of the Act, residential care facilities for older persons have to be registered and must meet the requirements as stipulated by the State's norms and standards. In accordance with the Act's Section 18(1)(a) subjected to section 35, no person may operate a residential facility unless such facility has been registered. In the regulations, no. 33075, part 2 of the national norms and standards for residential care facilities, there are three types of residential facilities namely: Independent Living, Assisted Living and Frail Care. All of these facilities must always comply with the conditions for registration at all times in order to remain operating and not be closed down.

In research commissioned by the Department of Social Development in 2010, it emerged from the research that those in leadership positions in Non Profit Organisations (NPOs)s experience challenges in leading their organisations. This is not unique to the NPO sector in South Africa. In a number of countries there has been a concerted move towards strengthening the capacity of leaders of civil society organisations as a way of building a stronger civil society leadership cadre.

A good example of this is the work that ACEVO in the United Kingdom has been doing, particularly through the development of a code of conduct for chief executives within the non-profit sector. The Codes of Good Practice of the Department of Social Development, although they address the issue of leadership, focus more on management than leadership.

Leadership in the non-profit sector and also in residential care facilities is no less challenging than leadership in a private corporation or government agency. However, it could be argued that leading in the context of limited resources, uncertain revenue, demanding stakeholders and public interest obligations requires extraordinary leadership.

The focus of this research will be on the leadership challenges facing the residential care facilities for older persons in Ekurhuleni Metro, leading into these facilities failing to comply with the conditions and requirements for registration and the norms and standards for older persons. The investigation will unearth the organizational performance realities facing the management in these facilities around Ekurhuleni that are related to technical, human and conceptual skills.. Furthermore, the research report will establish the extent to which the lack of these skills impacts on the management's ability to follow all the compliance procedures for registration and operation of the facility.

The research will examine the care for the elderly at the global level, in the African continent, in the Southern African Development Community (SADC) region, in the Republic of South Africa as a country, in the Gauteng Province and finally focus on the Ekurhuleni region. The motivation of the research will be outlined, followed by the purpose of the research which is to discuss the leadership challenges that are caused by inadequate professional and management competencies in the Residential Care Facilities for Older Persons in Ekurhuleni.

The review of literature will focus on the background of the research, which is Leadership in the NPO Sector, Leadership theory and Leadership Models. The purpose statement and research questions will be discussed after the problem statement. The literature will examine local, national and international examples. The research methodology will include explanations of the research approach, data collection, analysis and presentation of data, significance, limitations of the study, and finally the time schedule will be presented.

1.2 DEFINITION OF CONCEPTS

Non-Profit Organization: A collection of people who come together for a common purpose, and agree to formalize a programme to fulfil this purpose. They conduct activities towards this purpose, and should there be excess income after expenditure, this excess is made available to the benefit of the purpose.

Residential Care Facility: A building or any other structure used for the purpose of providing accommodation, shelter, community-based care and support services to older persons, including a private residential home in which older persons are accommodated.

Older Person: A person who is 65 years of age or older. However, this does not exclude adults who are younger and experience chronic disease, physical or psychological disability, or premature ageing.

Independent Living: These facilities offer recreational and social programmes but few services. However, an independent living facility might be found within a continuing care retirement community, where housing options vary by need. This type of service lets senior citizens

enter while they are still active and independent, knowing that if they become infirm, services are available to meet their changing needs.

Assisted Living: This housing option falls between independent living facilities and Frail Care Facilities and includes supportive housing, congregate care, board care, personal care, assisted living facilities and sheltered living. This is the provision of affordable, adaptable and secure accommodation providing older persons with an environment that enables access to support services, food supplies, primary health care, a pension pay-point or bank, transport, recreational, educational and leisure activities. All provide housing and varying levels of health or supportive services. For example, assisted living may refer to a single-family home that provides shelter and care to a small group of residents or a large complex that houses hundreds of people.

Frail Care: This facility provides services where a person requires a lot of nursing and he/she may need help with dressing, washing and toileting and may or may not be bedridden. A frail person may also be physically capable but mentally frail, requiring constant supervision. This person would be best cared for in the frail care section of an old age home where 24-hour nursing, supervision and support is available.

1.3 BACKGROUND

The provision of large residential institutions for older persons, “the old age home”, emerged in South Africa over a century ago (in line with British practice at the time). The number of homes expanded rapidly after World War II. In 1964 there were 120 homes subsidized by the government. There were also homes for white older persons run for profit, over which the government had no control. A survey found that 68% of older white persons lived alone or in boarding houses and were at risk of neglect or exploitation.

Twenty years later the number of subsidized homes had increased to 405 homes with 35 032 beds. In comparison, by 1986 there were eight homes for black, 37 for coloured and 2 for Indian older persons – a total of 3 145 beds. More than 8% of whites over 65 lived in homes and less than 0,5% of black people over 65 were in homes. The justification for this disparity was that the care needs of older persons from different cultures varied. It was not until the 1980s that the negative features of institutional care were raised and the problems of institutionalization and abuse were highlighted for the first time.

In 1995 the Discussion Group on Ageing recommended that residential care be restricted to the mentally or physically frail. Additional facilities, consisting of four-bed units, should be provided in rural areas and small towns linked to multi-purpose centres. The Department of Social Development accepted that residential care should be restricted in this way and many homes were closed or converted for other use, but no additional facilities were provided despite the special need in rural areas and small towns where no facilities existed.

The Aged Persons Amendment Act (No.100 of 1998) was an attempt to make residential homes more accessible, accountable and representative. Implementation has been problematic, partly owing to drafting problems and lack of co-ordination with other laws. However, many homes appointed management committees and are applying the assessment tool Dependency Questionnaire (DQ98) to new admissions and are observing protocols on elder abuse.

Management of the residential facilities was reflective of the racial profile of the residents, with 77% of board members and 77% of management committee members being white. Coloured members on boards or management committees was 8% and 11% respectively. Nevertheless,

66% of facilities had set up Management Committees in compliance with Section 3 of the Aged Persons Act. Almost two-thirds (64%) of management committees had been elected, with 29% having been appointed and 7% formed in other ways. Controlling bodies of the facilities comprised mainly church bodies, non-profit organizations and private trusts.

Care and nursing assistants comprised almost four out of every ten (39%) employees of the old age residential facilities. A further 19% were registered or enrolled nurses. Yet oversight of residential facilities remains the responsibility of Provincial Social Development/Social Services Departments, which are not equipped to monitor either the quality of medical care or the incidence of abuse. Since the provision of frail care for those in need of 24-hour care is official policy the division of responsibility between the Departments of Social Development and of Health needs to be clarified and clear norms and standards established for the operation of these facilities.

1.4 CARE FOR THE ELDERLY AT THE INTERNATIONAL LEVEL

The system of transformational leadership is used in most parts of the world in residential care facilities for older persons and claims that there is not one leadership style that works in all situations. A model of situational leadership in residential care was developed through a series of systematic steps that identified direct linkages between situational leadership and the main constructs of the Person-Centred Nursing Framework. The process included reviewing the evidence, undertaking a comparative analysis, identifying key concepts, connecting the concepts and developing a model (Journal of Nursing, 2011). Long-term care facilities for older people have been described as communities that combine the complex tasks of providing for private lives in public places (Peace et al., 1997). This complexity is seen most clearly in the continuous

tension around personal autonomy, control and risk taking for residents, and staff anxiety about, and responsibility for, safety and accountability (Grant & Norton, 2005, in Journal of Nursing Management, 2011). This system places efficient deployment of staff and routine processes ahead of the individual preferences of the residents. Research undertaken by O'Shea (2006) looked at the quality of life for older people in long-stay care settings in Ireland and demonstrated that the current model of residential care does not always support older people and indeed can be quite a restrictive form of long-term care (National Council on Ageing and Older People, 2006). The main focus of a model of situational leadership in residential care is on assisting the situational leader to effectively impact on the follower's performance in managing the care environment and delivering person-centred care. The process of developing the model involves a series of systematic steps that identifies direct linkages between situational leadership (Hersey & Blanchard, 1997) and the main constructs of the person-centred Nursing Framework (McCormack & McCance, 2010) and includes: (1) reviewing the evidence; (2) undertaking a comparative analysis and identifying key concepts; (3) connecting the concepts; and (4) developing a model (Journal of Nursing, 2011).

In long-term residential facilities, the organizational cultures are complex. They encompass attitudes, values and practices that influence how people live and work together. Culture has been defined as being a pattern of shared basic assumptions that the group learned as it solved its problems of external adaptation and internal integration, that has worked well enough to be considered valid and, therefore, to be taught to new members as the correct way to perceive, think, and feel in relation to these problems (Schein, 1992, p.12). Culture change is a philosophy and a process that seeks to transform the residential unit from a restrictive institution to a vibrant community of older adults and the people who care for them. The focus of culture change is to reinvent the nursing home so that the dependency and deterioration that seems almost inevitable after

nursing home admission is replaced by resident growth, creativity and a vastly improved quality of life. A key principle of culture change is a person-centered practice whereby residents and staff become empowered, self-determining decision-makers (Shields & Norton, 2006). Case studies of early organizations pursuing cultural transformation reveal that in order to create major culture change it was beneficial to have strong goal-orientated leadership (Green, 2004; Chapin, 2006). In many instances, the type of leadership required is transformational because culture change needs enormous energy and commitment to achieve outcomes (Bass, 1999). Transformational leadership is the process in which leaders and followers raise one another to higher levels of morality and motivation (Burns, 1978).

A transformational leader's main goal is to bring followers up to the level where they can succeed in accomplishing organizational tasks without direct leader intervention. Bass (1985) states that this involves a process in which transformational leaders analyze their relationships with their followers by diagnosing leader–follower relations, ensuring they have an understanding of the job demands and then match the maturity level or readiness of followers to the situation. Thus, they are in control of the situation and can identify successful ways of dealing with people by selecting a style of leadership that is both appropriate to the situation and to the maturity level/readiness of the followers. In essence the approaches used in transformational leadership can be aligned to the Situational Leadership Theory put forward by Hersey and Blanchard (1982).

Hersey and Blanchard (1982) states that the core competencies of a situational leader are the ability to diagnose the performance, competence and commitment of others, to be flexible and to partner for performance. The situational leadership model outlines four sets of leadership behaviours that result from combining high and low supporting behaviours (such as listening, providing feedback and encouraging) with high and low

directing behaviours (task-related behaviours such as demonstrating, instructing and monitoring). The four resulting styles are:

- (S1) High directing/low supporting leader behaviour is referred to as ‘directing’ because this style is characterized by one-way communication in which the leader defines the roles of followers, gives detailed rules and instructions while monitoring closely that they are followed and tells them what, how, when and where to do various tasks (Irgens, 1995).
- (S2) High directing/high supporting leader behaviour is referred to as ‘coaching’ because with this style the leader still provides a great deal of direction, but he/she also attempts to hear followers’ feelings about decisions as well as their ideas and suggestions. While two-way communication and support are increased, control over decision-making remains with the leader.
- (S3) Low directing/high supporting leader behaviour is referred to as ‘supporting’ because with this style the locus of control for day-to-day decision-making and problem-solving shifts from leader to follower. The leader’s role is to provide recognition and actively listen and facilitate problem-solving/decision making on the part of the follower.
- (S4) Low directing/low supporting leader behaviour is referred to as ‘delegating’ because the style involves letting the followers ‘run their own show’. The leader delegates as the followers are high in readiness and maturity, have the ability, and are both willing and able to take responsibility for decisions and implementation. Blanchard et al. (1993) states that the development level of the follower refers to the ‘extent to which a person has mastered the skills necessary for the task at hand and has developed a positive attitude toward the task’ (Blanchard et al., 1993, p28) and is based on multiple dimensions of a person’s competence and commitment. The authors assert that the leader must assess the developmental

level of the follower and adjust leading to the level demonstrated (Hersey & Blanchard, 1969).

The appropriate leadership styles of S1 (directing) to S4 (delegating) correspond to particular follower developmental levels, termed D1 to D4, respectively. The four developmental levels are:

- (D1) Enthusiastic beginner, low on competence and high on commitment;
- (D2) Disillusioned learner with increasing competence and low commitment;
- (D3) Capable but cautious contributor, with moderate to high competence and variable commitment; and
- (D4) Self-reliant achiever who is high on both competence and commitment.

Although popular management textbooks routinely include Hersey and Blanchard (1982, 1997) situational leadership theory in their leadership chapter, the theory has somewhat been overlooked within contemporary healthcare and research into the concept of situational leadership in nursing is limited (Johnson & d'Argenio, 1991, Sims, et al. 2009, Solman, 2010). However, the competencies and skills of the situational leader as outlined by Hersey and Blanchard (1997) can be considered for their appropriateness to support person-centred practice. The person-centred nursing framework provides us with the opportunity to integrate person-centred theory with situational leadership theory in order to identify the level of support that is required throughout the process of enlightenment, empowerment to that of the transformative action.

McCormack (2003) states that the rights of individuals as persons is the driving force behind person-centred health care and represents an attitude of respect for ordinary individuals to make rational decisions and

determine their own ends. Rodgers (in Nay & Garratt, 2009) developed the notion of client-centred counselling and was the first to suggest the term 'person-centred care'. Attention was drawn to the need for the rebalancing of the expert–client relationship to privilege the client and acknowledge their capacity for self-actualization. Tom Kitwood adapted these ideas to the dementia care setting and through his pioneering work at the Bradford Dementia Care Centre fully articulated the concept of person-centred care (Kitwood & Bredin, 1992). It has been widely acknowledged in the literature that Kitwood's ideas have provided a new sense of direction and purpose for practitioners working with older people in a range of care environments, including long-term care (McCormack 2004, Nolan et al. 2004, Nay & Garratt 2009). McCormack (2004) argues that there are four concepts underpinning person-centred practice: being in a relationship, being in a social world; being in a place and being with self. These concepts, in essence, capture all the defining characteristics as outlined above. In their recent publication, *Person-Centred Nursing: Theory and Practice*, McCormack and McCance (2010) use the definition of person-centeredness developed in a National Action Research Programme in Ireland, which defines person-centeredness as: "An approach to practice established through the formation and fostering of therapeutic relationships between all care providers, older people and others significant to them in their lives. It is underpinned by values of respect for persons, individual right to self-determination, mutual respect and understanding. It is enabled by cultures of empowerment that foster continuous approaches to practice development" (McCormack & McCance 2010, p.31). The development of the Person-Centred Nursing Framework by McCormack and McCance (2010) builds on the interconnectedness between caring and person-centeredness. The authors argue that both concepts are important for nursing practice and that the attributes of caring are implicit within a philosophy of person-centred nursing. The conceptual origins of the Person-Centred Nursing Framework (McCormack & McCance, 2006, 2010) are located in empirical work by McCormack

(2001, 2003), McCance, et al. (2001) and McCance (2003). Collectively they represent a synthesis of the then available literature on caring and person-centeredness.

With the focus on developing therapeutic relationships (McCormack & McCance, 2006). The Person-Centred Nursing Framework comprises four constructs:

- Prerequisites: focus on the attributes of the nurse and include, being professionally competent, having developed interpersonal skills, being committed to the job, being able to demonstrate clarity of beliefs and values, and knowing self.
- The care environment: focuses on the context in which care is delivered. In the original Framework, McCormack and McCance (2006) identified six characteristics of the care environment that enhance or limit person-centred nursing. However, in acknowledging the fact that significant work has been undertaken to evaluate the impact of the care environment itself, McCormack and McCance (2010) have added 'the physical environment' as an additional characteristic of the care environment construct. Therefore the care environment construct includes an appropriate skill mix; systems that facilitate shared decision-making; the sharing of power; effective staff relationships; organizational systems that are supportive; and the potential for innovation and risk-taking and the physical environment.
- Person-centred processes: focus on delivering care through a range of activities that operationalize person-centred nursing. This is the component of the framework that specifically focuses on the patient, describing person-centred nursing in the context of care delivery and includes working with the patient's beliefs and values; engagement; having sympathetic presence; sharing decision-making; and providing for physical needs. In their more recent

publication of the framework, McCormack and McCance (2010) have revised the component ‘providing for physical needs’ and now use the term ‘providing holistic care’.

- Expected outcomes: are the results of effective person-centred nursing and include satisfaction with care; feeling involved in care; having a feeling of well-being; the existence of a therapeutic environment, described as one in which decision-making is shared, staff relationships are collaborative, leadership is transformational and innovative practices are supported. McCormack and McCance (2010) state that in order to reach the centre of the framework and deliver positive outcomes, for both patients and staff, an account must be taken of the prerequisites and the care environment, which are necessary for providing effective care through person-centred processes. Since its development, the Person-Centered Nursing Framework has been used as a practical and systematic framework for guiding the development of person-centred cultures. Two examples are:
- Within the Belfast Health and Social Care Trust, a learning and development programme is taking place to enable nursing and midwifery teams to explore the concept of person-centredness within their own setting in order to improve care delivery (McCance & Gribben).
- In the Republic of Ireland an older person’s national practice development programme was commissioned over a 3-year period with 18 residential care facilities for older people. The main aim of the programme was to develop person-centred practice (McCormack & Dewing, McCormack & McCance, 2010).

Identifying the linkages between situational leadership (Hersey & Blanchard 1997) and the main constructs of the Person-Centred Nursing Framework (McCormack & McCance 2010) was an important step in the development of the model of situational leadership in residential care and

confirmed the strong relationship between situational leadership and person-centred practice. The process of connecting key concepts from both conceptual frameworks helped to develop the main focus of the model, namely, assisting the situational leader to effectively impact on the follower's performance in managing the care environment and delivering person-centred care. Hersey and Blanchard (1997) point out that when everyone supports the organizational vision it creates a deliberate focused culture that drives the desired outcomes. Therefore, within the model of situational leadership in residential care there needs to be a shared vision of what effective person-centred nursing looks like in the minds of the leader and follower. This vision is the desired outcome for person-centred practice and include: satisfaction with care; feeling involved in care; having a feeling of well-being; and the existence of a therapeutic environment, described as one in which decision-making is shared, staff relationships are collaborative, leadership is transformational and innovative practices are supported (McCormack & McCance, 2010). Hencley (1973) explained that, 'the situation approach maintains that leadership is determined not so much by the characters of the individuals as by the requirements of social situation'. In the model of situational leadership in residential care, the view of McCormack and McCance (2010) was drawn on since there are multifaceted characteristics and qualities contained within the environment of care that impact on the effectiveness of person-centred nursing and that 'the situation' is synonymous with the 'care environment'.

It follows then that the situational leader must identify the salient situational elements in the specific circumstances (Blanchard et al., 2003) in which care is delivered. The model of situational leadership in residential care aligns the construct 'prerequisites', within the Person-Centred Nursing Framework (McCormack & McCance, 2010) to the developmental levels, termed D1 to D4 in situational leadership (Hersey & Blanchard, 1982). The developmental level equates with the follower's performance and is described by Hersey and Blanchard (1997) as the degree of competence

and commitment a person has to perform a task without supervision. Similarly, the Person-Centred Nursing Framework makes explicit the assumption that in order for the nurse to perform effectively in delivering person-centred care, specific attributes need to be in place; these include being professionally competent, having well-developed interpersonal skills, being committed to the job, being able to demonstrate clarity of beliefs and values, and knowing self (McCormack & McCance, 2010). Hence, the model of situational leadership in residential care illustrates that within the Person-Centred Nursing Framework a situational leader may take on a different leadership style based on the situation/the environment in which the care is being delivered and the prerequisites/developmental levels of the follower who is delivering care through the person-centred processes.

1.5 PROBLEM STATEMENT

The research problem is defined as the heart or the axis in which the study conducted is based (Leedy and Ormrod, 1985). Similarly, Maxwell (1998:223) postulates that "something that is itself problematic or that has consequences that are problematic". The Residential Care Facilities around Ekurhuleni are currently experiencing the problem of lack of ; leadership competency that is causing them to fail to comply with the conditions for registration and the norms and standards for the Older Persons Act which then compels government officials to close them, which compromises the well-being of the elderly people. There is a need to establish whether leadership challenges indeed exist and, based on the findings, propose practical solutions in relation to leadership trends and strategies that may be adopted to enhance efficient performance in service delivery by the ministry.

1.6 PURPOSE STATEMENT

In view of the fact that the research problem is complex and given the nature and the sensitivity of the situation as outlined in the problem statement, the purpose of this research is to:

- Investigate the factors that lead to the lack of leadership which results in non-compliance with the Older Persons Act in the Residential Care Facilities for Older Persons in Ekurhuleni.
- Present the findings on the state of the current lack of leadership in the Residential Care Facilities for Older Persons in Ekurhuleni.
- Interpret and analyze the findings of the research.
- Recommend strategies for consideration to improve on identified gaps that exist in the management of the Residential Care Facilities for Older Persons in Ekurhuleni.

1.7 RESEARCH QUESTIONS

According to Maxwell (1998:229), “the research questions serve two main functions: to help you focus the study (the questions’ relationship to your goals and conceptual framework) and to give you guidance for how to conduct it (their relationship to methods and validity)”.

This research will therefore attempt to answer the following research questions:

1. What are the leadership trends already existing in the Residential Care Facilities for Older Persons in Ekurhuleni?
2. What are the leadership challenges facing the Residential Care Facilities for Older Persons in Ekurhuleni?
3. What leadership strategies should be newly adopted to ensure compliance within the Residential Care Facilities for Older Persons in Ekurhuleni?

1.8 SIGNIFICANCE OF THE STUDY

The need for this research originated when two Residential Care Facilities for Older Persons in Ekurhuleni burnt down and a number of others were closed due to lack of compliance that lead to the well-being of the older persons being put at risk.

There are three areas in which this study is significant and these are explained in more detail below.

1.8.1 Residential Care Facilities for Older Persons

The Residential Care Facilities for Older Persons will benefit from this study as it will provide them with the opportunity to voice their real organizational leadership challenges that might be the real reasons behind the failure to comply with the conditions for registration and the norms and standards of the Older Persons Act.

It is also expected that even informal Residential Care Facilities for Older Persons in the townships and in the informal settlements will obtain the help and support that they need to improve their leadership skills and be in a position to comply with the Act as well as the norms and standards so as to be registered and receive funding. Such a situation will assist facilities to become capacitated, monitored and evaluated, thus ensuring that older persons in the community are safe.

Therefore, investigating possible leadership challenges leading to non-compliance of these facilities may provide data that will further inform the Department of Social Development with regard to possible alternative solutions.

1.8.2 Government Departments

Social Development:

The Department of Social Development is the lead department as a custodian of the Older Person's Act No. 13 of 2006. With the co-operation of other departments such as Health and Local Government, the specific problems faced by the Residential Care Facilities which struggle to comply with the Act and the norms and standards will be investigated, and the department will thus be in a position to facilitate inter-departmental collaboration to help resolve these challenges.

Local Government:

This department will be provided with the recorded challenges which will provide information about why facilities are unable to become registered and request further information as to why the certificates of accessibility and health certificates as stipulated in the Older Persons Act No. 13 of 2006 are not issued, thus affording them the opportunity to correct the situation where possible.

Health:

This Department will be provided with recorded challenges which may provide possible reasons that prevent them from providing the Facilities with the support and capacity they need, and will thereby provide the Department with the opportunity to correct the situation where possible.

1.8.3 Academia

The study aims to catalyse and contribute to the debate around Leadership and Compliance in the Residential Care Facilities for Older Persons.

1.9 ETHICAL ISSUES

The researcher is employed by the Department of Social Development and is based in the Germiston area; therefore information by the respondents may be skewed in order to provide a positive image of their work in the hope that the non-compliant and unregistered Residential Care Facilities will not be victimized, and to secure future funding once registered.

Furthermore, the researcher is working in a unit responsible for registering and monitoring these facilities; therefore it is possible that respondents may hide information thinking that they will be exposed and punished for running unregistered and non-compliant facilities.

However, the intention was explained clearly to the respondents through the Older Person's Forums where the aim of the study was defined in the respondent's mother tongue/native language.

Representatives and Managers of various local Older Persons' Forums were asked to assist with finding suitable respondents and the researcher ensured that the process remained as objective as possible; however, the selection of respondents was mainly influenced by their availability.

The researcher also noted that there is limited research available on the topic that has been completed in South Africa; therefore the literature review guiding the study was based on information from other countries. Therefore, this study provides information for the targeted region only and will provide answers that are region-specific.

1.10 OUTLINE OF THE RESEARCH REPORT

To ensure a comprehensive presentation, this research report will be divided into six main chapters, as explained in more detail below:

Chapter 1: Introduction

This chapter provides a general overview to the study. It contains the location of the study, problem statement, purpose of the research and research questions, including background and contextual framework. The significance of the study will also be explained and the motivation for the choice of topic will be provided.

Chapter 2: Literature Review

This chapter outlines the basic conceptual framework of the study by providing literature exploration with regard to the topic and research questions to be discussed. The review of "*Leadership and the different Theories of Leadership"* provides a broad framework that sets the basis to discuss the findings of the research, and also to generate valuable information.

Chapter 3: Research Methodology

This part of the research report describes the research process in depth, including the research design, sampling technique, data collection mechanisms and instruments used in the study.

Chapter 4: Presentation of Data

This chapter presents the current situation of the Residential Care Facilities Centre Managers and Management Committees in Ekurhuleni region. It will also provide feedback from the people interviewed and conclusions drawn.

Chapter 5: Interpretation and Analysis of Findings

This chapter will provide the findings of the study, where the research data has been collated and clustered into themes that have merged to provide

conclusive evidence for generalization purposes. It will also highlight the positive observations made by the Residential Care Facilities irrespective of their non-compliance and registration status. Areas that require improvement, the impact of legislation on the functioning of these facilities, as well as the conclusions drawn, will also be provided.

Chapter 6: Conclusions and Recommendations

This chapter will offer conclusions and recommendations based on the findings of the study. The researcher will investigate factors that contribute to the lack of professional and technical capacity among the Facility managers and management committees in the Residential Care Facilities leading to them being unable to comply with the Older Persons Act and thus not being able to become registered and funded. A summarized presentation of these findings and recommendations will be mentioned and discussed.

CHAPTER TWO
LITERATURE REVIEW

2.1 INTRODUCTION

According to Teelken, Ewan and Dent (2012), leadership has been and remains one of the leading themes in organizational studies and other fields of research, usually influenced by psychological viewpoints. Leadership studies have expanded significantly over the past thirty years, along with the greater emphasis on the role of senior leaders in institutions and organizations.

This section of the report provides an overview of various theories and approaches to leadership and management imperatives, with the purpose of establishing a relationship between leadership capabilities and organizational growth and its effectiveness.

2.2 LITERATURE REVIEW

2.2.1 Definition

Literature Review is about reviewing the accumulated knowledge about the question one is conducting research on. As in other areas of life, it is best to find out what is already known about a question before trying to answer it oneself. It is something specific to an academic context. Since all research is based on previous research, the literature review is the place where previous research is discussed and current research is located. It is where the writer examines the key concepts and theory, and discusses the conceptual framework. According to Neuman (2011:111), “A literature review is based on the assumption that knowledge accumulates and that people learn from and build on what others have done. Today’s studies

seek to Researchers read studies to compare, replicate, or criticize them for weakness". Literature review contains an argument as to what exists in the literature. It is a representation of the literature with evidence drawn from articles, books and other sources to support the claims being made.

2.2.2 Goals of Literature Review

Literature review plays a central role in research. According to Boote (2006), a thorough sophisticated literature review is the foundation and inspiration for substantial and useful research. Neuman (2011) defines a literature review as a concept that is based on the assumption that knowledge accumulates, and that people learn from and build on what others have studied. To that end, he provides a list of the goals that literature reviews should seek to achieve, as follows:

1. To demonstrate a familiarity with a body of knowledge and establish credibility A review tells the reader that the researcher is familiar with the research in an area and knows the major issues.
2. To show the path of prior research and how a current project is linked to it: A review outlines the direction of research on a question and shows the development of knowledge.
3. To integrate and summarize what is known in an area: A review pulls together and synthesizes different results.
4. To learn from others and stimulate new ideas: A review tells what others have found so that a researcher can benefit from the efforts of others" (Neuman, 2011:111).

Boote (2006) also correctly reinforces this understanding of the role of the literature review by asserting that a researcher cannot perform significant research without first understanding the literature in the field. Not understanding the prior research clearly puts the researcher at a disadvantage.

2.2.3 Types of Literature Review

Neuman (2011) provides a clear understanding that there are different types of literature review that a researcher might choose to undertake; and these are as follows:

1. *Context Review:* A common type of review in which the author links a specific study to a larger body of knowledge. It often appears at the beginning of a research report and introduces the study by situating it within a broader framework and showing how it augments or builds on a developing line of thought or study.
2. *Historical Review:* A specialised review in which the author traces an issue over time. It can be merged with a theoretical or methodological review to show how concept, theory, or research method developed over time.
3. *Integrative Review:* A common type of review in which the author presents and summarises the current state of knowledge on a topic, highlighting agreements and disagreements within it. It is often combined with a context review or may be published as an independent article as a service to other researchers.
4. *Methodological Review:* A specialised type of integrative review in which the author compares and evaluates the relative methodological strength of various studies and shows how different methodologies (such as research designs, measures, samples) account for different results.
5. *Self-Study Review:* A review in which an author demonstrates his or her familiarity with a subject area. It is often part of an educational programme or course requirement.
6. *Theoretical Review:* A specialized review in which the author presents several theories or concepts focused on the same topic

and compares them on the basis of assumptions, logical consistency, and scope of explanation (Neuman, 2011:112).

2.3 LEADERSHIP

According to Northouse (2007:2), there was in the past, “a number of classification systems developed to define the dimensions of leadership. Some definitions view leadership as the *focus of group processes*. From this perspective, the leader is at the centre of group change and activity and embodies the will of the group. Another group of definitions conceptualizes leadership from a *personality perspective*, which suggests that leadership is a combination of special traits or characteristics that individuals possess and that enable them to induce others to accomplish tasks. Other approaches to leadership have defined it as an *act* or *behaviour* − the things leaders do to bring about change in a group. Leadership has also been defined in terms of *power relationship* that exists between leaders and followers. From this point of view, leaders have power and wield it to effect change in others. Others view leadership as a *transformational process* that moves followers to accomplish more than what is usually expected of them. Finally, some scholars address leadership from a *skills perspective*. This viewpoint stresses the capabilities (knowledge and skills) that make effective leadership possible”. Leadership involves influence; it is concerned with how the leader affects followers. Influence is the *sine qua non* of leadership. Without influence, leaders do not exist. Lussier (2010) argues that leadership is the influencing process of leaders and followers to achieve organisational objectives through change. Since leaders have influence, for their influence to be effective they need to have a relationship with followers. Influencing is the process of a leader communicating ideas, gaining acceptance of them, and motivating followers to support and implement the ideas through change. Managers may coerce subordinates to influence their behaviour, but leaders do not. Leaders gain the

commitment and enthusiasm of followers who are willing to be influenced. Most of the leadership research is concerned with the relationship between leaders and followers. Effective managers know when to lead and when to follow. Thus, leaders and followers often change roles throughout the influencing process.

Leaders may use different leadership styles; leadership style is the combination of traits, skills, and behaviours leaders use as they interact with followers. Although a leadership style is based on traits and skills, the important component is the behaviour, because it is a relatively consistent pattern of behaviour that characterises a leader. A precursor to the behaviour approach recognised autocratic and democratic leadership styles. In the 1930s, before behavioural theory became popular, Kurt Lewin and associates conducted studies at the University of Iowa that concentrated on the leadership style of the manager. Their studies identified two basic leadership styles. The first leadership style is *Autocratic Leadership Style;* this kind of leader makes the decisions, tells employees what to do, and closely supervises workers. The second leadership style is Democratic Leadership Style; this kind of leader encourages participation in decisions, works with employees to determine what to do, and does not supervise employees too closely (Lussier, 2010).

Leaders need to be caring in order for them to be able to create safe institutions. According to Bass (1985:53-54) leaders need to have charisma in order for them to be effective and to have a better relationship with their followers. House (1977) offers seven propositions about the more overt aspects of charismatic leadership in complex organisations that fit with social and organisational psychology. These are outlined below.

1. Characteristics that differentiate leaders who have charismatic effects on subordinates from leaders who do not have such charismatic effects are dominance and self-confidence, need for

influence, and a strong conviction in the moral righteousness of their beliefs (p.194).

2. The more favourable (attractive, nurturant, successful, or competent) the perceptions of the potential follower towards a leader the more the follower will model: (a) the [values] of the leader; (b) the expectations of the leader that effective performance will result in desired or undesired outcomes for the follower; (c) the emotional responses of the leader to work-related stimulii; (d) the attitudes of the leader toward work and toward the organisation (p.196).
3. Leaders who have charismatic effects are more likely to engage in behaviours designed to create the impression of competence and success than leaders who do not have such effects (p.197).
4. Leaders who have charismatic effects are more likely to articulate ideological goals than leaders who do not have such effects (p.198).
5. Leaders who simultaneously communicate high expectations of, and confidence in, followers are more likely to have followers who accept the goals of the leader and believe that they can contribute to goal accomplishment and are more likely to have followers who strive to meet specific and challenging performance standards (p.201).
6. Leaders who have charismatic effects are more likely to engage in behaviours that arouse motives relevant to the accomplishment of the mission than are leaders who do not have charismatic effects(p.203).
7. A necessary condition for a leader to have charismatic effects is that the role of the followers be definable in ideological terms that appeal to the follower (p.205).

2.4 THEORIES OF LEADERSHIP

2.4.1 Contingency Theory

According to Northouse (2007:114), “contingency theory is concerned with styles and situations. It provides the framework for effectively matching the leader and the situation. Within the framework of contingency theory, leadership styles are described as *task motivated* or *relationship motivated*. Task Motivated leaders are concerned primarily with reaching a goal, whereas Relationship Motivated leaders are concerned with developing close interpersonal relationships. To measure leader styles, Fiedler developed the Least Preferred Co-worker (LPC) scale. Leaders who score high on this scale are described as relationship motivated, and those who score low on this scale are identified as task motivated”.

This model suggests that situations can be characterised in terms of three factors: *leader-member relations, task structure, and position power*. *Leader-member relations* consist of the group atmosphere and the degree of confidence, loyalty, and attraction that followers feel for their leader. If group atmosphere is positive and subordinates trust, like, and get along with their leader, the leader-member relations are defined as good; on the other hand, if the atmosphere is unfriendly and friction exists within the group, the leader-member relations are defined as poor. Whilst the second situational variable, *task structure*, is the degree to which the requirements of a task are clear and spelled out, tasks that are completely structured tend to give more control to the leader, whereas vague and unclear tasks lessen the leader’s control and influence. Then lastly, *position power* is the amount of authority a leader has to reward or to punish followers. It includes the legitimate power individuals acquire as a result of the position they hold in an organization. Position power is strong if a person has the authority to hire and fire or to give raises in rank or pay; it is weak if a

leader does not have the right to do those things (Northouse, 2007:114-115).

Contingency theory has a number of strengths. First, it is supported by a great deal of empirical research. Many researchers have tested it and have found it to be a valid and reliable approach to explaining how effective leadership can be achieved. Second, contingency theory has broadened the understanding of leadership by forcing researchers to consider the impact of situations on leaders. Third, contingency theory is predictive and therefore provides useful information about the type of leadership that is most likely to be effective in certain contexts. Fourth, this theory is advantageous because it does not require that people must be effective in all situations. Fifth and last, contingency theory provides data on leaders' styles that could be useful to organisations in developing leadership profiles (Northouse, 2007:115).

Even though a number of studies support the validity of contingency theory, it has also received much criticism in the research literature. First, contingency theory has been criticised because it fails to explain fully why people with certain leadership styles are more effective in some situations than in others. A second major criticism of this theory concerns the LPC scale; this scale has been questioned because it does not appear valid on the surface, it does not correlate well with other standard leadership measures and it is not easy to complete correctly. A final criticism of contingency theory is that it fails to explain adequately what organisations should do when there is a mismatch between the leader and the situation in the workplace. Because it is a personality theory, contingency theory does not advocate teaching leaders how to adapt their styles to various situations as a means to improve leadership in an organisation (Northouse, 2007:118-119).

2.4.2 Path-Goal Theory

According to Northouse (2007:127-128), “Path-goal theory is about how leaders motivate subordinates to accomplish designated goals. Drawing heavily from research on what motivates employees, path-goal theory first appeared in the leadership literature in the early 1970s in the works of Evans (1970), House (1971), House and Dessler (1974), and House and Mitchell (1974). The stated goal of this leadership theory is to enhance employee performance and employee satisfaction by focusing on employee motivation. For the leader, the challenge is to use a leadership style that best meets subordinates’ motivational needs. This is done by choosing behaviours that complement or supplement what is missing in the work setting to enhance subordinates’ goal attainment by providing information or rewards in the work environment; leaders provide subordinates with the elements they think their subordinates need to reach their goals.”

Path-goal theory is designed to explain how leaders can help subordinates along the path to their goals by selecting specific behaviours that are best suited to subordinates’ needs and to the situation in which subordinates are working. By choosing the appropriate style, leaders increase subordinates’ expectations for success and satisfaction. Path goal theory can better be explained by breaking it down into smaller units. It can be divided into three components named *Leader Behaviours*, *Subordinate Characteristics* and *Task Characteristics*. Path-goal theory suggests that each type of leader behaviour has a different kind of impact on subordinates’ motivation. Whether a particular leader behaviour is motivating to subordinates is contingent on the subordinates’ characteristics and the characteristics of the task (Northouse, 2007:128-129).

Leader Behaviours has examined directive, supportive and achievement-oriented leadership behaviours. Directive leadership characterises a leader who gives subordinates instructions about their task, including what is expected from them, how it is to be done, and the timeline for when it should be completed. A directive leader sets clear standards of performance and makes the rules and regulations clear to subordinates. Supportive leadership resembles the consideration behaviour construct that was identified by the Ohio State studies. Supportive leadership consists of being friendly and approachable as a leader and includes attending to the well-being and human needs of subordinates. Leaders using supportive behaviours make the effort to make work pleasant for subordinates. Supportive leaders also treat subordinates as equals and give them respect for their status (Northouse, 2007:129-130).

Participative leadership consists of inviting subordinates to share in the decision-making. A participative leader consults with subordinates, obtains their ideas and opinions, and integrates their suggestions into the decisions about how the group or organisation will proceed. Achievement-oriented leadership is characterised by a leader who challenges subordinates to perform work at the highest level possible. This leader establishes a high standard of excellence for subordinates and seeks continuous improvement. In addition to expecting a lot from subordinates, achievement-oriented leaders show a high degree of confidence that subordinates are capable of establishing and accomplishing challenging goals (Northouse, 2007:130).

Subordinate Characteristics determine how a leader's behaviour is interpreted by subordinates in a given work context. Path-goal theory predicts that subordinates who have strong needs for affiliation prefer supportive leadership because friendly and concerned leadership is a source of satisfaction. For subordinates who are dogmatic and authoritarian and have to work in uncertain situations, path-goal theory

suggests directive leadership because that provides psychological structure and task clarity. Directive leadership helps these subordinates by clarifying the path to the goal and making it less ambiguous. The authoritarian type of subordinate feels more comfortable when the leader provides a greater sense of certainty in the work setting. Subordinates' desires for control can be subdivided into internal and external dimensions. Subordinates with an internal locus of control believe that they are in charge of the things that occur in their life, whereas those with an external locus of control believe that chance, fate, or outside forces determine life events. This theory suggests that for subordinates with an internal locus of control, participative leadership is most satisfying because it allows them to feel in charge of their work and to be an integral part of decision-making. For subordinates with an external locus of control, path-goal theory suggests that directive leadership is best because it parallels subordinates' feelings that outside forces control their circumstances (Northouse, 2007:131-132).

Task Characteristics also have a major impact on the way a leader's behaviour influences subordinates' motivation. Task characteristics include the design of the subordinate's task, the formal authority system of the organisation, and the primary work group of subordinates. Collectively, these characteristics in themselves can provide motivation for subordinates. When a situation provides a clearly structured task, strong group norms, and an established authority system, subordinates will find the paths to desired goals apparent and will not need a leader to clarify goals or coach them in how to reach these goals. Subordinates will feel as if they can accomplish their work and that their work is of value. Leadership in these types of contexts could be seen as unnecessary, non-empathic and excessively controlling (Northouse, 2007:132).

In some situations, however, the task characteristics may call for leadership involvement. Tasks that are unclear and ambiguous call for

leadership input that provides structure. Furthermore, tasks that are highly repetitive call for leadership that gives support in order to maintain subordinates' motivation. In work settings where the formal authority system is weak, leadership becomes a tool that helps subordinates by making the rules and work requirements clear. In contexts where the group norms are weak or non-supportive, leadership assists in building cohesiveness and role responsibility (Northouse, 2007:132).

A special focus of path-goal theory is on helping subordinates overcome obstacles. Obstacles could be anything in the work setting that gets in the way of subordinates. Specifically, obstacles create excessive uncertainties, frustrations or threats for subordinates. In these settings, path-goal theory suggests that it is the leader's responsibility to help subordinates by removing these obstacles or helping them to negotiate around them. Helping subordinates deal with obstacles will increase subordinates' expectations that they can complete the task and increase their sense of job satisfaction (Northouse, 2007:132-133).

2.4.3 Situational Approach

Northouse (2007:91) explains that, "One of the more widely recognised approaches to leadership is the situational approach, which was developed by Hersey and Blanchard (1969) based on Reddin's (1967) 3-D management style theory. This situational approach has been refined and revised several times since its inception and it has been used extensively in organisational leadership training and development". As the name suggests, situational leadership focuses on leadership in situations. The evidence of the theory is that different situations demand different kinds of leadership. From this viewpoint, to be an effective leader requires that a person adapts his or her style to the demands of different situations.

Situational leadership stresses that leadership is composed of both a directive and a supportive dimension, and each has to be applied appropriately in a given situation. To determine what is needed in a particular situation, a leader must evaluate her or his employees and assess how competent and committed they are to perform a given task. Based on the assumption that employees' skills and motivation vary over time, situational leadership suggests that leaders should change the degree to which they are directive or supportive to meet the changing needs of subordinates. Briefly, the essence of situational leadership demands that a leader match his or her style to the competence and commitment of the subordinates. Effective leaders are those who can recognise what employees need and then adapt their own style to meet those needs (Northouse, 2007:91).

The first part of the situational leadership model concerns the leadership styles of the leader. *Leadership style* consists of the behaviour pattern of a person who attempts to influence others. It includes both directive (task) behaviours and supportive (relationship) behaviours. Directive behaviours help group members to accomplish goals by giving directions, establishing goals and methods of evaluation, setting timelines, defining roles, and showing how the goals are to be achieved. Directive behaviours clarify, often with one-way communication, what is to be done, how it is to be done, and who is responsible for doing it. Supportive behaviours help group members feel comfortable about themselves, their co-workers, and the situation. Supportive behaviours involve two-way communication and responses that show social and emotional support to others. Instances of supportive behaviours include asking for input, solving problems, praising, sharing information about oneself, and listening. Supportive behaviours are mostly work-related (Northouse, 2007: 93).

Leadership styles can be classified further into four distinct categories of directive and supportive behaviours. The first style is a *high directive-low*

supportive style, which is called *directing* style. In this approach, the leader focuses communication on goal achievement and spends a smaller amount of time using supportive behaviours. Using this style, a leader gives instructions about what and how goals are to be achieved by the subordinates and then supervises them carefully.

The second style is called a *coaching* approach and is a *high directive-high supportive* style. In this approach, the leader focuses communication on both achieving goals and meeting subordinates' socio-emotional needs. The coaching style requires that the leader involve himself or herself with subordinates by giving encouragement and soliciting subordinate input. Nevertheless, coaching is an extension of high directive-low supportive style in that it still requires that the leader makes the final decision on the *what* and *how* of goal accomplishment (Northouse, 2007:93).

The third style is a *supporting* approach that requires that the leader take a *high supportive-low directive style*. In this approach, the leader does not focus exclusively on goals but uses supportive behaviours that bring out the employees' skills around the task to be accomplished. The supportive style includes listening, praising, asking for input and giving feedback. A leader using this style gives subordinates control of day-to-day decisions but remains available to facilitate problem-solving. The fourth style is *low supportive-low directive* style, a *delegating* approach. In this approach, the leader offers less task input and social support, facilitating employees' confidence and motivation in reference to the task. The delegative leader reduces his or her involvement in planning, control of details and goal clarification. After the group agrees on what they are to do, this style allows subordinates to take responsibility for getting the job done the way they see fit. A leader using this style gives control to subordinates and refrains from intervening with unnecessary social support (Northouse, 2007:94).

A second major part of the situational leadership model concerns the developmental level of subordinates. Development level is the degree to which subordinates have the competence and commitment necessary to accomplish a given task or activity. Stated another way, it indicates whether a person has mastered the skills to undertake a specific task and whether a person has developed a positive attitude regarding the task. Employees are at a high development level if they are interested and confident in their work and they know how to do the task. Employees are at a low development level if they have little skill for the task at hand but feel as if they have the motivation or confidence to get the job done (Northouse, 2007:94).

Iin relation to a certain task, employees can be classified into four categories: D1, D2, D3 and D4, ranging from low development to high development. Specifically, D1 employees are low in competence and high in commitment. They are new to the task and do not know exactly how to do it, but they are excited about the challenge of it. D2 employees are described as having some competence and low commitment. They have started to learn a job, but they also have lost some of their initial motivation about the job. D3 represents employees who have moderate to high competence but may lack commitment. They have essentially developed the skills for the job, but they are uncertain as to whether they can accomplish the task by themselves. Lastly, D4 employees are the highest in development, having both a high degree of competence and a high degree of commitment to getting the job done. They have both the skills to perform the job and the motivation to get it done (Northouse, 2007:95).

2.5 THEORETICAL FRAMEWORK

2.5.1 The Leadership Challenge

Leadership is not only about personality but also about practice. Kouses and Posner forged these common practices into a model of leadership, and they offer it as guidance for leaders to follow as they attempt to keep their own bearings and guide others toward peak achievements. As they looked deeper into the dynamic process of leadership, through case analyses and survey questionnaires, they uncovered five practices of exemplary leadership: (1) Model the Way; (2) Inspire a Shared Vision; (3) Challenge the Process; (4) Enable Others to Act; and (5) Encourage the Heart. These practices are not the private property of the people Kouses and Posner studied or of a few shining stars. They are available to anyone, in any organisation or situation, who accepts the leadership challenge (Kouses & Posner, 2002:13).

2.5.2 Model the Way

According to Kouses et al (2002:14), “Exemplary leaders know that if they want to gain commitment and achieve the highest standards, they must be the models of the behaviour they expect of others. Leaders model the way (and in order to effectively model the behaviour they expect of others, leaders must first be clear about their guiding principles. A leader needs to open up his or her heart and let people know what they really think and believe, which requires talking about their values. Leaders must lead from what they believe. They need to find their own voice, and clearly and distinctively give voice to their values. Leaders are supposed to stand up for their beliefs, so they need to clarify what these are. Leaders’ deeds are more important than their words when determining how serious they really are about what they say. Words and deeds must be consistent. Exemplary

leaders go first through setting the example through daily actions that demonstrate they are deeply committed to their beliefs.

2.5.3 Inspire a Shared Vision

Kouses et al (2002:15) explains that, “Every organisation, every social environment, begins with a dream. The dream or vision is the force that invents the future. Leaders inspire a shared vision.” (). This suggests that leaders gaze across the horizon of time, imagining the attractive opportunities that are in store when they and their constituents arrive at a distant destination. They have a desire to make something happen, to change the way things are, to create something that no-one else has ever created before. In some ways, leaders live their lives backward. They see pictures in their mind’s eye of what the results will look like even before they have started their project, much as an architect draws a blueprint or an engineer builds a model. Their clear image of the future pulls them forward. Yet visions seen only by leaders are insufficient to create an organised movement or a significant change in a company. A person with no constituents is not a leader, and people will not follow until they accept a vision as their own. Leaders cannot command commitment, only inspire it. To enlist support, leaders must have intimate knowledge of people’s dreams, hopes, aspirations, visions and values..

2.5.4 Challenge the Process

Kouses et al (2002:16-17) explains that, “Leaders are pioneers – people who are willing to step out into the unknown. They search for opportunities to innovate, grow and improve. But leaders aren’t the only creators or originators of new products, services, or processes. In fact, it’s more likely that they’re not: innovation comes more from listening than from telling. The leader’s primary contribution is in the recognition of good ideas, the support of those ideas, and the willingness to challenge the system to get

new products, processes, services, and systems adopted. It might be more accurate, then, to say that leaders are early adopters of innovation. Furthermore, according to Kouses et al (*ibid*), "Leaders know well that innovation and change all involve experimentation, risk and failure. They proceed anyway. One way of dealing with the potential risks and failures of experimentation is to approach change through incremental steps and small wins. Little victories, when piled on top of each other, build confidence that even the biggest challenges can be met. In so doing, they strengthen commitment to the long-term future. Yet not everyone is equally comfortable with risk and uncertainty. Leaders also pay attention to the capacity of their constituents to take control of challenging situations and become fully committed to change."

2.5.5 Enable Others to Act

According to Kouses et al (2002:18-19), "Exemplary leaders enable others to act. They foster collaboration and build trust. This sense of teamwork goes far beyond a few direct reports or close confidants. They engage all those who must make the project work – and in some way, all who must live with the results. In today's 'virtual' organisation, cooperation can't be restricted to a small group of loyalists; it must include peers, managers, customers and clients, suppliers, citizens – all those who have a stake in the vision". Furthermore, as Kouses et al (*ibid*) explains, "Leaders make it possible for others to do good work. They know that those who are expected to produce the results must feel a sense of personal power and ownership. Leaders understand that the command-and-control techniques of the Industrial Revolution no longer apply. Instead, leaders work to make people feel strong, capable, and committed. Leaders enable others to act not by hoarding the power they have but by giving it away. Exemplary leaders strengthen everyone's capacity to deliver on the promises they make. When people are trusted and have more discretion, more authority, and more information, they're much more likely to use their energies to

produce extraordinary results. Constituents neither perform at their best nor stick around for very long if their leader makes them feel weak, dependent, or alienated. But when a leader makes people feel strong and capable – as if they can do more than they ever thought possible – they'll give it their all and exceed their own expectations".

2.5.6 Encourage the Heart

It has been observed that, "The climb to the top is arduous and long. People become exhausted, frustrated, and disenchanted. They're often tempted to give up. Leaders encourage the heart of their constituents to carry on. Genuine acts of caring uplift the spirits and draw people forward. Encouragement can come from dramatic gestures or simple actions. It is part of the leader's job to show appreciation for people's contribution and to create a culture of celebration" (Kouses et al, 2002:19). Furthermore, according to Kouses et al (2002:19-20), "Recognition and celebration aren't about fun and games, though there is a lot of fun and there are a lot of games when people encourage the hearts of their constituents. Neither are they about pretentious ceremonies designed to create some affected sense of companionship. When people see a fake making noisy affectation, they turn away in disgust. Encouragement is a curiously serious business. It's how leaders visibly and behaviourally link rewards with performance. When striving to raise quality, recover from disaster, start up a new service, or make dramatic change of any kind, leaders make sure people see the benefit of behaviour that's aligned with cherished values.

2.6 CONCLUSION

Definitions by different authors on literature review all showed importance of reviewing literature and how it will benefit the researcher and the study that is about to be undertaken. Furthermore, it was mentioned that

reviewing literature will also assist the researcher to know whether the research topic or focus is relevant or whether it has been researched before. If so, the researcher will then know what aspect to focus upon, instead of reinventing the same process.

The concept of leadership was explored and discussed, different types of leadership and theories were also explained. The chosen theoretical framework which is the leadership challenge was explained in detail.

CHAPTER THREE
RESEARCH METHODOLOGY

3.1 INTRODUCTION

This part of the research report will first provide a definition of what research methodology is. The chapter will then elaborate on the research methods used in data collection and analysis through interviews and usage of questionnaires. This will be followed by concluding remarks.

3.2 DEFINITION OF RESEARCH METHODOLOGY

It seems appropriate at this juncture to explain the difference between research methods and research methodology. Research methods may be understood as all those methods/techniques that are used to undertake research. Research methods or techniques thus refer to the methods the researchers use in performing research operations. In other words, all those methods which are used by the researcher during the course of studying his research problem are termed research methods. Since the object of research, particularly applied research, it to arrive at a solution for a given problem, the available data and the unknown aspects of the problem have to be related to each other to make a solution possible. Keeping this in view, research methods can be allocated to the following three groups:

1. In the first group are those methods which are concerned with the collection of data. These methods will be used where the data already available are not sufficient to arrive at the required solution;
2. The second group consists of those statistical techniques which are used for establishing relationships between the data and the unknown factors;

3. The third group consists of those methods which are used to evaluate the accuracy of the results obtained.

Research methods falling in the last two groups are generally taken as the analytical tools of research (Ostle & Mensing, 1975).

Research methodology is a way to systematically solve the research problem. It may be understood as the science of studying how research is done scientifically. The various steps that are generally adopted by a researcher in studying the research problem are explained as well as the logic that underpins them. It is necessary for the researcher to be familiar with not only the research methods/techniques but also the methodology. Researchers not only need to know how to develop certain indices or tests, how to calculate the mean, the mode, the median or the standard deviation or chi-square, and how to apply particular research techniques, but they also need to know which of these methods or techniques are most relevant and which are not, and which are more suited to a specific situation. Researchers also need to understand the assumptions underlying various techniques as well as the criteria by which they can decide that certain techniques and procedures will be applicable to certain problems and others will not. All this means that it is necessary for the researcher to design the methodology that will examine the problem as there may be variances between similar situations or challenges. (Ostle & Mensing, 1975).

In undertaking research, the scientist has to expose the research decisions to evaluation before they are implemented and specify clearly and precisely what proposals are selected and why, so that they may be peer-evaluated. It is apparent that research methodology has many dimensions and research methods constitute a part of the research methodology. The scope of research methodology is wider than that of research methods. Thus, when research methodology is addressed, it

comprises not only the research methods but also considers the logic behind the methods that are selected in the context of the particular research study and explains the reasons for the selection. This ensures that the research results are capable of being evaluated either by the researcher or by others. The selection of methodology should also address questions related to why a research study has been undertaken, how the research problem has been defined, in what way and why the hypothesis has been formulated, what data have been collected and what particular method has been adopted, and why a particular technique of analyzing data has been used (Ostle & Mensing, 1975).

3.3 APPROACHES TO RESEARCH

There are two broad approaches which provide a starting point in trying to understand the collection of information for research purposes: quantitative research and qualitative research methodologies. The early form of research originated in the natural sciences such as biology, chemistry, physics, and geology, and was concerned with investigating things which could be observed and measured in some way. Such observations and measurements can be made objectively and repeated by other researchers. This process is referred to as “quantitative research”. What emerged later was researchers working in the social sciences such as psychology, sociology, and anthropology. They were interested in studying human behaviour and the social world inhabited by human beings (Morgan, 1983). They found increasing difficulty in trying to explain human behaviour in simply measurable terms. Measurements can explain how often or how many people behave in a certain way but they do not adequately answer the question “why?” The kind of research which attempts to increase understanding of why things are the way they are in the social world and why people act the way they do is called “qualitative research” (Marshall & Rossman, 1999).

3.3.1 Quantitative Research Methodology

Quantitative research is described by the terms ‘empiricism’ (Leach, 1990) and ‘positivism’ (Duffy, 1985). It derives from the scientific method used in the physical sciences (Cormack, 1991). This research approach is an objective, formal systematic process in which numerical data findings apply. It describes, tests, and examines cause and effect relationships (Burns & Grove, 1987), using a deductive process of knowledge attainment (Duffy, 1985). Whereas quantitative methodologies test theory deductively from existing knowledge, through developing hypothesized relationships and proposed outcomes for study, qualitative researchers are guided by certain ideas, perspectives or hunches regarding the subject to be investigated (Cormack, 1991). Quantitative research differs from qualitative approaches as it develops theory inductively. There is no explicit intention to count or quantify the findings, which are instead described in the language employed during the research process (Leach, 1990). For sampling purposes, quantitative research demands random selection of the sample from the study population and the random assignment of the sample to the various study groups (Duffy, 1985). Statistical sampling relies on the study sample to develop general laws which can be generalized to the larger population. The advantage of results obtained from random sampling is that the findings have an increased likelihood of being generalizable. The disadvantage and weakness of the quantitative approach is that random selection is time-consuming, with the result that many studies use more easily obtained opportunistic sample (Duffy, 1985). This inhibits the possibilities of generalization, especially if the sample is very small.

In quantitative research, the investigators maintain a detached, objective view in order to understand the facts (Duffy, 1986). The use of some methods may require no direct contact with subjects at all, as in postal questionnaire surveys. It can be argued that even interview surveys

require the researcher to have little, if any, contact with respondents, especially if hired staff carry out most of the interviews (Bryman, 1988). The strength of such a detached approach is the avoidance of researcher involvement, guarding against biasing the study and ensuring objectivity. Spencer (1983) argues that little is derived from such an indirect researcher-subject relationship especially in the health care setting. His major criticism is that the detached approach treats the participants as though they are objects and, as such, places hospitals on a par with car repair garages. Cormack (1991) also emphasizes the weaknesses of such an approach and argues that the research participants are usually not fully informed about the study, and are often left untouched by the research itself but are nonetheless expected to transfer the findings into practice. These arguments are examples of the criticism that quantitative methods treat people merely as a source of data.

3.3.2 Qualitative Research Methodology

A qualitative approach is used as a vehicle for studying the empirical world from the perspective of the subject, and not the researcher (Duffy, 1987). Benoliel (1985) expands on this aspect and describes qualitative research as ‘modes of systematic enquiry concerned with understanding human beings and the nature of their transactions with themselves and with their understandings’. The aim of qualitative research is to describe certain aspects of a phenomenon, with a view to explaining the subject of study (Cormack, 1991). The methodology itself is also described as phenomenology (Duffy, 1985) or as a humanistic and idealistic approach (Leach, 1990), with its origins lying in the disciplines of history, philosophy, anthropology, sociology and psychology (Cormack, 1991).This historical foundation, which is not that of the physical science domain, has been cited as one of the great weaknesses of qualitative research. For sampling purposes, qualitative research, because of the in-depth nature of studies and the analysis of the data required, usually relates to a small, selective

sample (Cormack, 1991). A weakness of this approach can be the suspicion that the researcher could have been influenced by a particular predisposition, affecting the generalizability of the small-scale study (Bryman, 1988). This suggests that qualitative research has low population validity. However, the strength of this approach is seen when the sample is well defined, since then it can be generalized to a population at large (Hinton, 1987). Raggucci's (1972) ethnographic organizational study demonstrated the values of this approach in studying the benefits and practices of minority ethnic groups.

Qualitative methodologies also have supposed strengths and weaknesses regarding the closeness of the relationship between researcher and respondent. Duffy (1986) argues that the strength of such an interactive relationship is that the researcher obtains first-hand experience providing valuable meaningful data. As the researcher and the subject spend more time together, the data are more likely to be honest and valid (Bryman, 1988). Supporting this argument is the study by Baruch (1981) which reveals that time and the subsequent relationship built between the researcher and the subjects is crucial for a genuine understanding of the challenges. This appears to be a major strength of the qualitative approach itself, as Woodhouse and Livingwood (1991) points out in the study of a multi-agency substance abuse project which notes that the approach, because of the interactive method, far exceeds expected evaluation outcomes by contributing to empowerment and enhanced communication and clarification of roles among the partners involved in the project. The weakness of such a close relationship is the likelihood that it may become pseudo-therapeutic, complicating the research process and extending the responsibilities of the researcher (Ramos, 1989). The possibility of becoming enmeshed with subjects could also lead to researchers having difficulty in separating their own experiences from those of their subjects (Sandelowski, 1986), resulting in subjectivity (Cormack, 1991). In its most extreme form this is referred to as 'going

native', where the researcher loses awareness of being a researcher and becomes a participant (Bryman, 1988). However, this may not be entirely negative in that it facilities a better understanding of the subject, as demonstrated by Oakley (1984).

3.4 RESEARCH DESIGN

According to Bless and Higson-Smith (1995), research design is a plan for how to proceed in determining the nature of the relationship between variables. In its design this research has followed a qualitative research approach, because the type of research that the researcher followed is explanatory research. This was done by using interviews and focus groups in order to obtain maximum clarity. The purpose of qualitative or "naturalistic" research varies according to the research paradigm, methods, and assumptions. Qualitative researchers attempt to describe and interpret some human phenomenon, often in the words of selected individuals (Heath, 1997:1).

Therefore, the study intensively investigates the leadership challenges that lead to incompetence and non-compliance in the Residential Care Facilities in the Gauteng Department of Social Development, with a specific focus on the Ekurhuleni Region. Qualitative information was required to provide in-depth answers and underlying reasons for the current lack of leadership skills within the management of the facilities.

Neuman (2011) argues that, "qualitative research provides a means by which a researcher can judge the effectiveness of particular policies, practices or innovation. Qualitative research is empirical in nature because it involves documenting real events, recordings, observation of specific behaviours and examining visual images" (Neuman, 1997:328).

In this particular instance, a qualitative research approach allowed the researcher to judge the effectiveness of implementing registration policies and Older Persons norms and standards, which in this case relates to the Gauteng Department of Social Development's endeavour to promote compliance and provide support and resources to the Residential Care Facilities for Older Persons as mandated by the guiding legislative framework, namely the Older Persons Act No. 13 of 2006.

3.5 DATA COLLECTION

Data are the facts that any particular situation affords or gives to an observer. They are referred to as facts and the researcher is interested in discovering the actual truth. According to Leedy (1979), data do not constitute absolute truth, but merely a behavioural manifestation of the truth and are described as ephemeral.

In collecting data, the researcher used both the primary as well as the secondary sources, since using one source might limit the study. Badenhorst (2007:20) indicates that the primary evidence is the first step in the research and collection of raw data. He further states that in the academic context evidence is gathered from primary and secondary data. The participants were recruited personally, the researcher approached all the management of the five Residential Care Facilities personally by making appointments with them, explaining to them what the research was about and requesting their participation. Dates and times for the interviews were then agreed.

Focus groups technique

A focus group is a "form of qualitative research in which a group of people are asked about their attitude towards a product, service, concept, advertisement, idea or package. Questions are asked in an interactive

group setting where participants are free to talk to other group members (Wikipedia).

In the social sciences, focus groups are seen as “allowing interviewers to study people in a more natural setting than a one-on-one interview might allow. They are relatively low in cost, one can obtain results relatively quickly, and they can increase the sample size of a report by talking with several people at once” (Marshall & Rossman, 1999:115). Researchers using this technique have been warned to be “highly skilled to facilitate discussion groups in order for all participants to have a chance to share their views” (Bless & Higson-Smith, 1999:113).

The researcher commenced by conducting a discussion group comprising five Centre Managers of the selected Residential Care Facilities: Thokoza, Kwa-Thema, Katlehong, Vosloorus and Thembisa townships.

The second focus group comprised the chairpersons and vice-chairpersons of the selected Residential Care Facilities, which is the Board of Management. This meant that each facility had two representatives which provided a total of ten members. Because most of the participants have other commitments during the day, where some are employed, or running their own companies, the requests were made in a timely manner so that the employers could be informed and one central venue was agreed upon.

Interview Technique

Interviews were conducted with the following officials: four officials from the Department of Social Development, comprising two Social Auxiliary Workers and two Social Workers who work directly with the Residential Care Facilities for Older Persons; and three Environmental Health Practitioners from the Local Municipality working in the whole of Ekurhuleni Metro, who are responsible for inspecting the unregistered

Residential Care Facilities for Older Persons and issuing of health certificates and certificates of accessibility.

The type of interview that was conducted with the respondents is referred to as a non-scheduled structured interview. Bless and Higson-Smith (1995) argues that the non-scheduled structured interview allows those interviewed to expand broadly on the topic as they see fit. This type of interview thus allowed the researcher to make observations during the course of the interview. The advantage of this type of interviewing it that it contributes to a more relaxed atmosphere for the interview to take place and allows the interviewer to build a rapport with the interviewee, which in turn means the interviewee is more likely to be an active participant in the interview (Arskey & Knight 1999:101).

In line with the non-scheduled structured interview procedures, the researcher met with Department of Social Development officials at their offices in the morning and with the officials from the Local Municipality in the afternoon. Both meetings were held in a confidential, open environment during which questions relevant to the research were posed. Through this exercise, the researcher was able to document in-depth information from the responses of the respondents, and was able to observe specific reactions that the respondents displayed regarding the leadership challenges or factors that they believe contribute to making the Facilities unable to comply with the requirements for registration according to the Older Persons Act and also according to the norms and standards.

Questionnaires

A self-administered questionnaire was distributed to the staff members in the selected facilities, mainly staff dealing with administration and management issues, such as social worker/auxiliary social worker working at the facility, nursing staff supervisor, administrator and auxiliary staff supervisor. A total of twenty participants completed the questionnaire

since there were four participants from each of the five facilities. The respondents completed the questionnaire themselves, in their own time, without having personal contact with the researcher. The majority (80%) of the distributed questionnaires were collected by the researcher within 24 hours. The remaining 20% was collected by the researcher after 72 hours.

Biographical Data

The respondents were asked about their job grade/position, gender, age, highest education level, family structure and family composition.

Respondents' understanding of the compliance requirements of the Older Persons Act for the Residential Care Facilities to be registered

The respondents were asked about their understanding of the compliance requirements of the Older Persons Act for the Residential Care Facilities to be registered. The secondary instruments that were used by the researcher in obtaining more information were through reading the various relevant materials on Older Persons and on Leadership in relation to compliance and on the Older Persons Act. Terreblanche and Durrheim (2002: 283) observes that it is crucial to utilize information from secondary sources such as legislative documents as well as policies governing public institutions.

3.6 SAMPLING

According to De Vos (2004), a sample is a small portion of the total set of objects, events or persons that together comprise the subject of the study. The researcher chose purposive sampling when conducting this research study.

Purposive sampling was used when choosing all the respondents of the study. Amongst the respondents, Five Centre Managers from the selected Residential Care Facilities and their board members, two board members per centre. Four officials from Social Development were selected, who are

monitoring the Residential Care Facilities and who are responsible for ensuring that facilities are registered and are complying with the conditions for registration and the norms and standards for the Older Persons Act.. Three Environmental Health Practitioners from the Local Municipality who are responsible for issuing health certificates and certificates of accessibility to the Residential Care Facilities for Older Persons were selected.

The rationale for using this sampling method is as follows:

Purposive sampling enables the researcher to choose respondents who best meet the purpose of the study (Bailey, 1982:99). This sampling technique was used when dealing with government officials from the Department of Social Development and the Local Municipality. The reason for using purposive sampling is that the researcher wanted to select individuals who could provide the most relevant information taking into consideration the prevailing time constraints. For example; within the Department of Social Development, officials who could provide insight and information would be those who are directly involved in the registration and monitoring of the Residential Care Facilities for Older Persons. Bless and Higson-Smith (1995) acknowledges that the greatest danger in this type of sampling is that it relies more heavily on the subjective consideration of the researcher than on scientific criteria.

To avoid this risk, the researcher contacted the Local Municipality and requested that the managers in charge of the environmental health practitioners in the whole of Ekurhuleni nominate three respondents within the unit who would assist by completing the questionnaire for the researcher.

According to the managers contacted, the respondents nominated deal with registration and issuing of health certificates daily, and liaise regularly with Residential Care Facilities for Older Persons.

At the Department of Social Development, since the researcher is working in the same unit that is responsible for the registration and monitoring of NPOs at large, it was easier to decide on the colleagues that are working directly with Older Persons who would complete the questionnaire.

3.7 CONCLUSION

This chapter discussed the definition of research methodology and provided the research design used by the researcher. In addition, theoretical literature was provided in order to indicate the relevance and importance of the chosen research design.

Three methods of data collection techniques; namely focus groups, interviews and questionnaires, were defined and discussed. Sampling definition was also provided and showed how the researcher took up the task of implementing sampling for the research.

CHAPTER FOUR
PRESENTATION OF DATA

4.1 INTRODUCTION

This chapter focuses on the process that was followed in the interpretation of data and the presentation of themes that were used to analyze the collected data. The following are the themes under which the data was categorized:

- Understanding of the Older Persons Act No. 13 of 2006;
- Understanding of the requirements of the Act for the compliance of the Residential Care Facilities and for registration of the Facilities;
- Understanding of Leadership;
- Understanding of one's role as a leader in assisting the organization to comply with the registration requirements and the requirements of the Act;
- Challenges of leadership leading to incompetence and non-compliance;
- Efficiency of the registration process and support from the Government departments.

These themes are limited to the research questions that facilitated the focus of the study and ultimately led to the understanding of the leadership challenges and factors that lead to the facilities being unable to comply with the registration requirements and with the Older Persons Act and the norms and standards.

4.2 PROFILE OF THE RESPONDENTS

The profile of the respondents was considered in terms of biographical information, knowledge or conceptual issues with regard to the Older Persons Act and the norms and standards relating to the Residential Care Facilities, leadership challenges and understanding of a leader's role in an organization, attitudes towards the registration process itself and the support to the facilities/organizations from the Government Departments.

The sections below provide a detailed breakdown of the various aspects of information received from respondents.

4.2.1 Biographical Information

In this section, respondents were asked to provide information regarding their job grade/position, gender, age, highest education level, family structure and family composition.

Job Grade/Position

There were 46% respondents in management in different areas of employ of which 54% stated that they had a previous nursing qualification, medicine qualification, administration qualification and social work qualification. This is inclusive of the Centre Managers and some of the board members (Chairpersons and Vice-Chairpersons) in their respective areas of employ besides being board members of the organization. This means that the majority (54%) of the respondents are employees of the said structures whilst the minority is in managerial positions.

Gender

The ,ajority of the respondents in the study (65%) were female, which means that the males comprised 35% and they were mostly from the boards of management of the facilities, while Centre Managers and employees of the facilities were mostly female.

Age

The majority (66%) of those who participated in the study are between the ages of 55 and 65. A total of 18% are aged between 41 and 54; based on the responses received, there were no respondents under the age of 40.

Highest Education Level

Almost all of the respondents have high school and tertiary qualifications, mostly a certificate or a diploma and some a degree. There were no respondents who had no education at all.

Determining the level of education is essential in that it gives an understanding of the human resource qualifications of those who participated in the research study within the unregistered Residential Care Facilities for Older Persons.

Family Structure

According to the responses received, 60% of those who participated in the study are in monogamous marriages. About 14% are single. A total of 10% are widowed, 8% are divorced, 6% are in long-term relationships and 2% are in polygamous marriages.

Family structure information is essential because it gives a clear picture of the family background and to an extent, the personal responsibilities of those participating in the study.

Family Composition

A majority of 59% of the respondents who participated in the study have four or more family members living with them, while 21% live with three other people in their households, 16% live with two others and about 4% live with one other person.

4.3 FOCUS GROUPS WITH CENTRE MANAGERS AND BOARDS OF MANAGEMENT OF THE FACILITIES

As mentioned in the report, five Facility Centre Managers from the five selected Residential Care Facilities and ten board members who were chairpersons and vice-chairpersons from each of the selected facilities were interviewed and formed part of the two focus groups. It must be noted that the questions used for both focus groups were identical, reason being that the researcher needed to follow the aforementioned themes that the research report wants to follow. The questions were structured as explained below. **Question 1:**

Are you familiar with the Older Persons Act in general?

100% of the group members for both groups indicated that they were familiar with the Act even though they did not know all the specifications in it. They were aware that it exists even though they have not read it in detail. They mentioned that they were never trained about the Act and that they were keen to become more familiar with it.

Question 2:

Do you understand the registration and compliance requirements as managed by the Department of Social Development and as required by the Older Persons Act?

The responses from the respondents varied from one respondent to another. The responses are grouped into three main issues, namely: compliance requirements for registration with Social Development and

Local Municipality; slow progress and no response on applications for registration; and concerns that the process relies on the human factor.

All (100%) of the respondents felt that the Department of Social Development is not managing the registration of Residential Care Facilities for Older Persons well but they had different reasons. Firstly, they said that they are not receiving enough information regarding the requirements for registration and the process is never explained to them clearly. They are not clear about the documents needed to apply for registration and to be considered as compliant.

Secondly, they felt that the process of registration took too long and that the officials responsible were not following the processes in the same way, resulting in them being seen as not complying while the other facilities were favoured and managed to be registered and received funding which helped them to address their challenges and become compliant. Lastly, they stated that some officials were consistent in following up the progress of registration, whilst others did not bother at all. The respondents felt that some staff members who are responsible for the registration of Residential Care Facilities for Older Persons were biased and that they favoured some facilities over others.

Question 3:

What is your understanding of the role of a leader in the organization?

Respondents showed that they do understand their roles as centre managers and as leaders, but they had different kinds of understanding of it. It is true that the responses will differ in terms of wording but generally the content and theme of such responses pointed to more or less the same issue. Generally the respondents singled out several functions which includes, among others, formulating of policies, and guidance to the human resources of the organization to achieve the organizational

mandate or goals. 50% of the respondents stated categorically that the role of leaders in the organization is to guide the proceedings as well as formulating of the policies. They also pointed out that it is to guide and administer the organizational mandate which entails, *inter alia*, drawing up and instituting the organizational mission statement.

However, the other 50% differed by saying the role of leadership is to coordinate, direct, control and organize the daily activities within the organization. They all agreed that leadership exists to lead human resources to achieve vision, mission or organizational goals. They presented a very concrete issue by saying leaders are involved in the organizational planning process as they organize, guide and direct day-to-day activities, and above all they monitor and evaluate the work done. They also emphasized that a leader should provide guidance through dissemination of information, lead meetings and be involved in planning.

In the above-mentioned responses, all of the respondents identified the role of leadership by one common work which is “guide”. This clearly shows that the greater percentage of the respondents sees a leader as someone who should provide guidance in every activity concerning the organization. Policy formulation has also been identified as a key function which can be attributed to the leader’s scope of work. Apart from that, respondents identified strategic goals achievement as another area that leaders have a right to venture into, such that the organization becomes successful with regard to its objectives.

Question 4:

What do you think an effective leadership should do to ensure compliance in a Residential Care Facility for Older Persons?

It was important to identify specifically what leaders do to guide the organization in order to achieve the goals of the organization and in the case of a Residential Care Facility for Older Persons, this would lie in

making sure that it complies with the requirements of the Older Persons Act. Opinions about what needs to be done by leaders in their respective organizations to guide the staff and management varied from one to another, but 30% of the respondents gave clear responses that leaders should become involved in the strategic planning of the organization as well as ensuring recruitment of competent employees. They further stated that such guidance entails aligning organizational goals to that of the Older Persons Act and ensuring the safety of the livelihoods of the older persons and that employees perform tasks which are geared towards achieving organizational goals.

The other 70% of the respondents felt that it is the responsibility of the leaders to identify problems which have been encountered when implementing planned activities within the organization with an intention to correct them, such that the goals of the organization are met. They also create a platform for other staff members to participate in the decision-making process. Some of these respondents, but not all of them, felt that at the present time in most of the Residential Care Facilities for Older Persons it is not clear what leaders do as there are no clear work plans, no clearly defined objectives, no feedback reports from conferences and meetings with the government gepartments and workshops and no guidance at all that would ensure that employees perform according to desired outcomes. In addition, it was also mentioned that top leadership, which is the board of management and which is responsible for overseeing the overall running of the organization, does not even take part in monitoring or providing necessary support in the strategic planning process of the organization. The respondents feel that this is because the boards of management actually do not have enough time to undertake this task since most of them have their jobs and businesses to run and they only undertake work for the organization in their spare time or part time.

Question 5

What type of leadership do you think is needed to run the organization?

This question was meant to establish what types of leaders the respondents think are needed in order to effectively and efficiently run their respective organizations. The first half of the respondents (50%) felt that it is better to have consultative leadership as opposed to being autonomous. The probing asked for an explanation of autonomous and the answer was, “a kind of leadership that takes decisions on its own without consulting the employees or subordinates inputs”. The second view was that a more liberal and authoritative style of leadership was preferred by the respondents, the reason being that this type of leadership is more suitable to enhance efficient and effective management which will ensure compliance with the Act and the norms and standards as required.

The other 50% of the respondents suggested a *laissez-faire* type of leadership, with no specific motivation for such a choice, except that the respondents just felt it is the right way to do things in order to claim authority as a leader. They also considered inspirational leadership as being preferable to run the organization. The respondents also presented qualities of the kind of leader required to run the organization and according to them, the leader must be tough, kind, sympathetic and understanding. They also proposed a hybrid of being autocratic and democratic with the additional quality of patriotism.

Question 6:

Does your leadership face some challenges ensuring compliance with the Older Persons Act?

The leadership of most of the Residential Care Facilities does indeed face several challenges as indicated by the respondents. Some of the challenges require immediate responses as they limit the progress of work within the organizations. Of the respondents in the groups, 25% felt that

there was lack of commitment from the top leaders, namely the boards of management. They felt that the boards of management are only interested in overseeing the handling of the finances rather that overseeing the whole running of the organization. They also mentioned that the boards of management do not want to be involved in issues of recruitment and staff capacity building and training, whilst the respondents thought it important that the boards are involved in these processes since they would be able to also ensure that the staff understand the requirements of the Act that the organization needs to follow in order to be compliant.

The other 75% of the respondents pointed out that what appears as a challenge according to them is a lack of professionalism, mainly from the centre managers of the organizations but also at times resistance from the employees. They also thought insufficient resources, technology, skills and expertise is the challenge faced by the leadership of the Residential Care Facilities for Older Persons. Some of these respondents stated that there is lack of support for the leaders from the Government with regard to training of the leaders in the organizations about their roles and responsibilities. Respondents felt that lack of management skills from the leaders was a major challenge and that if it is not addressed it will be difficult to overcome all the problems that the Facilities are faced with and to comply.

Question 7:

What could be done to overcome these challenges?

In response to the challenges identified above, respondents presented different opinions which they believe could be considered as mechanisms to address each of these challenges. Some respondents suggested that leaders in the organizations for Older Persons should have specific training that they undergo before they resume their duties at the Facility. They suggested that this training needs to be conducted by the Governments departments that are responsible for the registration of the

facilities in terms of the Act: Social Development and Local Municipality, and that this training will be necessary for both centre managers and boards of management of the facilities.

The respondents also suggested that in order to establish boards of management that are committed there needs to be a thorough selection procedure for the boards of management, and a person should not be elected to be a board member just because they are well-known in the community or they are wealthy, but should have the necessary skills to be a leader in that organization, including leadership, management and financial management skills. A person must also have some interest in the Older Persons Programmes or activities so that they do not simply discharge their duties but also have a passion for the well-being of Older Persons.

Finally,, the respondents suggested that when employing centre managers specifically, the Department of Social Development as the government department responsible for managing the Older Persons Act should be heading the process of recruiting. They felt that this will assist in ensuring that those people who are employed understand the requirements of the Act and will promote compliance.

4.4 STRUCTURED INTERVIEW QUESTIONNAIRES FOR EMPLOYEES

In this section the employees of the facilities who are supervisors in different units within the facilities were requested to rate their knowledge and understanding of various concepts and services in line with the research topic. They were requested to choose one answer from three possible answers, which were Yes", "No" or "Uncertain".

Understanding of the Older Persons Act No 13 of 2006 and its requirements in terms of registration and compliance:

The majority (76%) of the respondents showed that they have little knowledge and understanding of the Act and indicated that they understand the basic requirements for registration of a Residential Care Facility. About 15% responded “Do not know” and 9% were “Uncertain”. It is therefore crucial that training and workshops be held to explain the Act and norms and standards to the employees of the residential care facilities.

Understanding of Leadership and the role of being a leader:

Seventy-two per cent of the respondents indicated that they know who their leaders are but they were not clear what their roles were. They were also unsure of their own roles as leaders of their subordinates in the organization. Furthermore, 26% indicated that they do not understand the concept at all and 2% were uncertain. This showed that the respondents did not understand the role of the management of the facility and the role of the board of management and their roles as supervisors in their own sections. This indicates a need for training in relation to role clarification and leadership skills training for senior staff or supervisors.

Leadership Challenges leading to non-compliance:

According to the responses received, 68% of the respondents thought lack of adequate training on leadership was the main challenge facing the management of the facilities. About 32% thought that negligence and non-professionalism was the main challenge facing the management of the facilities. This shows that it is important to have a manager or a board member who has received some training on leadership to lead such an institution and is able to serve as a role model to the other subordinates who also have staff underneath them to lead. It also increases their level of professionalism and they learn to take important issues seriously.

Efficiency of the Registration Process and Support from the Government Departments:

A majority of 46% showed limited understanding of the role that the different government departments play in assisting the facilities to comply with the Act and to register and receive funding from the Government, while 40% of the respondents indicated non-understanding and 14% were uncertain. From the responses received, the researcher observed that those who did not know the role of the Government Departments in assisting Residential Care Facilities to comply with the Act and to register were mostly the ones with the lowest level of education, which in this case is high school education.

4.5 INTERVIEWS WITH GOVERNMENT OFFICIALS

Interviews with officials from the Department of Social Development and the Local Municipality were unstructured. This enabled the researcher to obtain a high degree of honest and full participation from the respondents.

Questions were grouped according to the following themes:

- Opinions (Perceptions) of the officials on factors leading to non-compliance with the Older Persons Act;
- Norms and standards in relation to the unregistered Residential Care Facilities in Ekurhuleni.

4.5.1 Current Status

Four officials from the Department of Social Development expressed their views. Firstly, the officials noted that especially in black communities such as townships, services for older persons are usually rejected, especially the residential care facilities. The reason is seen as being that the beliefs or cultures of black people do not favour taking an older person to a

residential care facility, as it is seen as abandonment of that person and isolation from the family. Therefore as a result there is little interest from the community members to be active and participate as board members in supporting and overseeing the running of these facilities. The facilities usually get board members who are not interested in safeguarding the livelihoods of older persons, but often are only interested in misusing the funds of the facility. The funds of the facility may be used for personal gain of board members rather than being used to take care of the facility and protect older persons. This contributes to the facility not being able to perform the duties it is supposed to perform correctly and not complying with the Older Persons Act and the norms and standards, which may result in officials having to close the facility.

Secondly, the officials place an emphasis on the NPO Act, saying that this Act jeopardizes the smooth running of the facilities in some way. Their reasons for saying that were that they thought the Act gives too much power to the board members in running the organization and too little power to the centre managers and programme managers. They felt that more power and authority should be given to the centre managers and programme managers because they are directly involved in implementing the day-to-day running of the centre while the board members only come in from time to time.

The respondents' third point was with regard to training and development of the management of the residential care facilities for older persons on leadership and on the Acts, the Older Persons Act and the NPO Act. They noticed that in most of the unregistered facilities the management is not aware of their roles, especially the board members as they are supposed to govern the running of the centre. They noted that the board members need to be thoroughly trained on these two Acts and also on governance, so that each and every member understands their role and they do not misuse the facility's funds. They also suggested that the centre managers

and programme managers' recruitment and hiring should involve the Department in order to ensure that the hired person understands the compliance requirements of the Acts and they have good management and leadership skills.

The respondents also argued a very important point, saying that the Department of Social Development is in the wrong because it seems to be acting alone and not in collaboration with other key departments, such as the Local Municipality which is responsible for health certificates and certificates of accessibility, as well as the Department of Health, which is responsible for offering support for nursing services and health care resources that are needed to care for older persons. They stated that the norms and standards for older persons clearly stipulate that the said departments must collaborate, but this collaboration is not enforced by national departments where feedback needs to be provided.

The respondents also mentioned that inter-departmental collaboration as outlined in the National Guidelines for Older Persons and in the norms and standards is not implemented since the key departments have not jointly planned for these facilities. They stated that they observed this from being the only officials working with the older persons' programmes and that their counterparts at the Local Municipality often told them that the registration of residential care facilities for older persons is not their only priority, but that there were many other facilities like Early Childhood Development Centres, Children's Homes and others to consider as well. Therefore, efforts to assist the unregistered residential care facilities for older persons tend to be delayed as not all parties are equally committed.

The three officials from the Local Municipality who participated in the research study explained that their main challenge is with the by-laws governing their registration process. They have shared their concerns with their superiors that the said by-laws tend to segregate facilities from

previously disadvantaged communities such as informal settlements and established towns, where there are other buildings, infrastructure and space.

4.5.2 Suggestions or recommendations to improve the current situation

The respondents proposed different strategies that can be introduced to improve the compliance and leadership competence of the unregistered residential care facilities and accelerate the registration process so that they get assistance quickly and avoid facilities being closed. The majority of the respondents felt that there should be stricter processes in the selection of board members. They suggested that before a person is accepted as a board member they must go through certain verification processes, including a skills check and an evaluation of the skills and abilities as well as the motivation for assisting the facility. Board applicants should demonstrate that they have the best interests of the older persons in mind and that they have skills that will add value to the operations of the facility.

The respondents also suggested that when hiring the centre managers and programme managers, the Department of Social Development officials should take part in the process in order to ensure that the most suitable candidate is hired on the basis of skills, interests and abilities. Then they suggested that after the centre manager has been hired and the board members have been selected, there still needs to be training conducted by the Department of Social Development in order to capacitate the centre managers on their roles as leaders in the organization and inform them of the compliance requirements.

A further suggestion was that the Local Municipality must ensure that the present laws governing the registration of facilities are reviewed in order to

address present circumstances and environments. The National Department of Social Development must ensure that budgets are made available so that provinces can implement funding and acceleratethe registration of the facilities through offering any necessary support that might assist the facilities to comply, such as building proper structures and obtaining the necessary equipment.

4.6 CONCLUSION

The manner in which the data is presented is raw as it has been collected from the respondents in the focus groups, interviews and questionnaires and there is a need to process it for the consumption of the reader. This is provided in the next chapter as Data Analysis. The manner in which this data has been presented revolves around the key research questions and the chosen themes, although the sequence of the interviews, group sessions and questionnaires is adhered to. The next chapter subjects the data to a theoretical framework as a basis for analysis and conclusion; observations are informed by the theoretical base that has been discussed in the literature review.

CHAPTER FIVE
INTERPRETATION AND ANALYSIS OF FINDINGS

5.1 INTRODUCTION

The focus of this research was on leadership challenges facing the residential care facilities for older persons in Ekurhuleni, leading to these facilities failing to comply with the conditions and requirements for registration and the norms and standards for the care of older persons. The study gathered different opinions with regard to leadership challenges as the main focus of the research. The opinions of the respondents indicated a closely shared understanding about the concept of leadership in the context of the residential care facilities and in leading organizations generally. The respondents presented their opinions based on the evidence on the ground as leadership takes charge of the day-to-day running of the facilities.

The analysis revolves around four key themes which include understanding of the Acts and norms and standards for older persons, understanding one's role as a leader, current leadership challenges, and lastly support from the Government to the facilities. These four key thematic areas formed the main core of the possible research focus. Information was collected to answer these questions and the case study approach was followed.

5.2 THEORETICAL FRAMEWORK

In this chapter, the researcher intended to adopt a deductive approach as a way of analyzing findings. This means the researcher will subject the responses to theories of leadership to establish whether there is any

relationship between the theory and reality. This analysis is more biased towards new leadership perspectives which include leadership models such as charismatic, transactional and transformational. These models present leadership styles which reflect the contemporary life as much of their distinct features become more prevalent in responses solicited from different respondents.

5.3 IMPORTANCE OF LEADERSHIP IN THE RESIDENTIAL CARE FACILITIES FOR OLDER PERSONS

It is important to revisit the concept of leadership with the intention of reflecting on its importance in the survival of the organization. It is also worth noting how leadership is important in the NPO sector at large and in relation to residential care facilities for older persons and in other organizations in general. According to Smit et al (2007), leadership is directly related to the performance of the organization. Smit et al (2007) identifies people like Anton Rupert who led the Rembrandt Group and Raymond Ackerman who grew Pick ‘n Pay into a successful brand as classical examples of the relationship between quality leadership and successful organizational performance.

Leadership is necessary to craft strategic plans and lead strategic processes of the organization in a strategic process, that is, where leaders ensure that there is alignment in terms of strategies and policies formulated to achieve organizational goals. Leaders develop vision and mission statements and they influence and motivate subordinates as to the most appropriate direction to be followed in order to reach organizational goals. The leadership is thus focused on achieving change in the organization.

Undoubtedly, leadership in the residential care facilities specifically exists for such purposes as explained above. Some respondents have indicated

in their responses what they see as the role of leadership in the residential care facilities for older persons. They indicate that leaders are supposed to be concerned with policy formulation and strategic process. The leadership is there to ensure that the objectives specified in the mission statement, including ensuring that older persons are appropriately cared for, is maintained through provision of proper services to older persons both in facilities and in the surrounding community.

5.4 MAJOR FINDINGS

5.4.1 Leadership Challenges

The following were major leadership challenges regarding Residential Care Facilities for Older Persons in Ekurhuleni:

- Lack of understanding or knowledge of the relevant Acts i.e. Older Persons Act and NPO Act;
- Lack of understanding of the registration and compliance requirements according to the Acts as managed by the Department of Social Development;
- Delays in the registration and funding processes;
- Lack of understanding of leadership and roles of leaders by employees;
- Lack of proper training (Management Skills) of centre managers and board members;
- Lack of communication between the Residential Care Facilities for Older Persons and Government Departments and lack of support from the Government Departments to the facilities;
- Lack of co-operation and collaboration between the different Government Departments working with Residential Care Facilities for Older Persons;
- Lack of commitment from board members;

- Improper recruitment strategies within the facilities;
- Lack of professionalism on the part of management and resistance from employees;
- Insufficient resources, funds, technology, skills and expertise;
- Lack of understanding of the concept of Residential Care Facility for Older Persons by the community at large; and
- Misuse of facility funds for personal gain by leaders.

5.4.2 Leadership Strategies Identified

Below are some of the key strategies proposed by several respondents:

- More training should be provided on the Acts, leadership and roles of leaders and management skills;
- Proper selection procedure for board members is needed;
- Proper recruitment strategy for centre managers/programme managers should be in place;
- More support from the Government is needed to develop the facilities;
- There should be improved communication between Government and the facilities; and
- Government Departments should work together to develop and capacitate the facilities.

5.4.3 Leadership Styles Identified

The factors presented below account for leadership trends as identified in the day-to-day running of the Residential Care Facilities for Older Persons in Ekurhuleni. This section also addresses the research questions as presented in chapter one, specifically the first question that seeks to establish leadership trends already practiced in the facilities.

- Leading with limited interference (Supporting);
- Centre Managers leading daily activities (Delegation);
- Planning and Authority only limited to top leadership (Board Members); and
- Direct daily activities (Directing).

According to Pardey (2007) there are four leadership styles commonly used in almost every organization and these leadership styles include, among others, directing, coaching, supporting and delegating. It is preferable to adopt these styles as a framework within which already identified trends that existed in the current management boards in the residential care facilities for older persons can be evaluated. However,, it is imperative to define what each style means; for example, directing refers to a situation where the leader directly tells followers what is to be done and ensures supervision of such activity.

Coaching means that the leader creates an enabling environment for followers to participate in decision-making but taking full responsibility to make final decisions, whereas supporting is more like coaching as the leader allows more freedom to followers while simultaneously supervises without being overly controlling. Finally, delegating refers to a situation where followers themselves take full responsibility for decisions that affect them as well as the kind of help required from the leader (Pardey, 2007).

5.4.4 Leadership Roles in the Facilities

According to most of the respondents' views, the role of leadership in their respective facilities is to provide support n many areas such as formulation of policies and daily proceedings, and to guide the organizational mandate by instituting the organizational mission statement and goals. Another view confirms that it is to provide guidance which can be ensured by leading planning activities, meetings and thorough dissemination of

information. The leadership is seen to be involved in the planning process as the leaders organize, guide and direct day-to-day activities as well as monitoring and evaluation of the work done. Another opinion suggests that leadership therefore exists to lead human resources in order to achieve the vision and mission or goal of the organization.

From the above response, one realizes that respondents identified task-oriented leadership, that is, human resources leaders. Lastly, the leadership role in the organization is to co-ordinate, direct, control and organize. The observation drawn from these responses is that there is a general consensus that the role of leaders should be shaped by the model of Structural Leadership. According to Mogale and Sutherland (2010:10), “structural leaders believe strongly in obtaining the right information, analyzing it and developing goals and strategies based on facts avoiding or controlling emotions when making decisions”. Human resource leaders are not exceptions in this case.

There are key lessons that appeared in all responses given by respondents which include actions such as providing guidance, co-ordinating, directing, controlling, organizing, and providing leadership via dissemination of information, and then monitoring and evaluating. These responses reveal not only the functions of the leadership in the Residential Care Facilities for Older Persons but also styles of leadership. The responses gave rise to the observation that leadership and management perform the same function. The leadership framework that captures this opinion vividly is Transactional leadership as noted by Smit et al (2007) in the literature review above. This indicates that respondents understood why the administrative leadership is a necessary condition in their organizational context and its expectations in terms of duties to be performed by organizational leadership. These are the expected duties that respondents believe the administrative leadership must demonstrate to their subordinates. All these observations come as a result of evaluating

the role of the leadership in the respective organizations where the intention was to establish whether the respondents understand the concept of leadership as a factor affecting compliance in their organizations and as affecting their working lives.

The respondents' understanding has largely not deviated from the literature. As Pardey (2007) indicates, directing is one of the important leadership styles used by organizations both public and private, even in the residential care facilities for older persons. It appears, therefore, that directing is one of the critical styles of leadership commonly applied. This is succinctly captured in responses to the question on the role of leadership asked in the focus groups by the researcher.

It is important to analyze what is done in particular by the leadership to guide the organization in general. Different views have been solicited and respondents attested that leadership performs several functions in their respective organizations in aligning performance towards the achievement of strategic goals. According to respondents, leaders identify problems and weaknesses as well as areas of work that have not succeeded at the required level. In collaboration with their subordinates, the leaders then put measures in place that will help them in attaining the agreed strategic goals by planning. The participation of the staff in decision-making is very important as an enabling factor for the attainment of strategic goals. The leader must clearly set out expectations of the subordinates that are in line with the achievement of the strategic goals. It appears therefore that most respondents share similar views with regard to the organizational leadership role being to guide their organization. What is observed in this case is that the perspective of leadership presented by respondents is a Path Goal Theory/Perspective as the leader assumes a leading role in providing direction for achieving the critical organizational goals.

A quarter of the respondents were more inclined to focus on the human resources function as their responses included that leaders write job descriptions which are considered to be a framework within which subordinates align themselves with the organizational objectives by performing specified duties. Leaders further embark on strategic planning and also put in place competent staff at the managerial level. Leadership further entails aligning organizational goals to those of the organization and making sure that the employees perform tasks in line with organizational goals.

On the other hand, there were a few respondents who stated that while the leadership continues to organize, plan and control, it must set goals that are specific, measurable, attainable, relevant and time-bound (SMART). In this response, the leaders in the facilities should perform those functions and in addition the respondents propose the goal-setting approach. However, this approach lacks the emotional aspect of leadership (Hooper & Potter, 1997). The difference of opinion is visible in the response given by some of the respondents who confirm that with regard to the Residential Care Facilities for Older Persons, the leadership lacks knowledge and skills because in most facilities there are no clear work plans, no guidance, no clearly defined objectives, and no reports produced after workshops and meetings with the Government.

In addition, another quarter of the respondents maintain that the top leadership which is the boards of management in the facilities do not take part in monitoring and did not offer necessary support during the strategic planning process. The Path Goal Theory which is a model developed by House ( ) requires the leader to support the subordinates in their duties but what is apparent in the Residential Care Facilities for Older Persons was quite different from what is suggested by this model. One's own analysis is that organizations/facilities differ in terms of daily activities performed by the leaders, including the styles of leadership applied in

these organizations/facilities. Most of the respondents have presented balanced opinions that the alignment process is ensured by the issuance of well-crafted job descriptions. The observation is that the leadership is limited in terms of maintaining alignment, since it is not possible to maintain alignment only through job descriptions, and supervision and leadership are necessary conditions. The subordinates are also represented in decision-making.

5.4.5 Leadership Models Proposed by Respondents

Respondents proposed different types of leadership that they consider appropriate in the context of their respective organizations/facilities. The first half of the respondents in the focus groups proposed a model of leadership which is more consultative. The leader should be the person who consults subordinates on issues regarding their work. In this case, the observation that is made with regard to this response is that of “Servant Leadership”. Pardey (2007) postulates that a crucial factor in servant leadership is to understand one’s followers, so that a spirit of working together is maintained in order to achieve goals. The important question is how a leader ensures that she/he understands his/her subordinates and response through consultation.

The other half of the respondents suggested a type of leadership which is more liberal but also authoritative. This response points to two leadership styles, that is, “Task Oriented” and “Employee Oriented” as proposed in the literature review on Leadership Styles. Another respondent believes that a *laissez-faire* type of leadership is much more appropriate to run the department. Another respondent proposed that the inspirational leadership is more relevant in the contemporary period and leaders in the organization should adapt to this model of leadership. On the other hand, one respondent in the group suggested a tough, kind and sympathetic kind of leadership. This response is similar to the rest of the second half of

the focus group's response. There was a small number of respondents in the group who were uncertain and stated that there is no particular type of leadership that could be more appropriate other than a mix of autocratic and soft leadership.

The view of the researcher is that each of these opinions presented by respondents does not rule out the possibility of applying different styles but provides an opportunity to merge different styles of leadership depending on the situation at hand and the context. There is thus no specific model that could be prescribed as an exclusively appropriate model for the Residential Care Facilities for Older Persons on the basis of these responses. As a researcher, the collected information concerning the study as well as some of the responses leads to the conclusion that the type of leadership model which best suits the facilities' conditions is Transformational Leadership, specifically because of the challenges identified below.

5.4.6 Views on factors leading to non-compliance by the Facilities

It was crucial to establish the context in which leadership faces the challenges that lead to non-compliance by the facilities. According to the respondents, the leadership of most of the Residential Care Facilities did indeed face several challenges. Some of the challenges require immediate responses as they limit the progress of the work within the organizations. A quarter of the respondents in the groups felt that there was lack of commitment from the top leaders, namely the boards of management. They felt that the boards of management are only interested in overseeing the handling of the finances rather that overseeing the whole running of the organization. They also mentioned that the boards of management do not want to be involved in issues of recruitment and staff capacity building and trainings, whilst the respondents thought it is important that the boards gets involved in these processes since they would be able to also ensure

that the staff understands the requirements of the Act that the organization needs to follow in order to comply.

The other three-quarters of the respondents pointed out that what appears as a challenge according to them is a lack of professionalism, mainly from the centre managers of the organizations but also some resistance from the employees. They also felt that insufficient resources, technology, skills and expertise arechallenges faced by the leadership of the Residential Care Facilities for Older Persons. Some of these respondents stated that there is a lack of support for the leaders from the Government in training the leaders in the organizations about their roles and responsibilities. Respondents felt that the lack of management skills among the leaders was a major challenge and that if this is not addressed it will be difficult to overcome all the problems that the Facilities are faced with and to ensure that there is compliance.

5.4.7 Strategies Proposed to Counter Identified Challenges

According to respondents, several things can be done to improve ways in which effective leaders should influence effective working environments and ensure compliance. First and foremost, effective leadership should encourage workers, and motivate them by openly telling workers what they have done right. Furthermore, effective leadership should provide resources for the workers to do the work. On the other hand, effective leadership must also ensure adherence to rules and regulations and reduce bureaucratic blockages. Effective leadership should also take ultimate responsibility for subordinates' actions. It must be the leadership that sets time-frames to meet the targets. Moreover, the leaders should meet with the public in order to hear their demands and make the concept of residential care facilities better understood within the communities. Finally, every head or supervisor of a unit must report progress in the management meetings and the board management meetings, and not

simply attend meetings because they are required to. Leaders must inculcate a culture of reporting, especially after meetings and workshops with the Government Departments, so that the staff are well informed about new developments.

Several factors have been raised as key challenges in the day-to-day administration led by leadership. According to the respondents, there are different factors contributing to this challenge, and lack of resources and absence of team work or team spirit also featured as key factors. These factors also include a highly bureaucratic system inherent within the organizations' administration which undermines the working environment as a whole. This reveals that the nature of these facilities is mechanistic. According to Jones (2007), the mechanistic structure is identified by two main features, namely centralized decision-making and a tall hierarchy. Furthermore, unclear job descriptions make performance of the duties by the leadership very difficult.

In addition, there is lack of professionalism and lack of education or proper leadership training among the management and board members of the facilities. On the same point, there is a problem of personalities in the sense that the subordinates and management have no fear or respect for each other and consequently, nobody worries about a failure in terms of execution of departmental duties. The observation is that mutual relationships are not good and this could have a negative impact on performance of duties. Furthermore, respondents stated that service delivery is also hindered by lack of professionalism, loyalty, competency and enthusiasm on the part of both management and subordinates.

5.4.8 Relationship between the Facilities and the Government Departments

According to respondents which are officials from the Department of Social Development and Local Municipality, it is true that leadership in the Residential Care Facilities for and which mostly stays unresolved. However, the officials mentioned that the Government Departments also plays a major role leading to lack of adequate leadership in the facilities. The barriers identified by the officials are not too diverse from the ones identified by the centre managers, board members and staff members and those barriers include the following:

- Lack of support from the community due to lack of awareness from the Government Departments regarding programmes for Older Persons
- Frequent misuse of funds by board members and lack of effective disciplinary measures taken by the department against such
- More power and authority given to the Board Members by the NPO Act as opposed to Centre Managers while centre managers do the day-to-day running of the facilities
- Lack of governance training for management
- Improper recruitment strategies for centre managers i.e. the Government Departments are not involved in it
- Government Departments working in silos not together in collaboration
- By-laws governing the registration of facilities by the Municipality segregating facilities from previously disadvantaged communities.

5.4.9 Areas of leadership working well in the Residential Care Facilities for Older Persons in Ekurhuleni

From the responses given by the centre managers and the board members, it is clear that there are some important issues in which the leadership of the unregistered residential care facilities has made progress. One of these is the formulation of policies and plans, most of the centres have shown that they have some proper policies and internal working plans in place. Another main issue relates to the leadership styles prevalent in most facilities that were interviewed. Directing employees' behaviour towards achieving daily objectives is more commonly practiced by the heads of facilities. Delegation of duties and responsibilities is more common from the top management to centre managers which are monitored by daily reports as well as management meetings by board members. As Kats and Kahn stated in Schneider (2002), leadership is also about ensuring mechanical compliance with routine direction, which is exactly the situation that is maintained by the board members of most facilities. The facilities' leadership is more inclined towards the transactional type of leadership, and further reasons for this observation are presented in the next chapter of conclusions and recommendations.

5.4.10 Areas of Improvement

The problem appears to be a general perception not only by the Government Departments but even by the management of the facilities themselves and even the staff members. The failure by the facilities to comply with the Acts leading to them being unable to be registered was mainly attributed to lack of leadership in the Residential Care Facilities for Older Persons in Ekurhuleni which is why it was crucial to embark on a study to identify leadership challenges, existing leadership trends and strategies, in order to ascertain whether this could indeed be attributed to lack of leadership as such.

As Cronje et al (2006) stated, leadership is all about information dissemination concerning vision, mission, achievements and tasks to subordinates. This leadership function is practiced in most of the facilities that were interviewed. Therefore, this is one of the important factors that reflect a clear leadership intending to guide its followers towards achieving organizational objectives. Cronje et al (2006) further stated that leadership is more about taking a lead in performing tasks, disciplining staff and managing conflict. Rather than taking a lead, in most cases the leadership delegates to centre managers, which is also good but has to be minimal in order to allow top leadership to lead by example. This is necessary to bring about positive influences on all staff. While there is a need to support people who crafts the strategic plans for the institutions, board members has delegated that function solely to the centre managers and managers feels that board members needs to be more involved.

There is also a problem of lack of training for the leadership in the institutions. The management in the facilities is not clear of their roles and that creates a huge problem when it comes to compliance. Centre managers also not all of them have adequate training to make them able to perform their duties. Staff members are not clear of the roles of their managers and the roles of the management boards. The relationship between the different Departments is not well and they are working in silos in service delivery. The Department of Social Development and Local Government needs to work in collaboration when working with the Facilities.

5.5 CONCLUSION

In summary, the analysis of data reveals that indeed there is a lot of work which must be done in the Residential Care Facilities for Older Persons in order to address the leadership challenges that leads to non-compliance.

Some of the leadership styles which are prevalent in the facilities, such as delegating and directing, also need to be developed to the mutual benefit of both the leaders and the followers. There is not much suggested in terms of strategies that could be adopted, particularly from respondents' opinions, but the recommendations made by officials could be useful and could be turned into leadership improvement strategies if addressed as the challenges that they viewed were centred around the core of leadership capability to address the situation.

CHAPTER SIX
RECOMMENDATIONS AND CONCLUSION

6.1 INTRODUCTION

The purpose of this study was to investigate leadership challenges facing the Residential Care Facilities for Older Persons in Ekurhuleni. The focus was on unregistered facilities that are unregistered due to non-compliance. The study intended to find the link between lack of adequate leadership and non-compliance. The study also intended to identify current leadership trends as well as examine new leadership strategies that could be adopted in the facilities. The study used a case study method and identified the Residential Care Facilities for Older Persons in Ekurhuleni as the unit of analysis. For this reason the findings exclusively reflect the status of conditions specifically in the unregistered Residential Care Facilities for Older Persons in Ekurhuleni, not any other programme or region. The chapter presents conclusion and recommendations deriving from this research study.

6.2 CONCLUSION

From the findings of the study, it was established that on the basis of primary and secondary data, there are several leadership challenges facing the unregistered Residential Care Facilities for Older Persons in Ekurhuleni. These challenges include the following, among others Lack of understanding or knowledge of the relevant Acts i.e. Older Persons Act and NPO Act; Lack of understanding of the registration and compliance requirements according to the Acts as managed by the Department of Social Development; Delays in the registration and funding process; Lack of understanding of leadership and roles of leaders by employees; Lack of

proper training (Management Skills) of centre managers and board members ; Lack of communication between the Residential Care Facilities for Older Persons and Government Departments and lack of support from the Government to the facilities; Lack of cooperation and collaboration between the different Government Departments working with Residential Care Facilities for Older Persons; Lack of Commitment from board members; Improper recruitment strategies within the facilities; Lack of professionalism on the management and resistance from employees; Insufficient resources, funds, technology, skills and expertise; Lack of understanding of the concept of Residential Care Facility for Older Persons by the community at large; Misuse of facility funds for personal gain by leaders. All of these challenges have been identified from the opinions given by the respondents. These challenges ranges from capacity issues, planning, infrastructural issues, internal relationships, governance issues, financial and personnel issues. This is a clear indication that a radical shift is required in the leadership approaches if improvements are to be made.

An analysis of such findings also suggests that there had been leadership trends that were prevalent in most of the facilities. These leadership trends include delegation and directing as the main leadership styles that emerge clearly from the respondents' opinions. For instance, these previously mentioned leadership styles were more prevalent in situations where centre managers assume full responsibility to guide their subordinates in performing their daily routines. The observation made with regards to leadership styles is there is no coaching and support provided to the staff by its leadership.

Furthermore, the findings identified some strategies which could be adopted to leverage the quality of leadership in the Residential Care Facilities for Older Persons in Ekurhuleni. As expressed by the respondents, the strategies include training, proper recruitment and

placement for centre managers, appropriate incentives for staff and reform in the structure of the boards of management. Training and proper recruitment and placements would address the problem of capacity and capability as new additional skills would be suitably placed and also sharpened. Incentives are stimulants to demoralized staff and can revive demotivated staff. Reform can add value to performance, for example, if the issue of getting wrong board members who doesn't have the interest of the Older Persons issues is addressed, this could lessen the issue of misuse of funds.

This study concludes that there are several leadership challenges that face the Residential Care Facilities for Older Persons in Ekurhuleni. This is quite a sensitive and diverse environment and it has very sensitive and diverse issues and as a result this poses different challenges when coming to leadership, not only to top leadership but even to other levels of administrative leadership. Nevertheless, in situations such as these, according to Jones (2007) where the workforce is sensitive and diverse, there is a need to adapt to change by trying new styles of managing and leading all employees. The leader needs to learn how to understand, motivate and supervise a sensitive and diverse workplace effectively.

The study further concluded that there are only a few leadership trends commonly practiced by most of the facilities, namely delegating and directing. The study proposed that there is a need to apply a hybrid model of leadership that borrows from Task Oriented leadership (Autocratic) and Employee Oriented leadership (Democratic).

6.3 PROPOSED LEADERSHIP MODEL

Considering the myriad of leadership challenges facing the Facilities, the model that can suit such circumstances is a hybrid of the Transactional leadership model and the Transformational leadership model. There are a

number of reasons for this proposal, the first reason being that the transactional model would help to stabilize issues of unclear roles, rewards and incentives and hierarchical structures. The model could help to deal with challenges such as the evaluation of performance and correction of policies and procedures within the facilities. The transformational leadership model would help the facilities to realigns themselves with their strategic objectives, since the data analysis indicated a problem concerning direction and unclear strategic goals.

Planning and organization are some of the most important elements of leadership and they have been posed as some of the main challenges facing most of the facilities' management. Transformational leaders are notable for successful implementation of major strategic organizational goals which inherently bring about change. There is a need to bring innovation and effect major changes in the Residential Care Facilities for Older Persons in Ekurhuleni in order for the facilities to become responsive to the needs of the Older People receiving their service and realize their vision of creating a safe and secure environment for Older People. This model borrows some crucial features of the charismatic model, particularly where a leader has to influence the behaviour of his or her followers such that the followers desire to emulate these leadership qualities. It is the view of the researcher that, given the absence of good internal relationships and communication among staff members and centre managers, leadership has a bigger challenge to influence employees' behaviour in a desired direction which enables good working relationships.

6.4 PROPOSED LEADERSHIP STYLES

1. It appears, therefore, that most of the facilities commonly practiced only two types, namely delegation and directing. From the data analysis, it is clear that leadership failed to provide necessary support to subordinates and the employees do not know the role of the leadership

as much as the center managers are also confused and are unable to differentiate their roles with the board members roles. Thus, one concludes that there is a need to introduce and practice even other leadership styles to complement existing styles. All of these styles apply to both board members and centre managers. Board members can mostly use them when dealing with centre managers and centre managers may use them when dealing with staff in the facilities. These styles include 1) Coaching; 2) Supporting; and 3) Mentoring

6.4.1 Coaching

According to Hooper et al (1997), coaching as a leadership style helps to improve relationships in, and the development of, the organization as a whole. As a leader, it is necessary to acknowledge the efforts of the subordinates particularly when they have done good things, but also provide support when things go wrong, with the intention of fostering positive behaviour rather than punishing the wrongdoing. Here, the leader helps in boosting the self-esteem of the subordinates to perform better.

6.4.2 Supporting

Pardey (2007) defines support as a condition where the leadership creates a free environment for one to take decisions and how to implement such decisions without any supervision by the leader. The leader has an obligation to provide a conducive environment for decision-making and personal development of the subordinates, although the outcomes cannot always be guaranteed.

6.4.3 Mentoring

Mentoring refers to a more focused process on personal development, particularly in situations where performance and personal motivation levels

of the employees have diminished. Mentoring encompasses feedback to the employees which is specific, factual and objective (Serrat, 2009; Deans & Oakley, 2006).

6.5 RECOMMENDATIONS

In order to respond to the demands that are prevalent in the environment, the Residential Care Facilities for Older Persons in Ekurhuleni should pay critical attention to identified challenges which would, if addressed, ensure compliance within the organization with the Older Persons Act and with the norms and standards guiding registration of the Residential Care Facilities. The following recommendations could promote a positive impact for the desired outputs as well as outcomes. The recommendations apply to both the facilities' Management and the Government Departments responsible for registration and monitoring of the facilities. These recommendations are explained below.

6.5.1 Training

Training featured strongly in responses given by the respondents as an important leadership strategy that can be adopted to improve conditions. Accordingly, training is one of the key recommendations that is made to the Residential Care Facilities for Older Persons in Ekurhuleni for future improvement. Training is a multi-faceted mechanism to address problems that include poor management capacity, poor planning, lack of skills among management and senior personnel and lack of skilled centre managers.

6.5.2 Monitoring and Evaluation

Monitoring and evaluation is a critical instrument which organizations use as a measure to establish how well the organization performs. The

Performance Management System must be a guiding principle towards achieving the prescribed compliance requirements by the institution. There is also a need to explore other models of performance measurement and management that suit the conditions of the NGO sector.

6.5.3 Internal Relationships and Communication

There is a pressing need to speedily address the problem of worsening relationships between the centre managers and staff and between the board members and centre managers. This problem can escalate to the bigger problem of organizational inertia where no-one will assume full responsibility to perform their daily duty orders from the supervisors. Communication is essential for the success of every organization and if there is a problem with channels of communication, as well as limited information dissemination, this means even the performance of the organization will be undermined as it is grounded in limited and unclear information.

6.5.4 Accountability and Commitment

It is a precondition for any transparent organization to adhere to the principles of good governance such as transparency, accountability and the rule of law. In NGOs, especially Government-funded NGOs, where so much activity is involved specifically with the management of state funds in accordance with the Public Finance Management Act, it is necessary to ensure that the public and the state is provided with information regarding the utilization of funds and has a guarantee that funds are utilized for the interest of the beneficiaries and not of the management. It is necessary to emphasize the importance of the commitment of boards of management to serving the community, because in such a sensitive environment it is inadequate to have someone looking out for their own interests when serving in the board.

6.6 POSSIBLE RESEARCH AREAS

Further studies could be conducted in the following areas of interest:

1. Effectiveness of state funding on the Non-Profit Organizations (NGOs) in Ekurhuleni.
2. How does the relationship between the Government and the Non-Profit Organizations affect service delivery to the community?

6.7 RESEARCH MANAGEMENT

Activity	**Duration**
Submit Final Proposal	1 Day
Refine Proposal	1 Week
Defend Proposal	1 Day
Refine Proposal & Interview Comments	1 Week
Data Collection	2 Weeks
Data Presentation	1 Week
Data Analysis	2 Weeks
Preparation of First Draft and submission	3 Weeks
Submission of second draft	1 Week
Submission and refine of second draft	1 Week
Finalize report based on comments	1 Week
Report Editing	1 Week
Binding and Submission	1 Week

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APPENDICES

APPENDIX A: FOCUS GROUP QUESTIONS

Question 1:

Are you Familiar with the Older Persons Act in general?

Question 2:

Do you understand the registration and compliance requirements as managed by the Department of Social Development and as required by the Older Persons Act?

Question 3:

What is your understanding of the role of a leader in the organization?

Question 4:

What do you think an effective leadership should do to ensure compliance in a Residential Care Facility for Older Persons?

Question 5:

What type of leadership do you think is needed to run the organization?

Question 6:

Does your leadership face some challenges ensuring compliance with the Older Persons Act?

Question 7:

What could be done to overcome these challenges?

APPENDIX B: STRUCTURED INTERVIEW QUESTIONNAIRES FOR EMPLOYEES

Instructions to complete the Questionnaire:

SECTION A and SECTION B: Please read all the questions carefully and choose one answer. Please answer by placing a cross (**X**) over an answer of your choice.

SECTION C: Please read the question and explain in your own point of view and understanding.

SECTION A: Bibliographical Information

1. What is your job grade?

Management	Administration	Part-Time Employee	Full-Time Employee	Paid Volunteer	Unpaid Volunteer	Other

2. What is your gender

Male	Female

3. How old are you?

Under 20 Years	21-30 years	31-40 years	41-50 years	51-60 years	Over 60 years

4. What is the highest level of education you have completed?

Some years primary school	Finished primary school	Some years high school	Finished high school	Incomplete tertiary education	Finished tertiary education	Other

5. How would you describe your family structure?

Married with one spouse	Married with more than one spouse	Long Term Partner	Single	Widowed	Divorced / Separated

6. How many people (other than yourself) live in the same household as you?

1 other	2 others	3 others	4 or more others

SECTION B: Knowledge and Understanding of the Older Persons Act No 13 of 2006 and its requirements in terms of registration and compliance

1. Anyone can own a Residential Care Facility for Older Persons?

True	False	Don't Know

2. You can run a Residential Care Facility for Older Persons only when you have a building?

True	False	Don't Know

3. You can have as many Older People as you want in your Residential Care Facility?

True	False	Don't Know

4. You need a registration certificate to run a Residential Care Facility for Older Persons?

True	False	Don't Know

5. You must pay for registration of the Residential Care Facility for Older Persons?

True	False	Don't Know

6. You can register anywhere for running a Residential Care Facility for Older Persons?

True	False	Don't Know

7. Registered Residential Care Facilities receive benefits from the Government?

True	False	Don't Know

8. It is not illegal to run an unregistered Residential Care Facility for Older Persons?

True	False	Don't Know

9. Only Facilities in certain areas must register?

True	False	Don't Know

SECTION C: Understanding of Leadership, Leadership challenges facing the facilities and the Efficiency of the registration process and support from the Government Departments

1. What is a Leader?

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2. What is a role of a leader in an organization like a Residential Care Facility for Older Persons?

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3. What are the Leadership challenges faced by the management in your facility?

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4. What are the Government Departments responsible for registration of the Residential Care Facilities for Older Persons?

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5. What role is played by each of these Departments regarding registration of Residential Care Facilities for Older Persons?

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6. Which department gives funding for Residential Care Facilities for Older Persons and what are the requirements for funding?

APPENDIX C: INTERVIEWS WITH GOVERNMENT OFFICIALS QUESTIONS

Question 1:

Opinions (Perceptions) of the officials on factors leading to non-compliance with the Older Persons Act and the norms and standards by the unregistered Residential Care Facilities for Older Persons in Ekurhuleni

Question 2:

Suggestions or recommendations to improve the current situation