The Challenge of Leadership Development at a Health Research Organization in Johannesburg, South Africa

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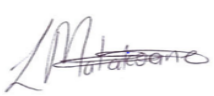
Student Signature 	Date: 28 February 2025

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ORGANIZATIONAL STRUCTURE

LEADERSHIP DEVELOPMENT PROGRAMS

LEADERSHIP COMPETENCY FRAMEWORK

MENTORING

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PERSONAL DEVELOPMENT

SELF-LEADERSHIP

HUMAN RESOURCE STRATEGIES

Table of Contents

Abstract

Health research organizations are multifaceted complex institutions that comprise of a large number of health research professionals that need to work collaboratively to ensure high quality data and knowledge sharing of health focused research in order to preserve and prolong the lives of the public. Studies have revealed that majority of the problems within the health research systems are due to poor communication and leadership. In an attempt to assist a health research organization in Johannesburg, facing leadership development challenges the study employed a qualitative approach to better understand the internal challenges. Data collection was conducted through semi-structured interviews with individuals in leadership positions within the organization. The data collected was then transcribed and thematically analyzed to better understand the organizational challenges focusing on self-preparedness, organizational structure and human resource strategies that affect leadership development within the organization. The data revealed that the organization has no intentional strategies with regards to the leadership development of the health research professionals that it employs. Recommendations that highlighted the need for continuous self-reflection and improvement were advised on the basis that the organizational structure and human resource strategies allow for the provision of these leadership development opportunities to the emerging health research leaders within the organization.

Chapter 1: Introduction

1.1 Statement of purpose

This research is a qualitative study that aims to highlight the leadership development challenges faced by a health research organization in Johannesburg in order to allow for the implementation of improvement strategies that will ensure enhanced progression of the organization.

1.2 Background of the study

Health research organizations (HROs) are multifaceted complex institutions that comprise of a large number of health research professionals that need to work collaboratively to ensure high quality data and knowledge sharing of health focused research in order to preserve and prolong the lives of the public (Chatterjee, Suy, Yat, & Chhay, 2017). Numerous theories of leadership, which are business context based, are taken and applied to health research context in hindsight of the different, traditional and change resist structure of health research organizations (Kim, Gaukler, & Lee, 2016).

Leadership is a long-term process that needs to continuously and consistently influence people, in context, health research professionals towards achieving a mission or a set of goals of the HRO (Tinvoll, Satersrand, & McClusky, 2016). Furthermore, it is a timeless practice of structuring and also restructuring conditions, the perceptions and expectation of the followership and maintain commitment to the goal (VanVactor, 2012).

Studies have revealed that majority of the problems within the health research systems are due to poor communication and leadership (Vagee & Yavari, 2013). Poor leadership in HROs presents itself through the quality of service of the HRO, the financial state of the HRO, the culture and attitude of the employees of the HRO and overall, the society health level of the public the HRO serves (Mosadeghard & Ferdosi, 2013). Good leadership can create HROs that harbor a culture of excellence that embodies the commitment to quality service, reduced organizational conflict and enhanced staff morale, improved employee engagement strategies, improved efficiency and productivity of teams (Day, Fleenor, Atwater, Sturm, & McKee, 2014).

Poor leadership practices are among the top three reasons as to why HRO's fail in both developing and developed countries (Ghiasipour, Mosadeghrad, Arab, & Jaafaripooyan, 2017). It is because of this prominent revelation that this study aims to assess how a HRO, in Johannesburg, prepares and supports individuals for and in leadership positions. There

is a wide research gap on credible material that speaks on the leadership development strategies of HROs in South Africa and this work will form part of the body of knowledge concerning the topic at hand.

1.3 Research problem

HRO's are crucial to the quality and improvement of public health across the globe. With leadership being one of the six important components in the World Health Organization Framework for health system improvement (World Health Organisation, 2007), it is mandatory that the health sector takes necessary steps in ensuring effective and efficient leadership within HRO's. The current problem within South African health organizations is the common trend of promoting health professionals into leadership roles solely based on their health research, scientific and academic merits without the consideration of leadership and governance skills (Makwakungu, Mabasa, & Mbohwa, 2018). The uptake of ill-prepared professionals into these leadership roles leads to broken health systems which ultimately, even with all the expertise on human health, lead to a plummeting quality of public health. Leadership development tools within HRO are crucial in ensuring that health professionals improve their leadership capabilities in order ensure improved and sustainable health systems (Scott, 2010) within a developing country such as South Africa.

1.4 Research objectives

1. To investigate the problems leading to the challenge of leadership development training in a HRO in Johannesburg
2. To present findings on the leadership capacity building initiatives of the HRO
3. To recommend strategies for the leadership development interventions for the HRO

1.5 Rationale

Leadership development is critical in a HRO as leadership directly influences organizational performance, sustainability and continuous improvement (Davidson, Azziz, Morrison, Rocha, & Braun, 2012). The current study aims to reduce the many problems that arise within HRO that are due poor leadership competencies of individuals in leadership positions. By assessing and dealing with these leadership developmental issues, HROs have an improved chance at becoming world class health institutions that can collaborate internationally, effectively and timeously manage health projects, practice improved internal and external communication and express a positive impact on social health issues (Davidson, Azziz, Morrison, Rocha, & Braun, 2012). Improving internal organizational process ultimately translates externally observed in the improved health quality of the public the organization serves.

1.6 Delimitations of the study

The study will assess

I. organizational structures of the HRO that promote leadership development
II. human capital management of the HRO (Talent acquisition and development practices)
III. self-leadership development drive within individual

The study will not assess

I. Cultural differences
II. Financial motivation

1.7 Definitions of terms

1. **Health research organization** – a purposefully designed, structured social system developed for the delivery of health research services by specialized workforces to defined communities, populations or markets
2. **Leadership development** – process of enhancing the leadership abilities of any member in a health research focused organization through strategies that will enable health professionals to lead their teams more efficiently.
3. **Human capital management** – the set of practices an organization uses for recruiting, managing, developing and optimizing employees to increase their value to a health research focused company.
4. **Mentoring programs** – a structured and organized initiative that facilitates the pairing of experienced individuals (mentors) with less experienced ones (mentees) to provide guidance, support and knowledge transfer within a health research focused organisation.

1.8 Assumptions

1. Leadership can be taught through intentional programs that facilitate the development of leadership skills in an individual.
2. Organizational structure plays a pivotal role in practices and behavior of individuals in leadership positions.
3. Lack of leadership development research in health research sector setting will restrict the study.
4. Acquiring undiversified talent for leadership positions makes the organization rigid and monotonous.

1.9 Chapter outline

Chapter 1: Introduction

- Explain and give background on leadership development
- Detail different leadership development methods used in HRO in different geographic regions
- Outline benefits of intentional leadership development methods

Chapter 2: Literature Review

- List current/existing leadership development theories
- Highlight the importance of intrinsic need for development within individuals
- Explain the effect of organizational structure and human capital management strategies on leadership development process

Chapter 3: Research methodology

- Qualitative research approach
- Interview HRO employees for data collection
- Thematic analysis of data to understand HRO offerings

Chapter 4: Presentation of findings

- Present the findings in a paragraph format of different sub-sections of the different aspects that affect/influence the leadership development strategies of the HRO

Chapter 5: Discussion of findings

- Elaborate on the disadvantages of not being a leadership skills development HRO
- Discuss how findings will be analyzed for developments overtime emphasizing the importance of a flexible HRO structure

Chapter 6: Recommendations

- List recommendations on how to improve leadership development strategies within the HRO. The recommendations will include aspects of structural changes and improved human capital management strategies

Chapter 2: Literature Review and conceptual framework

2.1 Introduction

Health is a pivotal component of people's lives and health research organizations carry the burden of ensuring that they output quality health data even in the face of ever-changing government regulations and policies, pandemics and technological developments (Saha, 2016). Satia, *et al*, 2013, puts emphasis on the kind of leadership that is needed to drive organizational success along the increasing competitiveness within the dynamic environment that health research organizations currently trade in (Kotter, 2003). The complexities that govern current health research organizations demand a more specialized and tailored leadership to drive and sustain the competitive advantage of these organizations. Health research organization leaders of the modern day need to be agile leaders that possess skills in not only their area of health expertise but also areas such as finance, technology, strategic orientation, collaboration and team leadership (Davidson, Azziz, Morrison, Rocha, & Braun, 2012). With the current occurrence of global health threats, it has become more evident that health research leaders need to develop capabilities and competencies that will ensure that they are able to collaborate and conduct research at a global level but still ensure that their findings are applicable to the communities that they serve (MacPhee, Chang, Lee, & Spiri, 2013).

2.2 Definition of topic or background discussion

The study addresses three aspects that influence leadership development within health research organization. Literature addressing leadership studies focuses on parameters such as leadership styles, conflict management, job satisfaction, efficiency and operational management. Furthermore, these studies are not done in the context of health organizations (Ghiasipour, Mosadeghrad, Arab, & Jaafaripooyan, 2017). The factors to consider when conducting leadership development in health research are many. However, sub-standard leadership training in health research workers is a prominent cause of the challenges of leadership in the health research sector. This is primarily due to lack of training programs and/or training programs inadequacy in meeting the needs and challenges of the health research sector (Whaley & Gills, 2018). The need for development should be a two-sided relationship where the health research workers have an intrinsic need for development that is then met by the opportunities embedded within the human capital management processes supported by an organization that is for development and progress (MacPhee, Chang, Lee, & Spiri, 2013).

2.3 First research objective

To investigate the problems leading to the challenge of leadership development training in a HRO in Johannesburg

Bisson *et al*, (2023) highlighted that the organizational structure of a HROs has a significant influence in the leadership and leadership development strategies within the organization. With HROs following traditional rigid structures, leadership development becomes a difficult process to incorporate within the institutional processes (Bisson, Jamison, Grindstaff, Katehi, & De Leon Saintz, 2022). The organizational structure is a framework in which the organization is organized, depicting organizational hierarchy, positional relatability and dependability, work process flow and organizational governance (Bisson, Jamison, Grindstaff, Katehi, & De Leon Saintz, 2022). Furthermore, the structure needs to allow for human resource management processes that the organization will include in their strategy to ensure leadership development of health research workers (Davidson, Azziz, Morrison, Rocha, & Braun, 2012). Leadership roles in health research organizations are greatly occupied by health specialists that possess great health research skills, these are individuals with extensive knowledge in medical and/or medical research fields but lack skills in the process of leading people to achieve organizational goals as a collective (Davidson, Azziz, Morrison, Rocha, & Braun, 2012).

2.4 Second research objective

To present findings on the leadership development initiatives of the HRO

Leadership and talent development are critical to any organization as these are the functions that drive organizational performance and sustainability. It is therefore of outmost importance that the human resource departments of HRO's fully understand that to appropriately plan programs that will address their leadership development needs (Davidson, Azziz, Morrison, Rocha, & Braun, 2012). The common trend of promoting health research workers due to their specific achievements and minimal education and develop in leadership and management possess a threat to the sustainability of HRO (Davidson, Azziz, Morrison, Rocha, & Braun, 2012). Research also states that among human resource challenges such as understaffed organizations, resources limitations and increased tensions, health research workers run the risk of being burnt out which highlights the important aspect of health research workers taking care of themselves first before being able to take care of others through the work that they do (Ghiasipour, Mosadeghrad, Arab, & Jaafaripooyan, 2017).

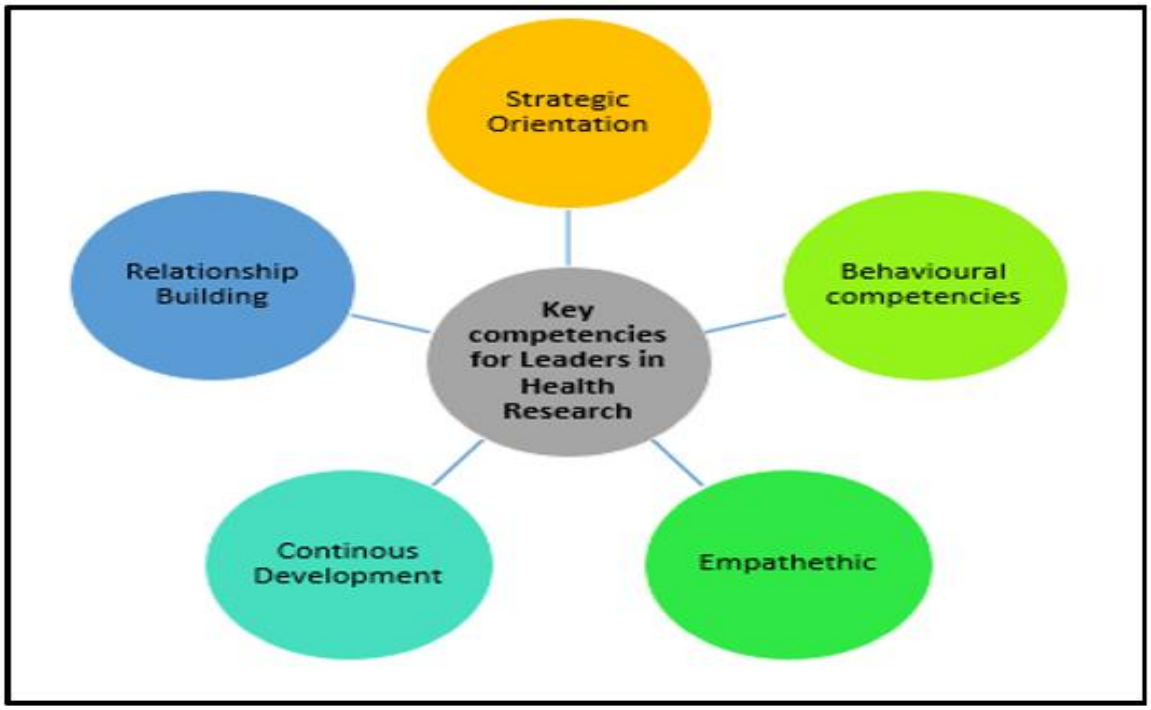
2.5 Third research objective

To recommend strategies for the leadership development interventions of the HRO

Literature states that leadership is an intricate process that requires an individual to honestly self-assess their readiness to become a leader and assume leadership roles and responsibilities (Avolio, Walumbwa, & Weber, 2009). Internally and highly motivated individuals are more prone to take up leadership roles in which continuous development and evaluation become a focus for the leadership journey (MacPhee, Chang, Lee, & Spiri, 2013). The need for development comes naturally, as individual goes through their journey, or is said to be stimulated through formal training that occurs within the health research organizations (Roberts, Dutton, Spreitzer, Heaphy, & R, 2005). The former highlighting the critical need for an organizational structure that promotes and houses leadership development opportunities for their health research workers. Literature states that one of the biggest challenges of developing health research leaders in the future will be the self-preparedness of health research workers to take up the challenge of leading these complex organizations in ever-changing environments faced with unpredictable global health occurrences (Ghiasipour, Mosadeghrad, Arab, & Jaafaripooyan, 2017). A health research organization can have many leadership development opportunities but they will be useless if there is no personal interest in allowing these training or upskilling methods to be intentionally utilized to achieve the desired development within an individual, more specifically, a health research worker. McPhee *et al*, 2013, argue that for a leader to become the best version of themselves, they first need to develop a strong sense of self-leadership. The capacity building initiatives also need to break down the silo-style of training within HRO to break-down barriers to collaborative style leadership that is necessary to for the progression of the institutions together with all arms of health sector within the health industry (MacPhee, Chang, Lee, & Spiri, 2013)

HRO's primarily focus on mentorship programs that are concerned with aspects of research such as publications, disease control, disease research and scientific academic progression (Davidson, Azziz, Morrison, Rocha, & Braun, 2012). Research conducted by Davidson, *et al* (2013), highlights the importance of the integration of leadership and management focused programs for health professionals. Creating a leaderful organization begins with aligning the mission of the HRO to develop leaders of quality standard within their organization. Organizational missions influence the organizational structure which in turn directs human capital management strategies that will allow for the intentional development of health research workers within the organization (MacPhee, Chang, Lee, & Spiri, 2013).

2.6 Conceptual Framework



The Leadership Competency Model Framework (adopted for Health Research Organizations by Zaccaro, 2007).

The study will utilize The Leadership Competency conceptual framework, adopted by Zacarro (2007), to drive leadership development within HRO. These competencies are essential in ensuring continuous leadership development within an organization. Strategic orientation allows for leaders in health research to strategically think about process that align with organizational goals and ensuring quality, life-impacting health research, enable them to make decisions that are ethical with regards to the unique challenges of health research institutions namely, regulatory compliance and fund management. Behavioral competencies are related to emotional intelligence, adaptability to change and the unpredictability of the health industry landscape. Empathetic competencies are those that relate to understanding that the health professionals that they lead are also human and are prone to human life disturbances such as emotional, physical and mental challenges while in the line of duty. Continuous improvement is a competency that is crucial for all individuals within the leadership positions. Leaders who engage in continuous improvement are constantly learning new strategies to lead and understand their subordinates better. Relationship building competencies are essential for building and maintaining relationships with subordinates, peers as well as superiors within HRO's to enable conducive and productive working environments.

2.7 Conclusion of Literature Review

Leadership development is a multidimensional phenomenon that needs intentional effort to do away with current leadership development obstacles which include silo-style working environments within the different departments of the HROs, rigid traditional organizational structures observed within HROs, poor human resource management strategies and self-doubt personalities of the individuals needed to take up leadership positions (MacPhee, Chang, Lee, & Spiri, 2013).

Chapter 3: Research Methodology

3.1 Research design

The study was aimed at investigating the challenge of leadership development within a HRO in Johannesburg, Gauteng. The research employed a qualitative approach which aimed to produce rich and detailed descriptions of leadership development within the HRO. The complex and subjective nature of leadership development was richly detailed through semi-structured interviews with individuals occupying leadership positions within the organization.

3.2 Participants and sampling

The participants of the study were selected based on their leadership position within the organization, type of employment (permanent) and also according to the years (5 or more) of experience within a leadership position in the current or alternative organization. The organization has a diverse range of leadership roles which include heads of departments, senior epidemiologists and senior scientists, research directors and administrative leaders. As well as C-suite leaders who are primarily focused on overall organisation directing to ensure the timeous achievement of organization goals. The selection of the individuals occupying the positions mentioned was deliberate in order to ensure a broad understanding of leadership challenges from different hierarchical levels within the organization.

The sample size aimed for balance between feasibility and data saturation. The organization harbours 6 departmental heads, 1 director and 8 chief executives, currently permanently employed by the organization. The research participants ultimately came to 6 departmental heads, 1 director and 4 chief executives. Totalling to 11 research participants. All participants had been employed for more than 2 years with the organization to ensure familiarity with the leadership structure. The other 4 chief executives were excused due to time constraints and schedules not particularly disinterest in the research.

3.3 Recruitment process

The participants were first invited to take part in the research through a face-to-face informal conversation to gauge their availability and interest in the research. Those who informally agreed were then sent a formal email detailing the purpose of the research, ethical considerations and proposed meeting times for the interviews. The email clearly stated that these interviews are all voluntarily and participants were well within their right to withdraw at any time should they feel uncomfortable about their participation. The email also clearly stated that their participation would be strictly anonymous and their interview scripts were would be stored confidentially on a password-protected laptop accessible only to the researcher.

Furthermore, the email also had the interview guide attached to allow participants to reflect and prepare for the interview.

3.4 Interview Guide (Appendix A)

The questions on the interview guide were sectioned as introductory questions, self-readiness questions, organizational structure questions and finally human resource strategy questions. The introductory questions were a way of breaking the ice and getting participants comfortable and allowing to understand the basis of their personal leadership journey. The self-readiness questions were to probe on the self-awareness aspect that these leaders possess and better understand how they continuously evaluate themselves as leaders within the organization. The organizational structure questions were related to how the formal set up of the organization supports leadership development through communication flow efficiency within the current structure and lastly the human resource strategies questions were positioned to allow for better understanding on how intentional the organization is on promoting leadership development.

The interview guide was semi-structured and allowed for participants to freely express their views on leadership development strategies within the organization. Based on the questions the interviews were pre-determined to take 30 to 45 minutes but ultimately the time was determined on how the participants were explaining their views which in most cases never went beyond 70 minutes.

3.5 Data collection

The interviews were conducted over a 4-month period because of face-to-face on-site interviews with the participants. The data was collected both electronically, using an electronic recording device and manually by writing down field notes on paper. This was to enable cross-checking of data to allow for increased data accuracy during analysis. The participants were allowed to give any other comments on the leadership development challenges of the organization at the end of the interview. Furthermore, the participants were also offered to receive their interview audios to reflect back on after the interview. They were also given a 1-week time frame to change or further explain any point which they wished to. The participants were recorded and named in the order of their interviews which was maintained right through the analysis and write-up of the report.

3.6 Thematic Analysis

The collected data was transcribed into text using Otter.AI. Cross-checking was conducted using the text version data against field-notes to ensure accuracy. The data was then sectioned in the different focus points, namely self-readiness, organizational structure and

human resource strategies. The sectioned data was systematically coded by identifying themes and labelling them with descriptive codes. Codes were created for key ideas, phrases and similar answers regarding the leadership development challenges of the HRO. The researcher then grouped similar codes together to form broader themes that appeared evident across multiple interviews with regards to the challenge of leadership development within the organization.

3.7 Ethical considerations

The research adhered to the ethical guidelines for qualitative research, consent was given to conduct interviews, the researcher ensured anonymity of the participants by not using their names in the research or disclosing their answers in such a way that would make it possible for their identification. Withdrawal rights were maintained through out the data collection period.

Chapter 4: Presentation of findings

4.1 Definition of leadership

A question in the introductory section explored how the participants described leadership. Majority, of the participants (10) described leadership as providing guidance for their subordinates. Allowing the people they lead a safe space to seek reference from. In a way, walking the journey with their subordinate to reach a particular goal, both academically and in the work place. Participant 9 described leadership as "*influencing people to get work done to reach a particular goal*". The participant believed that influencing had a much more beneficial effect than guiding. Participant 9 stated that by influencing, you allow the subordinate to "**resonate with the goal in their own way**" which allows the subordinate to find their own path while guiding is showing the subordinate how to walk to the path based on the guider's own experiences and journey. The participants all stated that their parents were their first reference of leadership, followed by their teachers throughout schooling years (primary, secondary and tertiary) and ultimately their leaders within the workplace. All participants stated that their greatest lessons in leadership was around people management. The theme was around the difficulty of getting people with different backgrounds and upbringing to work together in reaching a common organizational goal. One participant stated that "*people are different, they see things differently, they do things differently and not everyone appreciates that. But as a leader, one has to be able to understand and allow everyone to express themselves in a way that brings up their best potential*".

4.2 Self-readiness for a leadership role

Participants shared that one can never truly say they are ready for leadership. Participant 4 stated that "*leadership does not start with a specific job title, it is a process that happens organically and is developed through everyday life and experiences*". The attributes and skills that were mentioned the most ranged from having strong interpersonal skills to being assertive and goal focused. Participant 2 explained that "*it is easy to get lost in the crowd, trying to make sure the environment is conducive for everyone, but a leader needs to ensure that the work gets done even within all the workplace noise*". The participants stated that within their particular field, the technical skills which are the academic are primarily what sets the standard for a leadership role. Once an individual gains a master's degree, (NQF 9), the job responsibilities require one to lead a group of people because these are the requirements of a senior management positions within the organization. The participants shared that in most cases they outsource their personal leadership development activities themselves. They explained that they partake in self-initiated activities to broaden their way of thinking and developing their leadership skills. Participant 7 stated that "*in most cases it is a personal task*

like watching Leadership materials on YouTube, reading leadership literature of other people and also engaging in human management courses online to help me understand people and ultimately lead people better". Participant 9 stated that they like to have random conversations with their colleagues on what kind of boss they think they are, in most cases the answers are positive just to maintain relationships. The participant stated that "*it would be nice to receive honest feedback about yourself so that I can work on my shortcomings, which I know I have*". The participants shared that no one leadership style is effective, different situations call for different leadership styles but within a situation where leadership development is concerned one needs to understand their own personality type and partake in activities that assist in their own development. They further stated that is important to have a holistic approach to development. Academic strength can get you the position but people management skills and relationship building skills maintain the conducive environment needed for excellence and impact within the health research industry.

4.3 Organizational Structure and its impact on leadership development

The health research organisation currently employs a hierarchical structure (Appendix B). Where authority flows from the top to bottom. In most instances, approval and the communication of needs follows the same trend. The participants explained that the structure is relevant given the type of industry that they are in. The participants share similar views in that the structure allows for clear reporting lines and job filling aspects. Identifying gaps within the organisation and outline job scope is best served by the current organizational structure. The development of key performance indicators and grading are also well assisted by the organization structure and design. However, these are mostly technical expectations of the organization. Participants emphasized that the organization looks good and well thought through on paper but the real challenge comes amongst the individuals that occupy these positions and their leadership competencies. The participants found the structure to be restrictive in terms of growth tailored to individual needs. There is a disrupted line between the kind of person needed to fill the position and the actual person occupying the position. The lack of flexibility and fluidity within the structure also affects the way in which leaders are developed within the organization. Development initiatives are fixed on the technical requirements that uphold the structure and totally ignore the human aspect of leadership requirements needed to propel the organization far further than the required level of operation. The participants highlighted how the structure causes slow decision making and creates silo working conditions as everyone is focused on their own departmental needs. The structure also restricts collaboration and learning from peer individuals in departments on unique experiences that have an effect on leadership development within the organisation. Majority of the participants believe that a flatter structure would allow for effective leadership

development. In that, research professionals would be able to communicate more openly about their development needs. However, participant 4, stated that "*the structure does not develop leaders, the systems are what contribute to leadership development*". The participant further explained that "*when systems and process inhibit the leader's capabilities there is no room for growth*". The participant strongly argued that "*the organization needs to create a culture of psychological safety that will allow for leadership development regardless of structure*".

4.4 Human resource strategies for leadership development

In efforts to further understand the leadership development challenges of the HRO. The research explored the recruitment practices of the HRO. The participant stated that no in-depth leadership skills requirements were made mandatory in their job advertisement. The organisation recruits primarily on technical skills with minimal requirement of interpersonal skills. However, there was no mention of "strong leadership skills" or "evidence of leadership experience" in many of the participant's job advertisements. The participants stated that in the most least attempt would be a scenario-based question on how would they deal with a workplace conflict case. In the case of head of departments, the requirements were solely focused on a strategy pitch on how to ensure that the department would reach its organizational goals. The participants elaborated that when the culture of continuous leadership development is not made clear in the recruitment process, there is a high possibility that the organization is not leadership development focused. Which is currently evident within the HRO's development and retention strategies. The human resource strategies cover a range of development areas which are all technical skills focused. No one participant ever recalled undergoing leadership development training within the HRO. The participants stated that there are currently no leadership development initiatives within the organization, whether group or person focused. Such initiatives just do not exist within the organization. Participant 11 stated that "*human resource activities that focus on leadership development are foreign in this organisation. An oversight that greatly hinders the HRO from becoming a world-case institution*". The participants mentioned the challenge to identify leadership potential among other lower level employees within the organization. The key performance index do not cater leadership identification within the different departments. Participant 4 stated that "*performance is based solely on reaching targets and there is no space to acknowledge employees that have influence and can lead from the bottom up. There are many employees who build morale within departments but go unnoticed because they do not have a leadership title to their name*". The participants expressed that the organization has leadership intense sub-cultures that are created by lower level health research workers. These sub-cultures are greatly masked by the dominant technical, "work-first, people-behind" culture that is target

focused which leave employees wanting to do the bare minimum. The participants acknowledged that the strategy has been working for this long. It has gotten the HRO this far and has kept it operational. However, building a future-focused HRO requires change. Change that can be driven by excellent leadership and maintained by continuous leadership development. The kind of leadership required to lead the new generation of health research professionals and the turbulent health industry that is being observed today. The participants stated that the HRO needs to become a more inclusive and people focused organization that can retain talented employees and development them into exceptional leaders to steer the HRO forward.

4.5 Summary

Focusing on these three aspects allowed for a deeper understanding of the important factors in leadership development. The person, the organization and the opportunities that are provided by the organization to the person. From the person perspective, the data revealed that people within leadership positions within the HRO want leadership development. They believe in continuous improvement evident by their engagement in leadership development activities that they self-source. The organization structure is rigid, minimizes interdepartmental collaborations reducing the exposure needed for leadership development learning among individuals within the HRO. The human resource strategies focus on technical development with the organization. There are no leadership development focused initiatives within the HRO developmental initiatives.

Chapter 5: Discussion

The Leadership Competency Model Framework developed by Zaccaro (2007) covers the focus areas of this research. The strategic orientation heavily reliant on the organizational structure accounts for the process and systems that are put into place for HRO to achieve its organizational goals. The remaining four pillars, behavioural, relationship building, continuous development and empathetic, are the built on the backbone of a strong organizational structure. Considering the human factor of self-readiness and intention to building world leading HRO through the encouragement of human resources activities embedded with the HRO strategies.

5.1 Self-readiness for a leadership role

The assessment of self-readiness for a leadership position within any organization is crucial in becoming an impactful and present leader. Leadership within the health research is demanding and challenging. It requires an individual who continuously self-assess through personal reflection, dedicated to continuous improvement both personally and professionally and one that is understanding of the intricacies of the health research field (Goh & Goh, 2009). Experiences vary and each one comes with its own level of challenges and demand of though for solution. No set of pre-determined skills and attributes can be associated with any one give challenge. However, effective leadership in complex health research environments requires a combination of personal qualities and skills (Goh & Goh, 2009).

One of the key skills and attributes for leadership in health research is strong communication skills. It is important for HRO leaders to effectively articulate research goals and motivate the teams which they lead (Goh & Goh, 2009). It is also important for leaders to be able to engage stakeholders on research missions, progress and outcomes both verbally and in text (Goh & Goh, 2009). The success of research in securing funding and getting the workforce to meet the required research goals rely heavily on leaders that effectively communicate to all stakeholders involved in the research (Goh & Goh, 2009).

The participants stated that their greatest lesson in their leadership journey was the component of dealing with people. An important aspect that highlights the importance of emotional intelligence in leadership. Emotional intelligence is a skill that enhances a leader's ability to manage and leverage their own emotions and that of their team members to better manage conflicts, foster a positive working culture and maintain a high team morale in order to achieve research goals (Goleman, 1995). Emotional Intelligence also assist leader's in health research with integrity and ethical judgement which is required in decision making where decisions that need to be made have significant societal implications (Dixon-Woods,

2007). Resilience and adaptability are part of the attributes that leaders within the health research need to possess. The challenges faced by health research leaders require one to maintain focus and adjust strategies to overcome (Yukl, 2010).

Leaders engaging in leadership material to improve their leadership skills show a progressive and self-motivated mindset that is key in leadership development. The methods, online learning through videos, tutorials and reading, stated by participants are cost-effective, accessible and allow for flexibility (Conrad & Donaldson, 2011). The methods accommodate individual learning styles that best suit the leader encouraging the engagement of materials. These online materials are updated to reflect current trends within heath research exposing leaders to a wide range of experiences, some which they might be familiar with and some which they are not (Schmeider-Ramirez & Palmer, 2011). This allows for reflection on how to better deal with past experiences and preparation to deal with future experiences within the workplace (Schmeider-Ramirez & Palmer, 2011). The self-assessment tools provided by these online platforms allows leaders to assess their strengths and identify the areas that need development enabling targeted approach learning and effective person-focused development (Schmeider-Ramirez & Palmer, 2011). One such leadership style that these health professionals demonstrated is that of transformational leadership. A kind of leadership style that encourages continuous development that is required in a dynamic field such as health research. (Gagnon & Cote, 2013).

5.2 Organizational structure and its impact on leadership development

The organizational structure of an organization gives insights into how the organization functions, the distribution of authority and responsibilities with the organization, the decision-making processes of the organizations, the career pathways and opportunities embedded within the organization and the way in which performance is managed within the organization (Wallace & Gorgias, 2007). The hierarchical structure of the HRO is crucial in its operational activities but the type of structure has limitations in efforts to develop emerging leaders within the organization. Such structures ensure that there are clear lines of authority and accountability within health research organization. A function that is extremely important within health research organizations as health is an interdisciplinary and complex field (Bozeman & Ponomariov, 2009).

In South Africa, health research is governed by strict policies, rules and relations to ensure that all research conducted does not harm participants, follows ethical procedures and supports national health priorities. This is done to protect all parties involved in the research. The National Health Act, Human Research Ethics Committees Guidelines and Good Clinical Practice Guidelines are some of the policies that guidelines on how to conduct health research

in the country. It is therefore understood as to why this HRO employs a hierarchical structure to ensure that they obey and follow these health research guidelines in order to produce research that is ethical and impactful (Schein, 2010). The hierarchical structure of the HRO supports the functionality of the HRO with regards to national policies and regulations by ensuring that the organization employs a centralized authority and accountability strategy (Schein, 2010). There is a clear line of communication in a top-down direction and specialized roles and responsibilities that require extensive experience and knowledge which is a quality that top-leaders possess within the organization (Schein, 2010). It is without a doubt that the organizational structure serves the organization from an operational standpoint. However, it is important to consider that the structure has limitations from a leadership development standpoint, in that it does not allow for experimental leadership development at lower levels (Wallace & Gorgias, 2007).

The centralization of decision-making at the higher levels limits the authority, autonomy and decision-making experience of lower level health professionals (Wallace & Gorgias, 2007). A theory supported by Fiedler's work which states that decentralization within health research organizations would greatly impact leadership development. Fiedler, 1967, further explains that allowing more autonomy and decision-making power to lower rank health professionals enhances their leadership skills through practical experience (Fiedler, 1967). Since leadership is not a textbook learning skill, participants of the HRO have supported the notion that their leadership skills have been greatly enhanced through on the job experiences that required them to make tough decisions and ensure a way forward from stumbling blocks. In most instances, ideas where established through collaboration and engaging with peers in the work place. A study by Kezar (2006) emphasizes the how hierarchical structures inhibits collaboration through networks and teams. The study urges that flatter structures better encourage leadership development skills through networks and teams of health research organisations (Kezar, 2006). Leadership skills are vast, the HRO displays great leadership in terms of operational management and maintain authority (organizational level leadership skills) supported by the hierarchical structure that the organization employs. However, there are many areas of improvement, namely communication, team management, conflict resolution and innovation, that can be assisted by flatter structures (Parker & Bradley, 2000).

5.3 Human resource strategies for improving leadership development

Human resource strategies play a crucial role in the development of leadership skills within health research organisations. Literature emphasizes the importance of aligning human resource practises with leadership development to allow for enhanced performance outcomes within organizations (Garman & Johnson, 2006).

The HRO currently has no leadership development strategies in place, making it an organization prone to a range of negative consequences. The first consequence being decreased organizational effectiveness and innovation. A study by Gagnon, *et al* (2013) emphasized how leadership plays a crucial role in setting strategic direction, fostering collaboration internally and externally with different stakeholders as well as driving innovation within the temperamental health industry. Health research organizations that are not leadership development focused may experience difficulty with the adaptation of changes, inclusive of technological advancements and evolving health priorities (Gagnon & Cote, 2013).

Another consequence of poor leadership development is the inability of leaders to make informed, timely and strategic decisions that could prove detrimental to the organization's research processes and outcomes (Harrison & Hoyt, 2016). Leadership development is essential for producing leaders that promote high organizational standards, internal practices that are ethical and impactful health research (Dunlap, Palmer, & Hoyt, 2020).

Dunlap, *et al* (2020) emphasizes on how research outputs of organizations that do not prioritize leadership development suffer from numerous consequences. These consequences are inclusive and not limited to research mismanagement, insufficient resources, lack of direction and in worst case scenario: no research outputs altogether. One way of ensuring high quality research outputs is through recruiting and retaining talent. Effective leadership development strategies not only serve currently employed individuals but also signal to potential employees that the organization is growth focused and also supports career advancement (McCauley & Wakefield, 2014). The HRO would benefit from having effective leadership development program which would attract, retain and continuously develop high-calibre individuals who would produce quality research and ensure enhanced organizational performance particular in the highly competitive field that it is currently operating in. The advantages of employing high-calibre are many. They not only produce quality output but also ensure a conducive working environment together with high morale and decreased turnover (Bamberger & Meshoulan, 2014). Employees who are happy in the workplace, do more, produce quality work and inspire an organizational culture of progression, inclusivity and continuous improvement (Bamberger & Meshoulan, 2014).

The HRO needs to develop human resource embedded strategies to promote leadership development. The absence of mentoring and actively developing leaders within the organization are detrimental to leadership progression (Bamberger & Meshoulan, 2014).

5.4 Summary

Leadership development is multifaceted demonstrated by the Leadership Competency Model Framework by Zaccarro (2007). HRO professionals need to be active participants in the development process. Continuously assessing for their strengths to leverage on them and weakness to improve on them. The organization should allow for an environment that nurtures and supports the initiatives or opportunities for development. A HRO that is intentional about leadership development possess a culture of collaboration, development, innovation and the decentralization of decision-making to give exposure and build the confidence of emerging health research leaders. Human resources strategies that are leadership development focused are essential in engaging intentional participants in the development process. The activities are essential for attracting, retaining and continuously developing high-calibre individuals needed to lead the organization in the turbulent and highly regulated health research industry.

Chapter 6: Recommendations and conclusion

6.1 Recommendations

The research aims to recommend remedy strategies that will assist in the improvement of leadership development within the HRO. With particular focus on individual preparedness of potential leaders within the organisation, allowing flexibility with the organizational structure and incorporating activities that continuous build and assess these skills into the human resource practises. These recommendations are practical, cost-effective ways in which the organization can greatly benefit from in order to be an intention leadership development focused organisation.

6.1.1 Self-readiness for a leadership role

Health research professionals are individuals that are no strangers to academia and learning. The research recommends that these professional pair their technical qualifications with leadership focused qualifications. Enrolling in Leadership development programs that are similarly structured as health research programs would include particular focus on the development of leadership skills. The skills ranging rom communication skills, emotional intelligence, strategic planning and human management would be impactful in developing the leadership skills of professionals within the health research field (Goh & Goh, 2009). The professionals should be given flexibility to choose learning methods that best suit their personal learning styles.

Other recommendations to improving skills such as communication skills would include HRO professionals actively participating in public speaking and writing workshops that would allow feedback and assistance from the audience. Such exercises can be done in person or online where an individual need be assigned a particular topic and asked to write and publicly speak on it in front of an audience (Edmondson, 2002). Scenario based conflict resolution learning can be utilise to improve conflict resolution skills within research teams. Learning how to positively identify and deal with conflict ensures the preservation of workplace relations and maintain positive environmental culture to ensure quality team outputs (Edmondson, 2002).

Self-preparation requires an intentional effort from an individual in recognizing areas that need improvement. Actively engaging in reflective practices increases self-awareness that aids in a leader being more mindful of the way they talk, engage, treat and influence others in the workplace. The research recommends continuous assessment of one's leadership style and behaviour through assessments such as the 360-Degree Leadership Feedback Assessment to offer a well-rounded perspective which incorporates feedback from individuals around a leader (London, 2002). Another assessment that allows for the identification of a leader's

strengths is StrengthsFinder 2.0, allowing leaders to maximise on their strengths to compensate for areas of weakness (Clifton & Harter, 2003).

6.1.2 Organizational structure and its impact on leadership development

The research understands that the current hierarchical organizational structure is crucial for the effective operation of the organization in the health research field. However, it also recommends that the organization incorporates a less rigid and traditional structure intra-departmentally. A matrix structure is one that employs dual reporting lines where an individual can report to more than one manager, for example a research scientist and a finance manage, simultaneously (Bauer & Erich, 2002). The advantage of a matric structure is that it allows for the exposure to more than one field point with health research. The exposure enables an emerging health professional leader to development their leadership skills under different conditions and different leaders who possess direct leadership styles (Bauer & Erich, 2002). The structure also supports collaboration across multiple functional areas fostering innovation which is crucial for advanced health research discoveries (Bauer & Erich, 2002). A matrix structure will assist the HRO to develop versatile leaders that are equipped to manage and adapt, together with their teams, to the diverse demands and challenges within the health research fields (Bauer & Erich, 2002).

The matrix organizational structure requires strong communication between all individuals. A clear understand and outlining of decision-making authority, responsibilities and resource allocation is the foundation of such a structure (Bauer & Erich, 2002). Communication being a necessary skill for leadership, the structure becomes beneficial in that it strengthens the skill. The matrix structure is recommended because it facilitates knowledge sharing and supports development. The interaction of researchers working on different projects fosters knowledge sharing and continuous learning, which are both necessary for leadership development within health research organization (Parker & Bradley, 2000).

The structure allows for the performance evaluation across a much broader spectrum over and above the limited key performance indicators of professionals who are solely focused on one function. The comprehensive evaluation of a health professional's contribution to both functional and research outcomes better identifies strengths, areas of focus and areas in need of development of the emerging health research professional (Parker & Bradley, 2000). The flexibility and adaptability of the structure would then allow for additional exposure to work that would best suit the professional's strength while allowing exposure to work that will assist in developing the professional's weakness to become a more developed high-calibre employee (Bauer & Erich, 2002).

6.1.3 Human resource strategies for improving leadership development

The research found that the human resources strategies are critical in ensuring that the organization attracts and retains high-calibre individuals while ensuring their continuous development into being effective leaders within the organisation (Bamberger & Meshoulan, 2014). Human resource strategies need to be purposely aligned to developing leadership to enhance organizational outcomes (Bamberger & Meshoulan, 2014).

The study recommends that the organization needs to invest in developing health research tailored leadership programs. These programs can cover a range of fields, from critical communication skills, high-pressure environmental training, innovation within health research, human capital management and emotional intelligence (Garman and Johnson,2006). Such programs can be facilitated through an intentionally structured leadership competency framework developed by the human resource component of the organization. It is the duty of the human resource department to gaze the field, map out the leadership skills needed to drive the organization forward (Bamberger & Meshoulan, 2014). The frameworks need to provide clarity on the knowledge, skills and behaviours that are essential for successful leadership practices that align with the organizational goals of the HRO (Clancy, 2007). Furthermore, the research recommends human resource strategies that support a continuous learning culture with the organization. This can be achieved by providing health research professional with on-going leadership development workshops, seminars and conferences to ensure that health professionals remain equipped with the necessary leadership skills to lead diverse teams in the face of new challenges within the health field (Carson, Tesluk, & Marrone, 2004).

The research recommends that mentoring and coaching be included in key performance indicators of health professionals in leadership positions. This one-on-one support initiatives allow the sharing of soft leadership skills (Confidence, institutional knowledge and interpersonal skills) from senior leaders to the next generation (Ritchie, 2015). Participants, stated that the current mentorship taking place with the HRO is an informal, personally initiated relationship between a senior colleague and one that is junior. The study recommends that these processes be formalized by allowing key performance indicators to allow for the recording of these initiatives and also reward through HR strategies. For example, the HRO rewards health professionals on their health science outputs through performance appraisals, the study recommends that the same be done for mentoring. Both the mentor and the mentee may sign a document of understanding that states their professional relationship. The document should also include SMART goals for the mentee and allowed ranking in according to their obtainment. A key driving factor would be the dual participation between the mentor

and the mentee in the mentoring programme. It is however, very crucial that these programs not become laborious. The relationship should follow a natural flow that stimulates both participant within the programme. The rigid organisational structures that govern the HRO should not infiltrate the programs in such a way that they would dictate the rules of engagement but allow mentorship to happen in a safe and trusting environment that fosters innovation, development and success.

The participation of current health professional leaders in developing these mentoring programs is crucial as much has HR strategies would govern the integration of such programs into the organizational strategies, health professional leaders are the ones who mostly understand the requirements necessary for their current roles. For example, in a leadership role of a research output unit, one of the necessary skills is the ability to pay attention to detail. In a mentorship program the mentor will able to identify how well a mentee pays attention to detail through a task development by the mentor to ensure the mentee can pick up crucial details considered with a particular research output. The proximal working condition would allow the mentor identify the skill in the mentee and advise on a way forward to develop this skill should it be lacking.

Mentoring allows for the identification skills required for health professional leadership development on a one-on-one basis. Such strategies are proven to produce better results that a one-fit-all approach (Ritchie, 2015). Health leadership development mentorship programs are so personal and proximal that they will assist in ensuring personally tailored development programs for health professionals. This will also give assistance to health organization developing targeted development workplace skills programs that speak to health professionals specifically and reduce the cost associated with developing health professionals in a generic manner leading to the accumulation of unnecessary or unimportant skills for their development trajectory (Garman & Johnson, Leadership development in Health Care Organizations, 2006).

6.2 Conclusion

The leadership development challenges faced by the HRO are not unique. There are many health organizations within the country, continent and even globe that are experiencing similar challenges (Ghiaspour,Mosedeghrad, Arab, & Jaafaripooyan, 2017) as the HRO in Johannesburg. The study appreciated the multidimensional phenomenon that is leadership by seeking a deeper understanding in the three focus areas that are critical in ensuring leadership development within the HRO. The people, the structure and the activities between the two. The research method of choice allowed 11 employees of the HRO to express their views and experiences of leadership development within the organization. The findings highlighted that leadership was an experience that one can never truly be ready for. It is a developmental

process that reveals itself as one goes through different experiences within their work-life. However, intentional efforts can be taken to better prepare individuals for these experiences. Through developing their interpersonal skills, conflict management skills, human management skills, strategic orientation and understanding of one-self, leaders are better equipped to deal with leadership challenges that they may experience within the organization.

Objective 1: To investigate the problems leading to the challenge of leadership development training in a HRO in Johannesburg

Objective one was achieved through conducting semi-structure face-to-face interviews with employees occupying leadership positions within the HRO. The interviews were conducted to allow the researcher a deeper understanding of the problems that were causing the leadership development challenges of the HRO. These interviews were structured to shed light on three focus areas which are critical for leadership development. These were the people (health professionals) and their readiness for leadership positions, the organizational structure which is the backbone of the organizational process and systems that allow for leadership development and ultimately the human resource activities which are the bridge that ensure the people and the organization are intentional about leadership development. The investigation revealed that the people are willing to engage in leadership development activities. The organization is one that allows for improvement. However, the improvement strategies of the organization are one sided in that they favour technical advancements neglecting efforts that are leadership focused.

Objective 2: To present findings on the leadership development initiatives of the HRO

Thematic analysis of collected data allowed for the presentation of the research findings conducted within the HRO. The themes that were common among the employees of the HRO were regarded as the true reflection of the activities happening within the HRO. The findings were presented as a collective with a few direct quotes for support and elaboration. The findings presented the organization as one that employs high-calibre specialists within their respective fields. However, the HRO has no intentional leadership development activities within their resource management strategies. Activities that are critical to ensuring that the organization develops and retains leaders that will be able to lead the organization forward in the turbulent health environments that health focused institutions operate in. The findings depicted health employees that are willing and ready for leadership development. The findings also highlighted that the absence of human resources activities that are leadership development focused are detrimental to the organization in that they do not only affect employee morale and organizational culture but the overall performance and quality output of the research outcomes of the organization.

Objective 3: To recommend strategies for the leadership development interventions of the HRO

The research recommended strategies to assist the HRO in becoming an intentional leadership development focused organization. The recommendations were based on the Leadership Competency Model Framework which takes in account five focus areas to effective leadership development with HRO. The focus areas cover the focus areas of the research being, self-readiness for a leadership role, the organizational structure and how it impacts leadership development as well the human resource activities of the organization that ensure leadership development. The recommendations require the organization to be flexible and open to a change in structure at lower levels to allow more exposure, experience and leadership to emerging health research leaders. The recommendations also encourage the HRO to design leadership development programs that can be embedded in key performance outcomes of individuals in leadership positions in the organisations. Activities that will allow the sharing of knowledge both vertically and horizontally.

In conclusion, the study found that at the core of leadership skills development are the human resource strategies of the organisation. These strategies are the bridge between an organizational structure and an individual ready to take up a leadership position. Health workers who have intentional taken up activities to prepare themselves for leadership positions are more likely to leave an organization that is unable to provide leadership growth opportunities. It is therefore essential that the organization continuously develop its leaders equipping them with the necessary skill to be able to take on new challenges that are observed within the health research field. The acknowledgement that the challenges are not unique to the HRO in Johannesburg allow for the recommendations stated in the research to be extending to other health research organizations in the province, country, continent and global community. Leadership is a global concern and any material useful to one organization could prove beneficial to many others.

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Appendix A

Interview Guide

Questions
Introductory Questions
1. How would you describe leadership and how has your leadership journey been so far?
2. How has leadership affected your day-to-day personal decision-making?
3. What has been your greatest lessons in a leadership position?
Self-readiness for a Leadership role
1. What personal attributes and skills are important for leadership roles in health research?
2. How do health research professionals perceive their readiness for leadership roles?
3. What kind of self-assessments do health research professionals to ensure their readiness for leadership positions?
4. What leadership development activities do health researchers engage in to ensure continuous skills development?
5. What kind of leadership style has been found to be most effective in nurturing leadership development with emerging researchers?
Organizational structure
1. How does the organizational structure affect leadership development within the organization?
2. Of the different types of structures, which one would best allow for more effective leadership development and why?
3. How can the organizational structure be optimized to better support emerging leaders in health research?
4. How does the organizational structure allow for effective communication on the leadership development needs of researchers in leadership roles?
Human resource strategies
1. When recruiting for a leadership role, which factors does the organization look for that is leadership specific?
2. How do recruitment and retention policies influence the development of leadership skills of healthcare researchers?
3. What/which HR strategies allow for the identification of leadership attributes among health research professionals?
4. What are the current leadership development initiatives within the organization? Probe 4.1.1 How frequent are these initiatives? 4.1.2 What are the evaluation methods of these initiatives?
5. Are the leadership development initiatives person-focused or group-focused? Probe 5.1.1 How effective are the different focus types?

Appendix B

HRO Organisational structure – a visual representation of current structure of the HRO with reporting direction indicated.