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# Ethical Leadership at the District Level in the Eastern Cape Department of Health

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# Ethical Leadership at the District Level in the Eastern Cape Department of Health

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**This research report is submitted to the Faculty of Commerce, Law and Management in partial fulfillment for the degree of Master of Management in Governance.**

**31st March 2025**

**DECLARATION**

I, **Welfare Cynthia Diko**, hereby declare that all the work and contributions of this research report on **"Ethical leadership at the district level in the Eastern Cape Department of Health"** is my original work submitted for the Master of Management in Governance at Witwatersrand University School of Governance (WSG), Johannesburg. Also, I declare and confirm that this work had never been submitted to any academic institution for qualification, examination or whatsoever except this current submission to WSG. To meet the research ethical obligations, all sources used were thoroughly referenced and all collected data were correctly cited to represent the views of the participants accurately.



---------- **/03/2025**

**WC Diko**

**Student No.: 306097**

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**DEDICATION**

I dedicate this magnificent work to Adonai, Jehovah-Tsuri, without forgetting my parents and my parents. My late warm-hearted grandmother, my Rose Godi, I know you're always walking with me, my angel.

Again, this end product is dedicated to my loving husband, His Royal Highness, Dr Sizwesihlangene Mveli Diko, our precious twins Prince Mveli-Junior and Princess Ovayo Diko, my intellect daughter Princess Vuyiswa Mathebula.

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**ABSTRACT**

This research project resonates on the argument that ethical leadership is an integral aspect of good governance and service delivery in the public district health system. It is well understood that lack of ethical leadership in any organisation compromise accountability, transparency, integrity, efficient management of resources and responsiveness to the public need on service delivery. At times it increases corruption, affect conducive working environment and good work interpersonal relations. The South African Constitution section 195 is the foundation of numerous legislation and policies that guide the public service officials to prevent maladministration, corruption and promote high ethical standards. Different report on public health services in South Africa such as scholar articles, bad media publicity and chapter nine institutions are a reflection of a disconnection between public service officials conduct and the desired ethical principles which are aimed to put the interest of the citizens at heart. As such this study sought to interrogate senior managers' perceptions of what it means to be an ethical leader and what that means for goals of ethical leadership in Eastern Cape Department of Health (ECDoH).

This was a qualitative case study which was underpinned by an interpretive paradigm to gain an in-depth understanding of ethical leadership meaning based on the lived experiences of the ECDoH senior management at the district level. A purposive sampling was used to recruit key informants from seven ECDoH districts. An interview guide with semi-structured and open ended questions was used to collect data through individual interviews from seven participants. A document analysis was also explored a triangulation of the interview responses. Findings of this suggested that the key informants clearly understand what it means to be an ethical leader. However, though the participants regard themselves ethical, the results revealed that they encounter complex circumstances that prevent them to practice ethical leadership. In essence, there is fragmentation between what they say and how they respond to situations that require their firm decision making.

This study recommends further investigations to gain in-depth understanding on the limitations of leaders ethical leadership.

## ACRONYMS AND ABBREVIATIONS

| | |
|---|---|
| AGSA | Auditor General South Africa |
| APP | Annual Performance Plan |
| BPP | Batho Pele Principles |
| CEO | Chief Executive Officer |
| CTOP | Choice on Termination of Pregnancy |
| DHS | District Health Services |
| DOH | Department of Health |
| ECDoE | Eastern Cape Department of Education |
| ECDoH | Eastern Cape Department of Health |
| HCW | Healthcare Worker |
| HPCSA | Health Professional Council South Africa |
| MEC | Member of Executive Council |
| NDP | National Development Plan |
| NEHAWU | National Education Health and Allied Worker's Union |
| NHRD | National Health Research Database |
| PCCC | Provincial Cost Containment Committee |
| PFMA | Public Finance Management Act |
| PPP | Public Private Partnership |
| PSA | Public Service and Administration |
| RDP | Reconstruction Development Plan |
| RWOPS | Remunerative Work Outside Public Service |
| SA | South Africa |
| SADC | Southern African Development Community |
| SDG | Sustainable Development Goals |
| SIU | Special Investigation Unit |
| SMS | Senior Management Services |
| TB | Tuberculosis |
| UHC | Universal Health Coverage |
| WSG | Wits School of Governance |
| WSP | Work Skills Plan |

# Chapter 1: Introduction and Background

## 1. 1 Introduction

Every organisation's success or poor performance depends on its leadership (Benlahcene & Meddour, 2022), so good leaders are essential for creating an ethical climate in both public and private institutions (Muchunguzi, 2023). The recognition of the contribution of ethical leadership in steering resources towards the achievement of organisational objectives has gained momentum globally in recent years (Enaifoghe, Jili, & Mthethwa, 2023; Hassan et al., 2023; Mbandlwa, 2022a; Shakeel et al., 2019). Ethical leadership and moral values are the backbones of good governance, transparency, and efficient public institutions (Enaifoghe, Jili, & Mthethwa, 2023; Ndlovu et al., 2020). Likewise, ethical leadership is important in state institutions because government has a social responsibility to its citizens (Alshammari et al., 2015). However, it is clear that public sector leaders divert from the responsibilities entrusted to them of being stewards of public resources, and such actions diminish good governance and enable corruption to thrive (Naidoo, 2012).

Good governance can be realised if public service leaders do not compromise their moral responsibility to provide care by protecting human rights and providing health and safety to the citizens (Dorasamy & Anwana, 2021). In other words, institutional leaders should be ethical and resolute in good values to achieve organisational effectiveness in service delivery (Msila, 2022). In so doing, their followers will respect them because of their exemplary ethical and trustworthy actions, which are not dictated by circumstances (Naidoo, 2012).

Ethical leadership is about making ethically correct decisions aligned with fundamental societal values, such as trustworthiness, sincerity, and actions that influence followers to follow the rules or ethics codes governing the organisation. Further, the King IV Report outlines transparency, accountability, responsibility and competence as vital characteristics of ethical leadership (King IV, 2016). These attributes match the South African (SA) Constitution section 195, which stipulates the democratic values and principles for public administration. In other words, ethical leaders have a

duty to avoid self-centeredness but promote awareness of what is good, right and important to stimulate the interest of leadership to their followers for the benefit of the institution (Naidoo, 2012). It does not matter where the orientation of ethics originates since ethics forms part of the rules that all employees and role players in every organisation should follow (Nicolaides & Duho, 2019).

Achieving ethical standards in organisations requires every public servant to abide by the prescribed laws and observe good governance virtues in everything they do in the workplace (Qobo & Ngcaweni, 2021). When implemented as desired and accompanied by full commitment, better governance can be achieved. Unfortunately, ethical practices are uncommon in most of developing countries, yet little work is done to root out such behaviours (Kiilu & Awuor, 2022; Naidoo, 2012). For example, unethical actions such as corruption contribute to slow progress in achieving targets and goals of Sustainable Development Goals (SDGs) in most of the African countries (Jarbandhan et al., 2023). Furthermore, the lack of disciplinary actions against consequence management for unethical practices in the public sector is a reason for several of serious scandals in Kenya (Kiilu & Awuor, 2022). Besides global issues and structural and historical conditions, unethical leadership in Africa contributes to slow economic development, poverty, high unemployment, and poor education and health services (Muchunguzi, 2023).

Oduol (2021) pinpoints that sometimes aspects such as cultural and social dimensions influence the practices and beliefs of leaders. In that manner, the situational factors, traditional customs, and environment mostly create a climate that facilitate unacceptable conduct in the workplace. Institutions which fail to uphold ethical culture have a high risk of their code of conduct being undermined (Albertus, 2019). In light of serious ethical challenges in African countries, ethical leadership is vital to avert self-enriching habits and other unethical behaviours of those in power for their personal gain (Naidoo, 2012).

### 1.2 Background and Context of Public Service Ethical Leadership in South Africa

South Africa is a developing country that achieved its democracy in 1994. The country consists of diverse ethnic and cultural groups, so the public service has employees with non-identical morals and values, beliefs and personalities, which necessitated its regulation for control and strategic direction (Mokgolo & Dikotla, 2023). Post the apartheid regime, the SA government developed legislation within the constitution framework of 1996 section 195 to guide the ethical behaviour of all public service organisations, facilitate good governance, and build a capable state. These include the Code of Ethics and Conduct 1998, Public Service Regulations 2001, Public Finance Management Act 1999 (Cheteni & Shindika, 2017) and Public Administration Management Act 11 of 2014 (Ngoepe & Webb, 2020; Ndlovu et al., 2020). Chapter 9 institutions were also established as independent bodies to monitor and ensure that the public administration constantly complies with the principles and values prescribed by the SA constitution to promote good governance and service delivery.

In addition, the well-known public service Batho Pele Principles (BPPs) of 1997 were developed to promote transparency and customer-orientated public services (Baloyi, 2020; Enaifoghe, Jili, & Mthethwa, 2023; Singo et al., 2022); however, public service weaknesses continue to rise which reflect that more work work is required to inculcate these principles (Qobo & Ngcaweni, 2021). Reports such as the Zondo commission on state capture, the SIU on COVID-19 procurement , and the Life Esidimeni tragedy, also suggest that the desired results of the Batho Pele Principles (BPPs) in public service require more effort for their full realisation. Malobela (2024), reported that inefficient bureaucratic systems are barriers of Batho Pele Priciples (BPPs) adherence. As articulated by Shava and Mazenda (2021), good governance is core in SA ethics within all government domains to deal with serious historical affairs of the country and cultural, economic and socio-political factors which affect how administrators discharge their responsibilities. So, it is for this purpose that government leaders should observe ethical and code of conduct frameworks without interruptions for accountability and transparency. The public service through the National School of Governance rolled out ethics training for public service leaders to rebuild the ethical culture of institutions

(Malatjie, 2021), but unethical conduct continues to thrive in the public service because of poor implementation of policies (Sebola et al., 2024).

Even though acts of misconduct existed before the dawn of democracy, it became more apparent between 2007-2017 when lack of accountability in the state-owned enterprises led to the loss of moral direction and integrity under President Zuma's watch (Albertus, 2019). It is evident from the state capture reports that senior managers working with those who hold influential political positions turned the government parastatals into their investments (Commission of Enquiry into State Capture, 2022a; 2022b). In 2022, South Africa was on a red alert and ranked 72$^{nd}$ in the Corruption Perception Index (CPI) (*2022 Corruption Perceptions Index*, 2023); this reflects the chronic challenge faced by the country. Again, the rise of unethical leadership practices led to the public funds expenditure to establish different commissions and tasking the Special Investigation Unit (SIU) to investigate alleged transgressions by public officials.

As transpired from Makgoro and Zondo commissions, the country's public service faces serious poor governance and service delivery issues because of unethical and corrupt actions of the public officials (Shava & Mazenda, 2021). Notwithstanding the current situation, it remains critical for politicians and leaders of institutions to strive to walk with integrity and embrace the ideology of democracy following the SA constitution to promote ethical leadership and realise good governance. Further, it is not enough to have leaders whom their ethical behaviour is only rooted in community norms and values without being motivated and committed to attain the ethical vision, which will facilitate a total ethical climate in the public sector (Naidoo,2012). Professionalism of leaders in maintaining and adhering to prescribed work standards is relative to ethics (Mle, 2012).

Benlahcene and Maddour (2022) reflect that occasionally, unethical leaders exploit their power to influence the operations of their subordinates or attain the objectives of their organisations by deviating from the published policies. Such unethical practices compromise public values, fairness and citizen's rights (Enaifoghe, Jili, Mthethwa, et al., 2023; Thani & Louw, 2021), as witnessed in the Life Esidimeni Mental Health Facility 2016 catastrophe which claimed 140 lives (Thani & Louw, 2021).

Furthermore, it affects the well-being of employees, which results in psychological health-related absenteeism (Almeida et al., 2022; Jacobs, 2019). Unethical behaviours of the office bearers (Enaifoghe, Jili, Mthethwa, et al., 2023) defeat the good intentions of good governance in Public-Private Partnerships (PPP) for public service delivery. For instance, officials collude with service providers for their own personal financial sustainability (Mantzaris & Pillay, 2021; Shava & Mazenda, 2021) and to fund election campaigns (van den Heever, 2021). Similar tendencies were reported about public and private organisations in Kenya (Rigii, Ogutu, Awino & Kitiabi, 2019).

An ethical and responsive public administration should take measures to promote good governance principles that include accountability, transparency, honesty and integrity (Vyas-Doorgapersad & Shava, 2021). To fight corruption and fraud among civil servants, SA opposition parties and trade unions were pushing the government to conduct lifestyle audits (Sebola, 2018), but one can argue that there aren't firm and decisive actions taken by the government as corruption concerns about public service leaders continue to be reported in the media. Unfortunately, the government system in SA cushions those who behave unethically but fails to protect the trustworthy and the whistle-blowers (Sebola et al., 2024). Criminal and unethical leadership practices will not stop in public service until public servants at all levels realise their duty and virtue to observe the set principles and rules within their organisations (Mtasigazya, 2021). So, there is a dire need for public institutions to correct ethical leadership deficiencies to enhance the performance standards, motivation, and moral obligations of all public servants (Vyas-Doorgapersad & Shava, 2021).

The health system is very complex; it requires competent, committed and good leadership to lead change, model appropriate behavior, and ensure ethical norms are maintained (Okuonzi, 2023). The existence of unscrupulous conduct in health departments runs the risk of inequitable health access, reduce financial protection, and impacts social health determinants prevention strategies (Vian, 2020). The Academy of Science of South Africa (2024, pp. 36-83) highlights that despite the post 1994 efforts to transform the SA health system, gaps in ethical leadership, governance and management hinder quality healthcare that meets people's needs. Also, inefficiencies, fraud,

corruption, poor stewardship, lack of accountability, resource wastage and weak information systems at different levels diminish the equitable access of quality health services. The Eastern Cape Department of Health is also not immune to the ethical leadership crisis (Mhlauli, 2011; van den Heever, 2021), resulting in poor service delivery and loss of trust by the public. Therefore, this study aims to gain insight into health districts' ethical leadership from public health key informants in the Eastern Cape Province on what it means to be an ethical leader based their lived experiences and practices thereof.

### 1.3 Problem Statement

The rise of unethical leadership behaviour in African public institutions is a serious concern to citizens and has resulted in endless community unrest (Benlahcene & Meddour, 2022). Different reports show the depth of diminished values and norms in the South African (SA) public service regardless of its democratic status (Mokgolo & Dikotla, 2023; Qobo & Ngcaweni, 2021). In reality, SA public service ethical leadership challenges are beyond what is in the commissions of inquiry reports. A deficiency of good governance virtue, commitment, accountability and transparency is the primary root cause of current problems in state institutions (King et al., 2023; Lekubu & Sibanda, 2021; Qobo & Ngcaweni, 2021; Shava & Mazenda, 2021). Even more, the conflict of interest among leaders is a toxin that prevents ethical practices and destroys the reputation of public service (Mhlauli, 2011; van den Heever, 2019, 2021).

Literature demonstrates that ethical leadership challenges are prevalent in most provincial health departments in this country (van den Heever, 2021). The inability of the health system to pay attention to honesty, transparency and accountability at different levels (Jarbandhan et al., 2023), was the reason for the Health Ombud (HO) during the 31st May 2023 press briefing to express that the Eastern Cape Department of Health (ECDoH) and Gauteng Health are the most dysfunctional provinces, with Eastern Cape as an "embarrassment" (Office of Health Ombud, 2023). The failure of some leaders, such as Tower Mental Health Institution's Chief Executive Officer (CEO), to lead with

integrity and accountability, i.e. submission of falsified deaths performance report to the Health MEC and lack of consequence management against employees who were stealing patients' money and clinicians certifying deaths by telephone in the institution reflects that ethical leadership challenges are beyond the provincial senior management (Office of Health Ombud, 2018). Recently, the ECDoH's reputation is in the limelight of unacceptable acts such as maladministration, lack of accountability and transparency, corruption, fraud, nepotism, and other unethical practices (Mhlauli, 2011).

Such conduct negatively affects the good governance of the institution and causes undue loss of lives for the people relying on services rendered by the health department (Mbandlwa et al., 2020). In general, researchers give attention to public administration ethical leadership research (King et al., 2023; Lekubu & Sibanda, 2021; Qobo & Ngcaweni, 2021; Shava & Mazenda, 2021) but not much is known about how it is to practice ethical leadership in under-resourced and complex setting such as the Eastern Cape health system. Inadequate resources are a stressful factor that sometimes causes leaders to make critical trade-offs in policy implementation, which impedes ethical leadership in their organisations from achieving their mandate (Cheteni & Umejesi, 2025). Many public service leaders in SA work under constrained resource conditions, so it is an important dimension to consider in ethical leadership. There is consensus in the literature that ethical leadership is important for every institution; therefore, the study seeks to explore the views of key public health informants regarding the ethical leadership practices and their experiences in the Eastern Cape Province district health services.

### 1.4 Research Purpose

The main aim of this study is to understand how public health leaders view what it means to be an ethical leader in the context of their lived experiences in the Eastern Cape health districts.

## 1.5 Research Question

What are the views of public health leaders on the meaning of an ethical leader in the context of their lived experiences in the Eastern Cape Province health districts?

### *1.5.1 Research Sub-Questions*

a) What are the roles and practices of managers in ethical leadership in the Eastern Cape Health District Services?

b) What are the challenges experienced by public health managers in implementing ethical leadership in the Eastern Cape Health District Services?

c) How do managers balance their line of accountability when facing ethical leadership dilemmas?

d) How does resource allocation influence managers in implementing ethical leadership in district health services?

### *1.5.2 Objectives of the Study*

To understand public health managers' ethical leadership roles and practices in the Eastern Cape Province.

To identify and explain possible ethical leadership challenges experienced by managers as they lead in the Eastern Cape public health institutions.

To find out how managers navigate the balance on lines of accountability to embrace ethical leadership when facing a dilemma.

To understand how resource allocation affects managers in implementing ethical leadership in the Eastern Cape district health services.

## 1.6 Significance of the Study

All prescribed regulatory frameworks of accountability are non-negotiable in all spheres of public service (Shava & Mazenda, 2021). The Department of Health (DoH) prime role is to serve the people

with dignity, respect their rights and ensure patient safety to promote public health (Franczukowska et al., 2021). Unethical practices in the public health service continue to rise regardless of the government health system reforms (Academy of Science of South Africa, 2024; van den Heever, 2021). Several reports reflect that developed legislation and policies have not yet successfully achieved the goal of improving ethical conduct, embracing good governance and providing quality services to the citizens (Naidoo, 2012; Sebola et al., 2024). So, this study is significant because it will contribute knowledge on ethical leadership practices and experiences in the ECDoH context. Further studies can use these results to gain knowledge about the ethical practices of public health district leaders in SA. The results may also assist in developing programs to monitor and support health districts to strengthen compliance to available prescripts and promote an ethical culture in the public health service.

### 1.7 Delimitations of the Study

Delimitation of a study assists the researcher to remain focused on the objectives of the enquiry to achieve the desired goal. This qualitative research took place in the ECDoH district health services. The researcher recruited seven senior managers from ECDoH health districts through a purposive sampling. Given that the study is qualitative and participants are not the representative of the population, it is not possible that all unethical leadership and leadership challenges can be unpacked. However, the study will give an insight into practices and experiences of District Health Service (DHS)senior managers about ethical leadership.

### 1.8 Conclusion

This chapter introduced ethical leadership by providing a general background and status quo of the SA public service. A reflection of developed ethical legislative frameworks to guide all public service officials was outlined. Literature reports that the ethical conduct of public service officials, both deployed and formally recruited is deteriorating. This part also presented the complex nature

of the existing ethical landscapes in the ECDoH despite the availability of regulations. So, the main argument is that a better understanding of ethical leadership practices and experiences is needed. The main research question of this study is informed by this gap. The researcher explained how the sample size will impact the results of the study and how the results will contribute to literature. The next chapter will analyse and discuss peer-reviewed data to gain more understanding about the topic.

## Chapter 2: Literature Review

### 2.1 Introduction

This section will present peer-reviewed literature on ethical leadership in developed and developing countries, focusing mainly on the South African public service. It will cover the ethics and public service ethical frameworks to conceptualise the framework of the study. The write-up will be in line with the research questions and objectives of the study to unpack the views of the key public health informants on practices and challenges experienced by public service officials on the subject. During this review, I will argue that the existing literature does not sufficiently analyse ethical leadership challenges in public health care, especially in the Eastern Cape Province.

### 2.2 Ethics is the Core Ingredient of Leadership

Every public institution must nurture professional ethics to adhere to the prescribed statutory requirements of good governance principles and democratic values (Vyas-Doorgapersad & Shava, 2021). Leadership is essential in institutions to promote organisational values as prescribed in the code of conduct and the vision and mission of an organisation (Nicolaides & Tornam Duho, 2019). So, leadership without moral conscience is a conspiracy against the dream to achieve good governance by the South African democratic government (Sebola et al., 2024). In health, leadership is imperative to ensure resource availability and efficient management of resources for quality health services to be delivered (Rispel et al., 2019). Gildenhys (2004, p. 14) defines ethics as a "science of morals in human conduct". Ethics is a conduct that includes the basic ground rules and principles that people follow to live their lives and it is also about doing the right thing as guided by prescribed laws, regulations, and policies (Krishnamurthy, 2011). Leaders important ethical attributes to be effective, including integrity, selflessness, trust, vision, decisiveness and commitment (Sebola et al., 2024). Ethics in the public administration of low and middle income countries remain a serious concern (Sebola, 2018). According to virtue ethics theory, ethics cannot be learnt overnight, but it is a

process that entails practice until an individual becomes comfortable and confident in applying them when dealing with presented circumstances (Dorasamy & Anwana, 2021). Several contexts, including church, home, school, work environment and others, mould individuals' ethical and moral values through their life journey starting from childhood (Enaifoghe, Jili, & Mthethwa, 2023). In an African context, values and beliefs that are linked to Ubuntu ethics are mostly considered by communities as the point of reference for ethical or unethical leadership, whereas in the workplace, legal frameworks are the guiding tools (Oduol, 2021). So, the application of ethics is a requirement for all state officials as a guide to ensure that they do not swerve from their central mandate, which is to service the citizens in a professional, accountable, impartial and transparent manner (Shava & Mazenda, 2021). For this reason, the stakeholders in institutions expect managers to have acceptable ethical attitudes when carrying out managerial responsibilities (Gülay, 2021). To benefit society, public healthcare institutions should also respect patients' rights and uphold high ethical standards when rendering services (Jambawo, 2020).

### 2.3 Definition and Context of Ethical Leadership

Ethical leadership has been a subject of concern for decades; however, organisations and the political sphere continue to battle with unethical leadership crises around the globe (Dorasamy & Anwana, 2021). South Africa (SA) is one of many African countries facing ethical leadership challenges (Mbandlwa et al., 2020; Ndlovu et al., 2020; Shava & Mazenda, 2021). Even though some literature argues that the Western ethical principles adopted by the African countries are not necessarily the best fit, hence poor adherence by the institutions (Nicolaides & Tornam Duho, 2019; Sebola, 2018), commitment and enthusiasm of leaders to embrace good ethical practices can be a game changer in public service. Unacceptable conduct and poor performance in institutions are directly proportional to poor leadership (Downe et al., 2016), so good governance and effective leadership require ethical leadership (Sebola et al., 2024; Zheng et al., 2022).

Thus, organisational leaders should always show ethical conduct and influence such behaviour to their followers (Mbandlwa et al., 2020; Treviño et al., 2000). Treviño et al. (2000) emphasise that a reputable, ethical leadership reflects a moral person and a moral manager. Specific traits such as trustworthiness, decision-making, integrity and honesty define a moral person, whereas a moral manager has the ability to steer organisational ethics to influence the how subordinates view ethical values and behave in accordance. A moral person lives as a role model because their behavior exemplifies regardless of where they are. Also, Downe et al. (2016) reflect that a moral manager communicates the ethics and values, applies consequence management and rewards to good performance. Basically, moral leaders are effective in nature and solves challenges at an early stage than waiting for them to reach the peak.

Basically, it means that it takes more than being an ethical person to be an ethical leader (Treviño et al., 2000). Brown et al. (2005, p. 120) define ethical leadership as “a demonstration of normatively appropriate conduct through personal actions and interpersonal relationships, and the promotion of such conduct to followers through two-way communication, reinforcement, and decision-making". However, this articulation of ethical leadership is inadequate, the implementation of guiding prescripts on ethical standards such as accountability, transparency, sound labor practices, and efficient use of resources are key in promoting ethical leadership (Van der Wal & Demircioglu, 2020). Also, the definition by Brown and colleagues (2005) is not specific about who prescribes the norm and who is actually affected by the norm as different institutions have different norms (Den Hartog, 2015).

Agreeing with Ahmed et al. (2017) and Sebola et al. (2024), ethical leadership is not only applicable during office hours, but leaders are expected to maintain the appropriate conduct and behaviour that are symmetrical to the appropriate values and principles, such as trustworthiness, honesty, respect for other people, openness and other ethical qualities throughout their daily lives. This daily behaviour is critical because integrity is a basic element of character and a salient pillar of ethical leadership (Lawton & Paez, 2015). Building a professional and ethical public service demands

that leaders integrate and reinforce these values in their followers (Dorasamy & Anwana, 2021). In essence, ethical leadership is complex, and it is not only about compliance with the set legal frameworks, but personal moral values are crucial to establish an ethical mood and environment in organisations (Dorasamy & Anwana, 2021; Downe et al., 2016).

### 2.4 Public Service Ethical Leadership Theoretical Framework and Conceptualisation

Public service officials must observe the defined set of rules to reinforce ethical behaviour in their institutions (Mtasigazya, 2021). For this reason, as part of public service transformation, SA developed multiple regulatory frameworks that guide public servants' ethical behaviour and practices, aligned to section 195, chapter 10 of the SA Constitution (1996), which mandates all public servants to maintain high ethical professional standards (Cheteni & Shindika, 2017; Enaifoghe et al., 2023; Ndlovu et al., 2020). Its fundamental principles, such as being responsible, accountable and transparent, promote ethics in public service to build a capable state as desired by the Reconstruction Development Plan (RDP) (Ndlovu et al., 2020). According to the deontological theory, individuals are always expected to abide by a set of prescribed rules when they carry out their responsibilities and in decision-making regardless of the outcomes (Dorasamy & Anwana, 2021).

Thus, for this study, only three legal frameworks, namely, the Manual on the Code of Conduct for Public Service of 2002, Batho Pele Principles (BPPs), 1997 and the Senior Management Services (SMS) Handbook, 2003, will be used to conceptualise a framework for this research. These defined principles help officials understand the vision and goals which the state needs to achieve (Mtasigazya, 2021). They clearly cover the aspects of good governance, which are essential for every state institution in SA to maintain legitimacy and honesty when providing services (Shava & Mazenda, 2021). Furthermore, the literature is explicit about moral manager traits, so this framework is a guiding tool for managers to communicate values and ethics, which are vital in building ethical norms of the organisation.

### *2.4.1 Public Service Code of Conduct*

The public service code of conduct was established to ensure the practical implementation of the SA Constitution in public institutions (Mhlauli, 2022). So, the SA code of conduct addresses three main themes, responsibilities of and relationship with the legislature and executive, among employees and the members of the public (Yusuph et al., 2017). In general, its concepts encourage employees to uphold crucial qualities, including accountability, transparency, loyalty, fairness, impartiality, faithfulness, respect for human rights, and integrity in public service (Mtasigazya, 2021). In this manner, the SA code of conduct is prescriptive on what should and should not be done by state employees to promote good governance, protect the integrity of institutions and improve their effectiveness, which is similar to the Tanzanian code (Yusuph et al., 2017).

Similarly, sections 4.4.5 and 4.4.6 of the code highlight the need to promote high integrity and honesty by avoiding conflict of interest and not accepting bribery and corruption. Integrity is one of leadership's core values, suggesting leaders behaviour should embrace moral values such as trustworthiness and honesty timeously (Naidoo,2012). Apart from avoiding conflicts of interests, putting the people's interest first is compulsory, like avoiding partiality and nepotism, and also maintaining political neutrality in the workplace (Yusuph et al., 2017). Honesty and accountability are required when managing public resources, as section 4.4.8 of the manual outlines. According to Mtasigazya (2021), ethics require individuals to refrain from corruption, fraud and other virtues such as loyalty.

In congruent with section 4.3.1 (p.24), Yusuph et al. (2017) stress that every public servant should be cognizant that the code of ethics and conduct frameworks are legally binding, so employees must be honest, accountable, transparent and respect each other and the public. The portfolio should not determine respect among public servants but it is expected across all levels. All employees must have a platform to contribute suggestions for the common good (Gentile, 2011). When leaders and their followers have space to learn and explore more about the ethical codes

within their organisation, communication of ethical messages becomes advanced (Zheng et al., 2022). Such opportunities intensify an ethical voice for everyone in the organisation.

Critically, the code requires effective communication of the mission and goals to everyone in an organisation, as explained in section 4.3.1 (p. 24). As outlined in sections 4.3.5 and 4.3.6, staff capacity building, good interpersonal relations and observing sound labour relation practices are critical to maintaining good relationships among public servants (pp. 30-33). Its standards are essential for correcting public servants' behaviour and guiding them when confronted by dilemmas to prevent unethical practices in the workplace (Yusuph et al., 2017). Proper decision-making is one of the most important aspects of the SA code of conduct. Oduol (2021) reports that public health system leadership should always keep in mind what is acceptable and unacceptable conduct during decision-making to sustain their moral duty for the protection of ethics in the workplace.

Section 4.3.3 emphasises the need to avoid nepotism and conflict of interest actions, so putting the people's interest first by all civil servants is paramount for dealing with ethical dilemmas as prescribed by the framework (p. 26). It is factual that nepotism is unethical and pulls down the integrity of public service while, on the other hand, it reduces the appetite for investors to do business with the state (Shava & Mazenda, 2021). Zheng et al. (2022) stress that when leaders ensure an internalisation of organisation's values and principles, it builds a strong foundation for employees to constantly remember the importance of the ethical values and improve the effectiveness of an institution.

### *2.4.2 Senior Management Service (SMS) Handbook Chapter Six*

The Public Service Commission reminds managers that the SMS handbook is central to their daily operations, so they should use it in conjunction with the Public Service Regulations and Public Service Act, 2016 and other frameworks and directives. The Public Service and Administration (PSA) in 2003 published the Senior Management Service (SMS) handbook, which expands on the values and principles that nurture the behaviour of public service senior managers as a supplement to the

code of conduct for public service and financial disclosure framework. Chapter six of this framework guides senior managers on the following dimensions: leadership, accountability, financial disclosure, communication, political participation, employment outside public service, labour relations, management of misconduct, confidentiality of official information, responsiveness and impartiality (Chapter 6, pp. 1-14).

Ethical leaders ought to instill good ethical values to their sub-ordinates through their conduct to create an ethical environment across the organisation and capture employees integrity (Zheng et al., 2022). Responsive and impartial managers should provide accurate information at all times to maintain integrity, make proper decisions that are fair or without prejudice and ensure the effective implementation of such decisions (pp. 3 & 4). Managers should maintain the confidentiality of official information, disclose their financial interests and not participate in political activities in their official capacity (pp. 7-11). When they need to do remunerative work outside public service, they should first get an approval (pp. 12-13).

### *2.4.3 Batho Pele Principles "People First"*

The Batho Pele Principles were developed by PSA in 1997, and they include the following principles: transparency, openness, consultation, and value for money as guiding principles for transforming public service. Batho Pele focuses on the public service values (Qobo & Ngcaweni, 2021). These principles emphasise the need for all public servants' behaviour to behave in a professional and ethical manner so that resources are effectively and efficiently utilised to protect the image of public services (Carmen, 2022; Mle, 2012). These principles are against the practices of injustices and discrimination, so they promote humanity "Ubuntu" when interacting with clients, colleagues and stakeholders in public services (Nkambule & Ngubane, 2023).

As emphasised by Naidoo's (2012) study, when leaders create a transparency and openness climate to monitor unethical conduct and decisively hold everyone accountable in an organisation, trust between government institutions and the citizens is built. Therefore, public institutions are

expected to be transparent and should provide citizens with accurate and complete information so that they can provide feedback about the services they receive (Ndlovu et al., 2020). Batho Pele's Principles are against bullying or autocratic power by managers to the vulnerable (Nkambule & Ngubane, 2023). In addition, during decision-making, leaders should always remember that all people who are affected by such decisions have a right to information. Therefore, leaders should be open and transparent to every role player about the budget and how the institutions operate (Ndlovu et al., 2020).

Nkambule and Ngubane (2023) further elaborate that institutions have to conform to the value for money principle, meaning that it is unacceptable for public officials to commit wasteful and fruitless expenditures, including the utilization of public funds for personal gain. In times of misunderstandings between parties, redress is supposed to be dealt with in a courteous manner. "Where there is no accountability, there will also be no responsibility". In short, the frameworks illuminate that an ethical manager is honest, accountable and transparently makes sound administrative decisions to influence the employee's conduct. Considering that leadership by senior managers should lead as role models for public ethics to succeed in public institutions, these public service management frameworks apply most appropriately and constructively to the research problem and to answer the main research question.

**2.5 Importance of Ethical Leadership in Public Institutions**

The success or failure of any institution depends on the calibre of leadership, the decisions they make and their conduct (Mbandlwa et al., 2020; Ndlovu et al., 2020; van den Heever, 2021). Ethical leadership is vital to intensifying public service values and ethics (Hossain et al., 2020). Literature reveals that ethical leadership increases employee commitment (Franczukowska et al., 2021; Gülay, 2021), improves job satisfaction and reduces burnout in health institutions (Franczukowska et al., 2021). Further, a conducive environment in the healthcare system contributes towards delivering client-orientated services because society participates in public health initiatives to improve the

quality of services provided to them (Jambawo, 2020). Strong stewardship and leadership are the anchor for building a global momentum to achieve a high-quality Universal Health Coverage (UHC) (Rispel et al., 2019). Therefore, ethical leadership is mandatory to champion ethical behaviour and achieve the goals of the new health system reforms, such as UHC (Vian, 2020).

Mthiyane and Associate (2021) reported that most of the principals from four schools in Gauteng knew about ethical leadership. However, the majority could not acknowledge their important roles in promoting ethics in leadership and teaching, regardless of the availability of policies. A few of them revealed that they promoted honesty, ethical culture, and integrity for learners. Health managers and employees from a rural district in South Africa perceive moral values and professional attributes as important factors to promote accountability and a conducive environment (Mukinda et al., 2020). Inadequate conceptualisation of ethical roles among public service managers in public can compromise accountability, efficiency, and transparency. This is concerning because the violations of ethical principles overshadow the good work of trustworthy public servants, as public trust is low (Mokgolo & Dikotla, 2023). Also, unethical behaviour by institutional leadership may influence their followers to participate in unethical conduct, which affects not only individual reputation but the organisation too (Dorasamy & Anwana, 2021; Enaifoghe et al., 2023; Yusuph et al., 2017). Therefore, for many reasons, ethical leaders are needed in organisations to attract healthy partnerships from investors and donors because they believe that such an organisation will work with honesty and integrity (Ndlovu et al., 2020).

### 2.6 Impact of Unethical Leadership in Public Institutions

Unethical leadership can be defined as behaviours that infringe the moral standards or contribute to the unethical behaviours of subordinates (Brown & Mitchell, 2010). Public administrations and institutions are battling different forms of unethical leadership, including unscrupulous role modelling (Schuster et al., 2024). Scholars acknowledge that SA as a developing state has dubious officials who compromise its reputation due to escalated contraventions of ethical

values and principles governing the public service (Sebola, 2018; Mbandlwa et al., 2020). Any public institution with deficient ethical norms and values results in overstepping on roles and responsibilities by those in positions of power for personal gain (*Judicial Commission of Inquiry into State Capture, 2022)*. Self-centeredness, bullying, exorbitant performance pressure and lack of care at the workplace are Harmful Leadership Behaviors (Almeida et al., 2022), and they create unfriendly work, reduce the quality of performance, compromise compliance on set performance standards and prescripts, and undermine good governance (Mhlauli, 2011; van den Heever, 2019, 2021). Further, unethical leadership demotivates employees, increases complaints and negatively affects service delivery efficiency (Akalenaga and Singh, 2021). In contrast, Yukl et al. (2013) believe that unethical practices in an organisation temporarily improve performance and later negatively impact the institution for an extended period of time.

Health services are a social good, but unethical leadership is an enemy and a solid weapon that destroys innovations to realise it (Mhlauli, 2011; van den Heever, 2019, 2021). Unethical leadership is toxic and destructive; it negatively affects the well-being and dedication of employees and, in the latter, hampers the quality of services rendered to the citizens. In-line with Akhtar et al. (2022) and Almeida et al. (2022), unethical leadership behaviours lead to employees' depression, information hiding, and defiant conduct. In the worst scenario, the victims become socially disengaged beyond the work environment and cannot deal with the work-home life balance (Jacobs, 2019).

The ignorance of available internal controls increases misuse of allocated resources, corruption, and compromises the morality of public servants (Sebola et al., 2024). Learning from the SA state capture, supported by Madonsela (2019), unethical leadership resulted in the inefficiency of state-owned enterprises, loss of revenue, and redistribution of resources for self and private sector benefit; the country faced the weakening of social interest and the quality of services to the people became compromised. In a nutshell, unethical conduct thrives at the expense of the beneficiaries of government services and it is a barrier to responsibility and accountability.

## 2.7 Ethical Leadership Practices in Institutions

Every public service leader must be ethical and stand firm on virtuous values and principles, such as Batho Pele, among others (Msila, 2022). Van den Heever (2021) articulates that conflict of interest and corruption among leaders in the SA public health system negatively affects its performance regardless of resources allocated. In addition, Vian (2020) systematic review reflects that a lack of accountability and transparency coupled with insufficient oversight of policy implementation result in abuse of power and malpractice such as bribery, nepotism, political interference, and stealing in the health system. This deficiency enables some of politicians and senior managers to conduct business to benefit those closer to them.

The Office of the Health Ombuds (2023) report revealed a full-time appointed CEO of Rahima Moosa Hospital was absent from work for 71 unaccounted days between January 2021 and August 2022. Sometimes, managers treat their employees unfairly and do not act as role models in their organisations. For instance, a Gauteng hospital management disapproved clinicians' requests to perform Remunerative Work Outside Public Service (RWOPS), yet they were also engaging in the same activity to make extra money. Poor governance, lack of accountability and shortage of resources are not affecting the SA health system only, but other low and middle-income countries experience the challenges (Rispel et al., 2019).

Also, subordinates from health districts in SA revealed that managers lacked accountability for their own decisions and practices of shaming and blaming tactics and inconsistent consequence management were prevalent (Mukinda et al., 2020). Similar to this finding, van den Heever (2021) and the Office of the Health Ombuds (2023) cited a great concern for the lack of consequence management in public health institutions. Sometimes, managers fail to acknowledge the consequences of their decisions and instructions; the Life Esidimeni tragedy demonstrates the leadership's failure to accept accountability for their unlawful decisions that violated human rights and resulted in the loss of many lives of the vulnerable patients (Thani & Louw, 2021). Their actions showed disrespect for human life, dignity and care, which was against the SA constitution. Similar to

the Life Esidimeni crisis, compromised ethical values such as poor governance, resource mismanagement and incompetence of leadership resulted in escalated deaths from COVID-19 in Zimbabwe (Munezhi & Hammad, 2021). In the Ugandan district health system, high nepotism was contributing to an unfavourable working environment (Okuonzi, 2023). Van den Heever (2021) reported that the systematic failure of the eight public health provinces in SA is due to poor and unethical leadership, as well as a lack of leaders' unwillingness to apply corrective measures for the financial management inefficiencies in their institutions.

### 2.8 Batho Pele Principles in Public Service and Challenges of Ethical Leadership

Ethically grounded leaders are the pillars of the SA public services (Sebola et al., 2024), so a reduction of ethical leaders in institutions gives rise to unstable service delivery as well as a dissatisfaction of citizens with the service they receive. Msila (2022) highlights that the Batho Pele Principles (BPPs) are critical for the effective running of public institutions and good governance. However, most public organisations are not compliant with the principles as desired. A study in mental health institutions from three districts in Limpopo Province reported that inadequate resources and employees' misunderstanding of the principles negatively impacted their compliance with Batho Pele Principles (Mabunda, 2024).

Generally, the SA Home Affairs department is viewed as ineffective and inefficient, but in contrast, Carmen (2022) reported outstanding practices on BPP implementation in Mpumalanga Home Affairs. This finding was different from practices of the schools in the same province (Nkambule & Ngubane, 2023). Sebola (2018) highlights that there is limited scope for the Public Service Commission (PSC) to strengthen high professional ethics standards, which contributes to public service non-compliance to the ethical frameworks. Public service ethics are critical because they ensure political professionalism and success in policy implementation (Shava & Mazenda, 2021).

## 2.9 Impact of Political Interference in Public Service Institutions

The intrusion of political leadership in the bureaucratic process is also witnessed beyond SA (Shava & Mazenda, 2021). Political leaders who do not possess acceptable ethics contribute to unethical leadership of state institutions, among which is the department of education (Enaifoghe et al., 2023). In SA, several state organs were captured under the leadership of President Zuma, as the president prioritised cadre deployment over meritorious candidates for top positions (Commission of inquiry into State Capture, 2022b; van den Heever, 2021). These reports indicate that ethical leadership deficiency that is linked to political interference is not only an ECDoH challenge in this country. Mokgolo and Dikotla (2023) presented that political heads and senior public officials abuse power to influence the recruitment process to accommodate their preferred applicants. This report is similar to Jarbandhan et al. (2023) study, which revealed that political heads worked with public service senior officials and contractors to fix prices during the construction of the Medupi power station.

SIU published similar behaviour about COVID-19 PPE and national communication directorate (Mashilo & Kgobe, 2021). Gathering from literature, it is evident that political interference disrupts public service operations, increases corruption, promotes poor resource management and weakens the public service responsibility to deliver the public agenda. While a code of ethics and conduct is mandatory for all public servants, the literature shows that those who are supposed to protect the legislation participate in unethical conduct that undermines Section 27 (1) of the constitution. For SA to promote efficiency and good governance in public administration, it is vital that political leaders abide to the code of conduct and refrain from interfering in the administrative processes.

## 2.10 Ethical Leadership Conflict of Interest and Ethical Dilemma

Ethical dilemmas compromise the ethical behaviour of leaders and dent the institutions they work for, so it is important that strategies to prevent such be developed to enhance responsible decision-making (Kaptein & Wempe, 2002). Similar to the Ugandan health managers' report

(Okuonzi, 2023), SA public servants face ethical dilemmas in their workspace because they cannot balance their personal and work interests (Mhlauli, 2011; Shava & Mazenda, 2021). Yusuph et al. (2017) stress that public service administrators should balance their internal and external demands to manage ethical dilemmas when making decisions using the code of conduct. The public service ethics report shows that most public servants know the code of conduct. However, unethical conduct persists because there is no support for professional ethical culture at the workplace (Department of Public Service and Administration, 2022/23). However, Ndlovu et al. (2020) argue that policy gaps fuel unethical leadership in public service.

Regardless of the availability of guiding acts and regulations (Kgobe & Chauke, 2021), to some extent, the dilemma in the context of morality, community cultural norms, and universal principles influence how leaders behave. Along with the above, Yusuph et al. (2017) reported that religion, experience and level of education have an influence on conflict of interest and ethical dilemmas management. On the contrary, a study by Mthiyane & Mudadingwa (2021) conducted in Gauteng schools articulated that lack of support from the Provincial Department of Education, teachers' union and South African Council of Educators (SACE) to the school principals and educators on ethical leadership and teaching is a barrier to policy implementation. As a result, they experience sexual harassment, unfair treatment by the management, and a lack of engagement platforms with the school management.

Since culture and beliefs have a big impact on African leaders, ethical decisions, conduct, and personal ethical beliefs shrink as the size of an organisation expands (Cheteni & Shindika, 2017). Sometimes, unrealistic targets and goals set for leaders influence their unethical conduct to perform better (Hassan, 2019). Though unethical conduct occurs in public service, corruption is the most visible unethical practice in all public service departments (Cheteni & Shindika, 2017; Singo et al., 2022). Considering the wide range of challenges in public service other than political interference, the study is necessary to explore the views of ECDoH district health services managers on what it means to be an ethical leader based on their lived experiences.

## 2.11 Improving Ethical Leadership in Public Service

Surely, it does not matter whether one works for a government or private institution; to curb inefficiencies and ineffectiveness in the health system, informed decision-making should be part of strategic management, and learning and feedback should be part of decision execution. Developing concrete strategies to address the weak governance capacity and liability of public service leaders should include strengthening administrative controls and the implementation of ethical reforms (Dorasamy & Anwana, 2021). It is important that in the public service, vetting and ethical scanning of employees does not take place only during the recruitment process, but also that ad hoc screening of appointed employees may assist, because some people engage in unethical conduct during their tenure of employment (Sebola et al., 2024). All leaders, regardless of their political affiliation, who abuse their power to promote unethical conduct must face the might of the law (Nicolaides & Tornam Duho, 2019; Sebola et al., 2024). To some extent, training public sector employees on ethical conduct can improve ethical behaviour (Cheteni & Shindika, 2017; Enaifoghe, Jili, & Mthethwa, 2023). The professionalization of public service to root out the current cadre deployment when appointing senior management and nepotism should be fast tracked (Sebola et al., 2024). Most importantly, whistle-blowing protection should be prioritized to promote reporting of unethical conduct in cases where managers are not approachable (Cheteni & Shindika, 2017).

## 2.12 Conclusion

This section presented the literature review to define ethics and ethical leadership. Other relevant aspects involved understanding the conceptualisation of ethical leadership within public service and how the available prescripts are implemented. The literature review was used to extend the ethical framework and the public service ethical leadership in developing countries. It is distinct that ethical leadership is pivotal for any public service department to achieve good governance. Acts of unethical leadership exist in other countries on the continent and in many other government institutions in the country. Although the literature is explicit about the importance of ethical

leadership in public service, unethical practices remain prevalent, which shape the environment that challenges integrity, trust, good governance and service delivery. The current systematic reviews pinpoint that unethical leadership results in inefficiencies of the public health system, whereas other studies have focused on accountability of rural health institutions rather than ethical leadership in totality. While there is massive research about ethical leadership in the public service in SA, the information on the public health sector, especially in the ECDoH, remains limited. Therefore, grey literature from credible sources, e.g. the Health Ombudsman, was formally used to gain more insight. In a nutshell, the current literature did not comprehensively pinpoint the views and experiences of public health leaders on ethical leadership, which warrants further research to gain more understanding.The next chapter will be outlining the research methodology and design of the study.

# Chapter 3 Research Methodology

## 3.1. Introduction

The previous chapter focused on the literature review and the theoretical frameworks that guide the study. Therefore, the purpose of this chapter is to explain the research paradigm and study design underpinning this research as well as strategies I used to collect data from the key informants. It outlines the research setting, population, inclusion and exclusion criteria for recruitment of research participants. Other features of this section include the process of data collection, data analysis, researcher's role, trustworthiness and ethical considerations followed by the researcher. A summary will be presented at the end of this chapter.

## 3.2. Research Paradigm

A paradigm is defined as general framework of a research with some assumptions, quality research models, key issues and methods used to find answers about a particular issue of concern (Newman, 2014). It explains how individuals think about and make sense of the real world complexities (Patton, 2002). The alternative research paradigms include positivism/post-positivism, constructivism, phenomenology/ interpretive, critical theory/ postmodernism and participatory approaches (Patton, 2002). Other four components of research philosophical elements include, methodology, ontology, epistemology and axiology (Denzin & Lincoln, 2018). The ontology , epistemology and axiology are the foundation of any research project as they provide guidance on developing of sound methodology, the methods of data collection and interpretation of collected data (Pretorius, 2024; Romm, 2024). Therefore, the researcher believes there is more than one reality and that the reality is subjective to the experiences of the participants. Moreover, to understand such reality the researcher interpreted the meaning and experiences of participants about ethical leadership in the ECDoH public health institutions. These aspects assisted the researcher to design a logical study.

### *3.2.1 Interpretive Paradigm*

The foundation of this study is premised on the interpretivism paradigm to understand the subjective meaning and interpretation of individuals about the social phenomenon (Wlliam, 2024). The interpretivism paradigm of this study examined views and experiences about the topic, rather than a fixed reality (Pretorius, 2024). This approach aimed to gain insight about what it means to be an ethical leader from the lived experiences of ECDoH senior managers in the District Health Services (DHS). Acquired knowledge from this paradigm helps researchers to be empathetic and make sense about other people's experiences and world's life (Newman, 2014). Unlike the positivist approach the results cannot be generalised because information is not derived from linear prediction and singular truth (Patton, 2002). The interpretative approach is best as it allows researchers to interpret the collected data based on what they heard, observed and understood. Similarly, in this this research it helped the researcher to understand the subjective meaning of the ECDoH district health services senior managers of ethical leadership based on their experiences.

**Ontological Assumptions.** An ontology embraces the issues of what exists or the essential nature of reality (Newman, 2014). The study is premised on the relativist ontology paradigm because the researcher believes there are multiple realities about the phenomenon. Therefore, reality is not discovered rather constructed making it to be subjective since the experiences of individuals or as a collective linked to their historical, cultural, belief contexts and social interactions influence on how they see and interpret it (Pretorius, 2024). In order to acquire and construct the knowledge, the researcher interacted with the people who have knowledge or lived experiences about the phenomenon. So, the ontological stance of this research necessitated that the researcher build a rapport, develop a good listening skills and engaging during the data collection to ensure that participants presentations are accurately captured and documented (Pretorius, 2024). A qualitative research methodology using interviews and documents analysis was used to understand how senior managers in the district health services conceptualise and practice ethical leadership.

**Epistemological Assumptions.** Newman (2014) posits that an epistemology is how one gets to know the world around us or what makes us to be certain that what we know is true. It includes how knowledge about the phenomenon will be gathered for us to understand the ontological assumptions. This qualitative study was underpinned by interpretive epistemological paradigm which used individual interviews and document analysis to explore the social world of the key informants from Eastern Cape Department of Health (ECDoH). Semi-structured and open ended questions were asked for the researcher to interpret information gathered from the participants. This epistemological stance was relevant for the researcher to understand how participants connect their experiences to interpret and derive meaning of the subject of the study (Al-Saadi, n.d.; Pretorius, 2024).

### 3.3 Axiology of the Study

Considering the ontological and epistemological stance described above, the axiology of this study is value-laden and subjectivity is part of qualitative methodology. The ethics and leadership knowledge of the study reflect the subjective information provided by participants based on their experiences in their context. As articulated from (Pretorius, 2024), this axiology is part of the strength of the research because the attached values opened a space for deeper engagement with the societal structures and human experiences for the researchers to persistently check the effect of their personal values and those of the study participants to the knowledge generated. Therefore, the researcher's role and ethical considerations sections articulate a comprehensive strategy used to manage positionality and maintain ethical principles during the research process.

### 3.4 Research Methodology

The main focus of methodology is the best possible strategy that is used to acquire knowledge about and understanding of the world (Denzin & Lincoln, 2018). Generally, it includes the systematic

manner in which the research is conducted including the research methods, instruments and data analysis to produce knowledge (Yong et al., 2021).

### *3.4.1 Qualitative Methodology*

This study adopted an interpretive qualitative research approach to learn and construct knowledge on lived experiences of the ethical leadership of the key public health populations. Qualitative research is a universal interactive approach that uses a wide number of methods to explore and understand the meaning of non-numeric data from an individual or group of people ascribing to a human or social problem (Creswell, 2009; Denzin & Lincoln, 2018). Furthermore, (Denzin & Lincoln, 2018) explains that the narrative of different meanings of data is derived from anything from the world, such as people, beliefs, actions and interests. In other words, a qualitative enquiry is inductive in nature, studies things in their natural settings and interpret the event based on the meaning presented by individuals. This approach will enable the researcher to gain first-hand and in-depth knowledge about public health institutions' ethical leadership in the Eastern Cape Province.

### *3.4.2 Study Design*

This study followed a case study design to gather an in-depth knowledge about the topic. A case study includes an in-depth interview of one or few people, observations or review of documents where excerpts can be used to gather detailed information in which a researcher gives it a meaning to reach a conclusion (Newman et al., 2014). A public health sector case study design was appropriate for interacting with the key participants to understand their views, practices and experiences of ethical leadership in the Eastern Cape Province health districts.

### *3.4.3 Study Setting and Population*

**Study Setting.** This study sampled district health system senior managers from the Eastern Cape Department of Health (ECDoH) as key public health informants. The Eastern Cape comprises eight districts with an estimated population of 7.2 million (Statistics South Africa, 2022). Because of high poverty levels, most of the population is uninsured, making public health institutions the primary source of health services. Only seven districts and the provincial office, which is situated in Bhisho were targeted for the study.

***Figure 1: EC Province Districts Municipality Geographic Distribution Map***




**Source: wikipaedia.org**

**Study Population.** On estimation, 25 senior managers have experience in the district health services. However, the study only aimed at recruiting district managers and acting district managers, district general managers and provincial general managers as they account for the functionality of the district services. The district managers and district chief directors are the districts' leaders, whereas provincial district health general managers oversee the overall functionality and performance of the districts. Informed by the total number of relevant managers, a minimum of five and a maximum of eight district health services key informants interviews were planned. However,

after the recruitment of 13 managers only seven agreed and consented to participate in the study. Patton (2002) defines key informants as people have knowledge on and can articulate information about the study subject.

The sampled key informants included senior managers who were appointed as district managers or once worked as acting district managers, general managers accountable for the districts. Only provincial general managers with a responsibility to oversee the district health systems were recruited but did not consent to participate in the study. All seven participants were ECDoH permanent employees from five districts. Out of all the seven participants, only one was permanently employed as a district manager, two occupied acting positions before the replacement of posts and four were still in acting positions. Though it was envisaged to include retired managers and those who have moved out of the province, the researcher could not reach them as they were no longer using the ECDoH contact numbers.

Since the researcher is a permanently appointed hospital CEO in the ECDoH, Alfred Nzo District, this district was excluded from the study to minimise positionality bias. Managers with less than one-year experience were also not recruited to participate in the study. The researcher believed that the recruited participants had an ability to give rich information to answer the study question based on their roles and experiences in the district health system. Of importance, the researcher recruited the senior managers in their capacity rather than as representatives of the Department of Health.

### *3.4.4 Participants Sampling*

The study employed non-probability, purposive sampling to select leaders with experience in district health services senior management in the ECDoH as key informants. In-line with Patton (2002), a good sense for using purposive sampling was to induct in-depth information about ethical leadership from cases with rich information, such as district managers, chief directors and other senior managers with assigned responsibilities in the DHS. Purposive intensity sampling was

employed because recruitment of participants focused on DHS leaders who had experience of leading people as senior managers. The recruitment of participants was done physically where it was possible, telephonically, WhatsApp and email engagements.

### *3.4.5 Data Collection Methods*

Qualitative studies can use several major data collection methods such as interviews, focus groups, observations and written documents (Patton, 2002). To gather data for this study, two research methods were used, namely, individual interviews and document analysis.

**Interview Method.** Aligning to Patton (2002), interviews were most appropriate for this study to acquire direct information from the DHS senior management regarding knowledge, experiences, feelings and opinions about the research topic. In-line with the research epistemology, in-depth face-to-face and telephone individual interviews, using an interview guide with semi-structured and open-ended questions, were conducted to gather knowledge which the researcher interpreted to answer the main research question.

**Document Analysis Method.** Also, document analysis was used after not getting sufficient participants for data collection and to triangulate data at hand to ensure depth, credibility and reliability. Dalglish et al. (2020), defines document analysis as a useful systematic procedure that is used to review and evaluate documents in order to provide context and supplement other research methods employed for data generation. Moreover, it is useful in generating research questions, tracking change over time and confirming data collected from other sources. This method can be used in both qualitative and quantitative studies. However, just like any other study method, concerns such as reliability, validity, authenticity, unrepresentative and motivated authorship, among others were things the researcher took into consideration when sampling the documents.

During this process the researcher collected different public documents for analysis (Creswell, 2009). So, official public documents e.g. AGSA report, APP, ECDoH circulars, legal documents like

court orders, bulletins and media documents like newspapers were used for data triangulation. Only reports from 2019 to 2024 were used for the document analysis.

### *3.4.6 Data Collection Tools*

A questionnaire with close-ended questionswas designed and used to collect the participants' demographic information through google forms. For the qualitative data an interview guide was used. According to Ismail et al. (2018), where necessary, the researcher can modify the qualitative research data collection instrument based on emerging findings and spontaneously refine questions that do not address the study objectives in the same interview. So, the qualitative study is exploratory in nature and it can proceed without being piloted. For that reason, the study interview guide was not piloted and other strong emerging themes from the participants such as service delivery rationalisation were included. Other instruments, such as a high-quality tape recorder and field notebook, supplemented data recording to avoid misrepresenting the participant's contributions. Field notes were used to record any important observations from the participants during the interviews for the researcher to describe information about their experiences and views (Patton, 2002). The interviews were in English and seven participants were interviewed. The interviews lasted between 40 to 82 minutes.

### *3.4.7 Data Analysis Procedures*

Since the demographic data was collected through google forms, it was downloaded and validated from the participants by telephone to correct and clean the data before analysis. Descriptive statistics was generated manually to understand the characteristics of the participants. After the collection of qualitative data, the researcher transcribed it verbatim in a Word document before cleaning it to make sure that appropriate language is used. Since the participants were sometimes mixing English and IsiXhosa, the researcher interpreted data to English. All tape recorded data and notes taken during interviews were corroborated to ensure the correctness and

dependability. Recordings and transcribed data were revisited several times by the researcher to get a better understanding of the data. All the collected raw data was arranged into readable descriptions using themes from the data.

Guided by Cresswell (2009), thematic analysis was done manually to identify and report patterns in the data. At first coding of data was done followed by merging of similar codes to develop sub-themes which were later integrated to main themes. A manual code book during the analysis process was also created to code information into segments as a process towards attributing meaning to the data. The researcher used emerging codes from the participants' information and predetermined codes from literature and the study theoretical framework. Exploratory data was structured, labeled and defined based on meanings attributed to them. Recording of themes continued until themes were reduced to seven. So, themes were analysed for each case and across the all the cases. Since some data was collected from documents, the same process of thematic analysis was applied to interpret the meaning of collected data. The four research questions were also used to align themes in order to answer the research questions. During data analysis, color coding of themes was applied and the results were used to write the final study report.

### 3.5 Trustworthiness and Authenticity of the Qualitative Data

Patton (2002) highlights that quality and credibility are essential for a qualitative research enquiry. The researcher maintained all elements of trustworthiness which include credibility (Internal validity), dependability (Reliability), confirmability (Objectivity) and transferability (External validity) to ensure legitimacy and credibility of the results.

#### *3.5.1 Credibility*

Credibility in qualitative study addresses the issues of internal validity and it is centered around three major elements such as rigorous methods, researcher's credibility and philosophical belief in the qualitative enquiry values (Patton, 2002). It is essential to ensure confidence on the truthfulness

of presented research findings (Anney, 2014). The researcher had peer debriefing with the supervisor after interviews for a sound ground to test developing ideas and interpretations. Though most of the interviews were telephonic, the researcher built a rapport with the participants for them to contribute freely. Prolonged engagements and persistent observations during data collection to understand the participants' worldview. Methodological triangulation was applied through multiple data collection methods and different data sources which included, the interviews, observations, writing of field notes and document analysis. A high quality interview recorder was used to record all the interviews to validate data interpretation during the analysis.

Multiple public service frameworks were used to interpret data collected from the key informants and document analysis was explored to validate interviews data. An empathetic neutrality during the interaction with the participants was maintained; for example, I probed the participants to elicit detailed data from participants without being investigative to manage my positionality. Also, the researcher discussed emerging themes of interest with supervisor before updating the interview guide to maintain the study rigour. Again, participant checks were made through follow-ups to validate if the researcher's data interpretation captured the meaning of their responses.

### *3.5.2 Transferability*

Transferability is concerned with the external validity of the data; this process ensure that the results are transferrable to another context with different participants who possess the same experience and responsibility as the initial respondents (Anney, 2014; Patton, 2002). A detailed description of the phenomenon under investigation, including the process, instrument, number of participants and facilities taking part in the study, and period of data collected, was developed and kept. The participants were sampled based on their knowledge and experiences according to the researcher's judgement.

### *3.5.3 Dependability*

Even though this is a qualitative study, results should be dependable and reliable at all costs (Patton, 2002). Anney (2014) emphasises that dependability is achieved when the stability of findings is maintained over time. The researcher kept an audit trail of everything that transpired during the study, how data was collected, recorded and analysed. Also, the researcher coded and re-coded the collected data to assess if the results were the same. Moreover, to strengthen the dependability of the study results, the researcher discussed the results with other qualitative researchers as a peer examination strategy to get feedback on existing inconsistencies or aspects not covered by the research questions.

### *3.5.4 Confirmability*

A qualitative interpretive research is subjective, thus confirmability is aligned to objectivity (Patton, 2002). So, confirmability allude that the results of the study should be corroborated by other investigators (Anney, 2014). I always kept a reflexive journal audit trail to check and address any biases emanating from my experiences, assumptions, and beliefs during the research process. A detailed description of field events is kept to determine if the extent of data and emerging constructs were developed in an acceptable manner. The data was collected individually from districts office senior managers who had an experience to lead and they were done on different days.

### *3.5.5 Authenticity*

Authenticity is pivotal in qualitative research and it seeks to reflect that the researcher's report did not compromise other people's perspectives and maintained fairness in representing their views and values (Patton, 2002). In alignment to Denzin & Lincoln (2018), to avoid bias the researcher reflected the voices, views, values, claims and concerns in the research report and findings about ECDoH ethical leadership. This part is dealt with extensively under the researcher's role section.

### 3.6 Ethical Considerations

Before commencing the research, I sought research ethics approval from the school and the University of Witwatersrand Human Ethics Committee. Again, permission was sought from the ECDoH Research Ethics Committee through an on online platform, National Health Research Database (NHRD). Strategies used for recruitment of potential key informants for the study included physical discussions, telephone calls, WhatsApp messages and emails. Among many serious ethical considerations, (Cresswell, 2009) stresses that researchers must ensure that participants should not be put at risk through the entire process of data collection and publication. Informed consents were signed through google forms prior the engagement to the study to show that the researcher was committed to protect the participants' rights. Full information about the research topic, objectives, and data processing was communicated to the participants beforehand. The consent form included the request to use a tape recorder of the interviews.

During data collection, analysis and interpretation, the researcher coded participants as P1-P7 rather than recording the real participants' names, their workplaces and designations in the collected data. Private interview space was used to maintain the confidentiality and privacy of participants. I always respected the participants, protected their autonomy, and allowed them to pull-off from the research without judging them when they were longer interested to continue with a study. Probing of participants was done appropriately to respect their privacy and participants were not forced to answer questions that are uncomfortable for them. At no stage was the data of the any interview was shared with anyone, and it is kept in a lockable space accessible only to the researcher.

### 3.7 Role of the Researcher

The researcher's role reflects the positionality the researcher about the study phenomenon. It entails the person's views on a phenomenon and the position they take during the research project and its political and social context (Holmes, 2020). Denzin & Lincoln (2018) define reflexivity is a

"process of reflecting critically on the self as researcher, as human instrument". By reflecting positionality, the researcher is nurturing accountability and trust in the process of the research project (Pretorius, 2024a). Qualitative research is interpretive, therefore, researchers are more involved in data collection. This makes it necessary for them to be open on issues that may lead to bias e.g. beliefs, culture, values, socioeconomic status and personal background at the beginning of the study (Creswell, 2009).

In this case, reflexivity addresses my positionality as the ECDoH hospital CEO in one of the eight districts. For the purpose of this study, reflexivity regarded ethical leadership through the practices and experiences of District Health Services (DHS) senior managers which some I relate to as the department leader. My understanding of ethics was influenced by my health professional body and personal beliefs. My experience of being led by different people for the past 20 years in the ECDoH also influenced my leadership and ethics awareness and an interest to understand the subject more. I followed all necessary processes to gain access in the ECDoH and their research committee sent me an approval letter to collect data from the districts and provincial office as I had requested.

Throughout the data collection process, I kept a reflexive journal which assisted me to contemplate my actions, designation as ECDoH employee and Wits School of Governance masters' student who was researching her work space following guidance on self-reflections (Holmes, 2020). All these were salient points of the researcher's role and enabled me to gain the research knowledge. The recruited participants were senior to me and I had no power over them. Being open about my positionality to the participants and building rapport with the key informants helped me to gain access. Nertheless, it involved some potential risk of biased discussions.

### 3.8 Limitations of the Study

This study was qualitative and it only focused in one health province out of the nine provinces. Also, it only targeted the district health senior managers with experience of district health services accountability which had a limitation on the sample size of the study. Since the sample size is not a

representative of the population, the study cannot be generalised. Other factors include time constraints caused by network challenges which forced the researcher to postpone appointments with participants several times. As such MicrosoftTeams interviews could not materialise as planned. Therefore, six interviews were conducted telephonically while one was face to face. The geographical layout of the province was also a limitation for the researcher to travel for the face to face interviews. Besides, the timing of the research was another key limitation because of structural changes where some district managers were moved from one position to the other. Ethical leadership can be a sensitive topic at times, initially, 12 people agreed to participate but later on they opted out. Even those who participated revealed that they were not comfortable at first, hence rescheduling was not always due to weather. As a result, the researcher spent more time trying to secure time from those who agreed to participate. This study coincided with media reports, parliamentary recommendations against some leaders and October 2024 SIU proclamation notice to investigate senior management in the ECDoH as a result some of the key participants lost interest on the study regardless of their interest when the researcher recruited them earlier.

### 3.9 Conclusion

This chapter covered the research methodology applied to collect and analyse data on views and experiences of ECDoH senior managers on ethical leadership. It includes the research paradigms, axiology and methodology that the researcher used. Again, a reflection of document analysis is part of this section because it supplements and triangulates the collected data from the seven interviews. Understanding that qualitative research is subjective, a paragraph on reflexivity to highlight the role of the researcher is included, which is reinforced by the trustworthiness and ethical considerations paragraphs. The next chapter will present results of the study.

# Chapter 4: Research Results

## 4.1 Introduction

This chapter of the dissertation will be reporting the results of the study to answer the set research questions under the topic ethical leadership at the district level in the Eastern Cape Department of Health (ECDoH). The analysis will provide thick description constructed to narrate the views, experiences and practices of the District Health Senior Managers in the ECDoH. The report will include the demographic information of participants, report of the interviews and document analysis findings. The results presentations will include quotations extracted from the interviews and document analysis excerpts to strengthen trustworthiness. Also, the sub-questions that guided the study as outlined in chapter one are as follows:

a) What are the roles and practices of managers in ethical leadership in the Eastern Cape Health District Services?

b) What are the challenges experienced by public health managers in implementing ethical leadership in the Eastern Cape Health District Services?

c) How do managers balance their line of accountability when facing ethical leadership dilemmas?

d) How does resource allocation influence managers in implementing ethical leadership in district health services?

## 4.2 Participants Demographic Results

Seven participants (n=7) were interviewed for the purpose of this study. Their age ranged from 41 to 60 years and all of them had been in management positions within the ECDoH for more than five years. Out of the seven participants, three were females and four were males. Though the participants were members of Senior Management Services (SMS), only one was an appointed district manager while, others were in acting positions as district managers. Also, all of them have formal qualifications and their qualifications categories are as follows: five with clinical qualifications

and two had non-clinical qualifications. Irrespective of their diverse basic qualifications, they all had management training. The characteristics of the seven participants are summarised below by table 1.

***Table 1: Participants Demographic Information***

| **Characteristics of Participants** | **N=07** | **Percentage (%)** |
|---|---|---|
| ***Sex*** | | |
| Male | 04 | 57.1% |
| Female | 03 | 42.9% |
| ***Age*** | | |
| 41-50 years | 02 | 28.6% |
| 51-60 years | 05 | 71.4% |
| ***Highest Qualification*** | | |
| Diploma | 02 | 28.6% |
| Degree | 01 | 14.3% |
| Post Graduate Diploma | 03 | 42.8% |
| Masters | 01 | 14.3% |
| ***Health Related Qualification*** | | |
| Yes | 05 | 71.4% |
| No | 02 | 28.6% |
| ***Management Training*** | | |
| Yes | 07 | 100% |
| No | 00 | - |
| ***District Health Management Experience*** | | |
| 6-10 years | 02 | 28.6% |
| 11-15 years | 02 | 28.6% |

| | | |
|---|---|---|
| >15 years | 03 | 42.8% |
| ***SMS Experience*** | | |
| 1-5 years | 03 | 42.8% |
| 6-10 years | 02 | 28.6% |
| 11-15 years | 02 | 28.6% |

### 4.3 Presentation of Interviews Results

The themes were generated based on recurrence within the collected data. Codes were categorised and merged to establish the themes as presented in table 2 below.

***Table 2: Themes and Descriptions***

| **Theme** | **Description** |
|---|---|
| Conceptualisation of ethical leadership | Description of ethical leadership and how it can be maintained |
| Ethical leader as a role model for ethical awareness in an organisation | The manner in which exposure influenced participants' leadership |
| Consequences of unethical leadership in district health services | Description of participants experiences of unethical leadership and it shaped their leadership |
| Impediments for ethical leadership implementation and strengthening | Experiences of participants on issues making ethical leadership difficult to maintain |
| Impact of inadequate resources on district health system ethical leadership | Experiences of participants on the aftermath of limited resources allocation in the DHS |
| Ethical policy framework competency and good governance | Ethical guidance and adherence to prescripts to manage dilemmas |

| | |
|---|---|
| Strategies to stimulate ethical leadership | Describes actions to be taken to improve ethical leadership |

### *4.3.1 Conceptualisation of Ethical Leadership*

**Importance of Ethical Leadership.** Participants explained that ethical leadership is the backbone for continuous service delivery. They view it as an essential tool to promote good governance and enable them to maintain good working relations with internal and external stakeholders from different political, religious and cultural beliefs to deliver their mandate for health services. They noted that health services have guiding legal frameworks, so for them, ethical leadership guides how they should treat people dependent on the services rendered by the districts at all levels of care. Emphasised by P1 & P6:

*Ethical leadership is critical because what we do is not only legal but it is very, very important in respecting the dignity of the people that we are dealing with. It is important because the people we serve have different political, religious, and cultural beliefs, so ethics are guiding you how to deal with them (P1).*

*Ethical leadership is important because managers deal with different stakeholders, internal and external. Some stakeholders have different literacy levels from you as the manager and you must be able to work with all of them (P6)*.

In addition, P2 & P7 pointed that they mostly provide services to communities with low socioeconomic status, therefore, they are expected to make the right decisions for the greater good, not individuals when delivering the services. Another notable submission by P4 is that ethical leadership contributes to the effective management of allocated resources because unethical leadership leads to dishonesty during resource management. They believe that unethical leaders affect how health services are rendered and decision-making in organisations. Supplementary to the outlined views, participants were adamant that a conducive working environment, trust, and good

work interrelations depend on ethical leadership. For example, P5 indicated that *"Ethical leadership creates trust and it is important for good working relations which is needed in an organisation".*

**Qualities of an Ethical Leader.** All participants emphasised that an ethical leader should be transparent when making decisions and have good communication skills to clarify any process or changes that take place to stakeholders without diverting from the policies or guidelines of an organisation. Considering other people's inputs and avoiding autocratic leadership were also highlighted in P3, P2 &P7 contributions while P3 stressed that in the process situational leadership is important. Putting the people's interests at heart was an essential feature of ethical leaders presented by P3, P6 & P7. On the same note, all of them highlighted that the decisions of such leaders are not influenced by the consequences that may follow, but they are based on prescripts so, ethical leaders stand firm and take accountability for what they decide to do. Participants believed that an ethical leader is proactive in handling issues that affect an organisation. Some participants, such as P2, P3, P3, P4 & P6, emphasised that ethical leaders take care of their employees' well-being to promote their emotional and social wellness and recognise and reward good performance. As articulated by P1, P2, P6 & P7, an ethical leader does not run the race alone and leaves subordinates behind because they should give direction to the subordinates, to move together, not lead from behind or be invisible.

As expected, respect, fairness, openness, consistency, communication, integrity, firmness, accountability, proper decision making and honesty were the attributes most mentioned as key for leaders to create an ethical climate in the institutions. P1, P2 & P3 reflected that ethical leaders do not allow their own culture or religion to determine how things should be done in institutions but consider that everyone's cultural and religious beliefs should be respected in-line with the legislation. Reflected by P6, emotional intelligence, objectivity, creativity and employee skills development were emphasised as key competencies of an ethical leader. Participants believe that leaders acknowledge their weaknesses and strengths so that they are able to work with other people so well. They also highlighted that leaders should understand the weaknesses and strengths of followers to provide

support when needed. Another submission from P3 emphasised that an ethical leader does not work on grapevines. Therefore, they had a strong view that no one should divert from the public service service standards as directed by the policies and strategic documents of the department.

**Responsibility for Ethical Awareness in the Organisation.** There is a clear indication from this study that ethical leadership is a competency of every manager in an organisation. The views and understanding of all the participants on who should ensure ethical awareness within the district health services show that ethical leadership starts with the district manager. Participants pointed out that district health services have different service delivery platforms composed of different leadership layers hence they of the view that ethical leadership is not solely dependent on the district manager but it requires a joint effort among all managers in an organisation e.g. finance and human resources district directors, CEOs in hospitals, sub-district managers, operational managers in primary healthcare facilities and everyone assigned a leadership role should embody ethical leadership as role models. For example, P4 said,

*I think everyone in their little corner has a responsibility, not everything should be left on the shoulders of a district manager. As the district manager, you cannot see in each corner of the district. So, I also rely on people that are entrusted with leadership in hospitals and primary healthcare.*

Also, P1, P2, P3 & P5 acknowledged that delivery of health services starts from the provincial office so, the executive of the department and all senior managers should show ethical leadership to everyone, lead by example to allow other managers and those not in management positions to emulate them. P5 noted, "*If at a higher level ethics does not exist also the lower level won't be ethical. By higher level I mean senior management service members, middle management services, deputy directors and assistant directors but SMS members should reflect ethical leadership".*

### *4.3.2 Ethical Leader as a Role Model for Ethical Awareness in the Organisation*

All participants associated ethical leadership with role modelling of ethical awareness in institutions. However, different experiences emerged when participants were asked how being led

by ethical leaders contributed to their current leadership. Some participants shared that they experienced ethical leadership whilst they were working for other departments and other provinces, whereas others worked under the supervision of ethical leaders at the beginning of their career journey. For instance, P4 said, *"Being led by an ethical leader taught me to be ethical, I appreciate that I started working outside the province and that exposure taught me to be ethical and to emulate leadership that I saw and experienced there".*

P2 & P7 shared that they also experienced working under unethical leaders too. Regardless of where their experience was from, ethical leadership improved their confidence, assertiveness in decision-making, and abilities to do better in their current positions. They divulged that it helped them to value the importance of accountability, proper communication, respect, transparency and other good conduct in the workplace as emphasised by P1, P3 & P5. Participants expressed that ethical leaders were their enablers and pillars of support to do their tasks and such an atmosphere made it easier for them to embrace and accept consequence management when applied because corrections were done with humility; P2 & P7. P3 reflected that they were taught to stand firm and implement policies without compromise on policy and to separate work from personal interests. Their emotional maturity, ability to work with all stakeholders, broadened understanding of the district health services was a result of serving under ethical leaders and they alluded its contribution on how they mentor others to develop a succession plan for the organisation. The participants shared that they emulate the same values to promote ethical awareness of their current senior management responsibilities. Echoing their previous ethical leaders, they could delegate duties with trust to other people. For example, P6 explained

*I can work with anyone from the organisation and relate with all the stakeholders whether from legislature, political and even in the head office because what is important is the relationship. I understand the whole district health system and it helped me to have a career succession; I held different positions in this department through the experience I gained from my ethical leader. It has*

*assisted me in building a success plan; as a result, I have a lot of staff that I developed and today they occupy different management positions.*

Other important contributions of ethical leadership to the participants were related to their self-awareness and discovery of what they do because responsibilities were delegated with trust to them. They associated this with their independence because they were not micromanaged but mentored and guided, P2, P6 & P7. Everyone mentioned following the good behaviour they learned from those leaders with positive ethical values, especially P2 said, "*I always reflect how the positive leader dealt with situations when I am facing problems where I am now. Supervisors are supposed to mentor you and in that manner, you learn from them".* According to P5, some gains of being managed by an ethical leader include learning to be fair, and open and maintain confidentiality, rather than discussing subordinates with other people.

### 4.3.3 Consequences of Unethical Leadership in Health Organisations

This study unveils that unethical leadership in health institutions is a stumbling block to the fulfillment of health service delivery obligations and reaching health goals. Three essential points emerged from the data collected about the experiences of participants on unethical leadership, namely, the impairment of a conducive working environment and the image of the organisation. It creates chaos, weakens the implementation of prescripts and contributes to inefficient resource management that increases the medico-legal claims.

**Unconducive Working Environment.** The key informants mentioned that bullying, shouting and emotional leaders are sources of unfriendly working environments. As shared by P3, those with an upper hand cause unhealthy working environments to achieve their missions by imposing unethical instructions on them. Sadly, it was reflected that sometimes they are forced and overpowered to divert from prescripts and to do what is against their ethical beliefs. P2, P3, P4, P5 & P7 reflected that to some extent their inputs are not recognised and no one is willing to give them space to present themselves and make inputs. Further, they submitted that leaders who think they know

everything make life difficult at work because they don't listen to others but dictate what should be done. The key informants believe that in most cases their decisions are challenged by their leaders because they interrupt the unethical agendas of some powerful people in the organisation P2, P3, P4 & P7. In particular, P4 expressed "*Whatever you do is challenged, not because it is wrong but because it is stepping on someone's foot against their agenda".* They described such an environment as toxic, and demoralising, affecting the morale and the spirit of teamwork, and also hindering knowledge sharing within the organisation. For example, P3 said,

*It is so difficult because there are times when you become powerless, and decisions that are against what you believe are made and imposed on you. Sometimes they affect you because you are excluded from certain tasks and decision-making by the superiors. You ask yourself several questions, become demoralized and reserve ideas you have because you know you'll not be given an ear.*

P5 alluded that lack of ethical leadership has a major contribution to the unethical conduct of subordinates. Participants were very concerned that unethical conduct of their senior leaders put them at risk because they are the ones who face repercussions from such decisions. Noting from the P2 transcript, other experiences include senior leaders taking credit for an institution's outstanding performance without recognising the team efforts. The participant further explained actions like being harassed, not being given space to do their work thoroughly and being disrespected in the presence of their subordinates, weaken their respect towards the leaders. Again, it was highlighted that being led by someone unethical affects their decision-making and how institutions are run. For example, P2 stated,

*Because this leader is above you, when you take a decision the manager opposes it and you know that if can implement, you will be alone affected how you deal with challenges of unethical behaviour. It is very difficult to work with a self-centred leader because the person does not even support you. The most painful thing is, after realising that you did well, the manager sidelines you and takes credit somewhere else without even recognizing your efforts. The manager will always tell you that; I am the overall leader, so you are working for me.*

It was reported that inappropriate and lack of accountability of financial resources by the department prevent managers from paying service providers for the services they have rendered to the state which puts district health services managers in an awkward position because it affects the provision of services to the people. P5 illuminates that that,

*It does have a negative impact because when the province fails to keep up with their responsibilities it puts us in an awkward position, it even dents our image as people who are in the ground like for instance, you can't even pay the suppliers or provide services to the clients*.

P7 highlighted that, at times, they viewed as biased in providing basic services to the people because the provincial office mostly responds to their needs and makes certain services accessible when well-known people seek medical services from health facilities. A verbatim reflection by P7 states,

*A good example, a radiology machine in one of my facilities was not working because it could not be serviced until a prominent figure went to that facility. We did our part by reporting this problem to the highest office, but they did nothing about it until the prominent figure came. Such actions are like fire extinguishers to accommodate the prominent figures forgetting about the people and it is not ethical.*

**Patient Experience of care and Bad Reputation.** The data indicated that inaccessibility of health services to communities reduces patient experience of care and increases complaints. Based on the responses, other consequences were poor management of allocated resources which leads to high medicolegal claims from loss of lives and disease complications which divert budget from service delivery, noted in P1 & P5 responses. As submitted by P5 & P6, to some extent leaders without ethics induce negative staff attitudes which cause the department to trend in media and dents the organisation's reputation. Verbatim, P5 said,

*It has a big impact to an extent that now the department is highly litigated. This district also contributes to the loss of money because the department is being sued by clients. It also dents the image of the department because sometimes we are not only litigated but we trend in the news.*

**Poor Compliance to Prescripts.** Various prescripts are essential for promoting ethical leadership but the study pointed out that compromised ethical leadership result to non-compliance on the public service policy frameworks, P1 & P5. Participants' experiences were that unethical leadership contributes to fruitless and wasteful expenditure and it hampers the implementation of developed plans for the department which later bargains with the health needs of the communities. For instance, P4 stated,

*The rotten or for a better word those people who are not ethical are the ones interfering with the work we do; as a result, the people who suffered the most are the ethical leaders in this department. These issues lead to wastage of resources, impact how the plans of the department are implemented according to the needs of the communities*

Some divulged *p*oor decision-making and lack of accountability of the provincial principals such that there are facilities, especially hospitals with a very low workload but allocated CEOs, and a fully-fledged management team, whereas, other institutions are managed by acting managers. P2 noted "A*llocation of resources should be cognizant to equity not the bed utilisation rates in hospitals for argument's sake. Improperly classified services like some hospitals have CEOs, yet their headcount is less than that of a clinic".*

### *4.3.4 Ethical Policy Frameworks Competency and Good Governance*

**Public Service and Health Prescripts Awareness.** Participants highlighted that their ethical guidance depend on the public service prescripts such as the Constitution, Batho Pele Principles, Public Finance Management Act (PFMA), National Health Act, the Code of Conduct Manual, Labour Relations Act, District Health Services Frameworks, Auditor General Framework, Supply chain Management Policies, Financial Disclosure Act, Public Service Regulations, Basic Conditions of Employment Act and Treasury Regulations. Other prescripts included the Recruitment Policy as elaborated by P1 & P4 and the Performance Management Policy mentioned by P5 & P6. P2 stressed that the delegation of powers guidelines from the provincial office were mentioned as their guide

for accountability although they provide managers little autonomy and responsibilities of accounting officers as outlined in section 38 of the PFMA of 2003. For example, this interviewee expressed that "*A lot is said about public service and corruption, so, also, delegations from the head office entail what you are responsible for as a manager, even though they give you little autonomy".* Since most of them were clinicians, they mentioned that they take an ethical oath from health professional bodies, e.g. the Health Professionals Council of South Africa, the South African Nursing Council and others. In addition, they reported quality assurance policies which district health managers should monitor as accounting officers e.g. P2 stressed the Integrated Clinical Service Management and P2 & P6 spoke about the National Core Standards, Patient Experience of Care and Office of Health Standards Compliance. P2 was clear that whilst they should adhere to generic administrative policies, clinical policies such as the Choice of Termination of Pregnancy and Mental Health Act should not be ignored by ethical leaders to protect the rights of communities. None of the managers spoke of the senior management service handbook as expected to be their guiding reference framework to deliver better services to the citizens. Based on the results, the Constitution, Batho Pele Principles, Public Finance Management Act, National Health Act and the Code of Conduct Manual were the most mentioned by most participants. P3 posited the following on ethical policy framework awareness:

*It starts from the constitution of the country because all guidelines, acts and laws are governed by the constitution. For the Department of Health, the National Health Act guides us on the responsibilities we have in the department and the public service regulation that regulates the conduct of management, the code of conduct chapter 2 is also from Public Service Regulations, Financial Disclosure Act is very important for all employees in the department dealing with finance because they should disclose and PFMA gives guidance and responsibilities so that we account for the decisions we make on allocated budget.*

**Promotion of Good Governance.** Besides the knowledge of policy frameworks, the leaders outlined their practices in ensuring ethical leadership in their various districts. Communication and

involvement of all role players in the workplace came out as the most practices for promoting the vision of the department and good governance by all interviewees. The senior managers elucidated that they share strategic plans of the department and review performance with all stakeholders. They reported that they work with stakeholders to review performance against their targets, identify root causes for poor performance and develop strategies to improve performance. The interviewees were adamant that they take the lead and give guidance in every process, but allow people to deliberate on the issues at hand. P6 presented the following:

*I have one-to-one discussions about the performance of their targets. I conduct the performance reviews with the team against the targets of the APP and the operational plan so that everyone can see where they are and identify the gaps for poor performance. We even cascade to all clusters because the district health system has many local municipalities.*

Also, P1 & P3 reported that employees and other stakeholders are made aware of any policy change and given a chance to make inputs. During the interview, P1, P2, P3, P4 & P6 reported that they treat all people equally and claimed that they do not open a room for misconduct of their subordinates.

In contrast to this experience P5 said, sometimes dilemmas prevent consistency in decision making. For example, the participant said, "*Some decisions that you need to take to address certain behaviour put employment of people at risk. So, you become considerate when you make decisions. This is difficult because it is not good for anyone to lose a job".* P6 notes that, they distribute the allocated budget across the district in an equitable manner. Again, governance structures such as hospital boards and clinic committees are involved to play an oversight role in the DHS facilities. So, the participant said

*I have established systems, communicate clear protocols to everyone. I have established structures and committees with clear terms of reference for different programmes to harness good governance. I allocate resources in an equitable manner not equally so that everyone has required resources to meet the needs of the organisation.*

Similarly, P7 indicated the involvement of governance structures in their advisory role when there are challenges in health facilities. The results show that in the DHS leaders promote accountability, openness and transparency by involving accounting officers in different structures for decision-making, especially in supply chain management processes and financial management. For example, P5 alluded that,

*In this district, there are different committees for different things, so, I took a decision that all accounting officers like CEOs form part in committees such as district cost containment committee. I did that for openness and transparency because at the end of the day, there should be accountability for any actions so I always communicate.*

The study reveals that leaders in the DHS face serious challenges when managing conflicts of interest and ethical dilemmas due to shortage of resources, family expectations, interference of stakeholders, religion, culture, procurement etc. For instance, P2 stated

*There are many dilemmas that are sometimes difficult to handle. There are instances where I am no longer on good terms with family members because I refused to facilitate employment for their children. I have an experience of people bribing me for tenders but refusing the bribes*.

However, managers reported that they try their utmost best to follow prescripts such as the Disclosure Act and Recruitment Policy since most of the conflicts of interest are in recruitment, finance and supply chain. A declaration of interest process is conducted for all leaders and those who participate in supply chain and finance processes. It was explained that the same people are vetted annually by the provincial office. P1, P5 & P6 described themselves as "exemplary leaders" because they declare their interests first. None of the leaders reported that they influence recruitment and supply chain processes, instead, they revealed to be recusing themselves where they have a conflict of interest.

The participants' reflections show that they view disclosure of conflicts of interest and recusing themselves in administration processes such as supply chain and finance and recruitment processes to be key elements of ethical leadership practice. They believe it is important to do so to prevent

leaders from influencing decision-making that may favour them or those closer to them and even making unfair decisions against other people. P1 said, "*I always declare my interest upfront and recuse myself when I have a close relationship with the applicant or I have an interest. Again, when I am not in a good space with applicants to ensure unbiased judgement against them".* Generally, the results show that leaders try to implement policies and avoid nepotism during different processes.

Almost all the managers except for P1 did not reflect on how they manage the whistle-blowing in response to unethical conduct suggested or imposed them by some of political leadership and provincial senior managers to avoid being complicit in acts of misconduct. For example, the manager said,

*As a leader, you must be mature, don't use whistle-blowing as the first step. Remember, when you allow the person to take you from one pillar to the other, he /she does not trust you because somehow the person thinks that you are capable of doing anything wrong. So, I believe in resolving such issues with the person to prevent him/her from suggesting it another time and it does not matter who the person is.*

### *4.3.5 Impediments for Ethical Leadership Implementation and Strengthening*

**Stakeholders Interference.** The interviewees reported that though they try their best to promote an ethical climate using public service policies, the interference from politicians, institutional unions and sometimes governance structures are barriers to the continuous execution of ethical leadership dimensions. Some of them reflected that poor compliance with policies by district senior managers is influenced by politicians and the provincial leadership who want to achieve their personal goals at the expense of officials. They expect district leaders to provide undeserved preferences to their close allies, especially on procurement-related processes. While most of them acknowledged that they have limited capacity to stand against the politicians and the provincial leadership on most issues, P1 & P3 boldly reported that they do not compromise to carry unethical orders that are against their ethical beliefs regardless of the consequences that may follow. Their presentations are

as follows, *“When I am instructed to do things that I feel are against my ethical beliefs, I do not compromise and I truly defy such instructions no matter what the result will be. In the end, you have to fight” (P3).*

*I engage the person on how I feel and remind him/her that as politicians they make laws that I should implement as an administrator. I don't believe in going to the papers, media or public but I don't allow such unethical instructions because going to the newspapers or telling people will create more animosity between us (P1).*

Further, P1 explained that political influence on government processes pollutes institutions, causes disorder and makes facilities ungovernable regardless of health department being highly legislated. The most painful thing is that politicians were described as people who care more about their membership and constituencies than the majority of people hence they use officials to maneuver the public service systems. P1 mentioned

*For instance, if the MECs understand that it is not about union but the recipient of the services, they will not prevent leaders from applying consequence management because some of the trangressors actions lead to patients’ deaths while some complicate. So, the executives don't have the hippocratic oath to save lives from the professional bodies hence they care about votes rather than people's health. Those from the top entertain the unethical behaviour hence we experience problems at the district level and executive leadership should stop working for votes than services.*

P2, P3 & P4 alluded that the challenge with politicians is power abuse to the extent that leaders surrender to their unethical agenda. For instance, P3 cited "*During the process, you can see that it is not about how you feel but about them succeeding in whatever they do and they do anything to make sure that what they want is implemented".*

On the contrary, P7 reported that political interference in their district is objective towards improving service delivery because politicians assist them to acquire resources from the provincial office to protect the health needs of the community. Nonetheless, this interviewee shared the same sentiment with other participants around the unruly unions. The participant said

*As far as political leadership in my area, it is objective to improve the situation most of it to benefit the community. Remember that as the department, we don't have the capacity, we are struggling. If they are there to get things right, we don't have to worry about their interference because they assist us to improve the service. The problem I have is with the labour unions because they make it difficult to run institutions. They are difficult to work with, and their interference is naturally selfish.*

P1, P2 & P6 alluded that unions are protected from consequence management regardless of their behaviour which leads to loss of lives and medicolegal claims which continue to worsen the financial burden of the department. P1 articulated

*One example, during public service strikes for salary increments employees block ambulances services which lead to loss of lives or even patient complication which later escalate litigations. To your surprise, politicians will be the ones who prevent you from applying consequence management.*

All participants had an experience with unions that bring forward unethical demands such as pushing for the appointment of those close to them which interfere with the functions of leaders. Lack of decisive leaders from the province on how to manage unruly unions was also linked as a barrier of consequence management in DHS. However, the report revealed that when it comes to appointments some managers can stand their ground and implement recruitment policies. So, P4 said

*I have worked in a volatile district and our Eastern Cape department has given so much power to unions. The department is very much aware that the union's power is too much but you can see that it is in a dilemma on what to do. The unions want their voice to rule especially on issues of recruitment where they want their people to be appointed. I must say, at one point it was very, very difficult to a point where I was intimidated. I escalated the matter to the head office, made consultations and tried to confirm on how to deal with situation. However, ultimately, I had to stand my ground for things to be done in the right way no matter what. There is no support from the province. Maybe after reading your research report, they will see the need to intervene.*

While others had difficulty in dealing with labour unions, P7 presented that they engage local politicians and governance structures for buy-in to solve labour issues, so the key informant shared "W*e engage the governance structures and local politicians for their buy-in they support you when dealing with labour challenges".* Opposed to this submission, P2 reported that governance structures neglect their oversight roles and interfere with the management of facilities, so, the participant highlighted *"Governance structures, which is your area, should be well regulated for them to play an oversight role and represent the community, stop wanting to be managers"*

**Lack of Consequence Management**. Interviewees re-iterated that besides interference of politicians and other stakeholders, the delegation and appointment of employees without experience, lack of support on assigned roles, favouritism and sub-ordinates awareness of managers' unethical practices compromise consequence management. The submission by P5 is as follows, *"Sometimes subordinates are aware of leaders' unethical behaviours then it becomes difficult to take actions against employees with wrong doings because your small skeletons will come out if you act. Favouritism is also at the centre".* It is apparent from the results that lack of consequence management in this province is the norm compared to other provinces based on the exposure of the key informants. The results reflect that ECDoH is known for its free and relaxed environment where people are not held accountable for their wrongdoings. At times, the provincial office prefers to move people around rather than let them face discipline in their institutions. Also, the results suggest that sometimes managers are not eager to institute disciplinary procedures in their facilities, they shift the responsibility to the district level because they don't want to be perceived as bad people. Generally, participants alluded that the ECDoH poor consequence management and conflict management culture obstruct them from fulfilling their ethical leadership responsibilities. For instance, P2 highlighted

*I worked in different provinces for the same department but the strength for an ethical environment in the Eastern Cape is different, for example recently, you hardly see consequence management. I am talking from experience where I could not apply consequence management*

*because I was told that the province and MEC had a meeting with the union and they reached certain agreements. One cannot apply consequence management because of the culture of this organisation. This is discouraging to all leaders.*

**Community Culture and Religion.** Other participants like P1, P2, P3 & P4 mentioned that besides the failure to hold people accountable for their poor conduct, the culture of communities and religious beliefs are challenging for leaders to maintain ethics. It was revealed that some community leaders interfere with the processes of institutions and they demand to be given preferential treatment over other members of the public. *P1: "In summary, I can say undue preferential treatment based on religion, culture and political interference affects how leaders lead ethically. They are very problematic, they push you to do things in a different way, which is not acceptable"*. However, P3 was clear that though sometimes culture influences leaders to infringe on the rights of clients, especially children, they protect and implement rights as stipulated in the Children's Act in their district. For example, the participant alluded

*I read guidelines to have a good judgement of issues. As a health leader, I should be able to question myself if the decisions I make will help me to fulfil or benefit the communities. So, as a leader you can't consider cultural aspects to deal with matters that are affecting the child's well-being but you take yourself out of the culture and intervene to protect the interest of the child.*

There were participants such as P1 & P2 who were vocal about religious beliefs as the sources of dilemmas that affect the accessibility of certain services like Choice of Termination of Pregnancy (CTOP) in the district health institutions regardless of the existence of a code of conduct because is regarded as a sin. Verbatim contribution of P2

*More than the organisational culture, people's religion affects the organisational ethics and code of conduct yet ethics require everyone to be above their religious beliefs at work e.g. nurses don't want to perform CTOP because of their religion. This religion has brought major challenges to ethical leadership and it distorts organisational ethics.*

**Lack of Provincial Support and Capacity Building.** The participants from this study have different views about provincial support with their general implementation of ethical leadership in the district health services. Some believe that there is no or little support they receive from the provincial office to help them implement and maintain an ethical environment whereas P1, P3 & P6 elucidated that strategic documents such as the Annual Performance Plan and the operational plan provide the vision and goals of the department which are critical for them to ensure ethical leadership in their districts. P1 was bold about the provincial support in their district, the participant shared that

*The department is not doing the day-to-day operation but they develop policies, conduct monitoring and evaluation of performance on ethical issues. Every year, the developed APP and the operational plan guides me on what to do. The department also provides resources for me to implement the policies even though the resources are derailed. So, I must say that the head office supports me with resources to do the core business of health.*

An interview with P4 reflected that districts should also play their part first, and become innovative in strengthening ethical leadership before expecting support from the provincial office. However, all participants agree that policies are available for everyone but training is scarce. Therefore, P2 & P6 think that the districts should prioritise the training of BPPs, customer care and emotional intelligence in their Workplace Skills Development Plan (WSP) to promote an ethical environment. Part of the P2 quotation reflects

*The department gives us tools such as strategic document which includes the values, vision and mission, to assist us how to relate with the communities. Strategic plan cuts across every component of the district and PMDS should be aligned to it. I have a responsibility to develop a work skills plan to train employees. There is unequal treatment by the province especially when it comes to doctors.*

**Cadre Deployment and Nepotism.** Participants mentioned that the employment of leaders based on political affiliation, nepotism, and locality rather than competency as an ethical ground was a barrier to the moral climate in the department. Interviewees were adamant that those given posts unduly are expected to serve the politicians and others who paved the way to the positions they

occupy. P1 stressed that incompetent leadership does not have a vision and has no backbone, that's why some of them protect employees with serious transgressions that affect the core business of public health. Surprisingly, an example by P2 revealed that ECDoH senior managers put their administrative responsibilities on hold to canvass for the 2024 national voting. Furthermore, there is a tendency for leadership to address each other as comrades during official working time. This participant said, *"Recently, during the elections, most of the managers were out of office campaigning which is against the code of conduct that disapproves political affiliation interfere on officials responsibilities. Senior managers are calling each other comrades at work".*

### *4.3.6 Impact of Inadequate Resources on District Health System Ethical Leadership*

According to the managers, inadequate and irrational allocation of resources by the department prevents them from executing their full mandate of providing quality health services to the people. Sometimes it pushes them to act unethically due to frustrations. The main challenges that affect their ethical practices include, skewed allocation of resources because the needs and population size to be served are not considered during the process. So, they generally pointed out poor planning and improper utilisation of resources in the province e.g. P4 reported "*Remember resources should be shared equitably but we don't always do that and the areas or communities that are supposed to benefit are suffering".*

District health leaders are aware of the prescripts essential for them to lead ethically, however, the study shows that it is not always smooth for them to implement some of the policies due to lack of resources and provincial support. Inadequate budget allocation affects their decision making which at times is unfair, unjust and inconsistent. As an example, all of them pointed out that budgetary constraints prevent the appointment of required skills such that they overload employees with work. In the end, employees experience burnout, become depressed, demoralised and lose interest in initiatives meant to uplift their morale. It was reported that sometimes such situations create discomfort for leaders to institute consequence management in the organisation because it is

difficult to discipline someone for poor performance when as an employer you failed to provide necessary resources to accomplish the desired goals. Sometimes, district managers appoint incompetent subordinates to act in vacant leadership positions against their will, which later forces them to accommodate their under performance. All this happens because the department does not fill vacant leadership posts. A reflection by P7 is as follows,

*There are a lot of difficulties in this department, so, if we were to deal with the issue of lack of resources, half of the work would be done and then a matter of dealing of attitudes. If resources can be availed, everyone will be happy and doing their job. For instance, since we have acting people in most leadership vacancies so when you want to discipline them for their failures, they threaten to resign from delegated responsibilities. You are now left in a dilemma because if they resign who will act there, so until you get the right people to the right positions you will have to tolerate poor performance. I am stuck with a letter from one acting manager who does not want to do it anymore. So, now I have a duty to plead with the manager to continue against her own will, yet I also need the same because this is not my post, I am acting but resources are not given to me to do the duties smoothly.*

Also, inadequate resources are the reason for the impulsive response to the situation from the provincial senior leadership. Others, P3 & P6 highlighted that that provincial managers are failing to coordinate change management through proper communication and negotiations to counteract the current resource shortage. Instead, the provincial office shifts people around regardless of their leadership experience without providing any support. Furthermore, P6 stated that such policy change gives little voice for stakeholders' buy-in but it becomes a top-down approach.

*Within my experience in this department, I have observed they are less effective in certain areas and more effective in some. So, the buy-in of stakeholders is essential if you are to implement change as peer-to-peer management is a game changer. All stakeholders should internalize the change, and it should not be a top-down approach. That can be done through communication which cannot be a once-off thing and everyone must have room to contribute.*

Some of them such as P3, P4, P5 & P6 reported that service delivery changes like the service delivery optimisation/ rationalisation processes are not honest and transparent, and instead are driven by limitations such as overloading employees with work which is unjust. For example, P5 shared

*Optimisation does not mean you should stretch or overwork people but it is about ensuring that they are fully productive within their capacity. During this process there are situations where people are expected to work beyond their capacity, some work for five people and others work for long hours because of the amount of work. So sometimes we make people overstretch, work for many people and work for long hours.*

Another key factor is that inadequate resource availability drives leaders to behave in a manner that ruins good working relations among themselves and employees. Just as example by P4,

*I usually say to people the organization will not change for you so you will have to adapt because there is no organization that will remain the same for ten years. If you say, I was appointed for this and that and you don't want to add other responsibilities to what you do, it means you should leave the department if it is no longer meeting your needs.*

An inadequate budget affects leaders' obligation to pay suppliers within the stipulated period of 30 days after receiving an invoice. Some divulged that they circumvent the non-delivery of goods due to their failure to pay suppliers using inappropriate routes such as initiating procurement with different suppliers knowing very well that payments will be delayed. Participants acknowledged that their actions are against the ethical leadership competencies which include transparency, honesty, communication and openness. One participant acknowledgement "*This leads to managers to place orders from one supplier to the other as an escape strategy which is when seeing that one supplier cannot be paid. You run to another and so forth, which is unethical".*

The key informants were very clear that lack of resources and hardships cause limitations and dilemmas when making priorities and what to compromise to accommodate the situation. In addition, P5 posited that in the end, some health facilities are running without adequate food

supplies, medicines, clean environment etc. making them compromise service delivery standards and fail to achieve desired results. The participant disclosed "*So it impacts the service delivery such as cleanliness, availability of medicine, patient food and to some extent even clinicians get tempted not to admit patients not because they don't deserve admission but because there is no food"*. Therefore, P3 & P7 emphasised that failure to provide adequate resources by the department result to unintentional unethical practices like reduced accountability on their part. So P3 pointed out

*This affects the ethical principles of the manager because a general understanding of constitution and generic prescripts does not help you to be the expert of the area, e.g. placed in HR yet you do not have HR foundation there are things you will struggle with. It results in unintentional unethical leadership at the end.*

### *4.3.7 Strategies to Stimulate Ethical Leadership*

Interviewees made contributions on strategies that can reduce unethical leadership in the ECDoH. They mentioned that the appointment of health executives and provincial senior leadership should be meritorious not based on political affiliation and locality. Among other important things, P1 suggested that the appointment of executive members should be aligned with health professional bodies because such people have an oath and understand the vision and goal for health department than those who have a political commitment at the expense of citizens. This is what the interviewee said

*Appointing political executive members should be aligned to health professional bodies will avoid the current challenge of lack of discipline. Appointments should be done on merit not based on constituency or being a local because that does not make those people best.*

They recommended that leadership aptitude tests should be applied across levels of managerial positions to eliminate unfit people. Another recommendation included the minimal authority and influence of the MEC on the appointment of senior managers to prevent political interference in ECDoH leadership responsibilities. The participants mentioned that clear, regulated responsibilities

of governance structures are important so that they can refrain from interfering with management duties in the health institutions. P2 illustrated that "*Right people should be employed in the right posts. Aptitude tests and thorough evaluation when recruiting, should not only be done to directors but to all levels to eliminate unfit people and the MEC's influence should be minimal".*

Training on policies and induction should be a continuous project for EDCoH to strengthen implementation, P1, P3, P4 & P5 suggested. An emphasis by P3 is "*Managers with "Me syndrome" attitude cannot be solved without roadshows and the inductions. It should not only target the newly appointed but even those who have been in the system for years".*

All participants were of the view that the department should support leaders and distribute resources equitably to districts rather than favoring one district over the other. One important aspect mentioned by P2 is the establishment of ethics committees across the districts. It was also recommended that the application of prescripts should be consistent without favoring one district over the other or certain people. As an example P4's contribution was "*Consistent implementation should be maintained, meaning that what you do on the left should be done on the right. No district should be favoured over the other, one hospital over the other".* Lastly, they strongly reflected that the department must take a stance on consequence management to uproot the lack of accountability which is now a culture in the ECDoH.

**4.4 Documents Analysis Results**

The results of the document analysis will ensure a comprehensive understanding of the ECDoH ethical leadership. These results were also used for triangulation and for the overall findings to have credibility. So, the researcher believes that the results below will help to identify inconsistencies and close gaps about the organisational ethical leadership practices that may have been omitted during the interviews.

### *4.4.1 Consequences of Unethical Leadership in District Health Services*

Documents reflect a lack of accountability in the ECDoH especially poor management of the allocated budget is at the centre of a qualified report for three succession financial years (Auditor General South Africa, 2022; 2023; 2024). This is why at the beginning of 2021/22 financial year, this department was experiencing financial difficulties because, from its allocated R26 billion, there was only R6 billion available to provide health services in all levels of care since R20 billion was already committed due to poor governance (Auditor General South Africa, 2022). To mitigate the financial constraints, the department uses overdrafts for its functionality, though there is no improvement in its annual performance. The ECDoH Annual Performance Plan (2023, p. 66) announced the department's commitment to implement five pillars as a turnaround strategy to maintain financial sustainability that will improve good governance and service delivery, however, audit reports are revealing that the department failing to keep up with its commitment. In the last two financial years, the Auditor General South Africa (AGSA) reported no improvement on financial management for the ECDoH as benefits were paid to undeserved employees while others were paid even though they exited the department (Auditor General South Africa, 2023, 2024).

Again, an ineffective utilisation of information communication and technology systems to ensure performance management accountability was reflected from the AGSAs report. The AGSA (2022; 2024) reports, were clear about the failure of the department to produce a portfolio of evidence of its annual report, making the performance unsubstantial. Other accountability, efficiency and governance challenges reported by AGSA include the failure of the ECDoH to defend high medico-legal claims emanating from negligence and medical malpractice due to poor record management. This led to 75% loss of court judgements (Auditor General South Africa, 2022) and the challenge still persists (Auditor General South Africa, 2023; 2024). Supported by the interview results, the poor financial discipline and lack of leadership accountability resulting from unethical leadership cripple the department's fundamental responsibilities of the realisation of section 27 of, the Bill of Rights.

Corresponding to the interviews, unethical leadership create an unfavourable working environment for employees which affects performance and well-being of officials because leaders abuse their powers to oppress employees until they become depressed and sometimes lead to constructive dismissal (Southern African Legal Information Institute, 2023, paras 4 & 8). Just like the interview results, it is also identified from this case that the leadership fails to take decisive actions that are fair and just, to protect the employees' well-being and to implement proper conflict resolution. The analysis also shows section 138 (1) of the Labour Relations Act was contravened during the arbitration process. Also, it reflects that the department sometimes does not adhere to the Code of Conduct, resulting in unfair treatment of employees. Therefore, such actions infringed section 4.4.8 (p. 43) of the Code of Conduct for Public Servants, which stresses efficient utilisation of resources and Batho Pele Principles, which promote value for money.

Similar to the interview results, unethical leadership affects good working relations. A dispute over poor change management consultations was a reason for the salary compensation of employees from a TB hospital in Kariega, who had not worked for two years. The union described the ECDoH actions as abusive and unjust (NEHAWU, 2022). Below is the NEHAWU Bulletin excerpt:

*This comes after the department had initially undertaken to await a pending unileratal change of condition of service dispute at the Bargaining Council. The employer did a U-turn and issued unlawful ultimatums threatening workers with leave without pay if the workers did not accede to the new conditions of service which included forced relocation, among the interdicted Hospitals including Orsmond TB Hospital*

Furthermore, interviewees from OR Tambo District on Daily Maverick, victimisation and threats reported by Attwood and Jubase, (2022, para. 4) divulged that unethical leaders victimise those who disagree with them. Unlike with the study interviews, the document reflects that employees don't have a room to freely voice their concerns and that leadership has poor conflict management strategy. Also, this report reveals that unethical leadership leads to high staff turnover. The same as individual interview results, that sometimes external stakeholders' interference in administration

processes creates problems. In the same article *"people are going to leave"* a ward councillor said, *"They are threatening to leave the hospital. If doctors are leaving the hospital, then the Department of Health will intervene and employ another doctor. There are a lot of people who are looking for jobs" (Attwood & Jubase, 2022, para 1).*

### *4.4.2 Impact of Inadequate Resources on District Health System Ethical Leadership*

It is evident from several audit reports that the continuous non-compliance of the ECDoH on legislations such as the South African Public Financial Management Act (PFMA) of 2003 brings the health department into disrepute and has long-term negative implications on service delivery to the people. AGSA (2023, p. 84) reports that poor planning for equipment and infrastructure and poor project planning by the department affect the availability of resources to fulfil district health services obligations which may have long term effects towards achieving the SA Vision 2030 targets.

Even more, a reduced budget affects the recruitment of staff, payment of suppliers, and availability of medical equipment and supplies in healthcare institutions (Auditor General South Africa, 2024, p. 146) which prevents the improvements of healthcare facilities to ensure that they provide a conducive environment for employees and service beneficiaries as demonstrated by low primary healthcare ideal status standards achievement of 23% in 2022/23 (General South Africa, 2023, p. 84). All these aspects lead to the centralization of powers to the Provincial Cost Containment Committee (PCCC) to manage the cash-flow (ECDoH Circular 49, 2024) which reduces the autonomy of DHS leaders yet they know the needs of the people since they are closer to them. The impact of inadequate resources was similar from interviews and document analysis.

### *4.4.3 Impediments for Ethical Leadership Implementation and Strengthening*

Supporting the interview results a weak leadership tone among the senior management was also identified as a serious challenge to accountability (Auditor General South Africa, 2022, p. 82; 2023, p. 85). Similar to what strongly came out during the participants' interviews, union interference and

lack of courage to take decisive actions on consequence management to unruly labour unions who continue to violate patients' rights were identified. In the same vein, the department's tendency of swapping managers around as conflict management strategy transpired from document analysis. An excerpt from Labour Court reflects that,

*The response from the department is equally concerning. Employment policy at the hospital at the relevant time appears to have been dictated by the unions. Instead of reigning in the unlawful behaviour of the unions and union officials and holding them to account for their actions (for example, by supporting the applicant in his endeavours to introduce some semblance of orderly management to the hospital), the first and second respondents, and the provincial department of health, ultimately engaged in what can only be described as appeasement and acquiescence and ultimately, craven capitulation to the unlawful demands by the unions to have the applicant removed from his post (Labour Court Judgement, Case no. PR 242/17, para 95)*

Some challenges experienced in the district health system are the high number of medical claims which consume huge financial resources allocated for service delivery (Auditor General South Africa, 2023;2024). All findings in this section are in agreement with the interview results.

### *4.4.4 Ethical Policy Framework Competency and Good Governance*

The reports show poor practice in general administration, management of dilemmas and conflict of interest by the senior management. Below is another example of maladministration practice from the Judiciary South Africa, labour court judgement report, 2021, para 53.

*The applicant was handed a letter from the first respondent informing him that he had been overpaid for over four years, that he was to repay some R2 million, and that his salary would be cut by about 40% from 1 March 2017*

Despite the poor financial management noted above, paragraphs 46 and 93 of the report highlight that the provincial office transferred the CEO from Fort England Hospital to another facility to protect the interests of the service beneficiaries. Their actions reflected how they balanced the

ethical dilemma between accommodating the CEO's wish not to be transferred from the facility, hospital stability and accessibility of services to the community. They were able to engage the affected manager and recognised the CEOs remarkable performance. This stance reflected that ethical leadership is not about an individual interest but a common good interest. Also, besides the unions' demands, paragraph 48 reflects a caring leadership for its manager's safety and well-being. In addition, there was a plan to train unions and management on work interrelationships. The results show that senior managers know and understand their ethical roles, hence they took a proper decision to balance between the interest of the citizens and the CEO. Other reports show that sometimes the practices of leaders do not protect human rights because they put their interests first than promoting the health of the population, from Daily Maverick on *"turned away at hospital gate"*, Attwood and Jubase, (2022, para 3)

Again, after the closure of Orsmond TB Hospital in Nelson Mandela Bay Metropolitan District, the ECDoH (n.d) report to the parliamentary questions reveals that R67 573 093.00 was spent in compensating employees who were not rendering any service between 2021/22 and 2022/23 financial years after they declined to be redeployed to other institutions.

It can be concluded that while in most cases there is lack of accountability, poor decision-making and lack of consequence management, at times the provincial leadership can stand their grounds to take and implement firm decisions to protect the public interests.

**4.5 Conclusion**

The chapter presented detailed demographic information of the key informants and findings from the interviews and document analysis. The results of the study were aligned with themes that were derived during data analysis. Such themes included how participants conceptualised ethical leadership and their practices in promoting an ethical environment and good governance to fulfil their leadership responsibilities. Other themes covered challenges in the implementation of ethical leadership based on the experiences of participants and documents reviewed. The qualitative case

study results presented in this chapter will inform the discussions, summary, conclusions and recommendations of the next chapter.

# Chapter 5: Discussions of Results

## 5.1 Introduction

"The world is crying out for ethical leadership. A kind leadership that is ethical purpose-driven, impact conscious and committed to serve" (Madonsela, 2020). The main purpose of this qualitative case study was to explore the views of the Eastern Cape Health District Health Services senior managers on what it means to be an ethical leader based on their lived experiences. The researcher's theoretical framework was aligned with the public services policy documents, such as the Code of Conduct Manual for Public Service, the Senior Management Handbook and the Batho Pele Principles. Seven district health services managers were interviewed between the 07th November and 31st December 2024. An interview guide with semi-structured and open-ended questions was used as a frame of reference during the individual interviews to answer four research questions. Additional data was collected from public document analysis to triangulate the interview findings and to reach data saturation. In the preceding chapter, the researcher presented the analysis of the results. Therefore, this chapter will interpret and compare the study results to the published literature to answer the main research question.

## 5.2 Discussion of Findings

### *5.2.1 Views of Leaders on Role and Concepts of Ethical Leadership*

The articulation of the ethical leadership concept by all participants showed that they have a deeper understanding of the fundamental importance of ethical leaders in the district health services. Ethical leadership and practices are essential in realising value-driven public service (Vyas-Doorgapersad & Shava, 2021). This study revealed that ethical leadership is crucial to ensuring high-quality health services for the greater good, which is in agreement with other reports on health systems and ethical leadership (Rispel et al., 2019). As with the study, ethical leadership is seen as

key for efficient public institutions (Enaifoghe, Jili, & Mthethwa, 2023; Ndlovu et al., 2020) because it was described as a backbone of health service, promotes good governance and good work relations (Jambawo, 2018). The participants understood that ethical leadership is essential for implementing the National Health Act of 2003 requirements, such as involving different stakeholders and ensuring that communities benefit from the right to health services (Rispel et al., 2019).

Aligning with Alshammari et al. (2015) and Rispel et al. (2019), in practice, most participants shared that they can work with different stakeholders because they have an understanding that good relationships are centred around trust and respect for the organisation to prosper. Some of the good things they emulate from their leaders include creating an environment for community engagement to align services based on the client's needs to meet the health goal, similar to what is in the literature (Gulay, 2021; Vivian, 2020). While all participants acknowledged the importance of stakeholders' involvement, some were not satisfied with the behaviour of these role players in health facilities. The results of this study stressed that ethical leadership is the efficient management of resources in their health organisations; Munezhi and Hammad (2021) also attest that ethical leadership would have prevented deaths that resulted from poor resource management and maladministration during the COVID-19 crisis.

Mhlauli's (2022) description of ethical leadership includes honesty, integrity, fairness, trust, accountability, respect and equality. Similarly, participants described the same traits of an ethical leader. Their description was also aligned with a public service framework, such as the Code of Conduct, Batho Pele Principles and others. Literature from Trevino et al. (2000) reflects that an ethical leader must have balanced traits for an moral person e.g. integrity, honesty, morality, caring for people, sound decision-making, doing what is right etc. and a moral manager must reward performance, apply consequence management for bad behaviour, and communicate ethics and values to followers. The study found intense matches with participants' understanding of the traits. They also reflected that ethical leaders should be firm and creative, provide wellness assistance, reward good performance, apply consequence management and observe prescripts. Their

conceptualisation is also supported by other authors' reflections that leaders must establish ethical standards for the organisation and reward those who adhere to them or make those non-adherent to account (Ngoepe & Webb, 2020). Hassan et al. (2014) share similar views on the competencies of ethical leadership with an emphasis on such leaders maintaining altruism consistently and promoting ethical behaviour through communication of ethical standards and expectations in an organisation.

The participants were cognizant that leaders should shun away from their religious and cultural beliefs at work and stick to policies and strategic frameworks of the department to meet the service delivery standards for health. A similar stance highlights that every public institution should deliver services in an impartial, legal manner, with transparency and integrity, as prescribed by the frameworks (Mhlauli, 2022; Qobo & Ngcaweni, 2021; van den Heever, 2021). The results align with the literature because the participants ascribed the dimensions of ethical leadership to the Code of Conduct, PFMA and Batho Pele Principles. They believe that these frameworks prescribe how public servants should conduct themselves to maintain professionalism through ethical practices that enhance the delivery of services, build trust and confidence of citizens in public service and promote good governance (Hassan et al., 2014; Mhlauli, 2022; Mle, 2012; Mtasigazya, 2021; Yusuph et al., 2017).

Ethical leaders serve as role models and must build and maintain relationships influenced by social exchanges such as trust, fairness, and respect (Hassan et al., 2014; Mhlauli, 2022). The issue of an ethical leader's role was evident because participants expressed that they are responsible for leading by example. They also expressed that district managers are required to lead as role models to all employees, and, equally, the provincial leadership ought to lead by example to promote ethical standards to everyone in the organisation. All interviewed senior managers shared that their experience of working under ethical leaders has improved their decision-making confidence; among other things, it taught them to take accountability, trust, transparency, good communication, and respect seriously. In the same breath as Alshammari et al. (2015), the senior managers appreciated

that working under ethical leaders contributed to their emotional maturity, skills development, discovery of their leadership abilities and better understanding of district health services. Furthermore, they revealed that such exposure influenced their ability to mentor others to develop a succession plan in the district health system. So they regarded themselves as ethical leaders from the influence of their previous supervisors.

In contrast to the Gauteng school principals study results by Mthiyane and Mudadigwa (2021), the health senior managers did not only mention the characteristics of ethical leadership but they were clear about their roles of leading by example and promoting ethical leadership in their context. However, they were explicit that ethical leadership is the responsibility of every leader, from the provincial executive to the last level of care managers in the districts, which is similar to other SA studies (Mhlauli, 2022). Same as this study, the literature affirms that accountability is the responsibility of all managers in permanent positions and those who are delegated to lead (Rispel et al., 2019). However, this study makes it clear that most of the interviewed leaders ethical leadership role models were not specifically from their current employer, the ECDoH managers; instead, working in different departments and outside the province empowered them to be what they are today. This finding is aligned with other studies that reported that the ECDoH system has several compromised leaders linked to unethical conduct, such as corruption and poor accountability (Mhlauli, 2011; van den Heever, 2021).

Members of senior management should uphold the constitutional mandate and other legal frameworks that require them to maintain good conduct (Thani & Louw, 2021). The key informants' ethical frameworks awareness was high, and the Constitution was explained as an overarching legal document for public ethics. Mahala et al. (2022) also stressed that the SA constitution is the prime legislation for DHS leaders to ensure ethical leadership and promote human rights. Other guiding documents were the Batho Pele Principles, the Public Finance Management Act (PFMA), the National Health Act, the Code of Conduct Manual, the Labour Relations Act, District Health Services Frameworks, Auditor General Framework, Supply chain Management Policies, Financial Disclosure

Act, Public Service Regulations, Basic Conditions of Employment Act and Treasury Regulations. They also alluded to the importance of adhering to Recruitment and Performance Management Policies. Regardless that there are standard public service frameworks to guide them, it was revealed that the delegation of power guidelines from the provincial office provide restricted autonomy on the responsibilities of accounting officers as outlined by the PFMA of 2003. Several authors support the prescripts tabled by the participants (Enaifoghe, Jili, & Mthethwa, 2023; Mhlauli, 2022; Ngoepe & Webb, 2020; Sebola, 2018).

Other health-related policies mentioned by district health managers were related to quality assurance, and they were vocal that, whilst the generic administrative policies are the foundation of ethics in public service, leaders should not overlook clinical policies to protect the rights of communities. None of the managers spoke of the senior management service handbook as expected to be their guiding reference framework to deliver better services to the citizens. Since most of them were clinicians, they viewed medical ethics as the main identity that shapes their ethical leadership. So, this background influenced what they believed was required of them and that appointing executive leaders with a clinical background can improve ethical leadership in the ECDoH.

In a nutshell, the study participants shared a similar views and concepts as most of the literature review about what it means to be an ethical leader. Qualities outlined by the participants to describe an ethical leader were consistent with Brown et al. (2005) and resonated well with what is prescribed by the public service ethical frameworks. The sentiments of all participants were that ethical leaders should be role models for ethical behaviour in health organisations, be accountable and make firm decisions. The Constitution, Batho Pele Principles, Public Finance Management Act, National Health Act and the Code of Conduct Manual were the most prescripts referred by leaders to guide between right and wrong conduct. Their assimilation of ethics and ethical leadership was evident that they had experience in leadership, so it was effortless for the researcher to capture the participants' in-depth understanding of the concepts. However, the results reflected that they don't always stick to ethical principles because of limitations beyond their control.

### *5.2.2 Challenges Experienced by Public Health Managers in Implementing Ethical Leadership*

Post 1994, South Africa developed several laws and policies to promote ethical practices in public service but their implementation remains a problem (Mhlauli, 2022; Ngoepe & Webb, 2020). The Public Service Commission was also established to monitor ethical practices of public institutions as a strategy to promote professional conduct (Enaifoghe, Jili, & Mthethwa, 2023). Even though the main focus of this study was to understand the meaning of ethical leadership, practices and experiences of the DHS leaders, participants raised a bulk of stumbling blocks towards realising ethical leadership.

The study reveals that political interference in administration processes, consequence management of employees, nepotism and cadre deployment continue to challenge the Eastern Cape Department of Health's ethical leadership. Similar to other public service reports, a serious concern was that sometimes bureaucrats are pressured by unethical leaders to engage in unacceptable conduct (Schuster et al., 2024). Most of the participants reflected that conflicted behaviours of some politicians interrupt how they implement ethical policies and guidelines in the district health services which was similar to the SA critical review conducted by (Shava & Mazenda, 2021), but this didn't change how they view themselves as ethical leaders. The results are explicit that leaders sometimes fail to implement some of the public service policies but they connect the ethical responsibility elsewhere. For one district, politicians' involvement was described as for the greater good to assist them in sourcing resources from the the provincial office for service delivery. This finding signifies that at times political office bearers recognise their policy development and monitoring roles as indicated in the SA constitution (Shava & Mazenda, 2021)

The study demonstrates that irregularities in procurement processes and recruitment were the targets of some politicians and other stakeholders. The results are not different from other studies which were conducted in SA institutions such as ESKOM (Jarbandhan et al., 2023) and during the

COVID-19 pandemic in which ECDoH was among the departments implicated on unprocedural procurement processes that involved some politicians and senior provincial managers while people were dying (Mashilo & Kgobe, 2021). Though few of the participants reported that they stand firm against the political interference in their district but they admitted that the boundary less political power in public service puts them in an awkward and vulnerable position, because some political leadership push harder until what they want is accomplished. In-line with Sebola (2018), this study strongly reflect that though all leaders conceptualised ethical leadership well, they acknowledge that there are major constraints which affect their ethical leadership conduct. The data on political interference is also consistent with the Life Esidimeni tragedy where some politicians and senior managers undermined the right of life by disregarding the right of health of the beneficiaries (Thani & Louw, 2021).

To this effect, Ndlovu et al. (2020) reported problematic leadership practices, accountability failures and dishonesty ascribed to political interference in the Eastern Cape Department of Education (ECDoE), which is similar to some of the constraints presented in this study. Unethical practices that involve political leaders and government officials as outlined in this study and others are also common beyond the SA government institutions (Sebola, 2018; Shava & Mazenda, 2021). It can be concluded that some politicians do not respect the Bill of Rights outlined in the Constitution of South Africa and other rules they developed to protect citizens and public service image. The submissions by interviewees give a similar understanding that, amid different unethical conduct affecting the public service, corruption is the most visible unacceptable behaviour in the institutions (Cheteni & Shindika, 2017; Singo et al., 2022). Regardless, senior managers were worried about the political interference in their administrative space; they weren't clear on how prescripts help them to manage such situations, except for two participants who revealed that they stand their ground.

Secondly, cadre deployment, favouritism and nepotism during recruitment were highlighted as impediments to ethical leadership in the ECDoH. Most stakeholders were reported to have vested interests in staff recruitment to appoint local people and their close allies not based on merit.

Supported by a qualitative study conducted at National and Provincial public institutions in SA (Makgolo & Dikotla, 2023), internal and external stakeholders holding high positions abuse power to influence panel members. Shava and Mazenda (2021) submission reveal that mostly, those appointed through cronyism disregard public policies because they strive to please those who helped them to climb the ladder. For instance, the report disclosed that some senior managers deserted their official duties to campaign for the 2024 National voting. The Senior Management Service (SMS) Handbook chapter 6 (2003) section 11.1, forbids senior managers from promoting their political interests and loyalty in the workplace. However, the results reveal that managers are addressing each other as comrades during official time. The existing literature also articulates that at times incentives from unethical leaders influence the unacceptable conduct of public service servants (Schuster et al., 2024).

Consistent with many studies including Qobo and Ngcaweni (2021) and Schuster et al. (2024), the results revealed that there is an urgent need for recruitment to be merit-based rather than political appointment based on constituency or locality to protect organisations from bad publicity of unethical leadership. Acts of nepotism are also against the Code of Conduct Manual for Public Servants (2002), as supplemented by the SMS Handbook. The study posits that even those who referred to themselves as ethical did not not mention the SMS handbook but grounded their ethical conduct on medical ethics. Congruent to other reports, the study demonstrated that conflict of interest among stakeholders, especially the political leadership, contributes to the slow collapse of the health services in the country (Mashilo & Kgobe, 2021; Qobo & Ngcaweni, 2021; Sebola, 2018). The situation can improve if all leaders can be held accountable against their constitutional mandate to revive their moral duties as the representing the communities not their own personal interests (Sebola, 2018).

Corresponding to the public schools' report in Gauteng published by Mthiyane and Mudadigwa (2021), the study results demonstrated that a lack of provincial and political support in consequence management to unruly employees brings the health institutions into disrepute and poor compliance

to Labour Relations Act in district health services. The report demonstrates that the disorderly unions behaviour which at times contributes to loss of lives and increase medicolegal claims is not given necessary attention at the provincial office regardless of persistent complaints by district leadership. These results confirm a report from van den Heever (2021), which revealed that weak leadership tone and a lack of decisive actions among senior managers to strengthen accountability among promote unethical conduct in public health institutions. These results are also confirmed by the health ombudsman who reiterated that lack of consequence management and accountability at all levels of the ECDoH are the main contributors to the persistent unethical climate and high number of complaints (Health Ombuds, 2023). The results show that amid such challenges the provincial leadership either relocate leaders from one institution to another or the transgressor to solve problems. Sometimes these decisions are implemented to protect the human rights of the service beneficiaries and are not always for punishing DHS leaders for being ethical and bringing order in their institutions. Nonetheless, it can be gathered from the results that the ECDoH must develop and implement a strategy that will reduce the conflicts between management and unions.

Failure of some governance structures to stick to their oversight responsibilities was one the changes from this study, Rispel et al. (2019) explained that policy gaps in responsibilities of health governance structures, lack of skills and the complex nature of the health system is the main root cause for this situation. However, as opposed to the majority of key informants, one district shared that governance structures and political leadership in their district stakeholders play a mediating role in resolving labour union issues. It is vital that public health system governance structures' responsibilities be standardised and clarified to prevent the overlaps presented in this research.

The influence of different cultures and religions on unethical leadership in district health services was reported to be eminent which is similar to the literature from Kgobe and Chauke (2021) and Yusuph et al. (2017) which mentioned that dilemmas in the context of morality, community cultural norms and universal principles, experience and level of education, have an influence on leadership behaviour and conduct. As a result, it is argued that since culture and beliefs have a big impact on

African leaders, ethical decisions, conduct, and personal ethical beliefs become compressed as the size of an organisation expands (Cheteni & Shindika, 2017). Opposite to these views, most of the participants expressed that their medical ethics help them not allow religion and culture to influence health access to the people they serve. This exploratory case study uncovered that sometimes Ubuntu overwhelms leaders and creates a serious dilemma if making an ethical decision will lead to a loss of employees' employment especially under the current difficult economic circumstances. In reality, the ethical practices of senior leaders are not always in line with what they claim because the results revealed that the leaders reflected they compromise some prescripts to protect the employment of their employees. So, such actions reflect tensions between participants values and the need to follow procedures and policies in the work place.

Uhl-Bien and Carsten (2007) Illuminate that traditional beliefs are tied to social orders that influence the behaviours of some people i.e. some people become in charge, provide strategic direction and develop rules while others ensure compliance in the implementation of the rules. Subordinates or followers who are non-compliant with any directives from their superiors are viewed as insubordinate and may face harsh consequences from their managers. The evidence drawn from this study reveals that though leaders claim to be consistent in practising ethical behaviour, most participants showed a limited capacity to fight against unethical orders from some political and provincial leadership. It is evident that unethical leadership in the ECDoH is real, most senior managers reflected traits of being moral people rather than being moral managers because are battling to take decisions for corrective measures of ill-disciplined sub-ordinates.

Batho Pele Principles (BPPs) promote humanity when dealing with stakeholders and employees, the principles are against bullying and abuse of power by leaders in public service (Nkambule & Ngubane, 2023). The report highlights that some of the participants were led by unethical leaders during their career journey and they were exposed to bullying, being side-lined during decision-making and disrespected in the presence of subordinates, managers stealing their achievements, harassment, unfair treatment, lack of support and deprived autonomy. Even though the participants

explicitly conceptualised ethical leadership and portrayed themselves as ethical, the results show that unethical leadership influenced them to lose respect for the managers, reduced their morale, reduced teamwork and stopped sharing information because they were demotivated which affected their commitment and dropped their performance. Most of their lived experiences consequences were also reported by other authors (Hassan et al., 2023; Mhlauli, 2011; Nkambule & Ngubane, 2023). Moreover, it negatively affects the well-being of employees (Mhlauli, 2011; van den Heever, 2019; 2021). The senior managers were also concerned that unethical tendencies in the department put them at risk because they are the ones who deal with the consequences that emanate from these actions. A contradiction to Yukl et al. (2013), this enquiry did not reflect any linkage of unethical leadership with improved employee performance in an organisation.

In summary, the position of this study is that not only political leadership and stakeholders fail to abide by public sector rules but even administrators do. The data reveal that though leaders can exceptionally conceptualise ethical leadership, there are several limitations that are blocking them to act ethically. The participants were adamant that their religious and cultural beliefs do not influence their leadership but unethical leadership was found to have negative impact to all managers regardless of their clinical background. The above results indicate that the availability of legislative frameworks and training cannot be the only way to promote ethical leadership in district health services but creating space for leaders to make and implement their decisions is equally important. Provision of resources to district health services, monitoring the implementation of policies with objectivity and holding every public official accountable for their performance and decisions may improve the situation.

### *5.2.3 Practices for Accountability During Ethical Leadership dilemmas*

As highlighted in the previous sections of this discussion of results, ethical dilemmas are difficult to manage because usually, people find themselves in the middle of expectations and ultimatums from those who have power (Kaptein & Wempe, 2002). Healthcare leaders must navigate the

complex terrain of ethical decision-making; they need to remain vigilant in tackling challenges such as conflicting stakeholder interests, balancing patient rights with organisational goals, and navigating diverse cultural values (Ilori et al., 2024). It is argued that most institutional leaders exposed to unethical leadership by those above them and colleagues show more ethical awareness and ethical response (Schuster et al., 2024), and the awareness helps public servants to scrutinise the instructions that come from their superiors before they carry them (Uhl-Bien & Carsten, 2007). Similarly, this inquiry revealed that some participants were brave enough to use their ethical awareness respectfully to engage leaders who try to navigate ways to fulfil their unethical plans through them.

In support of the senior manager's position, the literature posits that a good practice for ethical leaders is not only to consider moral values and fairness when making decisions but to consider how the results of such decisions will affect the organisation is equally important (Alshammari et al., 2015), therefore, the participants reported that whistle blowing or the use of media cannot be used as the first step to manage unethical conduct imposed by their leaders and executive members to influence them to disregard policies and moral values. Most of participants did not reveal how they manage unethical practices directed to them which may be argued that a decision not to whistle blow as stressed in the SMS Handbook section 8.3 of chapter six and Disclosure Act 6 of 2000 may be associated with a lack of corrective measures and protection against the risk of retaliation by transgressors (Hassan et al., 2014). For example, the country witnessed the death of whistle-blower Babita Deokaran which created fear and safety concerns for whistle-blowers (Calitz, 2023).

The results reflect that unethical leaders do not trust the people who are open to being used for unethical activities hence some of the key informants revealed that they try their utmost best to stand firm on the prescribed ethics all the time. This finding aligns with Schuster et al. (2024) argument that some people conduct themselves ethically as a way of protecting themselves from unethical leaders.

Among other practices, leadership and employees participating in the Supply Chain Management process and finance declare their interests annually. The declaration of interest is also done during recruitment or recuse themselves when necessary in line with the recruitment policy to ensure fair processes even if it meant to negatively affect family relationships. They were bold enough to call themselves "exemplary leaders" because they declare first on recruitment, supply chain and finance processes and participate in vetting like any other employee. For the participants of this study, compliance in recruitment and supply chain policies was their most ethical practice priority. In contrast to this case study, other researchers demonstrated that SA public servants face ethical dilemmas in their workspace because they cannot balance their personal and work interests (Mhlauli, 2011; Shava & Mazenda, 2021). Yusuph et al (2017) noted that ethical dilemmas in public service are influenced by religion, cultural background, experience and level of education.

To promote transparency, openness and accountability leaders stressed that they always communicate strategic plans, goals and any changes through meetings. During the process of engagement, managers allow two-way communication for their followers to make contributions. Stakeholders involved include the appointment of hospital boards and clinic committees to play an oversight role. Based on their experience of being led by ethical leaders, the participants reflected that they try to behave as such to inspire their followers. The ethical awareness among the study participants is in line with Chile Public Service National Survey that merit-recruited bureaucrats are not comfortable with unethical leadership (Schuster et al., 2024).

Ethical leadership is not about avoiding corruption only but also carrying your responsibilities to the citizens as a representative of the state (Qobo & Ngcaweni, 2021). Therefore, as explained in the previous section, poor integration of public service laws in the health system prevents leaders in this study from fulfilling their ethical obligations through fair decision-making. For example, clients were assessed at the hospital gate and turned back if they had no referral letter to a hospital in the OR Tambo District, which infringes the National Department of Health referral policy. The National Department of Health (2020, p.20) states that no patient is supposed to be denied hospital

treatment because of a lack of a referral letter; however, every patient who goes to the hospital, regardless of whether they have a referral letter or not, is entitled to be treated and prescribed relevant medication by clinicians in the outpatient or emergency department. Thereafter, a thorough counselling and referral to the nearest clinic ought to be done. This unethical decision by the institution leadership supported by the province showed a lack of respect to patients' dignity and the patient's rights as stated in the SA Constitution section 27 and the district leadership failed to consider the Batho Pele Principles "People First", Code of Conduct and medical ethics to deal with the dilemma of clients who come to the hospital without referrals.

So, in practice, declaration of interest and self-recusal to recruitment, supply chain and finance processes were key dimensions of ethical leadership practices they claimed to obey to ensure accountability. Two-way communication with stakeholders was also reported but their failure to engage clients thoroughly on service delivery changes was a sign of poor practice. There were no clear practices on whistle-blowing against acts of unethical practices directed to them. However, one district reflected they use the ethical golden rule, i.e. addressing concerns internally first rather than going to the media to protect the institution's image when dealing with unethical conduct of those who are above them. Sometimes the elements of moral manager are over powered by those of a moral person which clearly indicates the participants are failing to maintain consistent ethical leadership. Compassion of leaders and a belief that is not right to take harsh decisions that may negatively affect the employees sometimes informs their failure to implement consequence management.

### *5.2.4 Impact of Resource Allocation on Ethical Leadership*

Availability of resources is key for every institution to deliver its mandate to the population it serves. At the same time, it is expected that public institution leaders carry a major responsibility to utilise allocated resources in an efficient, effective and economical manner (Vyas-Doorgapersad & Shava, 2021). The impact of inadequate resource allocation in this study concurs with Mangwanya

(2022) who reflected that inadequate funding, corruption, accountability and prolonged finalisation of the organogram affect smooth health service delivery. All interviewed managers revealed a wide range of challenges that affect availability of resources for service delivery. Healthcare systems budget allocation should be aligned with the national health policies (Fusheini et al., 2017), however, leaders reported that inadequate resources affect their practices of ethical leadership which hampers service delivery.

South African public service performance is not always hampered by inadequate resource allocation (van den Heever, 2021) but by litigation and poor financial management practices, as the the study reported that undue payments of benefits to existing and exited staff came out as a serious maladministration against the PFMA of 1999. The study reveals that inadequate resources force leaders to overload their subordinates with work and overlook their personal needs, which demoralises, depresses and increases staff burnout. Other than recruitment challenges, the fruitless and wasteful expenditures reduce financial resources to pay service providers on time to the extent that facilities run without supplies and compromise service delivery standards such as cleanliness, availability of medicines, patient food etc.

The understanding of what it means to be ethical leader by the participants leads to an ethical dilemma to balance accountability and loyalty for service delivery versus transparency, honesty and openness to service providers. That's why when service providers refuse to supply goods in cases the department does not approve payments because of cost containment measures, they place orders from other suppliers knowing very well that they may not pay them which is not fair for the service provider but fair for the service beneficiaries. So, resources shortage affect leaders' decision-making, communication, planning, fairness to employees and stakeholders, honesty, transparency and openness. Lack of adequate resources influence leaders unintended selfish decisions to cover the department. The poor health outcomes emanating from poor governance, resource mismanagement and incompetent leadership do not only challenge SA or ECDoH but other Southern

African Development Community (SADC) countries like Zimbabwe are also affected (Munezhi & Hammad, 2021).

Aligning to Qobo and Ngcaweni (2021), the appointment of leaders based on merit rather than political affiliation and nepotism was recommended. Another contribution was that all managers and leaders should undergo competency testing to avoid the appointment of people without integrity which was corresponding to (Mhlauli, 2022). In line with Sebola (2018), the need for a fair and consistent implementation of public service frameworks was raised by the key informants. They also believe that policy communication should be continuous through training and induction of everyone in public service. This is supported by other studies which emphasise that the Public Service Commission should build the capacity of public servants to maintain good conduct and make ethical decisions in every difficult situation they come across (Yusuph et al., 2017).

**5.3 Conclusion**

The results of this enquiry reflect that all participating leaders have in-depth understanding of ethical leadership but unethical leadership persists. Also, they have a vast knowledge of public service ethical frameworks and health professional bodies' frameworks. However, there are complex challenges that obstruct them from implementing ethical leadership principles in the districts as part of their competency. They claim to be promoting an ethical environment through communication, conducting themselves as role models, and implementing policies, however, it is argued that their presentation does not reflect a balance between a moral person and a moral manager because in some cases services rendered to the people without humility and respect of human rights was observed. The complexity of district health services forces senior managers to satisfy the demands from internal and external stakeholders which leads to ethical dilemmas in decision making. Practically for them ethical leadership mean managing the conflict of interests in recruitment, supply chain and finance. Suggestions for improving the current unethical practices were also made by the

key informants. The next chapter will summarise the study, and make recommendations and implications for future studies.

## Chapter 6: Research Conclusions, Recommendations and Implications for Further Studies

### 6.1 Introduction

This chapter is summarising the research including a brief overview of the previous chapters. Conclusions of the study are informed by the results, analysis and discussions from chapter 4 and 5. Also, such conclusions are aligned to the purpose and question of this research project. Thereafter, recommendations are brought forwards based on the conclusions constructed from the findings. Importantly, the researcher also highlights the implications for further studies around ethical leadership in public service, SA.

### 6.2 Study Conclusion

#### *6.2.1 Views of Participants on the Role of Ethical Leadership and their Practices in the ECDoH District Health System*

The findings of this study reveal that participants regard ethical leadership as an important aspect to maintain good working relations, efficient management of allocated resources and promotion of good governance in public health institutions. Based on their lived experiences, an ethical leader should be a role model, someone who leads by example, firm and fair all the time. Though most of them disclosed that they experienced ethical leadership from their previous employers outside ECDoH, they maintained that they have learned to make fair decisions based on prescripts, ensure proper communication for stakeholders to have a voice on decisions taken and make sure that everyone understands how certain things should be done. They linked ethical leadership to some traits such as honesty, integrity, openness, accountability, transparency, respect, fairness, consistency and value for money. Again, the results show that an ethical leader does not allow his/her religion, culture and political affiliation to interfere with the position's responsibilities in the public health service. All participants had a vast knowledge of various applicable prescripts guiding

good ethical conduct in public health services but none of them mentioned the SMS Handbook. Most of them were affiliating to health professional bodies which also stimulate their ethical principles.

### *6.2.2 Challenges Experienced by Leaders in Implementing Ethical Leadership in the ECDoH District Health Services*

This study reflects that though all leaders were aware of desired ethical practices in public health services but there were enormous challenges that prevent them from balancing between a moral person and a moral manager. Besides the internal interference by labour unions, leaders explained that they experience political, health governance structures, religious leaders and culture interference on their daily work. They also highlighted the problems of nepotism and political allegiance appointments to be root cause for unethical leadership. Above all, lack of the provincial leadership support, poor change management and lack of equity in resource allocation were mentioned. So, the high medico legal claims were associated with most of unethical leadership practices. Lack of consequence management in this department was seen as a long existing culture that causes ill-discipline and poor service delivery. Weak enforcement of the legislation implementation in the public health promotes non-adherence by the senior managers. It also opens a vacuum for unions, politicians and others to take advantage of the opportunity to push their agendas.

### *6.2.3 Leaders Practices to Ensure Accountability During Ethical Dilemmas in Public District Health Services*

Participants were adamant that they always follow prescripts and maintain ethics in their districts. This study reflects that participants viewed compliance with recruitment, supply chain and financial management policies as most important for ethical leadership. The report show that district health leadership are able to manage conflict of interest by participating in annual vetting process,

declaring their interest beforehand and recuse themselves in recruitment and supply chain processes. Efforts are made to ensure transparency and openness by involving relevant stakeholders in the processes. Also, the results show that the participants have service delivery commitment at heart hence they would make means to ensure that services are delivered to the people even if it meant they act against some of the public service rules.

However, it was also clear that participants are sometimes unable to maintain consistency of ethical leadership principles because they are being overpowered by the provincial executive. This finding reflects that the complexity of the health system and different leadership levels create serious limitations for district health leaders to act ethically all the time. Sometimes their own beliefs become a barrier to take proper decisions just to protect employees from losing employment which is inconsistent to how moral manager should handle consequence management in the work place. It was observed from this study that at times leaders are unable to integrate policy documents to protect the well-being of the people as aspired by section 27 (a) and Public Service Code of Conduct 4.2. Even though the participants have a good understanding of ethical leadership concept and ethical frameworks, they fail to fully comply because are facing challenges such as interference, lack of support by the provincial leadership and inadequate resources. So, fragmented responses in their practices towards ensuring ethical environment in the workplace were observed. Therefore, further investigations to gain an in-depth understanding about the circumstances that sometimes impede ethical leadership in the DHS is critical to improve the situation.

### *6.2.4 The Influence of Resource Allocation on Ethical Leadership Practices in District Health Services*

The findings reveal that inadequate resources in public health services in the ECDoH negatively affect proper administration and delivery of services to the people. Frustrations of lack of resources encourage leaders to divert from the PFMA of 1999, Batho Pele Principles, Code of Code for Public Service and the SMS Handbook. For instance, they engage in deceitful actions such as compromising

transparency, openness and information as outlined in the Batho Pele Principles. They fail to take accountability and pay service providers within the period of thirty (30) days as required by the PFMA of 1999 section 38. Other unethical behaviours against the code of conduct and the SMS Handbook include lack of adequate communication with service providers, taking unjust decisions, lack of honesty and integrity in their actions. The results show that inadequate resources push leaders to less considerate when delegating duties to the employees. Lastly, service delivery standards are compromised by unavailability of resources because it makes harder for leaders to plan thoroughly so that all necessary goods are procured.

### *6.3 Recommendations*

Ethical leadership is required to promote good ethical standards in public health institutions. The results of this study are clearly reflecting that more work is needed to enhance the ECDoH ethical environment and capacity. It is necessary that politicians and ECDoH public service employees at different levels are provided training through workshops, orientation and seminars on public service ethics and consequences of unethical practices. Adequate allocation of resources in an equitable manner is important to mitigate adverse effects resource shortage and unethical leadership practices. Besides the centralised ethics section at the provincial call centre, the department should develop mechanisms such as establishing ethics committees in districts to monitor and evaluate public ethics policies implementation across the districts. In addition to ethics infrastructure at district levels, it is important for the department to improve its leadership tone for everyone to take accountability of their performance and behavior. The ECDoH should refrain from giving absolute power to people without sufficient understanding of health aspects and leadership skills if ethical leadership is to be realised. Since the SMS Handbook is aligned to different public service legal frameworks, the Department of Public Service and Administration should consider making all sections compulsory so that leaders can be held accountable for non-compliance. It is worthwhile to

note that training is not a sole action to improve ethical leadership in public service, leaders should be supported and be given space and autonomy to make decisions in their districts.

### 6.4 Implications for Future Studies

An expanded mixed method study of leaders across all level of district health services is recommended to gain more knowledge on how they conceptualise ethical leadership. It also suggested that future focus include district health services from all nine provinces to expand knowledge on experiences and practices of ethical leadership within the health sector. Secondly, drawing from the participants' contributions, a study of how financial inefficiencies affect service delivery is crucial. It is recommended that further studies are done to gain an in-depth understanding on how public health service leaders manage pressure from their unethical leaders and politicians.

### 6.5 Study Conclusion

The district health system leadership conceptualised ethical leadership inline to the published literature, public service prescripts and those who were clinically trained also aligned their ethical obligations to medical ethics. This also influenced their belief that appointment of executive leadership e.g. the MEC with health background can improve the ethical climate of the department. They alluded that ethical leadership is critical for efficient management of resources, build good work interrelations with different stakeholders to promote health services as a public good to communities. Other important attributes mentioned included transparency, accountability, consistency, firm in decision making, two-way communication, openness, respect, integrity and more. For them ethical leadership also meant not allow religious and cultural beliefs to influence how you lead but sticking to prescripts. Participants regarded themselves as ethical and could not associate their failure to meet their obligations due to the provincial leadership failure to support

them as unethical on their part. They had a strong belief that an ethical leader is a role model and that ethical leadership is not solely dependent on them but everyone in a management position.

The results highlight that participants see maintaining professionalism as key to ethical leadership: not accepting bribery and not unduly influencing recruitment, supply chain and finance processes. However, the results are clear that what participants verbalise is different from what is happening on the ground because there are complex issues that limit the maintenance of a balance of a moral person and a moral manager. This reflected by their trade-offs between applying consequence management, failure to implement disciplinary measures to protect employment of employees and inability to stand against unethical instructions. Also, ethical dilemmas of inadequate resources squeeze them to hide information for service providers to maintain loyalty to the department and protect rights of their customers at the expense of the service providers. The complex issues that prevent district health system managers require an in-depth understanding if ethical leadership is to be improved. In summary, participants have a good sense of ethical leadership but its implementation remains a challenge.

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## APPENDIX A

### WSG Ethical Clearance

UNIVERSITY OF THE WITWATERSRAND JOHANNESBURG

Private Bag 3 Wits, 2050
Fax:
Tel:

Reference: Ms Jennifer Mgolodela
E-mail: jennifer.mgolodela@wits.ac.za

16 January 2025
Person No: 306097
PAG

Mrs WC Diko
100 Jagger street
Matatiele
4730
South Africa

Dear Mrs Welfare Diko

**Master of Management: Approval of Title**

We have pleasure in advising that your proposal entitled *Ethical leadership at the district level in the Eastern Cape Department ofHealth* has been approved. Please note that any amendments to this title have to be endorsed by the Faculty's higher degrees committee and formally approved.

Yours sincerely

Mrs Marike Bosman
Faculty Registrar
Faculty of Commerce, Law and Management

**APPENDIX B**

## ECDOH Research Approval



Province of the
EASTERN CAPE
HEALTH

Room 31 • 1st Floor • Grosvenor Lodge • 31 Taylor Street • King Williams Town• Eastern Cape
Private Bag X0038 • Bhisho • 5605 • REPUBLIC OF SOUTH AFRICA
Tel.: +27 (0)43 605 4535• 043 6054518 • Email: noebagixela22@gmail.com

**Date: 01 October 2024**

**Ethical leadership at the district level in the Eastern Cape Department of Health. (EC_202409_060)**

**Dear Welfare Diko**

The department would like to inform you that your application for the research mentioned above topic has been approved based on the following conditions:

1. During your study, you will follow the submitted protocol with ethical approval and can only deviate from it after having written approval from the Research Ethics Committee.

2. You are advised to ensure, observe, and respect the rights and culture of your research participants, maintain confidentiality of their identities, and remove or not collect any information that can be used to link the participants.

3. The Department of Health expects you to provide a progress update on your study every 3 months (from the date you received this letter) in writing.

4. At the end of your study, you will be expected to send a full written report with your findings and implementable recommendations to the Eastern Cape Health Research Committee secretariat. You may also be invited to the department to come and present your research findings with your implementable recommendations.

5. Your results on the Eastern Cape will not be presented anywhere unless you have shared them with the Department of Health as indicated above.

Your compliance in this regard will be highly appreciated.

Gixela

**SECRETARIAT: EASTERN CAPE HEALTH RESEARCH COMMITTEE**

## APPENDIX C

### Participant Request Letter

WITS SCHOOL OF GOVERNANCE

Ethical Leadership Research Participation Recruitment

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Dear [redacted]

I am Mrs Diko, an ECDoH employee at Khotsong TB Hospital as a CEO. However, I am writing this letter to you as second year Masters student in Management and Governance at Wits University School of Governance (WSG). As part of my studies, I am conducting a research in leadership to fulfil the requirements of the degree.

**Study topic**: Ethical leadership at the district level in the Eastern Cape Department of Health.

**Purpose:** To understand how public health key informants view what it means to be an ethical leader in the context of their lived experiences in the Eastern Cape public health institutions.

**Study objectives:**

- To understand public health managers' ethical leadership roles and practices in the Eastern Cape Province.
- To identify and explain possible ethical leadership challenges experienced by managers as they lead in the Eastern Cape public health institutions.
- To understand how resource allocation affects managers in implementing ethical leadership in the Eastern Cape district health services.

All relevant bodies gave ethical clearance to conduct the study (See the attached WSG ethical clearance and ECDoH ethical committee permission). I, therefore, request you to participate on my study since you are experienced in the ECDoH district health services. Individual interviews will be conducted through MS Teams in November 2024 or any other possible method that you will be comfortable with. An informed consent is available and will be shared following your response to my request.

Thank you

WC Diko

08-October-2024

**APPENDIX D**

**Consent Form**

**Participant Consent for Research Participation and Recording**

**Research Title: Ethical leadership at the district level in the Eastern Cape Department of Health**

I, ……, agree to participate in this research project.

I agree to the following:

**(Please circle the relevant options below)**

| | | |
|---|---|---|
| The research study was explained to me. I understand what this study is about. | YES | NO |
| I understand that I can volunteer to take part in the study | YES | NO |
| I agree that the interview may be audio recorded | YES | NO |
| I agree that direct quotations from my interview may be used by the researcher in their research report or manuscript | YES | NO |
| I agree that my participation will remain anonymous (my name or other identifying data will not be used by the researcher in their research report or manuscript) | YES | NO |
| I agree that other researchers may use the information I provide in my interview (depending on their own ethics clearance being obtained) but my name and any personal information will not be used or passed on | YES | NO |

Participant Name: _____

Participant Signature:_____

Date: _____

Researcher Name: _____

Reseacher Signature:_____

Date: _____

**APPENDIX E**

**Demographic Questionnare**

| | | | | | |
|---|---|---|---|---|---|
| **1. Sex** | Male | Female | | | |
| **2. Age in Years** | 31-40 | 41-50 | 51-60 | >60 | |
| **3. Highest Qualification** | Diploma | Degree | Post Graduate Diploma | Masters | PHD |
| **4. Health Related Qualification** | Yes | No | | | |
| **5. Managemnet Training** | Yes | No | | | |
| **6. District Health Management Experience** | 1-5 Yrs | 6-10 Yrs | 11-15 Yrs | > 15 Yrs | |
| **7. SMS Experience** | 1-5 Yrs | 6-10 Yrs | 11-15 Yrs | > 15 Yrs | |

**APPENDIX F**

**Reseach Interview Guide**

**1.Kindly share why ethical leadership is important in district health services management.**

Probe:

a) Who has the responsibility to ensure ethical leadership in the district health organisations?

b) Which most ethical attributes you think are essential for a leader in an organisation?

**2. What is your experience of being led by an ethical leader in the organisation?**

a) How did such an experience contribute in your leadership in the district health services?

**3. What are your experiences on the implementation of ethical leadership in the institutions?**

Probe:

a) Based on your experiences what negatively impact the ethical practices of leaders in the districts?

b) How do such issues affect the obligation of the department in fulfilling their responsibilities to the communities?

**4. Which mechanisms are employed in district health services to ensure good governance?**

Probe:

a) How to do you promote ethical behavior to the entire establishment?

b) How do you deal with emerging conflict of interest situations during your leadership journey?

c) How does the unethical climate within public service affect the manner in which you lead the district health services?

**5. As a leader, how do you deal with ethical dilemmas in decision making in order to fulfil your leadership obligations?**

Probe:

a) How do you deal with the ethical challenges that you encounter to ensure accountability during your journey of leadership?

**6. How have you influenced employees to follow the vision of the department?**

**7. What guides the process of ethical leadership implementation in the district health services?**

Probe:

a) What support system do you receive from the department to improve organisational ethical values?
b) How does the resource allocation affect your ethical leadership practices?
c) How does the SDOP affect

8. **What do you think should are best possible ways to stimulate ethical leadership in the entire district health services?**