THE LEADERSHIP CHALLENGES OF CHIEF EXECUTIVE OFFICERS IN PUBLIC SECTOR HOSPITALS IN KWAZULU NATAL

SUBMITTED BY

DR THANDEKA MAPHUMULO

305962

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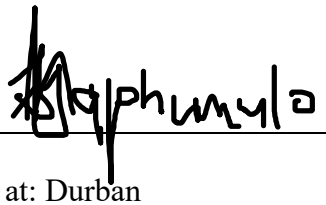
DECLARATION

I, Thandeka Sabelisiwe Maphumulo, declare that this research article is my own work except as indicated in the references and acknowledgements. It is submitted in partial fulfilment of the requirements for the degree of Master of Business Administration in the Graduate School of Business Administration, University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination in this or any other university.



Signed at: Durban

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I can do all things through Christ who strengthens me

Philippians 4:13

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ABSTRACT

This study aimed to examine the current challenges faced by Chief Executive Officers (CEOs) in the government sector, within the KwaZulu-Natal region. Effective leadership is one of the most crucial components within the healthcare system, mainly because it affects the effectiveness of good quality health care. Identifying these challenges, and finding ways to improve them, could aid in the improvement of the current public health care system. Previously it had been assumed that as a CEO in a public hospital, you need to have a strong clinical background.. It is beneficial that CEOs are able to identify with the needs of the community they are servicing. As a CEO, there are numerous challenges that arise. These challenges are ever changing. Knowing and understanding the different leadership styles can aid in identifying the best type of leader required in public hospitals. Management in the public hospital sector seems to be fragmented. Improving the current structures may lessen the current burden the current healthcare system has within South Africa. The healthcare sector aims to provide efficient, high quality of care. Secondary data collection from government publications, academic journals and reports were used to access challenges faced by government hospital CEOs. In this study six themes emerged of the challenges faced by government hospital CEOs. These are were mainly political instability, management, infrastructure, economic challenges, rapid population growth and staffing. These seem to be indirectly linked to one other. By large, hospitals are constrained. The results of this study were able to shed some light of the current situation of government hospitals. It was found that one of the previous challenges, such as having CEOs who do not have a health background, has been eliminated. Proper planning, good ongoing management training and support from government, could help to improve the current challenges experienced in public hospitals in KwaZulu-Natal.

Keywords
Leadership style, Department of Health, KwaZulu-Natal, Healthcare systems, Chief Executive Officer, Hospital management

TABLE OF CONTENTS

LIST OF FIGURES

LIST OF TABLES

Annexures

1. INTRODUCTION

1.1 Introduction

This chapter aims to provide the reader with an overview and purpose of this particular study. It also provides information on the current state of the South African health care system, particularly in KwaZulu-Natal. It is outlined in the background of the study, the purpose of the study, its context, the limitations of the study, problem statement, and finally the research objectives and questions.

Leadership has been difficult to define as a single concept. It is a term that is widely used, with many leadership theories. According to Silva (2016, p. 1), leadership was previously "seen as a personal quality". Silva (2016) is in favour of a follower-centric approach. This approach explains the attributes and behaviour of the leader. Leadership is a concept that is evolving with time. It is a process of social influence. Its aim is to maximize the efforts of others, and have one end goal in mind. Leadership within hospital settings needs to penetrate into all parts of the organisation (Doherty, 2013). Government hospitals play a pivotal role in delivering quality health care to the majority of South Africa's population. Strong allegations, however, have been made by various media institutions on the negative issues experienced by government hospitals. These allegations are, but not limited to, high mortality and morbidity rates, poor management, staff shortages, and are in dire need for change. Health care systems still remain divided, even with continuous efforts to upgrade the current structure. It is this background that motivated my research attempts to identify the challenges faced by government hospital Chief Executive Officers (CEOs), and how these can be solved.

1.2 Background of the Study

Organisational challenges that affect healthcare facilities on a daily basis require strong leaders. Health care systems across the world are widely complex and dynamic. Managing and leading hospitals in the public sector have been viewed as somewhat challenging. The conventional approach of managing government hospitals through hierarchical systems is not necessarily applicable in hospital settings. There are many factors that influence the governing of hospitals. Politics within South Africa is one contributing factor. Effective leadership and management of health care facilities are essential in order to have a good

functional health care system. It is thus essential that the leadership role is clearly understood, and management techniques are known. This is so that they can be implemented effectively.

Effective leadership is the long-term ability to be able to influence any person, particularly their colleagues within an organisation, to accomplish a mission or objective set out by higher authorities.

Leadership and management are not synonymous terms. According to Thorpe (2016), management is defined in relation to the administrative day-to-day work that is assigned to a person within a company. Leadership, on the other hand, is the creative function of a particular role. Kotter (1990) states that leadership entails being able to cope with change, and management is about coping with the complexities, having value-based vision and direction. Both these roles shape the characteristics of the individuals. It is generally accepted that a leadership role is being able to help direct a company or business in line with the company's vision. It is not only about day-to-day problem-solving, but it is the ability to plan ahead.

According to the Statista ranking in 2024 of the worlds healthcare systems, Singapore is currently ranked number one. The health index score was used to ranked health systems, and they use various indicators to assess the health of the population, and access to the services required to sustain good health, such as health systems, sickness, health outcomes and mortality rates. Each criterion has sub-components, but the rating of a health institution needs to provide quality service to all its citizens within that region. South Africa, on the other hand, is ranked 129 out of 167. Previously it was known that the best health care systems emulated from Canada and the United States of America (USA), but it seems that both countries are not even in the top 25 any more. The biggest question is if these hospitals are the best because of the leaders that govern them, or is it because of the policies that are implemented by the countries' leaders and effectively having good managers being the reason why these systems are thriving. According to an annual survey conducted by the American College of Healthcare Executives' Society annual survey (2023), the top issues facing CEOs are (ranked from highest to lowest) financial challenges, government mandates, personnel shortages, access to care, physician hospital relations, and technology. Within financial challenges, most were attributed to the increasing cost of staff and hospital supplies and the difficulty of reducing operation costs.

In France, just like South Africa, the healthcare system is largely managed by the government. In 2014, it was reported that 3.9% of the gross domestic product (GDP) is directed to health care. When compared to other African countries, it compares favourably. In countries like Lesotho and Malawi, most of its funding is donor- funded, hence their spending is much higher at 11% of GDP. According to the world bank group data report (2024), South African's health expenditure per capita has increased by 20% from 2016 .Health care in France, at the local level is organised and supervised by the *Agence regionale de Sante*, a regional health agency, which maintains the same standard of care throughout the country.

One of the challenges faced by public hospital CEOs is the centralisation of authority, financial management, and making decisions at hospital level, such as staffing. This can help to motivate hospital managers in decision-making to improve budgeting and quality measurement, hence this research was directed at finding the current challenges faced by CEOs. Successful leadership depends on the leaders' learnt skills, their ability to adapt in a high-pressured environment, their knowledge and ability to always learn the latest research and data available.

Although the South African public hospitals have hospital boards, many of the board members are either not equipped with the knowledge of what it entails to run a hospital, nor do some have the expertise of how to manage a public hospital successfully. Access to health care has improved, but there is still a high burden of disease and unemployment (Gasper et al., 2022). According to the 2022/2023 Department of Health report, there are still major concerns from the public in terms of service delivery. These issues include inequality, high expenditure costs and drug stockout (Department of Health, 2011, p. 12).

1.3 Purpose of the Study

There are multiples challenges that CEOs face on a day-to-day basis, such as increased financial burden, shortages of medication, professional staff shortages, increased illness and ailments, and poor development in technology. Problems faced in first-world countries compared to third-world countries show some similarities. According to Oleribe et al. (2019), three challenges were identified in the healthcare systems in Africa, These were human resource, inadequate budgetary allocation to health and poor leadership and management.

Their solutions suggested training and capacity building , advocacy for political support and commitment and an increase in the health budgetary allocation. With all these efforts, there is still a gap with those that deal with health service delivery, being the end users. Often enough policy decision-makers do not listen to end users (WHO, 2016)

In 1994, South Africa's health system saw a change of leadership within hospitals, from medical superintendents to CEOs. In order to know what effective leadership is, it is best to look at what the current best healthcare systems are doing correctly. CEOs manage both the clinical, but mostly the administrative elements of managing a hospital. In first-world countries, the CEOs role within a healthcare facility is not held by a medical practitioner, as it is in South Africa. The CEOs' criteria in South Africa are that the candidate should have a MBCHB (Bachelor's in medicine and Surgery medical degree), has held a minimum of 10 years in any management experience level in senior management, or has a post-graduate Master's in Public Health (Department of Health central adverts, 2023). In 2013, the then Minister of Health, Dr Motswaledi, reported on the South African government official information media statement website page (South African government 2013, para 5) "that all hospitals are to have appropriately qualified CEOs and competent managers with medical experience to replace CEOs with clerical experience", but has this shift caused any difference in the quality of hospitals?

The vision and mission of the overall strategic plan of the Department of Health is to provide the best healthcare service available for all citizens of South Africa. The KwaZulu-Natal region ensures that they follow the Batho Pele principles which are directed at putting people first. These principles include having a certain standard of service that is available in all hospitals, easy accessibility for all citizens, have information about the services provided known and be clear, to ensure that all citizens are well informed and ensuring transparency from the hospital leader on how the hospital is run. Good leadership is critical in order to achieve these key strategic objectives.

Good personality traits can make a good leader. Often the skills required for effective leadership are underestimated and downsized. There are many theories on what traits makes a successful leader in order to manage the challenges that they face appropriately. Currently there are a few researches who have done research concerning South Africa's public sector challenges amongst CEOs. This study looked at which leadership styles are suitable for the

type of challenges faced, together with what are the leading challenges that public hospitals in KwaZulu-Natal face relative to the hospital size and the communities they serve.

This study is important because what defines a great leader or manager in the public health sector may vary depending on which country, based on political and social factors, among others. It is important to have the right type of leader in order to keep up with the complexities that are involved. The aim of this study was to highlight some of the challenges faced by CEOs in public hospitals in South Africa, together with examining leadership as a strategy of managing public hospital needs. This research will contribute to understanding the current status of public hospitals relative to the leadership needs.

1.4 Context of the Study

One of the crucial issues at hand is the debate around public hospital management. Literature emphasizes that, in the ever-changing, fast-paced hospital settings, prompt guided decision-making is imperative. It affects the quality of care which the hospital will receive directly. Decision-making should largely occur at lower levels, i.e. the people on the ground, mainly because they can identify with the day-to-day challenges faced. Good clinical leadership is one of the forms of leadership that will help to improve a hospital's quality of care and how it performs relative to other hospitals in and around South Africa and the world. When it comes to good leadership skills, it is unfortunate that not every person who is in a high position is able to lead properly and effectively; nor are all individuals suited for the position. Continuous training aids in being able to adapt to situations timeously.

Continuous efforts in terms of reform policies such as the National Health Insurance (NHI) are being looked at in order to reduce the current burden on the healthcare system. In a 2017 general household survey; it was found that seven out of every 10 households made use of public health facilities (Department of Health, 2018).

One of the roles of hospital CEOs in any sector, whether public or private, is attempting to address the healthcare needs. Eastman-Kodak's (1992) research looked at 400 CEOs who defined what 21st century CEOs needed to have in order to have successful organisations and overcome the demanding challenges that came with the role. Eastman-Kodak (1992) noted some of the qualities as having continuous knowledge improvement, having a shared vision

with all relevant stakeholders, and having good, under-stable systems in place. Many CEOs struggle with familiarising themselves with the leadership needs required to have a successful term in leadership roles. In KwaZulu-Natal, leadership training has been made available through partnership with the University of the Witwatersrand. Some skills, however, are learned skills. The significance of this study was focusing primarily on how CEOs' leadership can navigate organisations to become a more effective and efficient part of the healthcare system. Recent data by the WHO (2023) found that morbidity and mortality in third-world countries compared to first-world countries, with maternal mortality post caesarean section, is much higher in third worlds. This is just one example of the challenges faced that this research aimed to identify so that such outcomes are not associated with government hospital CEOs' management. The study aimed to highlight factors that contribute to rendering quality healthcare.

1.5 Limitation of the Study

For the purpose of this study, it only looked at CEOs within the KwaZulu-Natal region. The research focuses exclusively on government hospitals in KwaZulu-Natal, which may not represent the full spectrum of leadership challenges in other provinces or within the private healthcare sector. Therefore, the findings may not be generalisable to hospitals outside the region. It further looked at public hospital CEOs only. The study was only limited to CEOs of regional and tertiary hospitals and excluded district hospitals. Some leadership challenges, particularly those related to mismanagement, or other sensitive issues, might not have been fully disclosed due to fear of repercussions. This could result in an underreporting of certain problems or challenges within the hospitals. Challenges within the different levels were deemed different, as there is a hierarchy of patient management, i.e. patients in regional and tertiary hospitals require far more complex management as complicated cases are referred as per need from district to regional and finally tertiary levels of care.

Some of the assumptions for this research were that effective leadership practices can contribute to improving the quality of healthcare services in KwaZulu-Natal. It was assumed that good leadership of any organisation can provide good vision, provide great teamwork amongst colleagues, and can allow good guiding vision for any organisation. Leadership challenges are subjective and may vary depending on the perceptions of the individuals interviewed. As a result, the study relies on self-reported data, which can be influenced by

personal biases, or their willingness to disclose challenges. Good leaders can provide change. Leadership practices require leaders that prioritise rendering quality care and service. Due to the busy schedules of most CEOs and the politics that surround the role, it was difficult to get a personal interview with each CEO. This resulted in a change of the intended data collection. Secondary data analysis needed to be used in order to assess some of the common challenges experienced. The data collection for this study was carried out over a limited time frame, which may not capture the full range of leadership challenges that evolve over time. Leadership issues in hospitals can change due to internal and external factors, such as policy changes or crises, which might not be fully represented in the findings. Leadership in the healthcare sector is continuously evolving. New models of leadership, such as those influenced by digital health or innovative care delivery models, may not have been sufficiently captured in this study.

1.6 Problem Statement

In South Africa, there are many factors that affect operations of a hospital. Hospital CEOs in the past, were those who did not have a medical background or medical management skills. Some people have argued that it has led to the decline of the current health care system. Public health facilities are the only options for a large number of South Africans. Together with service delivery issues, these are some of the factors that lead to poor patient care. South Africa has one of the highest burdens of HIV prevalence. These challenges are compounded by the complex, often under-resourced nature of the healthcare system, as well as the multifaceted demands of providing quality care in a public setting.

At present the Department of Health (DOH) in KwaZulu-Natal as a whole is strained with service delivery in-patient care. It was assumed that these issues emanate from poor leadership skills, poor communication channels and ineffective strategy formation. The National Department of Health report (2019), highlighted the challenges currently faced by the department. One of those was the number of facilities reporting stock availability. A total of 3,492 health facilities reported stock out. This causes a number of challenges, which have a ripple effect on the communities served. They also identified the management of the health in various facilities. The DOH noted that there was an oversight by leadership that needs to be improved.

There is a high burden of unemployment in South Africa, thus the potential revenue that could be gathered from tax that contributes to the health sector is decreased, with a higher number of people depending of free government services. The NHI has been developed to address some of the diverse healthcare challenges and needs. Traditionally public hospitals have been run by clinicians. All of that has changed. The current management structure of the South African healthcare system has always been a step-down approach. There are four levels above hospital CEOs. This affects the amount of "power" given to them. In 2011, the Development Bank of South Africa (DBSA) conducted a study on hospital CEOs (DBSA, 2011). They found that most of the CEOs did not have the appropriate qualifications and experience to run and manage hospitals. The motivation behind the research done by DBSA grew out of distinct personal and professional experiences.

Despite the importance of strong leadership in ensuring hospital performance and patient care, many public hospital CEOs struggle with several key issues: insufficient funding, bureaucratic inefficiencies, workforce management and morale, as well as navigating political pressures and public scrutiny. Among the challenges that are faced by the public healthcare system is the worsening burden of disease and shortages of human resource. The Department is under-resourced and has deteriorating infrastructure. No academic study that addressed the challenges faced by government CEOs has been done in this area in the past,. This led to the question of finding out which other challenges do the current government hospitals CEOs face, and how, if they were to overcome those challenges, could the health system improve. A thorough understanding of the leadership principles could enhance service delivery. There are multiple complexities faced within these institutions by leaders today. As a result of these challenges, hospital CEOs are experiencing challenges in expediting their primary role and rendering quality health care to communities. By understanding the root causes of these challenges and the strategies employed to address them, this research aims to provide recommendations for improving leadership effectiveness and ultimately enhance the operational and clinical outcomes of public hospitals Being able to identify these complex challenges would aid in finding the appropriate intervention for improvement.

1.7 Research Objectives

- To investigate the leadership challenges of government hospital CEOs in KwaZulu-Natal.
- To present the findings on the leadership challenges of government hospital CEOs in KwaZulu-Natal.
- To interpret and analyse the findings of leadership challenges of government hospital CEOs in KwaZulu-Natal.
- To provide recommendations on leadership strategies for consideration for CEOs in public hospitals.

1.8 Research Questions

- What are the factors that have led to CEO leadership challenges in government hospitals?
- What are the leadership trends for CEOs in government hospitals in KwaZulu-Natal?
- What are the leadership strategies for CEOs in KwaZulu-Natal government hospitals?
- What form of leadership best suits managing and leading public hospitals?

1.9 Chapter Summary

This chapter introduced the purpose of the study. It highlighted what was presumed to be the current challenges within the public hospitals, together with identifying where the current healthcare system in South Africa is.

2. LITERATURE REVIEW

2.1 Introduction

A literature review is a search and evaluation of previous published literature. It surveys scholarly articles, books and other relevant sources in a particular area of research. It acknowledges the work of previous researchers It helps to create a landscape. Firstly, it aims to synthesise information of the literature into a summary form, critically analyse information and presents it in an organised way. A literature review is meant to acknowledge existing theories and hypotheses.

Section 27 of the Constitution of the Republic of South Africa, 1996 states “that health care is a basic human right and that the government should be able to provide decent health care”. This statement is what has driven South African policy makers by setting out standards for the public health system, but even with these policies, the healthcare sector still remains challenged. The public healthcare system is large, often having hospitals with 1,000 beds compared to 200 beds in private hospitals. Many of the provinces in South Africa, in 2004, underspent on their budgets. This scenario was attributed to lack of skills and financial planning. This is one of the skills required in leading any hospital successfully. The scale of problems is that much more. Factors that affect public hospitals are: political instability, economic challenges, poor infrastructure, rapid population growth, widening standards of living, staffing and environmental factors This highlights the huge inequalities within our country (Rispel et al., 2015).

Even though the government has implemented policies, some provinces still have weak administrative traits. They lack the ability to do what they meant to do effectively. Media houses and citizens still view that the current health system is in a shambles and under scrutiny (Fusheini et al., 2017). CEOs often rely on their managers as the middle men between its employees and themselves. Organisational leadership level involves comparing reports received from its manager by being in the areas where the work is done. The dichotomy between a manger and a leader is crucial. Below is a table that distinguish the two:

Table 2.1: Difference between managers and leaders

LEADER	MANAGER
Has followers	Has employees
Provides direction	Gives planning
Is an experience that is learned	Can be taught
Look for new opportunities	Accept organisational structure
Uses vision, strategy as guidance for their behaviour.	Control
Incremental thinkers	Radical thinkers

Source: Jooste (2004)

The United States Bureau of Labour and Statistics (2023) defines a CEO as a leader who determines and formulates policies and is able to provide overall direction to its staff members, within the stipulated guidelines. CEOs are involved in the planning and co-ordination of all or most of the day-to-day operations of hospitals. They ensure that every aspect of the hospital is functioning at its optimum level while leading in strategic development. Some of the responsibilities tasks to CEOs are: having strong financial performance, delivering the best quality of care to the hospital users, management of staff either by hiring or retaining the best staff, ensuring that the hospital is compliant by the National Department of Health and proper implementation of policies. Within the hospitals, there are different lines of management, primarily first line, middle and top management; all whom a CEO manages.

First line managers: These are people who are generally on the ground and help to manage the staff who interact with patients and are involved in patient care. They are responsible with managing services.

Middle management: These people receive overall strategies and policies from top management and implement them into objectives and plans. CEOs in public hospitals fall within this category.

Top managers: These people are generally the Minister of Health within KwaZulu-Natal and the national Minister of Health in South Africa and they are responsible for the overall strategy and operations within the Department of Health.

Some of the key strengths that all managers within the Department of Health should have, regardless of the level, is the ability to be able to plan, be organised, lead appropriately and execute what is required. Daft, et al (2018) notes that leadership is a relationship between the leader's employees and themselves. Leaders focus more on future planning, how change can be implemented for best practices and how they are able to motivate and inspire their team, for the best possible results. Nanjundeswaraswamy and Swamy (2014) are in agreement and note that leadership is the ability of a person to socially influence their followers. They further state that leaders make it their responsibility to include all members of the team. It is clear that leadership is a process of social influence, which maximizes the efforts of others towards the achievement of a goal. It has nothing to do with seniority.

2.2. Theoretical Parameters

Health systems across the world are different. Measuring public health service performance helps with policy reviews. In South Africa, there are many factors that influence the decision of leadership styles of the current CEOs. The country's legislature, policies and organisational bureaucracy often define the roles and day-to-day duties. In private hospitals, the management team often includes an executive and non-executive team. Together with these teams, there is a hospital board that is also part of the decision-making. The hospital is run as a profit-driven business, with its main emphasis on quality of care of services. In the public sector, however, the main aim is not profit driven, but rather to decrease the burden of diseases.

Goodall (2011) argues that physicians would make great healthcare leaders, as it was in the past. In the USA, they started introducing managerial and leadership training as part of their medical degrees. Not only does it help in managing hospitals, but also general practices. Many studies have noted the need to upskill leaders, especially with the transitioning within the healthcare sector (Ojala, 2013). Ojala (2013) found through the study that there was no hierarchy of physicians being better leaders in hospitals. However, CEOs in public institutions within South Africa are mostly physicians. Effective leadership is required to provide change within the health sector. Leadership in hospitals is spread between management and clinical Heads of Departments. In most instances CEOs were either clinicians (Doctors or nurses) that either did not have a background in management, that moved into management roles and have to be able to provide leadership.

The main challenges of the public health sector have been the failure of meeting the country's health needs and ultimately decrease the burden of disease (Jobson, 2015). Hospitals that have better infrastructure in terms of technology have been able to improve patient care. When comparing regional hospitals to tertiary hospital, where there is not much of a shortage of equipment, there has been better patient outcomes. A tertiary hospital is a hospital that provides specialised medical care and services. Although African governments have formulated policies, improved programmes, and increased available funding, there is still a problem in strengthening health systems (Oleribe et al., 2019).

One of the other challenges that leaders face is that there are no clear roles for staff, and who takes the responsibility if problems arises (Doherty, 2014). Poor administrative systems are part of the reason why the healthcare system is not improving. Systems that are in place to monitor problems were noted to be non-functional. More training programmes need to be available for the current CEOs. This would help to ensure that they have the skills needed to see an improvement in health care. A leadership training programme was put in place in South African public hospitals in 2006 (Naidoo et al., 2017).

Maybe a change in the way or form of decision-making needs to occur, instead of the top-down approach. The people who are deployed by government often do not have the qualifications required to be good leaders. Although advisory boards are in place, the final decisions are still made by the ministerial team.

Effective leadership has been noted as being crucial in implementation within the healthcare sector. Within the healthcare sector, clinical leadership is provided by clinicians. These roles are often accompanied by non-clinical leadership. This means that most of the decision-making occurs at departmental level. Decision-making has a direct effect on patient care, thus making each approach to leading hospitals different. No one hospital is the same, as no one patient is the same; however, a high level of discretion is needed by hospital CEOs.

Leadership needs to penetrate all parts of the hospital. Literature has shown that effective leaders require certain attributes, apart from expert knowledge. Many theories have been proposed of what make a great leader. Yphantides et al. (2015) pose that in order to be a great leader, you need to have a vision. Organisational cultures within organisations are often one

of the challenges that leaders face. Organisational culture is a set of values and norms that shape how people behave within an organisation.

Leadership can be defined as a person's innate characteristics, together with the position they hold in any institution. The fast-paced environment in health care necessitates various leadership styles. It is advisable that different personnel are given the chance to shape leadership-related interventions. Effective leadership can be defined by how a person can change an institution, how it can display the hospitals growth. Transformation of any organisation is a multi-disciplinary approach. Good leadership requires great thinkers and brilliant doers. Schmitt (2012) recognised leadership as an important driver of good quality of service delivery in the healthcare sector. Leadership is continuously evolving and developing. Identifying potential leaders early in any organisation, allowing for formal programmes of leadership roles, is important. This allows designing appropriate programmes in relation to roles they intend to fulfil and allows for easy transitioning.

Many third-world countries are faced with the challenges of poor leadership that ultimately cause a huge strain on the healthcare system. Public hospital CEOs should be able to determine the key performance areas that are required for effective healthcare service delivery.

Being a leader, you tend to focus on impact, influence, motivation, change and inspiration. Bush (2012, p. 1328) stated that "leadership is a process by which one person influences thoughts, attitudes and behaviours. The leader sets the direction, sees what lies ahead, visualizes what can be achieved, encourages and inspires." There is a strong focus on the competency of leaders. These areas include communication, in-depth knowledge of the health care environment, business skills and leadership skills. There needs to be a strengthening of leadership capabilities. Below are the leadership theories for which leaders are known from or for.

2.3 Leadership Theories

There are too many irreconcilable theories on leadership. These include trait theory, contingency theory, situational theory, and great man theory. There have been numerous definitions of leadership. In the past, in order for a person to be seen as a leader, they needed

to have specific traits. Most definitions for leadership are related to specific traits. Effective leadership has been recognised to be crucial and driving implementation and bringing change. Leadership is about developing a direction for an organisation, inspiring others to help you to implement that vision and being able to guide members within the organisation through different phases of change. It is a multi-dimensional process.

Leadership can be defined as an attribute of a person's character (Sola et al., 2016). However, it is developing and evolving. Within the healthcare centre there is also clinical leadership. Clinical leadership is provided by clinicians.

There are many leadership theories, prominent amongst them is the contingency theory and traits theory. There is an assumption that in order to tell how effective a leader is, it depends on the type of situation that faces them. Leadership theory focuses on three key questions: how, why and what. Govender (2013) notes the "what" as the role that the leader needs to achieve, the "why" explains the reason behind the chosen method, and "how" indicates the method used to achieve any particular goal.

2.3.1 Contingency/situational theory

The contingency or situational theory emerged in the early 1960s. Fred Fiedler (1964) is considered the pioneer of these theories. It is based on the premise that behaviour that is exhibited by a leader varies, and it depends on the situation that they are facing. Goldsmith (2003) noted that the best leadership is displayed through three things: the person's behaviour, their need, and the context of their need. The contingency theory stems from the assumption that in order for a leader to be effective, their behaviour is contingent based on a situation. It deals with factors that affect a situation. Bolden et al. (2003) stated that the contingency theory noted three significant factors when referring to this theory: the situation, the leader, and the subordinate. Later on, developments to this theory were included. Bolden et al (2003) further stated that situational-contingency leadership is related to situations and what factors surround them. Similar theories that can be linked to contingency theory include situational leadership, least preferred co-worker contingency model, and path-goal leadership theory. Just like contingency theory, these theories include a situation and followers.

According to Da Cruz et all (2011), Fielder's least preferred co-worker contingency model was more focused on the relationship between the leaders' behaviour, style and their characteristics when faced with different situations. According to this model, three factors described it. Firstly, the leader and subordinates' relationship determined the level at which confidence was placed. Secondly, the level of the task, whether it was a high or a low task, and lastly, the position of power the leader has. Fiedler (1964) classified each situation depending on how favourable each situation was: favourable, moderately favourable, and unfavourable, where in a favourable situation, roles and positions are clearly defined, unfavourable is where there is poor relationship with the leader and subordinate, and poor outcomes of task.

Contingency theory is where leaders provide effective contingency plans. Situational theory focuses on the team's character, and the leader assigns tasks that are appropriate for them. Most of these leaders were able to adapt through different contingencies. They have broad skills that assist in different situations. The new theory now defined leadership through behaviours depending on a situation, implying that leaders can be made, and are not as it was previously seen. Through training programmes, leaders were able to adapt new behaviours (Cannes, (2009) Based on Fielder's contingency theory (1964) , the path-goal theory states that as a leader you are able to motivate the followers because of the choice of leadership style. The leader's role is to help the followers by solving problems. Different factors, however, help to motivate followers. The contingency approach helps to draw attention to the importance of the leader and subordinate relationship, together with having leaders who are able to adapt to situations depending on their nature. The contingency theory, though, falls short on guidelines for managers that can be used in different scenarios.

2.3.2 Traits Theory

Traits theory is a type of leadership style evolved in the early 1920s and 1930s. It is one theory where the leader leads according to their personality traits or habitual patterns. It noted that leaders are 'born' rather than made (Budi (2020)). Its focuses on the innate characteristics of a person that distinguish them from others. It is also known as the "Great Man theory". This theory states that because of a persons' personality traits, people can be put in leadership roles. This theory states that these type of leaders possess qualities that were inherited and are part of their personality. These particular trait/s are what distinguishes a

follower from a leader. They can be political or social traits. Often this has been the case in many organisations. The manager or people in higher positions tend to study people's behaviours and characteristics, and then they are promoted into leadership positions.

These traits differentiate between leaders and followers. Part of these personality traits is integrity, honesty, self-awareness, intelligence, and the ability to adapt are some of the traits that good leaders are deemed to have. There are over 500 different measures of personality. Mann (1959) combined these and came up with seven main characteristics, which include adjustment, intelligence, dominance, masculinity-femininity, extroversion-introversion, interpersonal sensitivity, and conservatism. Mann (1959) found great similarities on how to be a leader. Mann (1959) however did not emphasise if these traits are traits which are inherited or can be taught as a leader. More recent research has found the big five model of personality between leadership and follower. This model looks at five major factors, namely: extraversion (being sociable), agreeableness (being trusted and accepted), neuroticism (being anxious), openness (being creative), and conscientiousness (being organised and structured).

Trait theory explains what a good leader does; that is being intelligent, having a good physique, and be emotionally stable. Associated with this theory is the great man theory. Many historical leaders, such as Hitler, are examples of leaders. These leaders have a huge influence on their followers or teams they lead.

This trait does, however, have limitations as it does not look at a leader role. Gordon Allport's, Doremus (2020) distinguished trait theory as having three dispositions, namely cardinal, central, and secondary dispositions. With further development in the trait's theory, literature noted that each person has their own characteristics. Current theory, however, notes that personality traits are indicators of social behaviour. One of the shortfalls of this theory is that if leaders were to have such traits, it automatically allows them to be lucid in any situation. For example, leaders would have to manage subordinate problems differently on their level of experience. Different situations requires a different set of skills or traits. The trait theory considers that traits are innate, thus making it hard for leaders to learn new skills.

Leaders who have charisma are leaders who are often easy to like or to follow their instructions as subordinates. This theory, however, did lose prominence over the years. The

shortfall of this theory is that although it does assist in identifying a leader, it does not specify which particular trait a person should possess to be a great leader.

2.4 Leadership Styles

Early management theories are what lead to the types of styles that are vastly used to describe leaders. Under this early management theory, one example is of scientific management style that delegates work by having structured goals. Contemporary leadership theories include motivational theory. These leaders stimulate their team to exude a certain behaviour trait from them, by getting the best out of them. Often the teams might feel frustrated, especially if they themselves do not know their full potential. The reinforcement of tasks might be needed.

Leadership roles have evolved over time, due to societal norms, and people's perceptions. The earliest theory was the great man theory and trait theory. Later, advances were made, and situational characteristics started having a bigger influence on leadership. Leadership focuses on the what, why and how.

In the 21st century, however, there are now what seems to be the main change leadership styles. Hussain et al (2018) describes how in 1939, a group of researchers led by psychologist Kurt Lewin, described leaders by how they manifested on the job. These are mainly transactional, transformational, and authoritarian. Transactional leaders are leaders who are more concerned with making small changes through day-to-day activities that ultimately see a bigger change. These types of leaders make great managers. Transformational and transactional leadership theories focus more on leaders' influence and subordinates' attitude in order to be in alignment with the company's strategy.

Leaders should be able to clearly know what they want, and why they are needed in hospitals, be able to express themselves effectively, and communicate to others what their goals as a leader is. Similar styles that root from contingency theory is transactional and transformational, which were introduced in the 1970s. Dartey-Baah (2013). stated that transformational leadership style, requires a leader to be a source of motivation and inspiration, and be able to empower followers to be involved in the transforming the organisation. Dartey-Baah (2013) further stated that a transactional leadership style, on the other hand, was associated with contingency rewards.

In the 1970s, a definition on transformational was defined by Jasper and Jumma (2005), where they defined it as a process where there is an almost equal relationship between leader and follower. This style allows leaders and followers to elevate each other to greater levels by encouraging each other. It is a symbiotic relationship. These leaders have the ability to bring about change within the organisation. This is the type of leadership that would suit the healthcare CEOs. They are long-term planners, often aligning their thoughts with the company vision, strategy and mission (Jooste, 2004).

Bass et al (2005) noted that there are four factors that make up a transformational leader: intellect, influence, empathy, and the ability to influence others. Modern day leadership would include leadership styles such as transformational leadership style. This style allows leaders to lead through assimilating leadership skills. This style entails a higher level of motivation. This style theory allows the leader and follower to change by having one purpose and allowing the leader to boost the followers skill set. This allows followers to strive for more, through motivation from the leader. This form of leadership allows continuous engagement , by articulating the organisations vision and allowing the follower to pursue higher values and aspirations. This type of style though can only thrive in an organisation that recognises and support transformation. Its allows the organisation to function smoothly without the leader.

It is clear that the best way to show growth from any individual is when a leader is able to fully allow their followers to work independently with or without the leader. With the NHI bill being implemented in the South African healthcare sector, the transformational leadership theory can play a significant role, where direction is provided from the leader, and motivating the followers to visualise and follow it. The organisation, together with its employees, need to have a shared vision. Because of this, leaders who practise this particular style are shielded from adverse effects of works, since all members are more driven and have the same attitude in achieving the same organisational goals. These type of leaders are viewed as visionaries. They focus on motivating and energising the team, thus creating a culture within the organisation. They pursue end values and commit into changing their followers' thoughts and behaviours and aim to strive for excellence. Transformational leaders are able to groom other leaders within the organisation.

2.4.1 Transformational leadership

Transformational leadership style can be viewed as having a profound impact on others, especially because it focuses on development and provides mentorship. This allows followers to identify their leader as a role model, thus indirectly having a higher moral system. They themselves start to exhibit a higher standard, and it enables them to boost their morale and confidence, even when it comes to decision-making within the organisation. Leaders who follow this particular style are able to persuade their follows to look beyond the daily challenges and strive to realise that the amount of work they can put in as a team will allow them to attain the company's goal and vision at a much faster rate. A transformational leader needs to share the company's vision clearly and effectively. The leader plays a huge role in the development of its followers, giving them opportunities to develop themselves, without the control of the leader. The leader's role is to change the values and attitudes within the team. They are constantly in engagement with their subordinates, ensuring that the vision is well understood . This requires clear articulation and constant reminders of the vision. With such a dynamic healthcare sector model, it allows the leader to challenge their followers through their thoughts and assumptions. The role of the leader is to pay close attention to their followers' needs in order to grow and allow them to develop themselves, through assigning different tasks that are able to challenge them, but also allow growth.

Such leaders are able to enlighten their followers on how transformational change within themselves allows the company to ultimately change. Leaders are able to recognise that the growth of their followers brings growth to the team, but also indirectly motivates the leader to be a greater leader, either through seminar or furthering their studies. Having a leader that possesses skills that add value to the company, determines the trajectory the company will take. Some of the valuable skills that a leader can have are problem-solving, change management, and risk management. Research has revealed that these type of leaders tend to have higher emotional intelligence, are more passionate and energetic. With this type of leadership, it has been shown to yield more results and performance. Transformational leadership style allows individuals to become leaders by choice, by acquiring the necessary skills to practise this particular style.

Transformational leadership style, has traits that should be practised in healthcare organisations, because of the dynamic practices that are experienced in the healthcare sector.

It is multi-disciplinary, and it focuses on the patient's needs. Sola et al. (2016) note that this form of leadership encourages teamwork, and the ability to be innovating in manging situations or problems that leaders encounter on a daily basis. This allows for continuous growth of the institution. Good leadership practices enable good clinical practices. This leadership also allows the hospital CEOs in KwaZulu-Natal to all work to one vision, allowing a multi-faceted approach from managers, clinicians, policy-makers, the organisations in the healthcare sector and the hospital staffing teams. With one voice and a clear goal, a clear roadmap can be established, allowing them to overcome the challenges faced. This form of leadership is best at empowering staff within the healthcare sector, allowing staff to work together with a shared vision in mind. It is argued that between the two leadership styles (transactional and transformational) you cannot merely substitute any other leadership style. Transformational leaders, unlike the transactional, focus on empowering others through shared visions of good value systems (Murphy, 2005).

Change in public hospitals is not as fast as it should be. There are many channels that authorisation of new strategies need to follow. A transformational form of leadership is beneficial as it allows subordinates to be involved in the value creation of the organisation's vision. Because of the shared vision, delegation of responsibilities is a lot more easier. The leader will also have the confidence that, now that their subordinates are well familiar with the vision, there will be easy execution. Transformational leaders can be viewed as visionaries. They can play a key role in the development of first-class healthcare facilities. In order to achieve this goal, it will take CEOs, together with their staff, to work hand in hand. Transformational leaders' role is to transform their subordinates' thoughts, behaviours and concerns by inspiring and motivating them. They exhibit high standards. They can have a positive impact on everyone. Personal development from the subordinates allows an enabling working environment for growth. It allows the leader to be more comfortable that the subordinates can make independent decisions of high standards that are aligned with the company's vision and goals.

Transformational leaders provide development for their subordinates, by offering opportunities that require them to enact their own visions, with no supervision. This will enable them to enhance their problem-solving skills that can aid in finding solutions for the challenges that face the institutions. Transformational leaders should be able to assess the growth and development the subordinates want and be able to groom them, or give tasks that

are at higher levels than the required tasks at their current levels. This encourages further development within the organisation. The healthcare sector is deemed a fast-paced, dynamic sector , therefore transformational leadership would be appropriate. Transformational leaders aim to promote effective staff retention strategies, job satisfaction and good performance from staff. CEOs in public institutions have a mandatory role to ensure patient satisfaction and be able to receive good quality healthcare services. They should be adept in changing old work processes that do not bring good outcomes. CEOs play a pivotal role in shaping healthcare facilities. Good strategies and practices are important in leadership roles.

2.4.2 Transactional leadership

The transactional leadership style has been viewed as having a give-and-take relationship. Roles are clearly defined from the onset. This means, as a member of the team, you as a follower agree to obey the leader. It focuses on the follower simply obeying tasks in exchange for monetary compensation. The leader is able to provide direction and supervision and the followers know exactly what is expected from them. The leader focuses on the followers' self-interest by exchanging things as a form of motivation. The transactional leaders are systematic in their approach. This type of leadership style is usually preferred when the goal is short term. As a transactional leader, three characteristics are evident: passive management by exception from the subordinate , active management by exception and by having a contingent reward. Contingent reward is having the subordinate agree to follow a task in return for any form of reward. Tasks are clearly defined and executed. Active and passive exception allow for leaders to monitor employees or only intervene when performance is below standards.

Rewards can be in any form, for example time off work, or a raise in the subordinate's salary. Leaders tend to monitor their followers closely (active management). Passive management is when the leader intervenes when problems arise. Transactional leadership can arguably be said to promote people to achieve high performance levels in their work environment. Transactional leaders exhibit traits that are both corrective and constructive. They are able to promote growth, even though there is a reward attached to a particular goal. They are recognised by their contingencies. Their roles enable them to help subordinates to clarify any concerns, detect irregularities and take the appropriate action. Transactional leadership style is best practised in stable contexts.

2.5 Chapter Summary

This chapter looked at the different leadership styles and behaviour traits that leaders often have, and how each one is different depending on the role required. It is important that staffing, regardless of the level of management they are, be given an opportunity to participate in helping to transform healthcare facilities. The literature found that the transformational leadership style is more linked to job satisfaction.

3. RESEARCH METHODOLOGY

3.1 Introduction

Research provides a basis for many government policies. With research methodology, it is a systematic way to solve problems. Secondary data collection is the gathering of crucial information from relevant sources to find a solution to a research problem. Depending on the type of data, data collection is divided in two categories, namely primary data collection and secondary data collection. Archival or secondary data collection is the use of data that has already been collected, either by the use of interviews, online published data, surveys, scholarly articles, government records and participant observations. Scholars can use, analyse and interpret primary data in order to answer a new research question (Hox & Boeijie, 2005). Once the data is collated, thorough pre-processing is conducted to ensure data integrity and usability.

The empirical part of the study looked at secondary data focused in KwaZulu-Natal. The reason for choosing this area is because the researcher currently works within the province, within the healthcare system. As such, the researcher gets to see and experience all the mentioned challenges. This has a direct impact of the type of quality medical care we can provide as healthcare practitioners. KwaZulu-Natal is one of the nine provinces in South Africa. The health system structure in South Africa is a two-tier structure, that is largely public sector and a smaller private sector. The National Department of Health is responsible for overseeing the country's health system and derives its mandate from the National Health Act 61 of (2003). This Act gives an outline of each level of government sphere in terms of healthcare services. Service delivery is co-ordinated by the provincial offices. In each hospital, there is a management structure. The diagram below illustrates this structure.

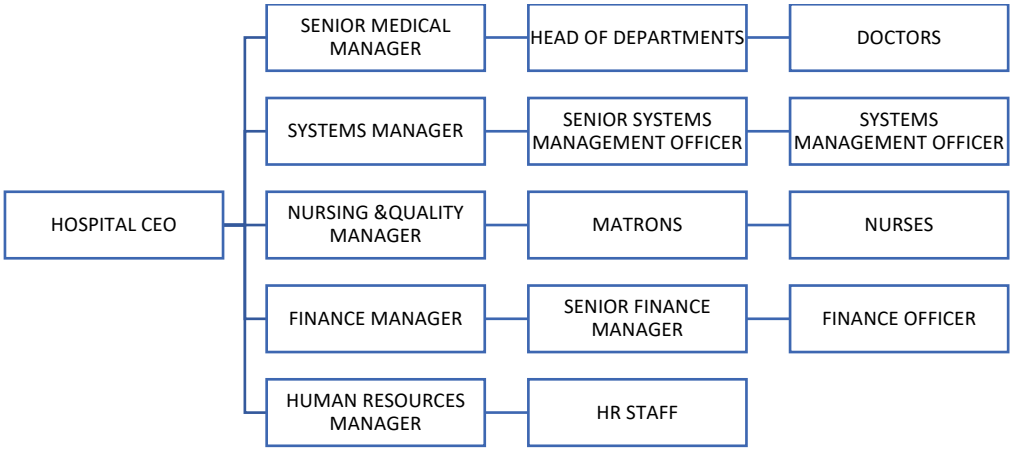

Figure 3.1: Hospital management

Source: Department of Health, KwaZulu-Natal (2022)

The public system is mainly funded by the government. Some private institutions and companies often donate towards the public health facilities. Eleven percent of the county's budget is reserved for the health system. The 11% is divided among the nine provinces. KwaZulu-Natal received R39,440,865,000 which equates to 21.6% of the R183,000,000,000 allocated to health in 2022. This is the second highest budget allocation, following Gauteng province. Although there are shortages, the public health system still continues to deliver services.

Ensuring the same standard of care through all public establishments, the National Health Amendment Bill, (2010) ensures that the minimum standard of health care is established. Medicines and Related Substances Amendment Act 59 of 2002 was passed; to amend the Medicines and Related Substances Act, 1965, which ensures that drugs are affordable. South Africa adopted this act, which allowed a large number of the South African population access to medication at minimal costs. These policies were drafted to address some of the challenges faced by CEOs, but to also improve the standard of care (UNICEF, 2017).

The research problem of this study investigated the leadership challenges faced by public hospital CEOS in KwaZulu-Natal. The hospitals chosen were regional and tertiary hospitals. Regional hospitals receive referrals from district hospitals and clinics. They provide care to patients and require a team of expertise which is led by a specialist. Tertiary hospitals provide

sub speciality services and support to regional hospitals and require the expertise by teams led by resident specialists (Department of health-Province of KwaZulu-Natal, 2018).

3.2 Research Design, Study Site and Sampling

A research design is a plan of how a person intends to conduct their study (Babbie & Mouton (2002). A research design, according to Leavy P (2022), describes the process of data collection, how the sampling was done, the types of research instruments used and how the research was conducted. It was important for the researcher to understand the difference between leadership and management. The research was conducted through secondary data collection, so that the researcher was able to gain a clear insight into determining the current leadership problems. This would enable the researcher to identify thematic patterns of the challenges experienced by managing CEOs. Formal data sharing resources were used. Bell (2005) notes that this technique helps researchers to promote further engagement. Ethical approval for this study was obtained from the Faculty of Commerce, Law and Management research ethics committee of the University of the Witwatersrand, and the KwaZulu-Natal Department of Health National Health Research Database. As a researcher I gathered information on who were the current government hospital CEOs. To ensure confidentiality and privacy, all identifiable information that was gathered was anonymized. The researcher then further looked at each public hospital CEO's level of education. This was from available resources in open source platforms. Even though the study involved secondary data collection, I ensured that I checked that the original data source had informed consent clauses allowing for secondary data collection. I also received an official data collection approval letter from the KwaZulu-Natal Department of Health , which allowed me to conduct research in the various hospitals in KwaZulu-Natal. This included using secondary data. Furthermore, I studied the projects that each CEO embarked on or addressed in each hospital. This was aimed at understanding the characteristics, the attitudes and behaviours of the participating CEOs. The research design for this research was secondary data collection.

KwaZulu-Natal is located in the southeast of South Africa. It is known as the "garden province". It was created in 1994 when the Zulu Bantustan merged with the Natal province. It is around 92,100km^2. Durban, which is the metro district, is a rapidly growing area, providing for majority of the province's economic hub. Within KwaZulu-Natal, different levels of health care are available. It is divided into provincial clinics, community health centres and

provincial hospitals. KwaZulu-Natal has 37 district hospitals, 13 regional hospitals, 18 specialised hospitals and four tertiary hospitals. The secondary research data collected examined the CEOs of tertiary, regional hospital and specialised hospitals, who held a level 12 qualification, or higher, have held a previous managerial position and held a management diploma or degree. This study examined secondary data in one province only, namely KwaZulu-Natal. In each district there is a minimum of one regional hospital, with eThekwini district having the majority of institutions.

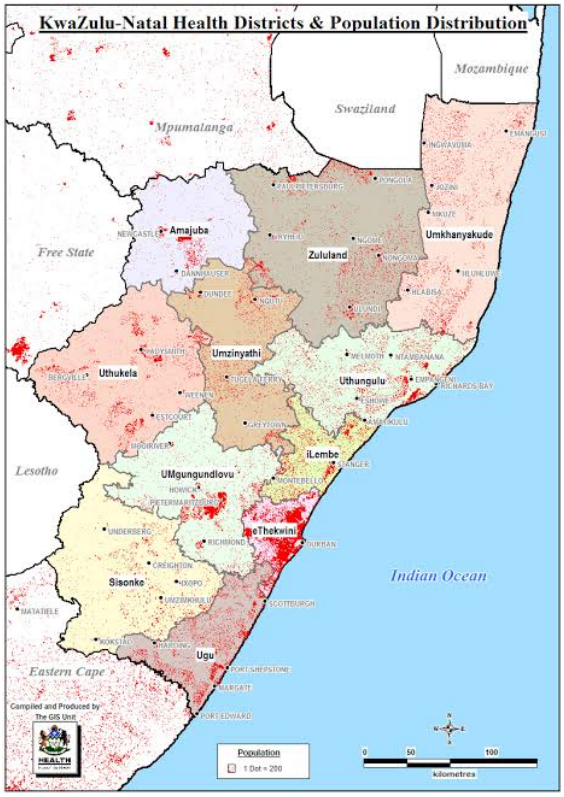

Figure 3.2: Map of KwaZulu-Natal showing the different district and research location sites and population distribution

The province is divided into 11 districts, namely:

- Amajuba
- eThekwini
- Harry Gwala
- iLembe
- King Cetshwayo
- uGu

- uMgungundlovu
- uMkhanyakude
- uMzinyathi
- uThukela
- Zululand

For this study, the sample size included CEOs from the following hospitals selected:

- Addington Hospital
- Edendale Hospital
- General Justice Gizenga Mpanza Regional Hospital (previously Stanger hospital)
- Greys Hospital
- Inkosi Albert Luthuli Hospital
- King Edward Hospital
- Lady Smith Hospital
- Madadeni Hospital
- Mahatma Ghandi Hospital
- New Castle Hospital
- Ngwelezane Hospital
- Port Shepstone Hospital
- Prince Mshiyeni Hospital
- Queen Nandi Hospital
- RK Khan Hospital
- St Aidans Hospital

The research was based on information from different sources, such as government reports, newspaper articles, previous interviews of current CEOs, published research articles, research papers and public government papers. Questions were drafted and secondary data collection aimed to answer the challenges faced by hospital CEOs. The data collected helped with understanding more of the subject matter. The data was of the key stakeholders of the public health care sector, i.e. hospital CEOs of regional and tertiary institutions. The aim was to acquire the most useful information on the challenges faced. It was also aimed at getting expertise opinions and thoughts from the people who are directly affected by changes in

policies. The hospitals were grouped according to district. The majority of the secondary data articulated their experiences and opinions.

3.3 Data Collection and Data Instruments

The research was done solely by the author using English and local languages as a median of communication. In order to ensure good quality of data collected, the data was collected in a thematic format, aiming to answer the research question. Guidelines were established and adhered to throughout the data collection process. These guidelines looked at resources that were published in the last 15 years. As the sole researcher it was imperative that I remained attentive at all times. The secondary data helped to identify the current challenges in delivering quality healthcare services in the KwaZulu-Natal province.

The research questions were developed with the assistance of the researcher's supervisor, who ensured that the questions were aligned with the aims of the study. Using semi-structured questioned allowed the researcher to be able to gather relevant information in order to facilitate the understanding of the research topic.

1. What is the prevalent type of leadership style in government hospitals?
2. What factors influence the type of leader as a hospital CEO?
3. What are the types of challenges faced by government hospitals as CEOs?

After ethical clearance had been granted from the University of the Witwatersrand, and permission was given, I gathered information on the challenges of CEOs in public health facilities in KwaZulu-Natal. Due to the busy schedules of the CEOs, it was difficult to collect primary data through the form of an interview. Research questions are able to guide studies. The sample data was related to the different leadership styles, and the different challenges that they encountered.

3.4 Data Capturing and Analysis

Secondary data collection includes usage of information that is readily available, that has been gathered by other researchers, publishers and authors. Wallace Foundation (Workbook B; secondary data analysis) (2023) explains the four step method of secondary data analysis. This method, illustrated in Figure 3.3, was used as a guide for this research paper.

Information was kept safe through means of a password-protected computer. I gathered articles based on the key questions needed for this study.

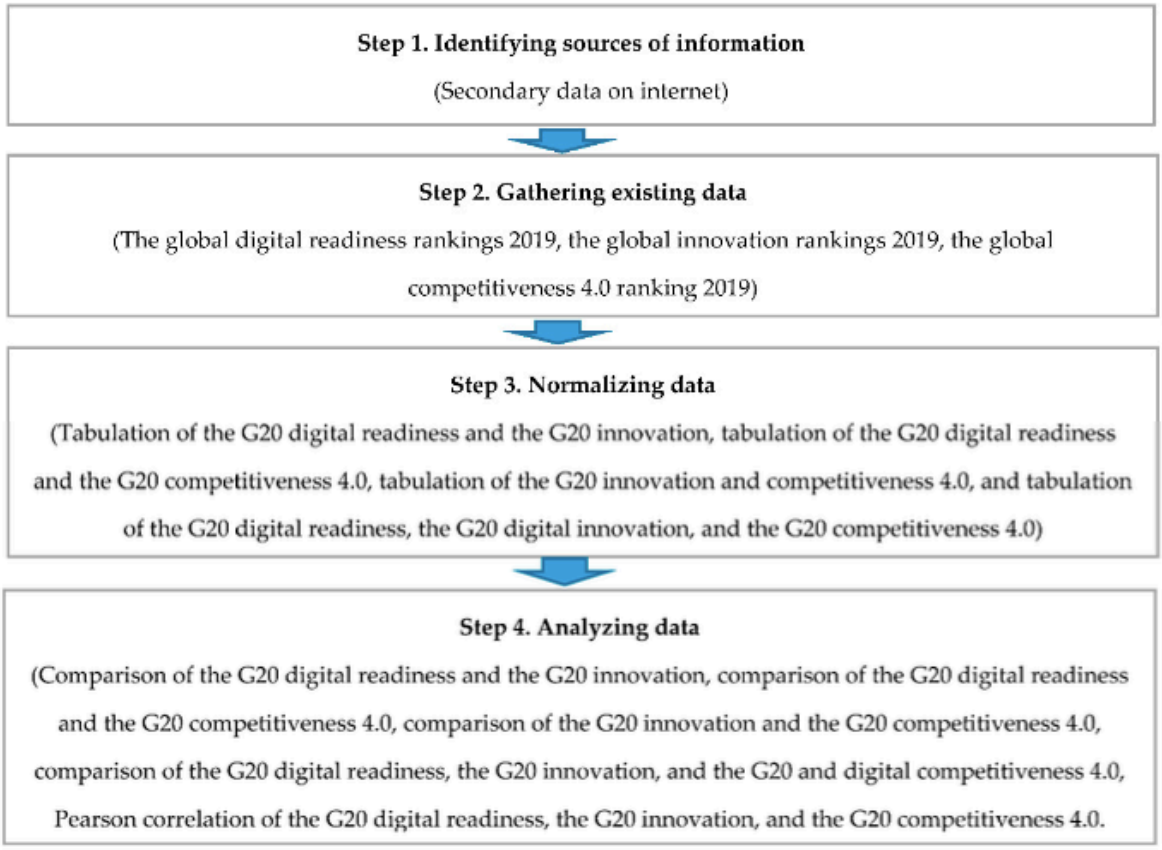

Figure 3.3: Steps in secondary research

Source: Wallace Foundation (2023)

Creswell (2009) also notes that the secondary data collection research method entails collecting data, analysing and interpreting it. I used thematic analysis to interpret the information collected. Thematic analysis focuses on identifying implicit and explicit ideas within the data. These ideas are referred to as themes. Thematic content analysis is flexible. It involves identifying, analysing and reporting themes as codes. In thematic analysis the researcher's feelings and thoughts are minimum.

I used the exploratory approach of data analysis, where I read and reread the data, looking for keywords and themes. Data cleaning was done by identifying and correcting any inconsistencies or errors identified in the data collected. Thematic analysis was done through establishing themes in the different data sources. Critical assessment to maintain the quality

and representativeness of the data was done in order to ensure that the findings are valid and not misleading.

3.5 Reliability and Validity

Validity helps to ensure that the methods and techniques used and analysis of data, reach the underlying purposes and objectives of the study. To ensure that validity was reached, a small pilot study was done by looking at data among some district operational managers to ensure that the correct measures were used to measure what it was meant to measure. In order to ensure that this study was reliable, it was imperative that the purpose of this study was clear and well understood by the author at all times. This helped to ensure consistency of the study's results. Transparency in reporting ensures that the research can be evaluated, reproduced, and built upon by others in the field. In order to maintain ethical research practices, I ensured that I disclosed any potential conflicts of interest, such as funding from organisations with vested interests in the outcomes, and acknowledging any limitations in their analysis.

No funding was received in order to conduct this research article. Ethical approval for this study was obtained from the KwaZulu-Natal Department of Health and from the University of the Witwatersrand, Faculty of Commerce, Law and Management research ethics committee. Ethical principles of voluntary participation, informed consent, anonymity and confidentiality were adhered to throughout the study. This research was guided by following these principles: The participants data must be of CEOs, and all sensitive information would be protected at all times. All results were utilised with responsibility. The results will help to ensure that there is positive change, foster improvement in different hospitals, improve patient care and outcomes.

3.6 Limitations of the Study

Good research needs to maintain a particular standard. Limitations are clearly defined in order to validify the study. The research project needs to be reliable and be objective, in order to find the project truthful. This study is specifically limited to government hospitals in the KwaZulu-Natal province The geographic scope for this study, was chosen to provide a focused understanding of the leadership dynamics within one specific region. Good research requires high ethical standards. The theoretical framework needs to correspond. At the time

of the study, the CEOs were extremely busy The study uses purposive sampling to select research data from specific government hospitals in KwaZulu-Natal, based on their roles and leadership positions. As a result, the findings may not be representative of all healthcare workers or leadership levels across the province.. The study is confined to government hospitals, which are part of the public healthcare sector. Private hospitals or clinics are excluded from the study, as they may have different leadership structures, resources, and challenges. The focus on government hospitals is intentional to explore the unique leadership challenges in public healthcare institutions. Due to the small sample size, only weak generalisation of results was possible. This required that the author uses secondary data collection. The fact that there was one person analysing the data, the results could have a one-dimensional view. With time constraints it was impossible to capture all relevant challenges identified by CEOs.

3.7 Chapter Summary

This chapter described the research method style used, together with the participants involved in the study. It is noted that the population sample involved the KwaZulu-Natal CEOs of public hospitals. By upholding the required ethical principles, I can contribute to the improvement of hospital leadership and management practices, ultimately benefiting the quality of healthcare delivery in South Africa.

4. RESULTS

4.1 Introduction

This chapter presents that data collected and the finding from relevant data sources, namely published articles, and previous interviews. The results are presented in a thematic format. Hospital CEOs are responsible for managing hospitals and currently require highly well-trained and experienced individuals. These individuals need to be assertive. Pertinent themes that emanated from the interviews were staff shortages and access to funds.

4.2 Socio-economic Background

The sources of data were derived from CEOs of government hospitals in KwaZulu-Natal. These participants were from the different districts within KwaZulu-Natal. They represent a group of highly experienced leaders, either having management diplomas of managerial degrees. The CEOs need to have held a previous managerial position. I found that most of the CEOs were either doctors or nursing managers who had been appointed in these roles. They all required some form of leadership or previous managerial role. Most CEOs, however, have less than 10 years' experience, with less than 2% having more than 10 years' experience. The current CEOs were aged from 35 to 45 years old, with different variants. More than 50% were male compared to female CEOs. The racial demographic was spread between African and Indians. Various leadership challenges were uncovered.

4.3 Interpretation and Analysis of Findings

4.3.1 Introduction

The role of CEOs in government institutions is critical in ensuring that public services are delivered effectively, especially in a province like KwaZulu-Natal, South Africa, which faces a unique set of challenges. Government CEOs in this region are tasked with steering complex organisations in a diverse political, economic, and social environment, all while managing resource constraints, political pressures, and organisational inefficiencies. Despite the significant efforts to improve public service delivery, government CEOs in KwaZulu-Natal continue to face leadership challenges that hinder progress and impact the functioning of key government sectors such as health care, education, and infrastructure (Govender, 2013; Phasha, 2015).

A critical factor contributing to these challenges is the need to balance the expectations of political leaders with the administrative duties of managing large public sector organisations. The lack of adequate leadership development programmes, weak governance structures, and inadequate institutional capacity contribute to a leadership environment that is often unstable and inefficient Doherty, (2014) Political interference and high turnover rates in leadership positions have further compounded the issue, making it difficult for CEOs to implement long-term strategic plans (Fusheini et al., 2017). This instability in leadership often results in fragmented service delivery, low employee morale, and increased public dissatisfaction, which pose a significant challenge for government leaders who are expected to drive transformation in the face of these barriers (Rispel et al., 2015).

Additionally, the pressures of managing a diverse and culturally rich population in KwaZulu-Natal require CEOs to demonstrate a high degree of cultural competence and adaptability. The complexity of leading within such a diverse context necessitates that CEOs not only focus on administrative efficiency, but also address social equity and inclusivity in their leadership practices (Doherty, 2013; Govender, 2013). This requires a shift in leadership styles that emphasise transformational leadership, allowing for better communication, stakeholder engagement, and long-term visioning (Mills, 2014).

As stated in Chapter 2, this analysis explored the leadership challenges faced by government CEOs in KwaZulu-Natal, focusing on political, organisational, and social factors that influence their decision-making processes. By examining the leadership strategies employed by CEOs, this study aimed to provide a comprehensive understanding of how these leaders navigate the complexities of their roles. Understanding the obstacles faced by CEOs in this setting is vital for fostering more effective leadership, which, in turn, could lead to improved outcomes for the citizens of KwaZulu-Natal. Therefore, this study not only highlighted the challenges, but also offers an exploration of potential reforms and leadership development programmes that could strengthen governance in the region.

Furthermore, the analysis highlighted potential solutions to strengthen leadership capacity and improve governance in the region, which is vital for the continued development and stability of the province.

4.3.2 Contingency Theory

As stated in Chapter 2, the research on leadership challenges of hospital CEOs in KwaZulu-Natal provides insightful perspectives on how contingency theory applies to healthcare leadership in the region. By emphasising the importance of adapting leadership approaches to fit specific contexts, the research highlighted the ways in which the unique challenges faced by hospital CEOs in KwaZulu Natal require a flexible, context-driven leadership style.

KwaZulu-Natal, with its high population density, economic challenges, and a diverse patient demographic, poses specific leadership challenges for hospital CEOs. The contingency theory's core idea that leadership effectiveness depends on the situational context is particularly relevant in KwaZulu Natal, where external factors such as socio-economic inequalities, resource shortages, and political pressures must be accounted for by hospital leaders. Hospital CEOs in KwaZulu Natal must navigate a highly complex environment where they are tasked with managing public health crises, ensuring service delivery in underfunded hospitals, and leading diverse teams of healthcare professionals. In this context, a one-size-fits-all leadership style is ineffective, requiring CEOs to adopt leadership strategies that reflect the unique challenges they face, such as dealing with frequent resource constraints or the high burden of disease in the region.

4.3.3 The CEOs' opinions and experiences

Leadership has been defined in different ways. It is a set of attitudes, behaviours, values and beliefs that determine their leadership style. This is impacted on by their values and the tasks they need to perform. Hospitals in South Africa have an important role to play in society, especially with the growing demands and populations. Good management and leadership skills are important in this ever-changing society.

The general characteristics of the current CEOs are that 95% of the CEOs hold Bachelor of Medicine and Surgery degrees, while 5% hold Nursing degrees. Most of the CEOs have obtained some form of management course or degree and have managerial experience. All of the CEOs who participated in the study have had professional training, during or prior to them being in the CEO role.

From the different articles, it was noted that a proper induction into the role is one of the biggest challenges they faced. One of the recruitment criterion for appointment as a CEO is that they need a degree or advanced diploma in a health field, and registration with the relevant professions council, and a degree or diploma in health management or management field and at least five years' management experience. Public facilities play a pivotal role in the health care of the population of South Africa.

Various services are available in each hospital, and depending on the catchment area and healthcare model the hospital has adopted; more and more services are rendered in each hospital. There are hospitals that offer services for both regional and district hospitals. Some hospitals, because of their history of being established by missionaries, offer services that were initiated for specific areas. For example, Madadeni hospital was founded as a mental health institution, but due to the shortage of psychiatrists in that region, a huge challenge in rendering those services has developed.

4.3.4 Presentation of findings

Six emerging subthemes were identified: firstly, management practices or styles; secondly, political infrastructure; thirdly, economic challenges; fourthly, rapid population growth; fifthly, staffing and human resource, and lastly, lack of technology.

Characteristics of CEOs

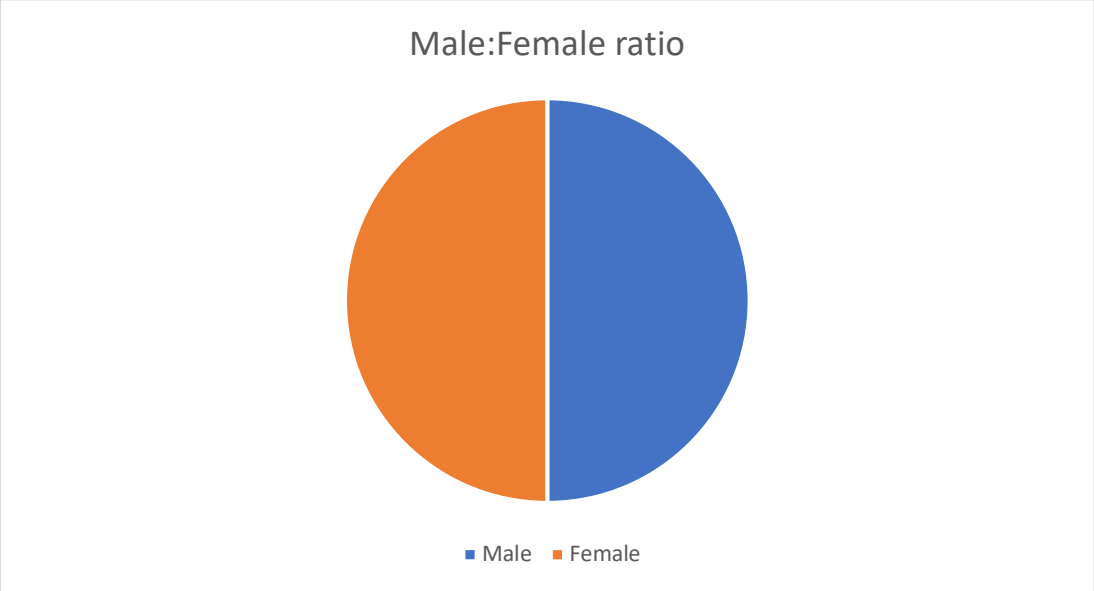

Figure 4.1: The ratio of Male to Female Chief Executive Officers

The above pie chart shows that there is an equal spread of genders of CEOs.

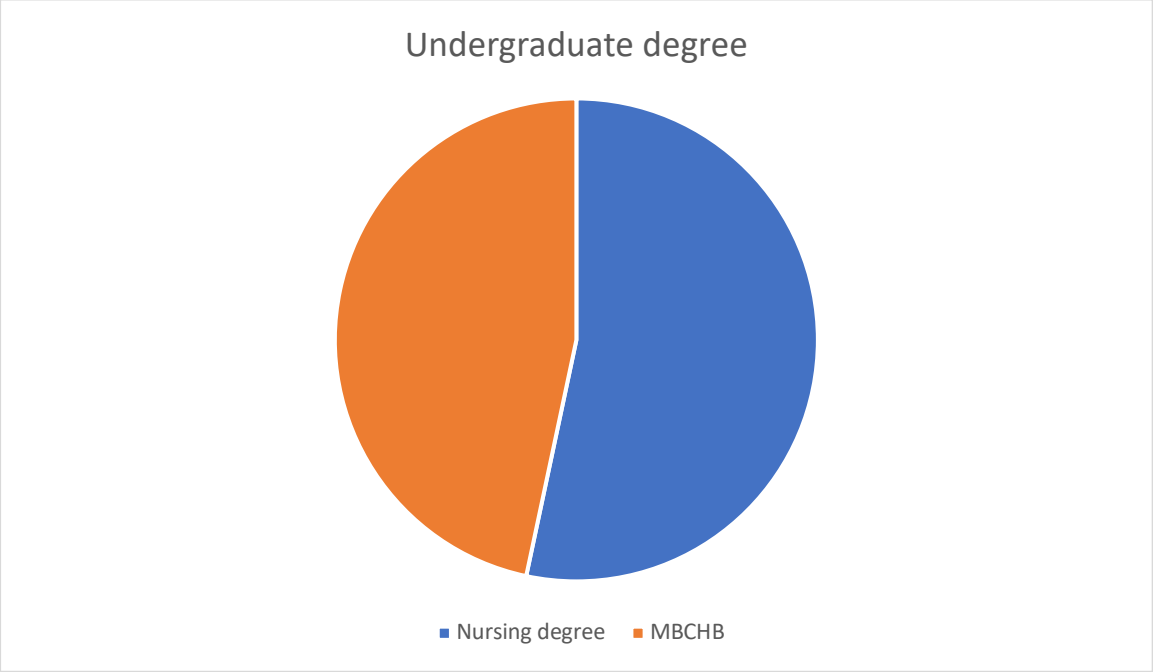

Figure 4.2: Chief Executive Officers' undergraduate qualification

The above pie chart shows the qualification mix (health only, health and business/law/ management, no health/management/management but no health).

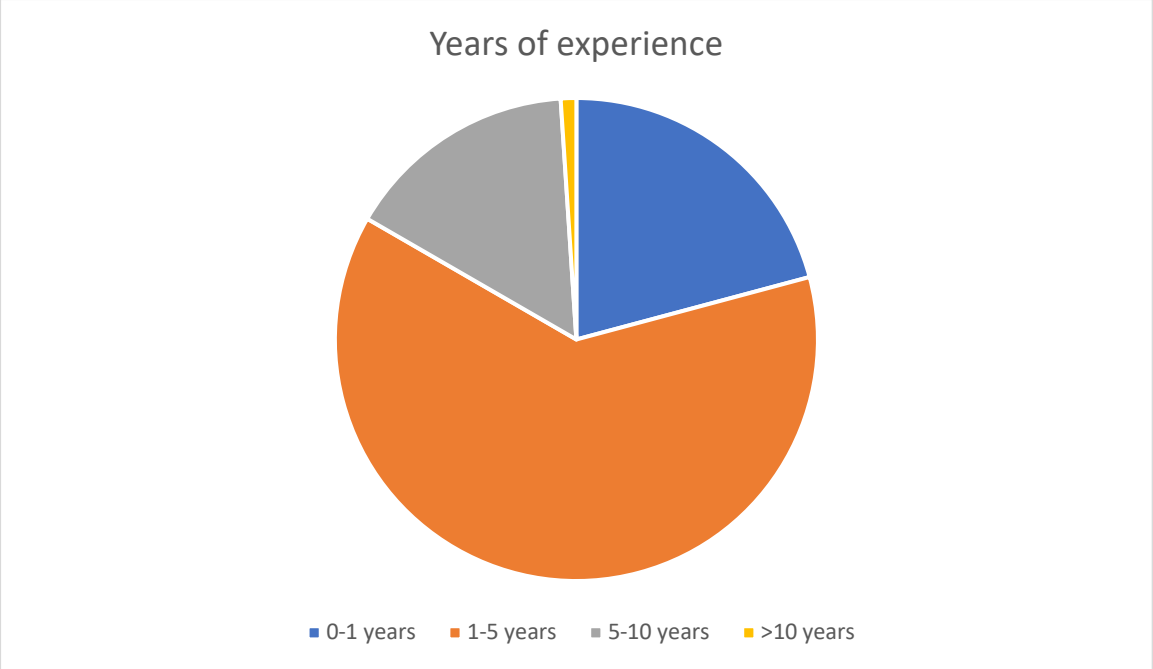

Figure 4.3: The duration (in years) of CEOs' management experience

The above pie chart shows the number of years of experience in management position current government hospital CEOs have in their current roles.

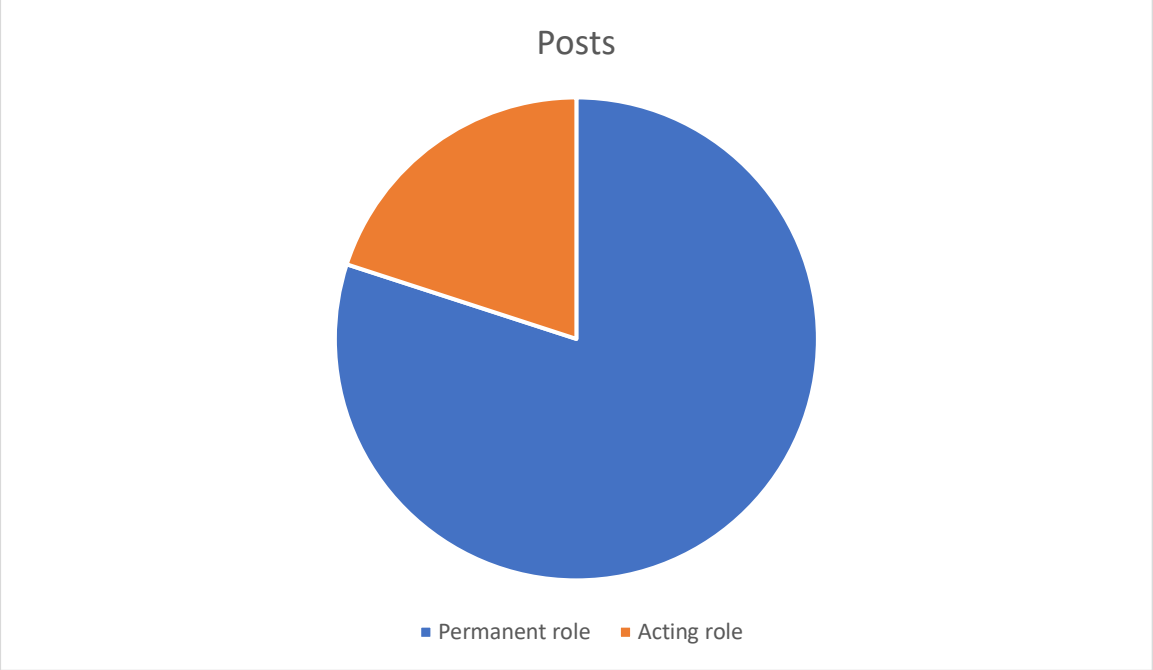

Figure 4.4: The CEOs' role in permanent or acting vacancies

The above pie chart demonstrates the number of CEOs who are in the role as permanent versus those that are acting positions.

4.3.4.1 Management

The biggest challenge noted by CEOs is the amount of work they need to attend to and keeping up with the demands from head office. Some of the hospital are as large as 100-bed hospitals, compared to 200 beds in private hospitals. This creates a greater demand in staffing, meticulous patient care, more resources and more service delivery. Some argued that there were a lot of restrictions posed on them in their current positions. The policies to govern hospital are either not clear enough, nor are they explained in depth, when there is a miscommunication. Implementation of strategic changes can take a while. Some of the challenges that they faced were that some healthcare workers feared or did not understand change.

Although there is induction on the job, for most of the problems they encountered they had to find solutions all on their own. Most CEOs gain skills on the job. There is poor continuous training done once they took up the position. There is no proper training programme that is in place to support staff to understand their obligations to professionalism. Training is fundamental to developing strong health systems. This culture and ethos need constant attention. The respondents noted that capacity building for managers needs to be made a priority by the Department of Health. The middle management, i.e. head of departments, often argue with them. Continuous leadership training needs to be provided on clinical governance and quality improvement strategies. Some of the management roles were being appointed as acting roles, and these roles are often for long periods. This leaves room for higher numbers of fraud and mismanagement of funds. This can be seen as disruptive. Some argue that CEOs lack the management skills to efficiently have an operational hospital. Because of the instability of managerial positions, the CEO positions were under ‘acting’ posts. This posed a problem as they were not allowed to solve critical matters.

Emotional exhaustion is one of the three components of burnout. Many of the CEOs noted that they sometimes face burnout. Burnout is a psychological syndrome of emotional exhaustion, and depersonalisation. Burnout is a common work-related phenomenon that is a result of severe stress. The three components of burnout are emotional exhaustion,

depersonalisation, and reduced personal accomplishment. For some it is finding the balance between family and their responsibilities as CEOs. They are always at work, even if it is during their private time, and this can cause a strain on them. Emotional exhaustion is an individual feeling of being overextended and being depleted. Depersonalisation is when a person has a negative outlook towards others and having reduced personal accomplishment is when an individual has a feeling of being incompetent and non-productive. Many centres are, however, thriving, because of the good leadership practices in place. Government has not provided for interventions to constantly upskill CEOs. There is an overall lack of motivation from staff, together with professional ethics. This is due to multiple contributing factors, such as challenges that emanate from servicing large communities.

The best way to improve leadership practices is transparency at all times, decisive decision-making skills and being able to drive a team to the best of their ability. Being goal orientated aids in having the whole team know what is required from them in order to achieve these goals. All CEOs aimed to achieve one goal in their term; which is providing the best service for the communities they serve. Excellent leaders lead by example. Most respondents indicated that good leadership practices impact their performance. Good communication skills and being transparent allow for colleagues to gain their support. Although the level of care differed in some hospitals, the challenges experienced required a level of skills. The government's performance rating scale was identified to be lacking, in that even if a participant had low performance scores, no remedial action would be done; instead, the scoring system assists in getting a salary increase. The government does not provide any form of incentive for outstanding performance. Although permanent, stable and long-term leadership is required, most CEOs do not stay in the same role for more than five years.

4.3.4.2 Political instability

South Africa's political system has been viewed as rather unstable. There are so many factors that affect the country's state of governance. There is a high incident of corruption and fraud amongst government stakeholders. Some of the top management positions, because of political affiliations, are occupied by participants with no medical background, or even a managerial background. Specialised high-tech equipment that would help in patient care is not available or afforded by the hospital. Poor stability of the rand-to dollar currency makes it

more expensive to purchase medication produced abroad. Often the salaries given to government CEOs compared to private hospitals are vastly different.

There is a huge gap between the two institutions, making it harder to keep excellent leaders in government institutions. During the time of writing this paper, there had been a huge pandemic that not only affected South Africa, but the globe at large. A lot of the resources needed to be re-directed to the Department of Health, as there had been a state of disaster. This had caused a huge strain on the public hospitals and government aligned services, i.e. laboratories. Many departments in the governmental sector work in isolation and there is no clear communication channels. This is across the different departments that contribute to the operational success of public hospitals.

4.3.4.3 Infrastructure

Most of the government hospitals were built in the early 1970s. Most of these hospitals are not maintained due to a lack of funds available for maintenance. The buildings are old and have areas that are no longer in use, because of the lack of funds available. Some of the hospitals are in locations that are near provincial boundaries, which affects the number of catchment regions for patient care. There are still areas within the hospitals that have high turnover of patients, for example the medical outpatients department. The government has not allocated funds for expansion of these particular areas. There is also poor ventilation in some areas. This poses a problem in controlling communicable diseases that thrive in poorly ventilated areas. An example of such conditions is mycobacterium tuberculosis, that multiplies rapidly in overcrowded areas.

The average number of beds available in hospitals is 565 beds. This can pose a problems, because of the level of care these regional hospitals provide. They have high catchment areas, meaning the number of people that each hospital serves is large. There are sometimes too few beds available, making it that much harder to accept patients from outlying clinics and hospitals. Sometimes the staff has to decline patient care because of the shortages of beds. This causes high waiting times. There is little spacing between beds, which is not only uncomfortable for the patients, but poses an infection risk. The staff is not accommodated in that there are no areas within the units for staff to hold meetings or even have space to enjoy their lunch breaks. Available spaces are used to allow more beds for patient care.

Administration staff has insufficient office space. The maintenance department is often given a small budget with which to perform duties. They have to prioritise which areas of the hospital needs urgent intervention.

In the past 10 years the government has implement a referral system. Previously communities would self-refer themselves to hospitals, bypassing their local clinics, because of the stigma that clinics had. This led to a high number of patients in hospitals, even though they did not require that level of care. The government then put in place a referral system that certain areas would be serviced by particular clinics and hospitals. Accessibility to regional and tertiary hospital was tightened, making it that much harder for patients to receive optimal care. In some instances patients would be turned away by staff because their symptoms or presenting problems would not be seen as an emergency. Accommodation for staff is poorly maintained, whether it is for when the staff is working extra hours or if the staff needs to be accommodated for working in a rural hospital. Most are placed in run-down homes or even worse, park homes. Due to the lack of availability of staff accommodation, most staff is forced to share these spaces. The maintenance of medical equipment is not co-ordinated to sustain service delivery. Respondents noted that there are limitations imposed on CEOs and the procurement of essential medical supplies.

4.3.4.4 Economic challenges

There is no form of trust when CEOs are given yearly budgets. Government hospitals depend solely on government grants, which if compared to private institutions, donations, together with shares, help to boost the hospital's budget. Government hospitals are not profit driven, hence if there are any funds that are left over, the institutions are regarded as unable to properly allocate and utilise the hospital budget adequately. The government would therefore decrease the budget for the following year . There was a form of mistrust amongst top management and middle management. This mistrust was attributed to prior mismanagement of funds. Because of the constraints, there have been little or no upgrades done. Some of the hospitals have non-working equipment, "cheaper" equipment. Some hospitals do not even have skilled engineers to maintain equipment.

There is regular outsourcing of these services. The respondents noted that the poor patient filing system has been repeatedly identified by patients, together with staff, as some patient

information has been reported as lost. There are loose papers and recurrent lost files. One tertiary hospital, however, did not encounter this problem as everything is computerised, just like in some private institutions. This resulted in a ripple effect, for example the respondents noted how when a chronic patient would be in hospital for their monthly appointments, and no record of the participants medication could be found if the patient medical records are lost. Most of the time the patients do not know their pills of the tops of their heads. Poor financial delegation by the Ratification committee is one that resonated the loudest.

4.3.4.5 Rapid population growth

With a growing society and budget constraints, it has not been easy to manage or support the current growing population. Hospitals have not grown in tandem with the communities they serve. Although systems have been put in place to have stable patients diverted to lower levels of care, it was noted that there is still a huge demand compared to the services being able to be delivered. Poor control of communicable and non-communicable disease also causes strain on the healthcare system. Programmes and health awareness programmes have tried to alleviate some of the problems, but there seems to be a growing number of patients requiring health care.

Some of the CEOs attributed to poor sanitation, malnutrition, especially in children, and human immunodeficiency virus. KwaZulu-Natal is still ranked as one of the provinces with the highest new HIV infection. More and more people who are unemployed are relying on government healthcare systems. This affects service delivery and increased patient waiting times. These waiting times are not easily displayed.

4.3.4.6 Staffing and human resources

There is currently a huge shortage of staffing in government hospitals. This problem ranges from interns who are employed to specialists available to treat patients. This has been an ongoing problem. Most of the time, hospital CEOs are told that there is not enough funding for new staff members. The respondents noted the limitations they face when filling critical posts. They expressed that staff has a negative outlook on their daily duties, which could be due to multiple of factors, mainly some of them being overworked, with little or no supplies of crucial equipment. The staff lacks motivation, often overlooked for their hard effort. When yearly key performance areas are evaluated, most staff is scored at an average. There are no

incentives for high performers. The government does not support staff who want to further their studies, either by subsidising their fees, or providing more support to them. The moratorium imposed by the National Treasury makes it very difficult for hospital CEOs or management to employ staff replacements when staff resigns. They have to motivate tirelessly for new appointments. Critical posts are meant to be ratified at provincial level by the Department of Health, but even the CEOs are unclear of how the committee decides on the distribution of resources or responds on the requests for posts made.

They are even unsure of how they regard which posts are deemed critical and which are non-critical. When posts are advertised, they need to advertise in clusters, as there is a fee to keep adverts or posts open. Fewer and fewer candidates are applying to work in hospitals known to have "busy" departments. This is because of the backlog these departments often face. It becomes a huge burden to the staff, often having to work longer hours, some of whom are not paid overtime. There is poor staff retention. There is a high turnover of new staff members as most of them are either leaving or finding hospitals that are well-staffed in different provinces within South Africa. Departments like obstetrics and gynaecology are heavily sued, and have very high insurance rates.

This rise in legal disputes has made fewer and fewer doctors who want to practise in such departments. The Government, together with medico-legal firms, often do not want to have cases taken to court and disputes have been rather paid out. Whilst there are many factors that arise from these disputes, such as poor staffing, these problems are often the contributing factors to poor patient management.

Healthcare professionals are often strained, as most have to take on extra shifts in order to cover the shortages of staffing. When posts do become available, the process of hiring new staff often takes longer than in private hospitals. There seems to be 'no urgency' by human resource staff. The retention of scarce skills is not a priority, as most hospitals do not have the funds to retain employees. There is a high turnover of people employed, which is directly proportional to the vacancy rate of posts available. The CEOs noted that whilst they know that the human resource department also lacked staffing, appointments of potential new staff still take longer than anticipated. Because there is generally no incentive when moving from one government hospital to the next, healthcare workers still opt to serve their notice periods as required by government.

Shortage of staff members is in crucial departments. These included doctors, nurses and managers. Some of the managers were under ‘acting’ CEO positions. Staff shortages contribute to the failing healthcare system within KwaZulu-Natal. Job satisfaction has a huge role in staff retention. Job satisfaction is related to the fulfilment and enjoyment that an employee receives from working and is not related to the salary they get or even the benefits that come with the role. Human capital is vital in any organisation. Getting the most from your staff requires a skill. These skills involve satisfying the needs of your staff. The shortages of qualified doctors that migrate to private health care have been on the rise, as it offers better incentives, such as time, which is an invaluable asset. The Government developed rural allowances for hospitals that are found in ‘rural’ locations. The rural allowance is meant to be an attractive fee that attracts professionals to work in these remote areas. However, this is not done systematically as some hospital rates are higher than others, and hospitals that are in a true sense of rural do not qualify for the allowance. These recruitment problems ultimately affect service delivery.

4.3.4.7 Technology

One of the roles as a CEO is to attend various meetings, thus spending relatively little time in hospital, as they need to attend head office meetings. Technology can enable decentralised meeting, thus allowing more time to handle or attend to challenges that arise from being CEO. They will have more time to contribute to clinical governance. Technology seemed to be advanced in tertiary hospitals. Most regional hospitals still had problems with record keeping of patient files. They were often lost, or had crucial information missing.

This was evident when evidence was required, for example, in dispute cases. Notes of what intervention was done would not be available. This would have a bad impact as crucial evidence would be missing. Technology could help with integrating patient information and files between different hospital wards and healthcare professions. The current paper-based system is the traditional approach of keeping patient records. Medico-legal cases would be lost by the Department of Health, having a ripple effect on hospital finances. Improved technology could help to streamline hospital operations. There are high cost that are associated with acquiring and improving technology in hospitals.

4.3.5 Kwazulu-Natal hospitals' excellent leadership

In KwaZulu-Natal, several public hospitals have showcased exceptional leadership under the guidance of their CEOs, driving significant improvements in patient care and organisational efficiency. These "pockets of excellence" often stem from visionary leadership, innovative management practices, and a relentless commitment to overcoming systemic challenges. For example, some hospitals have leveraged technology to streamline patient services, improve clinical outcomes, and reduce waiting times. CEOs in these institutions have embraced a collaborative approach, working closely with healthcare teams to foster a culture of accountability, continuous professional development, and patient-centred care. The result is not only improved healthcare delivery, but also enhanced staff morale and community trust. These successes serve as a beacon of hope and inspiration for other public hospitals across the region, proving that effective leadership can lead to transformative change even in resource-constrained settings.

4.3.6 Potential areas of improvement

The leadership challenges faced by government CEOs in KwaZulu-Natal are a critical concern for the province's public service delivery, particularly within the healthcare sector. The lack of effective leadership, often due to insufficient qualifications, management training, and experience, has created significant barriers to improving public sector performance. In KwaZulu-Natal, where public healthcare is the primary service provider, these leadership challenges are exacerbated by high disease burdens, including HIV and tuberculosis, as well as insufficient infrastructure and financial resources.

Addressing the leadership gap by improving the qualifications, leadership skills, and strategic decision-making capabilities of government CEOs could help overcome many of these challenges. A deeper understanding of the specific leadership competencies required in public sector administration, especially in health care, could lead to better leadership training programmes and a more effective management structure, ultimately improving outcomes for the communities served.

Furthermore, the governance structure within the public sector in KwaZulu-Natal, particularly in health care, contributes to the leadership challenges faced by CEOs. The centralised decision-making processes, with multiple levels of oversight above the CEO,

often limit their autonomy and ability to make timely decisions. Additionally, the lack of effective communication channels between government departments and hospital management can result in poor coordination and ineffective responses to emerging public health issues. Enhancing leadership effectiveness in KwaZulu-Natal's public sector requires both improving the professional development of CEOs and rethinking governance frameworks to allow for more responsive and dynamic leadership that can better meet the needs of the public. Contingency theory offers a valuable lens for addressing leadership challenges faced by hospital CEOs in KwaZulu-Natal. This theory posits that there is no single best way to lead an organisation; instead, leadership effectiveness depends on the alignment between a leader's style and the specific context or environment in which the organisation operates.

4.4 Chapter Summary

The findings from the research indicate that there are many challenges experienced by CEOs. This ultimately affects service delivery. The research on leadership challenges of hospital CEOs in KwaZulu-Natal illustrates the practical application of contingency theory in the healthcare sector. It highlights that the effectiveness of leadership is determined not by the application of a single leadership style, but by how well hospital CEOs can adapt to the specific conditions and challenges they face. By embracing a flexible approach to leadership, whether through adopting task-oriented, relationship-oriented, supportive, or directive styles, CEOs in KwaZulu-Natal are better equipped to meet the diverse demands of their roles, improve hospital performance, and navigate the complex healthcare landscape in the region. This study attempted to find the problems experienced by CEOs. The data reviewed revealed that there are vast and various challenges experienced and emerging leadership style.

5. DISCUSSION

5.1 Introduction

Leadership is a role that involves social influence and it best seen displayed in groups that have a common goal. The Department of Health in KwaZulu-Natal is aligned to the constitutional mandate. The KwaZulu-Natal strategic plan notes four mandates, these include "revitalising primary health care clinic, develop management and promote good governance, delivery of efficient and quality health services, rendering quality health care, and lastly, reduction in mortality and morbidity" so that there is implementation of the NHI Bill. Current challenges within the healthcare system have been raised repeatedly through media and word of mouth. The current Minister of Health has tried to address these problems, for example by introducing the NHI. It is, however, still unclear as to what it entails, even with pilot programmes having been implemented. In hospital settings, decision-making has a direct impact on patient care.

The Department of Health in KwaZulu-Natal has adopted a comprehensive healthcare system. Numerous research studies have been conducted to find out which leadership traits are required to become effective CEOs. The healthcare sector is dynamic. There are both internal and external pressures that affect hospital CEOs. These factors are political influences, staff shortages, economic factors and advancement in medical technologies. According to the Constitution of South Africa Act No.108 of 1996, the Department of Health's role is to ensure that there are optimal and professional services provided at all times for all citizens. Public hospitals play a pivotal role in delivering safe and efficient services. These challenges are multifaceted, involving issues of governance, management, and interpersonal dynamics that have implications for both hospital staff and patients. This chapter discussed the key findings of the research on leadership challenges in government hospitals in KwaZulu-Natal, drawing from the secondary data analysis of hospital reports, staff surveys, and interviews with healthcare leaders, and contextualizing these findings within the broader healthcare system in the province.

5.2 Objectives

The qualitative results show that although there are vast challenges experienced by CEOs, there were main themes that were prominent. The main challenge experienced is the lack of

funds available in the public sector. Being able to measure hospital performance is able to assist in quality improvement, as it is able to give a clear picture of what the hospital actually does compared to where it should be. The current measures that are in place are through anonymous feedbacks (complaints and compliments), through the hospital public relations officer and inspections from the health officials.

As part of the outcomes from the results, I found that some managers either lack the motivation to continue studying or are too overwhelmed by the day-to-day duties, that they do not have time to further their skills, aside from the programmes offered by the government. Management training is fundamental to improve the quality of the hospitals, and continued educational training is required. Leadership and management skills have been found to have a positive impact on strengthening health systems. In 2003, the Department of Health in KwaZulu-Natal, together with the University of the Witwatersrand and University of KwaZulu-Natal, developed a programme that would help managers, and launched a Master's programme that would train hospital CEOs. Any form of training is fundamental to the development of an organisation.

Leadership is defined by behaviours, attitudes, values and beliefs. It is influenced by circumstances. Most hospitals in South Africa are patient- centred, having hierarchical systems when attending to challenges. In the private sector they are driven by how much profit they are able to make, thus providing an incentive to leaders, applying a transactional form of leadership. From the study we found that there are a vast number of problems faced on a daily basis, such as the lack of modern equipment, severe staff shortages, poor management, and poor infrastructures that are not upgraded. The planned research has attempted to identify and highlight the challenges faced in public hospitals in KwaZulu-Natal when compared to other third and first-world countries.

It also aimed to examine leadership as a form to enhance healthcare system service delivery in KwaZulu-Natal. It focused on leadership skills that aim to improve the healthcare system in Kwazulu-Natal. The organisational challenges that government CEOs encounter on a daily basis require strong leadership qualities. There are a number of universities that offer diplomas and Master's education that provide skills required for public health CEOs. The programmes address issues pertaining to Africa's health systems and seeks to address the major challenges faced in public health institutions. In 2005, a Master's programme was

launched by the University of KwaZulu-Natal, the University of the Witwatersrand, and the French government that would train public hospital CEOs. It aims were to enhance the existing governing policies, exploring whether decentralising management or keeping management centralised would provide better service delivery.

In the case of government hospitals in KwaZulu-Natal, the unique challenges posed by high disease burdens, resource limitations, and complex socio-political dynamics suggest that a more adaptable leadership approach is necessary. By adopting a contingency approach, hospital CEOs can adjust their leadership styles to respond more effectively to varying circumstances, whether dealing with resource shortages, high patient volumes, or staff shortages. This flexibility could be particularly beneficial in addressing the diverse needs of the healthcare system, ensuring that leadership is responsive to both internal operational issues and external environmental factors like community health crises or shifts in government policy.

The healthcare sector aims to deliver efficient, safe and high-quality services. Effective leaders are needed to lead and drive goal-driven change in this highly complex and dynamic sector. The biggest contributors to problems experienced by CEOs are more internal than external. Effective leadership is not just one style, but a combination of different styles.

Organisational safety is paramount in the medical field. Patient safety within hospitals has a direct impact on patient outcomes. Patient safety is defined as the prevention of adverse outcomes. A transformational leadership style has been shown to make a major contribution to the fast-paced, dynamic environment of public health care.

5.3 Discussion of Findings: Key Themes

5.3.1 Management and governance issues

One of the most prominent leadership challenges identified in the study is the lack of effective management and governance structures. Many government hospitals in KwaZulu-Natal are experiencing weak leadership at both the executive and middle-management levels. This has been exacerbated by the historical context of South Africa’s health system, where issues such as under-resourced institutions, an overburdened workforce, and political interference often disrupt hospital governance.

The research found that hospital executives in the region struggle to balance administrative duties with the need for strategic vision and operational effectiveness. This is compounded by a lack of adequate training for mid-level managers, which has led to poor decision-making and ineffective management practices. In some cases, leadership appointments have been influenced by political factors rather than merit, resulting in individuals occupying leadership roles who may lack the necessary skills or experience for the demands of hospital management.

For instance, one hospital's leadership team reported that while there was a general commitment to improving hospital operations, persistent leadership turnover at the top levels often resulted in discontinuity and poor long-term planning. Furthermore, there were instances of hospital managers focusing more on short-term survival tactics than on long-term sustainable solutions, which created a reactive rather than proactive management culture.

5.3.2 Inadequate resource allocation

Another significant leadership challenge in KwaZulu-Natal’s government hospitals is the inadequate allocation of resources, both human and financial. Budget constraints, staff shortages, and poor infrastructure continue to plague many government hospitals. Hospital leaders are often faced with the difficult task of managing these limited resources in a way that does not compromise the quality of patient care. The findings suggest that hospital leadership is often trapped in a cycle of managing shortages, without sufficient authority or support from the provincial or national government to address these issues adequately.

For example, one hospital reported that it had to prioritize services based on immediate needs rather than strategic goals, which led to the underfunding of key areas such as hospital staff development and the maintenance of medical equipment. Additionally, staff turnover, caused by insufficient staffing levels, further exacerbates the pressure on leadership, leading to burnout and reduced employee morale.

Leaders in these hospitals are often tasked with juggling multiple competing priorities, such as managing the day-to-day operations of the hospital while simultaneously dealing with financial shortfalls and high patient volumes. Despite these challenges, many hospital leaders

expressed a sense of frustration at being held accountable for outcomes beyond their control, such as resource allocations made at higher levels of government.

5.3.3 Communication barriers

Effective communication is critical to the success of any organisation, particularly in complex healthcare settings. The study identified communication barriers as a significant leadership challenge in KwaZulu-Natal's government hospitals. These barriers exist at multiple levels, from poor communication between hospital leadership and staff to ineffective communication between hospitals and the provincial health department.

One notable issue is the lack of transparent and open communication between hospital managers and frontline healthcare workers. In many cases, there were reports of staff feeling disconnected from leadership, with little understanding of the hospital's long-term goals or current priorities. This disconnect often led to frustration among healthcare workers, who felt that their concerns were not being adequately addressed by hospital management.

In some hospitals, senior leadership acknowledged that a lack of effective communication had resulted in an inability to foster a collaborative work culture. The hierarchical nature of the hospital system in KwaZulu-Natal often prevents junior staff members from voicing concerns or contributing ideas for improvement, which leads to a culture of top-down decision-making. For example, in one hospital, nurses reported feeling disempowered by senior management's failure to listen to their suggestions for improving patient care and streamlining hospital operations.

In contrast, some hospital leaders have attempted to improve communication through regular staff meetings and feedback sessions. However, these efforts were often undermined by the pressures of day-to-day management and the overwhelming workload that left little time for sustained engagement with staff. This issue highlights the need for more effective communication systems and a shift toward a more inclusive leadership model that allows for greater staff involvement in decision-making.

5.3.4 Leadership development and training

A major contributing factor to the leadership challenges in KwaZulu-Natal's government hospitals is the lack of leadership development and training. The research found that many hospital leaders in the province lack the necessary managerial and leadership skills to lead healthcare teams effectively. While some hospitals have implemented leadership development programmes, these initiatives are often inadequate in addressing the specific challenges faced by hospital managers in KwaZulu-Natal.

For example, many middle-level managers have received limited formal training in hospital administration, and leadership skills are often learned on the job, with little support or mentorship. This has led to gaps in managerial competence, particularly in areas such as strategic planning, human resource management, and financial oversight. Additionally, leadership training programmes that do exist are often insufficiently funded, and there are few opportunities for ongoing professional development.

One of the findings of the study was that hospital leaders in KwaZulu-Natal tend to view leadership as a set of administrative tasks rather than a dynamic and relational process that involves motivating and inspiring teams. This gap in leadership knowledge means that many hospital managers struggle to foster a positive organisational culture, which is critical for improving staff morale and patient care. Without effective leadership training, hospital leaders are less likely to address systemic issues such as burnout, staff dissatisfaction, and high turnover rates, which ultimately impact the quality of patient care.

5.3.5 Staff morale and engagement

Closely related to leadership challenges in KwaZulu-Natal's government hospitals is the issue of staff morale and engagement. Many frontline healthcare workers reported high levels of stress and dissatisfaction, which are closely linked to the leadership challenges in their hospitals. A lack of support from leadership, poor working conditions, and an overwhelming workload have led to low levels of job satisfaction, which, in turn, affect patient care outcomes.

The research indicates that hospital leaders in KwaZulu-Natal face significant challenges in maintaining staff morale, particularly in the face of widespread burnout, high staff turnover,

and a general feeling of being undervalued. In some hospitals, leadership has attempted to address these issues through initiatives aimed at improving work-life balance and providing support for mental health. However, these efforts have been piecemeal and have not been implemented consistently across the region.

Additionally, the lack of recognition for staff achievements and contributions is another factor contributing to low morale. Healthcare workers in KwaZulu-Natal, especially nurses and support staff, often reported that their hard work was not acknowledged or rewarded by hospital leadership. This disconnect between leadership and staff has had negative consequences for team cohesion and has made it difficult to retain skilled professionals in the long term.

5.3.6 Political interference and bureaucracy

Another unique challenge facing hospital leadership in KwaZulu-Natal is the issue of political interference and bureaucracy. The influence of political actors in the appointment of hospital leadership and the allocation of resources have created a situation where hospital managers often feel politically constrained in their decision-making. This interference can undermine the autonomy of hospital leadership and make it difficult to implement necessary reforms or make tough decisions, such as reallocating resources or restructuring staff teams.

Research participants noted that the political climate in KwaZulu-Natal sometimes leads to conflicts of interest, where political agendas take precedence over hospital needs. Hospital leaders often feel compelled to prioritize the interests of political parties or government officials over the well-being of patients and the needs of hospital staff. This type of political interference exacerbates the leadership challenges faced by government hospitals, as leaders are forced to navigate a complex and often contradictory set of expectations and pressures from both political and health-sector stakeholders.

5.4 New Role of CEO

Literature has shown that different leadership styles have a direct impact on outcomes. Transparency and openness are required. A leader needs to be able to adapt and be able to have prompt decision-making, but also be able to keep the team members aware of all the problems and challenges in order not to have people blame each other, but rather gain their

support. Being goal-directed also helps with team engagement. Continuous problem-solving, together with reflecting on where the institution is, helps with prompt problem-solving. Active leadership is crucial for efficient leadership. Hospital CEOs will need to have a clear vision and strategy which align with public health care, needs and policies. Implementing continuous quality measures helps to enhance patient care and standards. Patient-centred care focuses on patient experience and outcome. Regular feedback from staff and patients will inform best practices and policies. Implementing best practices through evidence-based literature will add to improvement. Regular staff training and staff development will ensure that these best practices are best applied. Interdepartmental teamwork among medical staff, administrators and aligned health care will encourage a collaborative environment. Good financial management of limited resources and budgets is crucial. This will improve financial sustainability while ensuring high quality of care. Supporting staff mental and physical well-being is essential.

5.5 Models of Change seen by CEOs

Minor changes in the management of government hospitals need to be made in order to implement change. One of the first few items that were noted was having good, well-skilled, educated CEOs. CEOs need to focus. This can be achieved by fostering a vision of change, fostering different innovative models throughout the institution and healthcare teams. This will help to increase healthcare employees' engagement at different levels, improving employee morale and having a culture of continuous improvement. Having a value-based care model will helps to improve health outcomes by putting a greater emphasis on integrated care, and cost containment. This will help with better resource utilisation and enhance patient care and outcomes. Leveraging on technology would help to improve healthcare outcomes by implementing electronic health records. There would be enhanced data management that will encourage better patient outcome. By leveraging in some of these models, it would help to navigate the challenges in government healthcare hospitals.

5.6 Chapter Summary

The leadership challenges in government hospitals in KwaZulu-Natal are deeply intertwined with broader systemic issues such as resource shortages, political interference, and governance problems. The study highlights the need for more effective leadership, better communication, and greater investment in leadership development programmes. The findings

suggest that improving leadership within these hospitals requires a multifaceted approach that includes better management training, enhanced staff engagement, and the creation of supportive, transparent, and accountable leadership structures.

Addressing these challenges is crucial, not only for improving the quality of health care in KwaZulu Natal, but also for ensuring the sustainability of government hospitals in the long term. Effective leadership is essential for overcoming the systemic issues currently faced by these hospitals and for fostering an environment that values both staff well-being and quality patient care.

This chapter summarises the study's findings, and what was anticipated from the literature found. It is concluded that even though there are challenges that the current Department of Health face, there are still possibilities to overcome challenges faced by government hospital CEOs.

6. CONCLUSION, RECOMMENDATION & LIMITATIONS

6.1 Introduction

This study set out to investigate the leadership challenges facing government hospitals in KwaZulu-Natal, with a particular focus on how these challenges impact hospital management, staff performance, and patient care outcomes. The research aimed to provide an in-depth analysis of the leadership dynamics within KwaZulu Natal's public healthcare sector, highlighting both systemic and organisational barriers to effective leadership. By examining secondary data sources, such as hospital reports, staff surveys, and interviews with healthcare leaders, this study has provided valuable insights into the leadership practices and challenges that shape the functioning of government hospitals in this province.

Throughout the report, several key themes and challenges were identified that reflect both the complexity of leadership within government hospitals in KwaZulu Natal and the broader issues facing South Africa's public healthcare system. Clinical staff is the main stakeholder whose primary role in sustaining hospital service is pivotal. Good leadership is required to transform the healthcare system. Leadership, however, is not only at CEO level, but in every level within the health system. We have been able to identify problems experienced by middle management, together with identifying ways we can improve the quality of health care.

While it was not the task of this study to make recommendations on governance, it is impossible to make recommendations for improving on hospital leadership and not touch on appropriate clinical governance. I would recommend that the Department of Health MEC address the policy implementation gap that is present, together with finding ways to improve management of finances in the different hospitals, i.e. as pointed out by Dr Motswaledi Department of health (2019) in the recent January 2019 report, that some of the budgeted Department of Health funding is used by foreign nationals, as the current health care in South Africa, although it has its flaws is better that sub-Saharan African countries. The needs and demands of the public related to hospitals need to be reviewed, as some hospitals have a higher demand than they can support, especially with staff shortages noted as one of the challenges faced.

Human resource staff need to be more prompt in the hiring of new staff members, together with more proper assessment tools to assess performance of employed staff members. There needs to be more effective labour relations. The importance is that a collaborative and non-hierarchical style of leadership can be used, rather than an authoritarian approach. This will enable key relationships to develop amongst all staff members. Formal hierarchical systems can be developed for handling intractable problems that require a structured approach. Having an open-door policy can build communication channels and help solve problems in a much faster way.

Tender processing needs to be reviewed, especially with the supplying of crucial services and goods. The current CEOs need to complete more degrees, diplomas or training programmes for continuous leadership skills developments. There needs to be more room for innovative ideas and more mentoring programmes by top level management. Informal channels of communication are important as they allow people to be freer in voicing their concerns and opinions. Having regular purposeful meetings at departmental level can be scheduled to discuss quality improvement and address health system issues.

Good leadership skills can help improve management of hospital, and acknowledgement of this can help in the development of public hospitals. As key drivers of health care, different roles need to be clearly outlined for first line and middle management, with the focus on team building, and sharing one goal. Ensuring that all equipment required is working and in good condition can help to minimise administrative problems. Assessing the capability prior to the appointment of a CEO is paramount, as it allows the individual to demonstrate if they have the necessary skill set for the role. Often clinical leadership is provided in hospital settings which ensure effective and safe health care. Competent leaders are viewed to have the necessary knowledge, attitude and skills to perform effective roles. Competence is when there is a consistency in the output needed at particular tasks.

Public hospitals must aim to maintain good service quality and improve efficacy, all while adhering to the restrictions and challenges CEOs experience placed by the public service budget. Transformational leadership, according to the participants, can result in greater performances.

The key leadership challenges identified in this study include:

- **Governance and Management Issues**: A significant portion of hospital leadership in KwaZulu Natal struggles with weak management structures, which are often compounded by political interference and a lack of strategic direction. Hospital leaders face challenges in balancing administrative duties with the need for long-term planning and resource management.
- **Inadequate Resource Allocation**: Budget constraints and understaffing continue to be significant barriers, with hospital leaders frequently forced to make difficult decisions about prioritising resources, often at the expense of critical areas like staff development, patient care, and infrastructure maintenance.
- **Communication Barriers**: Poor communication between hospital leadership and staff, as well as between hospitals and the provincial health department, undermines efforts to improve hospital performance and employee engagement.
- **Leadership Development Gaps**: The lack of comprehensive leadership training programmes leaves hospital leaders underprepared to handle the demands of managing complex healthcare organisations. The study highlighted the need for leadership development at all levels of management to foster more effective, collaborative leadership.
- **Staff Morale and Burnout**: The poor morale among hospital staff, driven by workload, a lack of recognition, and insufficient leadership support, has been identified as a major challenge. Hospital leaders are struggling to maintain staff motivation and retention, which affects both team performance and patient outcomes.

By addressing these leadership challenges, the research achieved its primary objective of identifying the factors that hinder effective leadership in KwaZulu Natal's government hospitals. The findings underscore the critical need for better governance, resource management, and leadership development in order to address the systemic issues affecting hospital performance.

6.2 Objectives of the Study

This research has successfully investigated and presented the leadership challenges faced by government hospital CEOs in KwaZulu-Natal, achieving a comprehensive understanding of the factors that hinder effective healthcare management in the region. The findings indicate

that many CEOs struggle with insufficient medical management training, lack of leadership expertise, and ineffective communication structures, all of which impact decision-making and service delivery.

Additionally, the research highlights the constraints imposed by hierarchical governance structures, which limit CEO autonomy and delay critical responses to urgent issues such as resource shortages and high patient volumes.

The interpretation of these findings reveals that these leadership challenges are not only rooted in individual skills, but also in the broader organisational and systemic issues within the healthcare sector. The complex socio-political and resource-constrained environment further exacerbates the difficulties faced by hospital CEOs in KwaZulu-Natal. It is clear that a more adaptive and context-sensitive leadership approach, such as one informed by contingency theory, is crucial for improving hospital management in the province. The research also provides key recommendations for leadership strategies, including the enhancement of leadership training, restructuring governance to allow for greater CEO autonomy, and fostering more collaborative and responsive leadership styles that can better address the unique challenges of public hospitals.

Based on the analysis, the research provides key recommendations for improving leadership strategies within public hospitals. These include enhancing leadership training programmes tailored to the specific needs of hospital CEOs, fostering more adaptive leadership styles aligned with contingency theory, and restructuring governance frameworks to grant hospital CEOs greater decision-making power and flexibility. Such strategies will help CEOs to better navigate the unique challenges of the healthcare environment in KwaZulu-Natal and ultimately improve service delivery and patient care. By empowering hospital CEOs with the skills and authority to lead more effectively, this research aims to contribute to a more resilient and efficient healthcare system in the region.

By interpreting these findings, the study successfully met its research objectives by:

- Identifying Key Leadership Challenges: Through secondary data analysis, the research identified specific leadership challenges that hinder the performance of government hospitals in KwaZulu Natal. These challenges include management inefficiencies, resource constraints, poor communication, and leadership gaps.

- Understanding the Impact of Leadership on Hospital Operations: The study revealed how ineffective leadership has a cascading effect on hospital operations, from staff morale to patient care. The analysis provided a clear picture of how leadership deficiencies contribute to the broader challenges facing the province's healthcare system.

6.3 Contribution of the Study

I hope this research study will be able to help improve the healthcare system in KwaZulu-Natal, but also help to find with what other challenges public hospitals throughout South African are able to identify. I hope it will be able to address and improve on the challenges experienced in KwaZulu-Natal hospitals, to foster positive change and improve on patient outcome as seen by some hospitals in KwaZulu-Natal. I hope this study is able to point out the type of leadership styles and how each type of style can be best utilised to improve some hospital outcomes that the government has set. The main challenges found to be of importance and need urgent intervention are, amongst others, getting enough staff to alleviate the burden of the pressures experienced by staff. Staff needs to be continuously motivated to perform at their optimum ability. There needs to a better way of staff retention, to decrease the staff turnover. Crucial roles need to be filled. There needs to be an upskilling of staff, especially for leadership roles and executive management. There needs to be sufficient equipment, essential stock, pharmaceuticals and upgrading of necessary equipment and infrastructure.

6.2.1 Recommendation for the National Department of Health hospitals

The government should closely monitor the impact of norms and standards, not only in terms of quality of care, but also on the morale, workload, and commitment of clinical staff. Recognising that strong clinical leadership is a key driver of hospital performance, it is essential to support provincial health systems in developing strategies for clinical leadership development as part of effective clinical governance.

Furthermore, the government must address the gap between policy and implementation regarding the integration of hospitals within the District Health System. This includes the

rollout of electronic health systems, which will be critical as hospitals play a central role in the NHI framework.

6.2.2 Recommendation for hospital Chief Executive Officers in South Africa

The government must provide clearer guidelines regarding the distinct roles of clinical staff, particularly those in leadership positions, while fostering the development of collaborative, multidisciplinary teams. It is essential for clinical leaders to remain visible and accessible throughout the organisation. Strategies to achieve this could include active engagement in clinical work, maintaining offices close to clinical areas, implementing open-door policies, and conducting regular visits to clinical operations.

In addition, it is crucial to recognise and support the leadership contributions of both medical and operational managers. Appointments to these positions should prioritise leadership and management expertise, rather than merely seniority or length of service. This will help to ensure that leaders are equipped with the necessary skills to drive positive change.

Key relationships that require strengthening include those between the hospital's medical and nursing services managers, and the coordination between nurses and doctors across different wards. Special attention should be given to enhancing the role of the senior administrative manager (or non-clinical services manager), whose support could alleviate the administrative burden on medical and nursing leaders. This will enable them to focus more on strategic leadership and clinical governance, ultimately strengthening the overall management of the hospital.

6.2.3 Recommendation for public hospital CEOs in Southern African Development Community (SADC)

Governments in the SADC region should invest in comprehensive leadership training programmes for hospital CEOs that focus on both medical management and strategic leadership skills. These programmes should be designed to equip leaders with the knowledge and skills needed to manage complex healthcare systems, navigate financial constraints, and lead diverse teams. Leadership development initiatives should also incorporate elements of crisis management, as healthcare CEOs frequently deal with public health emergencies, such as disease outbreaks or resource shortages.

They should be encouraged to adopt more collaborative leadership styles that foster engagement with key stakeholders, including government officials, healthcare workers, and local communities. This can help in building trust, improving communication, and ensuring that hospital management decisions align with community needs and government policies. Regular consultations with healthcare professionals can also improve operational efficiency and ensure that policies are grounded in practical, on-the-ground realities.

6.2.4 Recommendation to public hospital CEOs in Africa

To improve hospital management, African hospital CEOs should embrace data-driven decision-making. Implementing health information systems could provide real-time insights into patient outcomes, resource utilisation, staffing levels, and overall hospital performance. By using data analytics, CEOs can identify inefficiencies, track progress toward healthcare goals, and implement targeted interventions to improve service delivery and patient care. Additionally, data-driven decision-making will allow for better planning and allocation of limited resources.

Many hospitals in Africa face shortages of skilled healthcare workers, which compound the challenges of leadership. Government CEOs should focus on improving workforce planning, recruitment, and retention strategies to ensure that hospitals are adequately staffed. This could include developing programmes to train and retain nurses, doctors, and support staff, as well as creating an enabling work environment to improve staff morale and productivity.

6.2.5 Recommendation to public hospital CEOs in the World

Governments should invest in comprehensive leadership development programmes that focus on healthcare-specific challenges, including strategic planning, financial management, human resources, crisis management, and patient-centred care. These programmes should be ongoing, offering both theoretical knowledge and practical skills to equip hospital CEOs with the tools they need to navigate the complexities of modern healthcare systems. Governments must prioritise investments in healthcare infrastructure—upgrading facilities, providing advanced medical technology, and ensuring a steady supply of medications and equipment. In parallel, hospital CEOs should be trained in effective resource management, using techniques

like lean management, inventory control, and supply chain optimisation to ensure that limited resources are used efficiently and effectively.

6.4 Limitations and Recommendations for Future Study

Further research is required to assess the challenges and needs in district hospitals, as they directly feed into regional and tertiary hospitals. The biggest challenging factor was for CEOs availability to have telephonic or face-to-face interviews.

6.5 Chapter Summary

This chapter provides a summary of the challenges observed, together with the limitations the study had. With this study, I hope it can be a tool that can help communities to understand the pressures that hospital and its management face, together with providing insight into the different management levels. I hope the Department of Health in KwaZulu-Natal and country-wide will be able to use this study to improve the healthcare system.

The number of challenges and volume of red tape that public facilities are faced with, is quite worrying. The healthcare sector is a dynamic and complex industry. The need to have strong and competent leaders is crucial to achieve goals and navigate through the challenges faced on a day-to-day basis. There is significant evidence to suggest that the challenges faced by public sector hospitals in KwaZulu-Natal have been due to a lack of leadership. There are various reasons why this has happened, but it is evident that leadership skills and abilities must be prioritised amongst the other strategic areas for public sector hospitals. This means that there should be a concerted effort by public hospital leaders to develop a succession plan across their leadership structure, so as to be able to ensure long-term sustainability within an organisation.

The leadership challenges in government hospitals in KwaZulu-Natal are complex and multifaceted, requiring a comprehensive and integrated approach to reform. Effective leadership is essential for overcoming the resource constraints, political interference, and management inefficiencies that currently hinder the delivery of quality health care. The study's findings suggest that addressing these challenges requires not only improved governance structures, but also a commitment to the professional development of hospital leaders, better communication across all levels of the hospital system, and a focus on

fostering a positive work environment for staff. By taking these steps, KwaZulu-Natal's government hospitals can enhance their leadership capacity, ultimately leading to better health care outcomes for the people of the province.

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Student details	
Student Number: 305962	Student name: Thandeka Maphumulo
Email address: maphumulo.thandeka@yahoo.com	

Assignment details	
Course Code: BUSA 7417a	Course Name: Applied research project
Assignment no. 1	Due date: 31-07-2018
Assignment topic *(as given in the coursepack)*:	

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Student Signature:	Date: 31-07-2018

Annexure 1

Expand/Elaborate on Limitations, Assumptions, and Ethical Considerations:

I have expanded the sections on limitations, assumptions, and ethical considerations. In the limitations section, I identified more specific factors that may have impacted the results, including sample size, potential biases in participant selection, and the challenges of gathering sensitive data in a public healthcare setting. In the assumptions section, I clarified the assumptions made regarding hospital leadership structures and the external political and economic factors influencing leadership decisions. Regarding ethical considerations, I elaborated on the steps taken to ensure confidentiality, and the adherence to ethical guidelines throughout the data collection process. I have strengthen my argument in the literature review.

I believe these revisions have strengthened the overall quality of the research, ensuring that the theoretical framework is both comprehensive and analytically rigorous, while also providing a more detailed discussion of the study's limitations, assumptions, and ethical considerations.

I am submitting the final version of the thesis for your approval.