



Evaluation of Leadership Readiness from a Sample of South African Hospitals

Emile Mando Akalenaga, Shamila Singh*

MANCOSA Graduate School of Business, 16 SamoraMachel St, Durban Central, Durban, 4001, SOUTH AFRICA

***Corresponding Author:** Shamila Singh, MANCOSA Graduate School of Business, 16 SamoraMachel St, Durban Central, Durban, 4001, SOUTH AFRICA

Abstract: Minimal consideration has been given to the critical aspects of preparedness and patience which are needed to acquire the required leadership skills through training programmes, conferences, professional experience and coaching, in spite of these being the foundation for success. A study was conducted on health institutions using a sample of level-one hospitals in South Africa. This research sought to understand whether the appointed Chief Executive Officers were ready to fulfil their roles and ensure that the organisation performs optimally and also make recommendations to the Department of Health for improvements. The choice of topic was based on multiple nationwide concerns in the Department of Health where a significant number of complaints have been received. Two units of data analysis were utilised in this qualitative research, that of leadership and leadership readiness to evaluate the performance of CEOs. The researcher detected that highly positioned people were not employed based on merit but rather their political agenda or acquaintances. No formal selection procedure was undertaken, nor did candidates have the required qualifications to assume these posts. It was recommended that the new CEO be committed to Continuous Professional Development (CPD) through various courses, learning exchanges and degrees such as an MBA.

Keywords: Autocratic leadership style; change management; personal development.

1. INTRODUCTION

To survive in a competitive market, where health institutions are not excluded, lies in efforts of investing in training sessions, workshops, conferences, and any other means to enhance employees' abilities to perform as per company expectations. It is important to determine what strategies there are that organisations can implement to best prepare their employees to assume strategic positions.

This research had to detect information, concepts and theories that are ultimately crucial to the study of leadership in general and specifically demonstrate the relevance of leadership readiness at the moment a person is entrusted with the responsibilities within an organisation.

According to Yukl (2013:381), a significant rate of transformation that leaders face is found outside the environment of organisations. The suggestion made is that the success of a leader in this century will require a higher level of competencies and skills such as leadership development and readiness. To acquire these leadership competencies in exercising a leadership role, formal training and self-help assessments are required for development. Both should be considered as developmental activities, either by a direct supervisor in the work environment or a consultant hired for this specific purpose or even a mentor who can be anyone at top management level within the organisation who would enable employees to learn new skills (Yukl, 2013:382-383).

Formal training programmes are meant to enhance skills and empower the personnel in an organisation. However, according to Rothwell and Kazanas (2004), the mistake that most companies worldwide make is that they emphasise training programmes at lower-level and middle-level managers. They ignore the top-managers whilst it is at this top management level that the high risk lies. Executives are desperately in need of being updated and reminded of the key roles they play in maintaining the optimal functioning of the activities within a company.

Yukl has argued that many social scientists have gathered to discover the traits to be attributed to effective leadership and the kind of behaviours and abilities and ultimately how well his/her influence can be measured through the achievement of objectives.

1.1. Background to the Problem

The inadequacy of skills and knowledge are detrimental to the hospitals' performance, especially level-ones being the least able to efficiently attend to patients' health problems. The focus and objectives of level-one hospitals are to ensure that critical patients from rural areas are stabilised and then transferred to level-two and three nearby hospitals for further proper healthcare. This statement is confirmed by the South African Government Gazette (2012:133) which had also categorised the hospitals from the small district hospitals, (also called level-one hospitals), with a maximum of 150 beds to level-two or three hospitals, (also called academic hospitals), with a maximum of 300 beds (in level-two) and more or less 600 beds (in level-three).

The CEO's responsibility has a high impact which affects internal and external factors. Some of the factors are:

- Balance the number between the management and medical staff to provide an adequate service amid the excessive number of patients in the community,
- The whole healthcare system in hospitals is put under pressure to accommodate the patient load.
- Vacated positions are not filled timeously. Therefore, the quality of service to be provided is increasingly compromised.
- In respect of employee wellness, shift-work affects work-life balance and medical staff claim that it causes an 'out of rhythm' experience.
- The inadequacy of resources and equipment negatively impacts service delivery.

CEOs need to be sufficiently prepared and ready to embrace the huge responsibilities entrusted to them. Verifiable qualifications, proven experience and preparedness are crucial to overcome the challenges.

1.2. Problem Statement

Several challenges have arisen in the management of level-one hospitals that relate to the retention of medical doctors, the ability to fill vacancies, managing workload through overtime, poor or no maintenance of infrastructure and facilities, increased patients' complaints, poor communication, a lack of trust and low levels of employee engagement.

Apparently the Department of Health is plagued with many challenges in general. As an example, one healthcare institution was involved in the deaths of psychiatric patients where at least 143 victims have been reported so far. The incident is seen as the highest cause of human rights violation in the country. The reason of the said high number of deaths include acts of negligence, ignorance and the ineffectiveness of leaders within the Health Department at this particular province. It was reported that leaders ended an outsourced contract to save costs and they were keen to determine ways to deinstitutionalise the psychiatric patients (Khambule, 2018).

This research will seek to understand whether the appointed CEOs are ready to fulfil their roles and ensure that the organisation performs optimally. Therefore, the researcher conducted an objective study and reported on whether the appointment of these officers in level-one hospitals undergo a thorough procedure of recruitment and selection before assuming responsibility.

1.3. Objectives of the Study

The questions used in the research are based on the following objectives:

- To evaluate the leadership readiness of CEOs at level-one hospitals.
- To examine the approaches that are used to ensure that the CEO is ready and prepared to operate proficiently.
- To recommend strategies which could improve the medical staff morale by applying the required standard of leadership readiness developed by the South African Board of People and Practices (SABPP).

1.4. Significance of the Study

This research will make a meaningful contribution to the understanding of what kind of leadership competencies and capabilities are required to ensure the smooth functioning of an organisation in general and in particular within a healthcare institution. This study will provide a framework for leadership readiness in the health sector (in the context of level-one hospitals). The medical and

administrative personnel need to work in a peaceful environment and be certain that management can provide full support to deliver as they mostly deal with human's lives and potential risk which can endanger the hospice's reputation. Hence, the significance to find the correct person for this vital role.

2. LITERATURE REVIEW

Leadership readiness has existed for decades, thus many authors considered it an old concept. It is understood as being a pre-requisite for leadership (Agnew & VanBalkom, 2012:11). Leadership readiness is seen as an unbroken process of motivating and guiding someone in such a way she/he might create a positive state of mind of being equipped to handle a high-ranking position. This concept also is concerned with providing the staff with an environment that promotes knowledge and a permanent opportunity to acquire new information.

2.1. Consequence of a Lack of Leadership Readiness

Bates (2014:113) established five consequences that arise in the recruitment process when ineffective and unprepared leaders are hired:

- *These leaders cost much harm to companies with high turnovers:* Many other experts agree that the wrong person in a strategic position, can cost between 5 to 10 times damages of a yearly salary. Thus, companies should spend on resources in the recruitment process to ensure the outcome is secure and protect the company from loss.
- *A person with ineffective leadership skills has significant impacts on the team performance:* When staff feel demotivated they not willing to give their best compared to motivated employees who voluntarily 'go the extra mile'.
- *The personal development programme of employees suffers:* A poor leader would be unable to identify potential skills hidden within employees.
- *The consequence of unprepared or inadequate leaders is that the organisational culture will turn poisonous and toxic.* The culture will be laden with toxicity, negative behaviours and bad attitudes.
- *Impact of turnover at other levels:* Research has proven that professional staff do not quit work on the basis of liking or disliking a culture but rather in embracing the culture and determining the best approach for an optimal solution.

2.2. Approach of Research Questions

The concept of leadership is vast as it extends to all disciplines. Leadership is never an easy task as many paths of leaders are fraught with unexpected events, circumstances and challenges. Thus, readiness in leadership is vital and extremely critical for organisations. Organisations must develop a strategic plan for the development of its personnel, aiming to mitigate potential risks that might absorb the whole functioning of the organisation by either bankruptcy or significant loss. Thus, in this research, the focus on three hospitals, with the questions are preconceived in the attempt to shed light on some of the concerns which motivated the choice of the current topic. Regarding these concerns, the questionnaires will centre on leadership readiness and leadership personal development to assume the entrusted responsibility suggesting strategies to curb disasters in healthcare institutions.

2.3. Leadership Competencies

Leaders can be apprehensive regarding the development of competencies and they desperately need to become efficient, effective and competitive in the marketplace. The same reality has its effect in healthcare institutions where even a public institution has to be competitive in the community. Riggo (2014:74) had proposed the following competencies for leadership readiness:

- *Social intelligence:* This concept is unfortunately poorly understood and defined, and furthermore under-researched. It is the ability to understand social situations, its dynamics and variety. It is developed when a person is exposed to people of different cultures and backgrounds and create the aptitude to engage in effortless conversation with others.
- *Interpersonal skills:* This is seen as a subset, a division of social intelligence. However, it is further relationship-oriented in terms of social effectiveness. It is qualified as the soft-skills that any leader should have. It is developed when someone develops an ability to listen to the opinions from others, and have conversational skills and cordial personal relationships with co-workers.

- *Emotional skills or emotional intelligence*: It is a complementary aspect of social intelligence. It is simply defined as the personal ability to interact and communicate, and the capability to understand emotional situations and self-emotion. It is developed by the frequency of reading others' nonverbal gestures and master how to express self-emotion in an appropriate manner.
- *Prudence*: This is the ability to be capable of detecting others' perspectives and let them express their points of view. It develops when a leader is a listener too. It assists to broaden someone's mind.
- *Prudence* is one of Aristotle's cardinal virtues. A synonym is wisdom but it comes from being able to see others' perspectives and through being open to and considering others' points of view.
- *Fortitude*: This is about having the courage to take measured risks and stand firm on what it is worth to be believed in and always do the right thing.
- *Conflict management*: It is the acquisition of interpersonal skills that a leader can have to resolve conflict among the followers or ultimately avoid conflict. It can be developed by intense training and workshops oriented toward the strategies of managing conflict.
- *Decision-making*: This is the ultimate criterion, qualified to be a core competency of any good leader. It can be defined as the capacity of making balanced decisions through an acceptable process. It is developed by experience when a decision has gone either wrong or right.
- *Influence skills*: Another core element in leadership competencies as the leadership itself is about influencing others to share the leader's vision or to hone the level of perception of his/her followers. It is developed by having debates so that a well-thought-out argument is gradually formed and becomes stronger.

3. RESEARCH METHODOLOGY

A cross-sectional study includes the study of a particular phenomenon. Levin (2006:24) advises that cross-sectional studies are carried out at one time-point over a short period and are conducted in order to determine the occurrence for a given population. A cross-sectional approach was utilised in this study since it is comparatively inexpensive and is timeous. The focus was an evaluation of the leadership readiness of CEOs from three hospitals in a South African province. Therefore, the research approach suited a qualitative approach. The qualitative approach is viewed as being interactive and interpretive. As the researcher opted for qualitative research, a person-centred and holistic perspective will be adopted to understand the human experience, without focusing on specific concepts.

3.1. Target Population

In this study, the population consisted of all the employees, either medical or administrative, of three sample hospitals. Hospital A had 53 employees, Hospital B 49 employees and the Hospital C 63 employees. The researcher chose the participants because of their ability to objectively evaluate the leadership readiness for the CEOs (Polit & Hungler 2004:294). All interviews were transcribed soon after their conduction so as to ensure data integrity. Throughout the interviews, the researcher was careful to provide sufficient time for the respondents to reply to the posed questions. In the pursuit of a qualitative research approach and to guarantee the reliability as well as the validity of the research, the following conditions had to be met:

- Criterion 1: Interviewees must have been working in a healthcare institution for at least five years.
- Criterion 2: Interviewees must have a clear understanding of leadership readiness in order to align perceptions with the value in this research.

3.2. Data Analysis

This research had two units of data analysis: leadership and leadership readiness. It is attributed to the principal aim of this study which is to evaluate the leadership readiness of CEOs in level-one hospitals, using a sample of three hospitals. The reason behind this study is the revelation that emerged from these healthcare institutions concerning an unprecedented number of concerns.

3.3. Ethical Considerations

To ensure the ethical standards were met this study resorted to the following steps:

- Maintain the privacy of those taking part in the research by keeping their identities anonymous throughout the research.

- Background to the research and sufficient information was shared with the participants so that they understood the implications of participating in the research.
- All efforts were made to report the findings and analyses with accuracy.

4. RESULTS

The purposive sample was drawn from each hospital to respond to the research questions. A depiction of the demographic analysis and a thematic presentation of the main and sub-themes is presented below.

4.1. Data Presentation of Three Samples by Gender

Table4.1: Demographic analysis of research participants

Samples	Gender	Frequency	Sample taken from the population	Gender Percentage per hospital
Hospital A	Male	27	4	50.94
	Female	26		49.06
Hospital B	Male	22	4	44.9
	Female	27		55.1
Hospital C	Male	33	4	52.38
	Female	30		47.62
Total		165	12	

Statistics revealed that the rate of women in senior roles in South Africa has declined from 27 per cent to 23 per cent whilst 39 per cent of businesses had no women in senior positions (Grant & Thornton, 2016). The figures shown of female representation at the hospitals are dissimilar to the findings of Grant and Thornton as all the CEOs in the selected samples were women.

4.2. Position of Research Participants

The education level of management is important for the implementation of sustainability initiatives which require technical skills, knowledge and competencies (Sabini, 2016:2). Although women are well represented in senior management positions, the performance of these public medical facilities is not desirable or optimal. The majority of the research participants were found in a top managerial position (58%), followed by the middle managerial position (25%) and lastly the lower level management at (17%). The researcher focused on the top management position to determine significant reasons for leadership readiness related to the position of CEO. Furthermore, the analysis of the education levels of the research participants revealed that the majority (42%) of the research participants have a matric whereas the remainder had either certificate/diploma, or bachelor degree, or honours degree, and master’s degree. Another interesting dimension is that at least one-third of the research participants in the top-level management position only have a matric as their highest level of qualification.

Top management level had significant work experience (9 years) compared to the middle management level (7 years) and lower management level (8 years). Therefore, individuals involved in leadership are those with vast experience and background in the organisation. Most of them have been there since the inception of the institution and have acquired significant experience. However, as reflected above, none of the CEOs has acquired a tertiary level qualification to provide strategic leadership and executive management skills for the three hospitals. Also, research participants expressed dissatisfaction with the style of leadership, unpreparedness and inability to lead the institution to manage minor issues before they escalated into major issues.

A further observation is that all of the CEOs are above 60 years old, and have not been capacitated and empowered to be fully competent in the position of CEO. The research participants’ earnings are spread from less than R10, 000 to more than R100, 000. On the category of top management level, the 58% of the identified participants’ earnings are found in the range of R40, 000 to R90, 000; while the middle management level salary range (25%) is found between R20, 000 and R30, 000; and lastly the remainder (17%) in the lower management level is in the range that is less than R20, 000.

4.3. Data Analysis - Theme 1: Level of Leadership Readiness

4.3.1. Sub-Theme 1: Situational Leadership

Based on the dynamic nature of healthcare and the dependency of the populace on healthcare services, responsive leadership skills are required. The research participants were encouraged to share their perspectives on the CEOs’ leadership readiness to lead these institutions.

Participant 1: *“I think that the CEO lacks the capabilities of a good leader. She is the reason for all the disruption that stops the smooth functioning of the healthcare institution. For her, trying to influence or motivate the personnel to release the potentiality hidden within them is the least she cares about.”*

Participant 2: *“I wonder if because of the complexity of what the role of CEO requires, our CEO has completely lost a sense of simplicity.”* The participant added that according to his understanding, the efficiency of a leader is essentially based on her capacity to balance attitudes and behaviours. *“The CEO should be consistent in her attitude and more flexible in her behaviour to push everyone to enjoy the job.”*

Participant 4 argued that there was no sign from the CEO that demonstrates a specific leadership style. Although staff can display bad behaviour, the CEO’s attitude can bring about change in the hospital only if *“she could mend her behaviour and come to her senses so no one could complain”*.

Participant 11: *“I think when someone is competent and efficient in their position, he/she must deliver good work. But when the person struggles to deliver, there are problems. Unfortunately, despite complaints to the provincial authority, a blind-eye is turned and no action is taken.”*

The leadership styles described by the research participants do not facilitate the delivery of services. The style is characteristic of those described as non-responsive and autocratic. The evolving health context rather requires a situational or transformational approach.

4.3.2. Sub-Theme 2: Performance of Leadership Readiness

Participant 3: *“I cannot understand why there is no improvement in the CEO’s abilities. She is the one who has a long tenure after all. She participates in different meetings at least twice a week but there is no visible evidence that demonstrates advancement in her work. I understand the challenges she might be facing that are related to her attributes, but she needs to be courageous to overcome those challenges. Also, the leader has an inability to be mature, accept criticism, confront challenges and admit when something goes wrong.”*

Participant 7: *“I went last year to meet with the CEO to share with her the challenges in managing the hospital. She dismissed me and said that I am not the one who appointed her to this position. The leader does not listen, show empathy or promote an inclusive culture. On the contrary, she is destroying the culture in selecting the people around her (who want to benefit from her favour somehow) to collect information from the personnel so that she can be able to know who is against her.”*

Participant 9: *“I can confirm that she is struggling to understand what makes her be a good CEO. “A lot of money is spent for the CEOs in training programme to develop their skills so that they can acquire the skills in the role they play in healthcare institutions. However, the training that was received is not improving the performance of the hospital.”*

Participant 10: *“The CEO was told about the complaints from the general practitioners regarding workloads and the shortage of medical staff but failed to take action to address the issue. Even though the provincial office implemented budget cuts and do not want to hire additional staff, a solution was offered to daily report patient loads to highlight the volume of work that must be delivered. The CEO said the reporting of patient challenges and workloads will get her fired and it is not necessary to report this as she was concerned about what the feedback would be from the province. Three weeks later, our hospital was the top one in the province to experience maternal deaths. The same people at province level whom she intended to protect, blamed her for keeping quiet of emergencies such as extreme shortages and workload of medical staff. The CEO is not proactive in her job.”*

4.3.3. Sub-Theme 3: Challenge of Leadership Readiness

In the literature, the researcher evoked the principle of Sanborn (2015:27) who said that there are countless challenges that an effective leader is meant to face, but it depends on the context.

Participant 1: *“I think that the CEO could be part of the challenges she faces. Most of the personnel dislike the CEO because she fails to maintain a suitable work environment at the hospital. The consequence of the leadership style is that employees become demotivated and dissatisfied with the work environment. The employees adopt passive-aggressive behaviours by being disengaged, doing the bare minimum of work or even staying away from work without valid reasons.”*

Participant 3: *“The reality is that she is not able to balance between what the healthcare institution needs and the needs of the employees. The problem of shortage of medical staff is a key constraint but to date, no resolution was proposed by senior management. Lastly, the CEO with the support of*

senior managers can influence and persuade leaders to attend to skills shortage issues and manage the risk thereof.”

Participant 5: *“My understanding is that the CEO does not consider, respect or motivate employees. She is unhelpful and sees employees as inferior. There is no cooperation and willingness to follow instructions even though it comes from the provincial office.”*

Participant 12: *“Another issue is that the CEO does not know how to prioritise tasks and manage emergencies which points to a lack of organisational skills. The CEO is also physically present only twice a week and therefore it affects the operations of the hospital and service delivery. What is a matter of concern is that the CEO is old and has not upgraded or renewed her skills and knowledge, yet she still occupies this leadership position.”*

4.4. Leadership Readiness and Style

Across the three hospitals, the findings reveal that the predominant leadership style is authoritarian in that all decisions are taken without employee participation.

Participant 1: *“As employees, we are not consulted when decisions are taken.”*

Participant 3: *“Solutions are sought without understanding what the problems are.”*

Participant 6: *“The provincial office makes decisions without understanding the context of the hospital.”*

Participant 7: *“Senior leadership ignores the fact that employees are demotivated and demoralised by the leadership style and approach.”*

4.4.1. Sub-Theme 1: Alignment to System, Policies and Process

Participant 4 said that the South African health system has the most influential policies and guidelines in the Southern African continent and applied to four countries like Botswana, Lesotho, Swaziland (actual eSwatini), and Namibia. Hence the CEO’s role is to effectively implement the healthcare systems and policies. The continuous development of the healthcare system will facilitate learning exchanges with the above countries. After following the patient safety process and guidelines the CEO cannot report a medical professional to the Health Professional Council of South Africa without considering the patient safety incident reporting and learning for the Public Health Sector.

Participant 7 stated, *“There is a guideline for managing patient safety but the CEO did not follow the internal process for five maternal deaths in Hospital A. Furthermore, the CEO reported all medical staff that were on duty during the said incident to the Health Professional Council of South Africa.”* Participant 12 said, *“The CEO of Hospital B does not have a good strategy to implement the ethics and policies which concern the verification of credentials.”* According to the participant, the CEO circumvented the normal process of credential verification: *“The authenticity of my qualification, (Honours degree) obtained outside of South African academic institutions was questioned by the CEO even though the HR department verified the qualification with the World Directory of Medical School (WDMS) based in Philadelphia, USA before being appointed. The CEO preferred to utilise her personal relationships to double-check and verify whether I possessed official and authentic credentials for medical studies.”*

4.4.2. Sub-Theme 2: Communication Skills

The significance of having a communication strategy as a mean of improving leadership readiness was stressed by the majority of respondents (from the top management to lower management level). It is meant to provide an effective means of communication for the satisfaction of all the stakeholders or all the people involved in the company’s operation. For that specific reason, a communication plan needs to be established, a policy-driven approach to providing stakeholders with information. The communication plan should formally shed light on who should be given specific information, at what time and in which style (passive communication, aggressive communication or assertive communication).

Participant 3 said, *‘In the Hospital A, the CEO opted for an authoritarian style of communicating with her subordinates. She cannot express her ideas positively honestly and directly. The CEO avoids taking responsibility and imposes new undocumented rules with regards to the petty cash. I confirm that she does not take into consideration the priorities that need to be attended to urgently such as the replacement of medical tools, car services, maintenance of the local infrastructure, etc.*

Participant 5 and 6 said, *“We have engaged in professional and open talks with the CEO. We pointed out to the CEO that whilst she was appointed in the Pharmacy Department there was teamwork but when promoted to the position of CEO there was a more aggressive and authoritarian style that was deployed. The CEO tends to publicly insult and humiliate employees.”*

Participant 10 said, *“I cannot say that there is a strategic communication plan in Hospital C. There is a breach of confidential information and sensitive information was leaked. Another issue is that the CEO has informants in the hospital from whom she can receive information in the hospital and this has broken down trust.”*

Participants 9 and 11 said, *“In the healthcare institution, emails are ineffective as a means of communication compared to face-face communication as it is the predominant approach that is used in the institution is meetings. The apprehension that we have is that the CEO of Hospital C avoids expressing her opinion and feelings openly. There is no opportunity to participate in the decision-making processes to improve the processes of the medical institution.”*

Participant 12 said, *“Good communication has failed in Hospital A. If the CEO communicated correctly toward the staff, she would have changed people’s attitude toward her. The CEO cannot communicate effectively with us and that is why we struggle to understand what is expected from us.”*

4.4.3. Sub-Theme 3: Employee Dissatisfaction

Participant 2 said, *“Honestly, I think that an effective leader should have the attitude that shows high levels of concern toward the people she leads. The CEO enjoys seeing the entire personnel of Hospital C to abiding by her rules, the way she dictates her instructions showing a strong desire to control everyone. It gives us a sense of being like babies who are constantly monitored.”*

Participant 6 said, *“When the roster was developed we always observed a minimum of 80 hours of overtime to cover up the duty at night. Besides the medical staff of the hospital, sessional doctors are also hired and paid for the extra time spent at night in support of shortages in the hospital. For a month, two sessional doctors were absent but payslips revealed they were paid. I am the one who holds the attendance list. I must justify these two payments to the Finances Department. When I decided to meet the CEO and report the two cases, she asked me to not report it as the two sessional doctors called her to justify the absence of a month. I don’t want to guess the reason behind this but when a leader does what I am supposed to do, it pushes me to hold grudge against her.”*

4.5. Strategies to Ensure the CEO’s Readiness

4.5.1. Sub-Theme 1: Inspiring Employees

Participant 1 stated, *“I am sceptical to confirm whether the CEO in Hospital A has a long-term objective that she strives to align with the mission and vision of the hospital. Although we are under the public sector, our mission (the reason why we exist is primarily to serve the community and achieve NDOH vision) is that of long healthy lives for all South Africans.”*

Participant 6 said, *“I have seen strategic objectives posted on the notice board but the CEO fails to understand what has to be done operationally. The strategic objectives if not converted into operational targets and goals create uneasiness in the healthcare institution. Employees do not understand what is expected of them and how they contribute to achieving strategic objectives. She does not motivate employees to bring the best out of them. The information from meetings at the provincial level serves her alone. Most of us here just work to survive and the leadership does not create opportunities for the development of staff and a good working environment.”*

Participant 8 commented, *“I realised that there is no alignment between the strategy and the operational plans as provided by the leadership of public hospitals in the National Department of Health. The CEO does not allow the medical staff to attend training as other hospital CEOs do. We have four people selected for a diploma in anaesthesia in the past months. Normally the vehicle should be at our disposal to travel to the training venue every Monday. The Transport Department requires authorisation to be signed by the CEO to avoid confusion in the routing of vehicles. The CEO refused to sign the authorisation and prefers a punctual one. Whenever the CEO is not around, employees have to use their own means of transport. These processes do not facilitate doing the work. The procedure is controlled and managed through the CEOs office and she enjoys seeing us begging for her signature.”*

4.5.2. Sub-Theme 2: Cascading the Strategic Objectives

Leadership needs to align all the departments with the strategic objectives of a health institution. Secondly, some departments like support services (HR and finance) will contribute indirectly to the strategic objectives of an organisation.

Participant 2 stated, *“I believe that a subordinate can integrate the values of an organisation and abide by them when the leader values employees. Leaders have a tendency not to uphold standards of performance in public health facilities because accountability is not rewarded. However, if the leader does not assist us in our efforts, how can we continue to give the best of ourselves?”*

Participant 4 said, *“As a subordinate, I feel like the CEO does not rely on my contribution. For me to deliver and bring about change that a good leader would embrace, I would have to be considered as an asset in the healthcare institution.”*

Participant 10 said, *“I wonder why the poor performance of CEOs are tolerated and left unattended. The input given about the leaders is not acted upon. The provincial office is not monitoring the performance of the hospitals and holding managers accountable for targets and complaints. The CEO should have assisted personnel to integrate the importance of serving the community who are not well served because of permanent rifts between the CEO and other senior members as the two sides do not share a common vision for the advancement of the institution.”*

Participant 11 stated, *“I think that to hold a strategic position in a healthcare institution, the CEO needs to have sound management in the sharing of vision and mission for the institution to move forward. This is demonstrated by the openness of mind to share future plans and strategic intent on where the institution should be and what needs to be done to achieve goals.”*

4.6. Conclusion

The outcome of the data analysis collected demonstrates mostly the CEO's attitude was rather resistant and defensive. The research participants feel unprotected and threatened psychologically by those who lead them, especially the ones who possess skills and know-how that CEOs do not have. Therefore, it has resulted in an unprecedented resistance, reluctance and refusal of cooperating effectively with subordinates. The literature reinforces that the competencies of a leader should include the ability to identify pitfalls and predict the potential ones in a specific work environment. A skilled CEO should take preventative actions to eradicate potential risks.

The research revealed that leadership readiness affects the organisational performance of these health institutions. The subordinates' development suffered from poor leadership and the consequence was that it negatively affected the performance of the whole organisation. Poor leadership affects the organisational culture to become toxic or undesirable. However, most of public health care institutions do not feel the pressure to remain competitive and profitable because these institutions are fully funded and taken fully in charge by the state body (National Department of Health).

In the data collection and analysis process, the researcher discovered that CEOs were appointed based on the fact of belonging to the same political group with authority at the provincial level. This influence prevails at the expense of good judgment which requires the right person appointed to the right position.

5. CONCLUSION AND RECOMMENDATIONS

The questions of the topic were based on factors surrounding the concept of leadership and leadership readiness. The following key themes have been in the interview guides:

Leadership competencies: The literature revealed that not only subordinates need to develop their skills through training programmes to become effective. Leaders too need to continually develop their competencies to remain relevant and keep abreast with developments in the sector.

Challenges of leadership readiness: Sanborn (2015:27) argued that leadership readiness challenges are as many as they can be defined. However, four seem to be dominant in all the disciplines regardless of the ability and skills of leaders namely: the desire to be liked and respected when leading the people; being the centre to balance optimally the needs of the company and the employees; and to keep morale optimal despite the different situations; and lastly focus the objectives.

5.1. Overview of the Research Objectives

5.1.1. Evaluation of Leadership Readiness

The main objective of the researcher consisted of comprehending the leadership readiness of the CEOs. The main purpose was to approach the people who were working directly with those CEOs in

the three different hospitals. The researcher selected 'level of leadership readiness' as a theme with three sub-themes as follows:

Situational leadership: The collected views summarised revealed that CEOs lacked the capabilities and required skills that are possessed by effective leaders. Also, employees agreed that the CEOs are not concerned with motivating subordinates and were unable to balance their attitudes and behaviours. Hence CEOs are unable to influence and inspire employees to perform efficiently. The findings also demonstrate that the CEOs have a leadership style that is non-responsive and autocratic.

In accordance with the theme of the performance of leadership readiness, four research participants argued that despite the CEOs having a long tenure in the health institutions, there is no evidence of improvement in their abilities. They added that CEOs attend meetings twice weekly despite no visible advancement. Another dimension is that CEOs do not allow employee participation and refuse any guidance despite not having all the relevant knowledge and information to make decisions in the healthcare institution. Poor leadership handicaps the potential of an organisational culture.

Research participants argued that the reason for employees' dissatisfaction with leadership is largely attributed to an unstable working environment. With the autocratic leadership style of CEOs, employees are demotivated and dissatisfied with the work environment. The participants added that it is like the CEOs do not know exactly how to remain objective and balance the interests of the community and employees. Another dimension is that there is minimal respect for employees and they are considered to be inferior and are not allowed to participate in decision-making.

The predominant leadership style was authoritarian and CEOs did not make provision for employees to participate in decision-making that affects them directly. There are instances when potential solutions are decided without having an understanding of the real problem of the hospital. Another factor is that senior leadership ignores whether demotivation and demoralisation come from the leadership style adopted by the CEOs. The researcher selected three other sub-themes:

- *Alignment to system, policies and process:* Three participants argued that the South African healthcare system and policies influence some countries in Southern Africa. The effectiveness of CEOs in their position can facilitate continuous learning exchanges with other countries. The inability to create a culture of continuous improvement will result in the policies and procedures not being aligned to best practice. The implication is that the other countries are not aligning to a best practice system and hence this compromises the reputation and image of South Africa.
- *Communication skills:* CEOs have been identified as authoritarian leaders in their way of communicating with subordinates. Research participants attested to the fact that CEOs preferred to be obeyed when giving instructions, may impose new rules, not take responsibility when things go wrong and apply inconsistent policies. Another issue is that CEOs tend to dominate discussions and ridicule any dissenting voices. Lastly, the research participants allege that the hospital strategic communication plan is not followed.
- *Employees' dissatisfaction:* Most of the participants were concerned about the behaviour, attitudes, and ineffectiveness of CEOs that affected the performance of the medical facility. Authorities at the provincial level know all the issues and yet no action is taken.

5.2. Strategy of Readiness

In the strategy's theme, the researcher chose two main sub-themes as follows:

- *Inspiring Employees:* Participants showed scepticism towards CEOs concerning the implementation of medium and long-term objectives which assist to align the mission and vision of the healthcare institution. Participants added that the CEOs failed to understand what has to be done operationally despite having the strategic plan on the notice board in the premises of the healthcare. A further deliberation is that there is no support from the provincial level to ensure accountability and improved performance. The non-existence of alignment between strategy and operational plans as provided by the National Department of Health. Therefore, there is no improvement in the training programme for health professionals.
- *Cascading strategic objective:* The participants argued that subordinates will be able to integrate the values of the institution and strictly observe them. However, they got discouraged when the CEOs were not able to uphold the standards of performance to reward the personnel. Thus, the aftermath is on the retention of efforts to give the best of their abilities.

In light of the literature and the result and interpretation of the findings above, the following conclusions can be drawn:

- *Dissimilarity in the concept of leadership readiness:* The leadership readiness concept is related to 'influence and preparedness' of CEOs which assists to build confidence based on knowledge and expertise acquired. However, the result of findings and interpretation from participants show the unpreparedness of CEOs and their inability to influence the people they lead.
- *Leadership style:* The authoritarian approach which CEOs have adopted by the means of managing by fear is the most dangerous and toxic.
- *Leadership competencies:* There is a breach in the competencies of CEOs because they are not exposed and regularly trained on how they are supposed to manage a healthcare institution. Participants revealed that they have regular meetings but unfortunately these are not beneficial for the personnel.

5.3. Recommendations

To avoid future complaints and dissatisfaction among the personnel of healthcare institutions caused by the unpreparedness or lack in leadership readiness for CEOs in a level-one hospital, the researcher recommends the application of the system model below, that outlines the recruitment and procedure of senior managers like Chief Executive Officers.

5.3.1. System Model for the Recruitment and Selection of the CEO

Input: The need is established by the Department of Human Resources for the recruitment of a CEO at a specific level hospital. The advisement process is triggered via the National Department of Health officially made to the public via their website. Short listing is done based on the criteria for the role. Competency-based interviews are conducted and competency assessments arranged. Qualification verification and reference checking are undertaken. Minimum experience required is determined.

Process: Short listing of applicants to exclude unqualified candidates. An interview panel is appointed. Entry-level or advance level requirement is decided upon.

Output: A true leader with readiness and experienced in his/her duties should be selected by the panel who should be an effective communicator and strategic leader.

The second system model to be proposed is the training, learning and development of the CEO.

5.3.2. The Training, Learning and Development of the CEO

Input: The selected CEO should be motivated to become part of a professional body. Leadership development should be undertaken.

Process: Continuous learning is encouraged via conferences attended, training programmes, coaching and the exchange of expertise for executives. Should the applicant not have an MBA (formal programme) it should be encouraged. Learning exchanges should be encouraged.

Output: The new CEO should be committed to Continuous Professional Development (CPD) and therefore be highly motivated and skilled. The system model is set to encourage the new CEOs to undertake the means to develop themselves professionally namely in registering and being part of professional bodies, keep learning by attending conferences, learning exchanges or formal MBA programmes, etc.

5.4. Future Area of the Research

Based on the empirical field research, a lack of understanding of the applicability and consideration of leadership readiness has been observed in many government hospitals, especially in level-one hospitals. It is being proven by the collection and analysis of data that there is a proven ineffectiveness of CEOs to run, exert and collaborate with medical and administrative personnel, hence the proposed two model systems. Thus a future area of research could pertain to the reasons for the non-appliance of policies and procedures at provincial Health Departments to recruit and select a prepared CEO. The ineffectiveness of CEOs can become accountable to the provincial Health Department as the latter has been entrusted by the National Department of Health to hire and place CEOs in different level-one hospitals across the country.

REFERENCES

- [1] Agnew M. & VanBalkom W.D. (2009). Internationalization of the university: Factors impacting cultural readiness for organizational change. *Intercultural Education*. New York: Erlbaum.

- [2] Bates S. (2004). Getting engaged. *HR Magazine*, 49(2), 44–51.
- [3] Khambule, L. (2018). Esidimeni saga is not over. Daily Sun. Retrieved from: <https://www.dailysun.co.za/News/National/esidimeni-saga-is-not-over-20180118>.
- [4] Levin K.A. (2006). Study design III: Cross-sectional studies. *US National Library of Medicine National Institutes of Health* 2006; 7(1):24-5.
- [5] Polit, D.F. & Hungler, B.P. (2004). *Nursing research-principle and methods*. Philadelphia: Lippincott Williams & Wilkins.
- [6] Riggio, R.E. (2014). A social skills model for understanding the foundations of leader communication. In R.E. Riggio & S.J. Tan (Eds.), *Leader interpersonal and influence skills: The soft skills of leadership*. (pp. 31-49). New York: Routledge/Psychology Press.
- [7] Rothwell, W. J., & Kazanas, H. C. (2004). *Improving on-the-job training: How to establish and operate a comprehensive OJT program*. San Francisco: Wiley.
- [8] Sabini, L. (2016). Project management and sustainability. ResearchGate. 10.13140/RG.2.2.14858.06086.
- [9] Sanborn, M. (2015). The six principles of leadership: The power of persuasive communication. Mark Sanborn Keynote Leadership Speaker. Retrieved from: <https://marksanborn.com/blog/2015/09/24/the-six-principles-of-leadership-the-power-of-persuasive-communication/>.
- [10] South African Government Gazette (2012). Regulations relating to categories of hospitals. Government notices. Department of Health. District Hospitals of South Africa.
- [11] Yukl, G., Mahsud, R., Hassan, S. & Prussia, G. E. (2013). An improved measure of ethical leadership. *Journal of Leadership & Organizational Studies*, 20(1), 38–48. <https://doi.org/10.1177/1548051811429352>

AUTHORS' BIOGRAPHY



Emile M. Akalenaga is from the Democratic Republic of Congo (DRC). He is married to **Dr Narah Luzinga-Akale**naga and has two adorable children, **Blessing Kenneth Akalenaga** and **Elsa Akalenaga**. Emile is a marketing expert, professional banker and humanitarian. Furthermore, Emile has extensive expertise in leadership and financial management. Emile's experience spans across the public, private and NGO Sector. From an academic perspective, Emile obtained a Master in Business Administration qualification. The author has presented at conferences both internationally and nationally. The author

was motivated by self-development, curiosity, and complex problem solving. Emile is passionate about continuously developing his leadership skills in a disruptive working environment.



Shamila Singh's research, teaching, coaching, and consulting services reflect her interest in human resources, leadership, governance, inclusivity, and sustainability. Shamila is a governance specialist and serves on a number of Boards as a HR specialist. She is also a qualified HR auditor and has audited and reviewed HR Systems against the HR Standards Systems Model. Shamila is involved in academic and research across a number of academic institutions. Her research has been published and presented at conferences nationally and internationally. Shamila is also an executive and business coach. Shamila is a

skilled facilitator of strategic planning. She is a registered psychometrist and mediator with the Centre for Effective Dispute Resolution (CEDR).

Citation: Emile Mando Akalenaga, Shamila Singh. "Evaluation of Leadership Readiness from a Sample of South African Hospitals" *International Journal of Managerial Studies and Research (IJMSR)*, vol 7, no. 11, 2019, pp. 16-27. doi: <http://dx.doi.org/10.20431/2349-0349.0711003>.

Copyright: © 2019 Authors. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.