

# **UNIVERSITY OF KWAZULU-NATAL**

**Exploring the sustainable leadership of the top managers at Ermelo regional hospital.**

**By**

**Oupa Phillip Bodibe**

**Student Number**

**219090534**

**A dissertation submitted in partial fulfilment of the requirements for the degree of  
Master of Commercial Leadership Studies**

**College of Law and Management Studies**

**Graduate School of Business & Leadership**

**Supervisor: Dr. MacDonald Kanyangale**

**2021**

## DECLARATION

I, Oupa Phillip Bodibe declare that:

- The research reported in this thesis, except where otherwise indicated, is my original work.
- This thesis has not been submitted for any degree or examination at any other university.
- This thesis does not contain other persons' data, pictures, graphs, or other information unless specifically acknowledged as being sourced from other persons.
- This thesis does not contain other persons' writing unless specifically acknowledged as being sourced from other researchers. Where other written sources have been quoted, then:
  - a) their words have been re-written, but the general information attributed to them has been referenced.
  - b) where their exact words have been used, their writing has been placed inside quotation marks and referenced.
  - c) Where I have reproduced a publication of which I am the author, co-author, or editor, I have indicated in detail which part of the publication was written by myself alone and have fully referenced such publications.
  - d) This thesis does not contain text, graphics, or tables copied and pasted from the Internet unless specifically acknowledged, and the source is detailed in the thesis and in the References sections.

Signed:



Oupa Phillip Bodibe

13/ 12 / 2021

Date

## **ACKNOWLEDGMENTS**

I wish to express my sincere thanks and appreciation to my supervisor Dr. MacDonald Kanyangale, who guided me throughout this study.

I would also like to express my gratitude to the following people without whose help this study would not have been possible:

- To my fiancé, Refilwe. I appreciate your support, love, and understanding for the completion of this study.
- To my sister, Matlakala. Thank you for your unwavering support and prayers.
- I wish to acknowledge the help provided by the team at Ermelo Regional Hospital. Thank you for making my dream a reality.
- Lastly, thank you to the Mpumalanga Department of Health for permitting me to conduct the research in your facility at Ermelo Regional Hospital.

## ABSTRACT

Sustainability as a megatrend is influencing the leadership of different organizations in the world, including hospitals to maintain and improve the quality of their services. Despite calls in the literature for guidance on sustaining interventions regarding sustainability in hospitals, there is a dearth of research on leading and implementing sustainability in a hospital setting. The primary objective of this qualitative study was to examine the practices of Sustainable Leadership adopted by the Top Management Team at Ermelo Regional Hospital in Gert Sibande District in South Africa.

Purposive sampling was utilized to identify and select 8 members of the top management team who participated in face-to-face, semi-structured, in-depth, and audio-recorded interviews to collect data. Thematic analysis was used to identify recurring patterns which depict practices that enable or impede practices of Sustainable Leadership by members of the Top Management Team. The study's limitation is that it only included a small sample which makes it not possible to generalize the findings.

The key results of this exploratory study are that Ermelo Regional Hospital's Top Management has got various practices of Sustainable Leadership that they use. These include staff development through training, encouraging leaders at all levels to be part of the organizational effort towards sustainability, flexible working and favourable labour relations which creates a sense of shared responsibility. However, succession planning was found to be influenced by nepotism and corruption while staff management is mostly crippled by the prevalence of autocratic leadership. The need for engaging the employees often through regular meetings to provide up-dates and share hospital performance were also emphasized as critical as they result in a work setting where effective communication becomes the norm and challenges are timeously addressed.

The study concludes that while Ermelo Regional Hospital's Top Management Team is trying in terms of skill development, the leadership style is less supportive of inclusive, sustainability-related practices. Furthermore, the pillars of sustainability such as the environment and community are not given enough attention by the Ermelo Regional Hospital leaders, which adds challenges to practice effective Sustainable Leadership in a hospital setting. A few recommendations are provided as well as potential research areas.

# Table of Contents

DECLARATION.....	ii
ACKNOWLEDGMENTS .....	iii
ABSTRACT.....	iv
CHAPTER ONE .....	11
1.1.    Introduction.....	11
1.2.    Background of the Study.....	12
1.2.1    Background information of Ermelo Regional Hospital	19
1.3.    Problem Statement.....	22
1.4.    Research Objectives.....	23
1.5.    Research Questions.....	23
1.6.    Significance of the Study .....	24
1.7.    Research Methodology .....	24
1.8.    Delimitations of the Study .....	25
1.9.    Chapter Outline.....	26
1.10.   Chapter Summary.....	27
CHAPTER TWO .....	28
LITERATURE REVIEW .....	28
2.1.    Introduction.....	28
2.2.    Unpacking the meaning of Leadership .....	28
2.2.1.    Roles of leadership .....	30
2.2.2.    General roles of leadership.....	30
2.2.3.    Clinical and non-clinical perspectives of Leadership in a hospital setting .....	32
2.2.4.    Different Leadership styles for health care .....	35
2.2.4.1.   Autocratic, Democratic and Laissez-faire Styles.....	35
2.2.4.2.   Transactional and Transformational Leadership.....	36
2.3.    Strategic Leadership and the Upper Echelon Theory .....	38
2.3.1.    The role of Strategic Leaders.....	40
2.3.2.    Eight functions of Strategic Leaders .....	41
2.3.3.    Criticism of Strategic Leadership Theory .....	44
2.4.    The Pillars of Sustainability as a concept .....	45
2.4.1.    Economic Sustainability .....	46
2.4.2.    Social Sustainability .....	47
2.4.3.    Environmental Sustainability .....	47
2.4.4.    Understanding Sustainability in the healthcare sector.....	48

2.5.	Different Definitions of Sustainable Leadership .....	49
2.5.1.	The qualities of Sustainable Leadership in Healthcare .....	52
2.5.2.	The general importance of Sustainable Leadership .....	55
2.5.2.1	Sustainable Leadership Pyramid Practices .....	56
2.5.2.2.	The importance of Sustainable Leadership in a health care system .....	58
2.6.	Opportunities and challenges for successful Sustainable Leadership initiatives .....	60
2.7.	Previous studies on Leadership and Sustainability in organisations outside Africa	65
2.8.	Previous studies on Leadership and Sustainability in organisations in South Africa .....	66
2.9.	Chapter Summary.....	69
<b>CHAPTER THREE .....</b>		<b>71</b>
<b>RESEARCH METHODOLOGY .....</b>		<b>71</b>
3.1.	Introduction.....	73
3.2.	Research Philosophy .....	75
3.3.	Research design .....	73
3.4.	Research approach.....	75
3.5.	Research strategies.....	76
3.5.1.	Interviews.....	77
3.5.2.	Unstructured interviews .....	77
3.5.3.	Structured interviews .....	78
3.5.4.	Semi-structured interviews .....	78
3.6.	Research methodology choices.....	79
3.7.	Time horizon.....	79
3.8.	Target population.....	80
3.9.	Purposive Sampling .....	80
3.10	Data Collection.....	82
3.11.	Data collection instrument and procedure .....	85
3.11.1.	Pilot Study.....	85
3.12.	The interview guide.....	86
3.13.	Method of data analysis .....	86
3.14.	Research quality .....	88
3.15.	Ethical considerations.....	90
3.16.	Chapter Summary.....	91
<b>CHAPTER 4:.....</b>		<b>93</b>
<b>PRESENTATION OF FINDINGS .....</b>		<b>93</b>

<b>4.1.</b>	<b>Introduction.....</b>	<b>93</b>
<b>4.2.</b>	<b>Themes on Practices of Sustainable Leadership adopted by Top Managers .....</b>	<b>93</b>
<b>4.2.1.</b>	<b>Effective developing of people by leaders .....</b>	<b>93</b>
<b>4.2.2.</b>	<b>Flexible labour relations of leaders .....</b>	<b>95</b>
<b>4.2.3.</b>	<b>Facilitating Employee readiness for succession.....</b>	<b>96</b>
<b>4.2.4.</b>	<b>Positive Value of Staff by Top Managers.....</b>	<b>98</b>
<b>4.2.5.</b>	<b>Display of Environmental Responsibility by Leaders.....</b>	<b>99</b>
<b>4.2.6.</b>	<b>Display of Value for Community by Top Managers.....</b>	<b>100</b>
<b>4.2.7.</b>	<b>Demonstration of Visionary Leadership.....</b>	<b>100</b>
<b>4.2.8.</b>	<b>Minimal supervision of Staff by the leaders .....</b>	<b>101</b>
<b>4.2.9.</b>	<b>Regular Knowledge Sharing and Retention .....</b>	<b>102</b>
<b>4.2.10.</b>	<b>Adoption of various leadership styles.....</b>	<b>103</b>
<b>4.2.11.</b>	<b>Realistic goals and clear vision of the hospital .....</b>	<b>104</b>
<b>4.2.12.</b>	<b>Enhancement of good Ethical practices by Top managers .....</b>	<b>105</b>
<b>4.2.13.</b>	<b>Long-term planning Perspectives by Top Managers .....</b>	<b>106</b>
<b>4.2.14.</b>	<b>Employee team building by Leaders .....</b>	<b>107</b>
<b>4.2.15.</b>	<b>Constant renovations of hospital by top management.....</b>	<b>108</b>
<b>4.2.16.</b>	<b>Flexible working schedules.....</b>	<b>109</b>
<b>4.2.17.</b>	<b>Adoption of autocratic leadership by leaders.....</b>	<b>109</b>
<b>4.2.18.</b>	<b>Rigidity and ignorance to change by the leaders.....</b>	<b>110</b>
<b>4.2.19.</b>	<b>Ineffective decision-making patterns by Leaders.....</b>	<b>111</b>
<b>4.2.20.</b>	<b>Lack of staff value by top management .....</b>	<b>112</b>
<b>4.2.21.</b>	<b>Lack of community value by top managers.....</b>	<b>113</b>
<b>4.2.22.</b>	<b>Adoption of clear communication skills .....</b>	<b>113</b>
<b>4.2.23.</b>	<b>Implementation of the democratic style of leadership .....</b>	<b>114</b>
<b>4.2.24.</b>	<b>Involvement of staff in decision making .....</b>	<b>115</b>
<b>4.2.25.</b>	<b>Developing the leaders for sustainability .....</b>	<b>116</b>
<b>4.3.</b>	<b>Proposed Sustainable Leadership Framework in Healthcare .....</b>	<b>117</b>
<b>4.4.</b>	<b>Themes on Practices Sustainable Leadership adopted by Top Managers.....</b>	<b>118</b>
<b>4.5.</b>	<b>Themes on Factors Enhancing Sustainable Leadership at Ermelo Regional Hospita</b>	<b>117</b>
<b>4.6.</b>	<b>Themes on Factors Impeding the Practice of Sustainable Leadership.....</b>	<b>120</b>
<b>4.7.</b>	<b>Chapter Summary.....</b>	<b>120</b>
<b>Chapter 5 .....</b>		<b>122</b>
<b>Discussion of Findings .....</b>		<b>122</b>

<b>5.1.</b>	<b>Introduction.....</b>	<b>122</b>
<b>5.2.</b>	<b>Practices of Sustainable Leadership adopted by Top Management.....</b>	<b>122</b>
<b>5.2.1.</b>	<b>Skills development.....</b>	<b>122</b>
<b>5.2.2.</b>	<b>Leaders affiliation to the organization.....</b>	<b>123</b>
<b>5.2.3.</b>	<b>Labour relations.....</b>	<b>124</b>
<b>5.2.4.</b>	<b>Succession plan.....</b>	<b>124</b>
<b>5.2.5.</b>	<b>Staff value.....</b>	<b>125</b>
<b>5.2.6.</b>	<b>Environmental responsibility.....</b>	<b>125</b>
<b>5.2.7.</b>	<b>Community value.....</b>	<b>126</b>
<b>5.2.8.</b>	<b>Staff management.....</b>	<b>126</b>
<b>5.3.</b>	<b>Factors that Enhance Sustainable Leadership at Ermelo Regional Hospital.....</b>	<b>127</b>
<b>5.3.1.</b>	<b>Leadership styles.....</b>	<b>127</b>
<b>5.3.2.</b>	<b>Top Management support.....</b>	<b>128</b>
<b>5.3.3.</b>	<b>Developmental programmes.....</b>	<b>128</b>
<b>5.3.4.</b>	<b>Planning perspective.....</b>	<b>129</b>
<b>5.3.5.</b>	<b>Teamwork initiatives.....</b>	<b>129</b>
<b>5.3.6.</b>	<b>Good ethical practices and renovations.....</b>	<b>130</b>
<b>5.4.</b>	<b>Factors that Impede Sustainable Leadership at Ermelo Regional Hospital.....</b>	<b>130</b>
<b>5.4.1.</b>	<b>Autocratic leadership.....</b>	<b>130</b>
<b>5.4.2.</b>	<b>Management ignorance and rigidity.....</b>	<b>131</b>
<b>5.4.3.</b>	<b>Programmes monitoring.....</b>	<b>132</b>
<b>5.4.4.</b>	<b>Lack of resources.....</b>	<b>132</b>
<b>5.5.</b>	<b>Sustainable Leadership Framework that can be used in healthcare.....</b>	<b>132</b>
<b>5.5.1.</b>	<b>Democratic style.....</b>	<b>132</b>
<b>5.5.2.</b>	<b>Communication and Staff meetings.....</b>	<b>133</b>
<b>5.6.</b>	<b>Chapter Summary.....</b>	<b>133</b>
<b>Chapter 6.....</b>		<b>135</b>
<b>Conclusion and Recommendations.....</b>		<b>135</b>
<b>6.1.</b>	<b>Introduction.....</b>	<b>135</b>
<b>6.2.</b>	<b>Overview of the study.....</b>	<b>135</b>
<b>6.3.</b>	<b>General conclusions of the study.....</b>	<b>137</b>
<b>6.4.</b>	<b>Study recommendations.....</b>	<b>138</b>
<b>6.5.</b>	<b>Areas of Future Study.....</b>	<b>140</b>
<b>6.6.</b>	<b>Conclusion.....</b>	<b>140</b>
<b>REFERENCES.....</b>		<b>141</b>

<b>Appendix 1</b> .....	155
<b>Appendix 2</b> .....	157
<b>Appendix 3</b> .....	162
<b>Appendix 4</b> .....	162
<b>Appendix 5</b> .....	163

## List of Tables

<i>Table 1.1: Ermelo Regional Hospital health workforce</i> .....	20
<i>Table 1.2: Services offered at Ermelo Regional Hospital</i> .....	20
<i>Table 1.3: Performance of Ermelo Regional Hospital on six priority areas of National Core Standards</i> .....	21
<i>Table 2.1: Difference between leadership and management</i> .....	29
<i>Table 3.1: Fifteen-point checklist of criteria for proper thematic analysis</i> .....	86
<i>Table 4.1: Themes about practices on Sustainable Leadership adopted by top manager</i> .....	93
<i>Table 4.2: Themes on factors that enhance Sustainable Leadership at Ermelo Regional Hospital</i>	103
<i>Table 4.3: Themes on factors impeding Sustainable Leadership practices at Ermelo Regional Hospital</i> .....	104

## List of Figures

<i>Figure 1.1: Map of Gert Sibande District</i> .....	26
<i>Figure 2.1: Sustainable Leadership Pyramid</i> .....	57
<i>Figure 3.1: The Research Onion</i> .....	Error! Bookmark not defined.
<i>Figure 4.1: Proposed Sustainable Leadership Framework in Healthcare</i> .....	118

# **CHAPTER ONE**

## **INTRODUCTION AND CONTEXT OF THE STUDY**

### **1.1. Introduction**

Sustainability is one of the megatrends, essential for leaders in different organizations in South Africa, including hospitals to maintain and improve quality of their services (dos Santos, Howard, Kruger, Banos and Kornik, 2019; Govender, Proches and Kader, 2018; Peterlin, Pearse and Dimovski, 2015). Drawing from the phenomena of sustainability it is arguable that a sustainable hospital should integrate three issues namely economy, social and environment in every activity. Appropriate leadership actions are required to change organizations towards sustainability. In this regard, leaders should be able to implement the three aspects into a single vision in pursuit of a sustainable hospital. This calls for leaders of hospitals to exercise the capability to think integrally in a holistic approach to address problems in environmental, social, and economic aspects of a hospital in serving health care. In many countries, modern hospitals are becoming highly scientific and moving to eco-green visions as they try to balance internal and external factors, which lead to the sustainability of a hospital (dos Santos et al., 2019; Mukwakungu, Mabasa, and Mbohwa, 2018).

In recent years, some hospitals are increasingly focusing on a series of sustainability-related projects to reduce costs, improve service, and create additional benefits to employees, and the community (dos Santos et al., 2019; Mukwakungu et al., 2018; Shung-King, Gilson, Mbachu, Molyneux, Muraya, Uguru and Govender, 2018). In this way, sustainability as a megatrend brings important opportunities to improve health service, but also pressure on many aspects of leading a hospital. Notably, even when successfully implemented, interventions related to sustainability frequently stop being delivered after the initial funding has ceased (Devex, 2019; Sepey, Ridde, Touré and Coulibaly, 2017; Muluh, Kimengsi and Azibo, 2019).

Despite calls in the literature for guidance on sustaining interventions regarding sustainability in hospitals, there is a dearth of research on leading and implementing sustainability in a hospital setting (Cowie, Nicoll, Dimova, Campbell, and Duncan, 2020). Research to understand how leadership sustain or derail implementation of sustainability in hospital settings is valuable to those leading hospitals as they are under pressure to simultaneously

improve cost efficiencies, patient safety and quality (Doherty, Gilson, and Shung-King, 2018; Shung-King et al., 2018). It is paramount for leaders to underline that a hospital is a basic facility and infrastructure among community to ensure community health.

In South Africa, public hospitals are very important as the overwhelming majority of people rely on the public health sector (Govender et al., 2018). However, weak leadership is one of the major factors contributing to the poor delivery of health services in the South African public health system (Govender et al., 2018). The quest for sustainable development and green movement among others are influencing the practices of leading and managing of hospital (Doherty et al., 2018; dos Santos et al., 2019). Leading sustainability scientists assume that organizations or institutions that are not or are only weakly responsive to sustainability are guaranteed to cease to exist (Galbreath, 2011; Bansal, 2001; Bansal, 2005).

It is critical to understand how the influence of Sustainable Leadership manifest beyond the confines of the everyday needs, and operations of an organization. Sustainable Leadership is key not just within an organisation, but also outside in terms of the future needs of generations to come. The current qualitative study seeks to explore the Sustainable Leadership of top management team (TMT) at Ermelo Regional Hospital in Gert Sibande District in South Africa. Given this focus of the study, the introductory chapter dwells on the context and overview of the entire qualitative study. Initially, the chapter contextualises the phenomenon of leadership and sustainability in the health sector and hospital in particular. Subsequently, the chapter discusses Ermelo Regional Hospital in Gert Sibande District in South Africa as the geographical context of this study. Thereafter, the focus shifts to the research problem, research objectives and questions, and the significance of the study. Finally, the chapter illuminates the research methodology and delimitation of this qualitative study and culminates in an overview of the structure of the thesis and summary.

## **1.2. Background of the Study**

Hospitals are grappling with how to become high performing organisations while taking care of the planet and its inhabitants by adopting an ethical, long-term approach that values all stakeholders which resonates demands Sustainable Leadership. However, healthcare sustainability is still a new concept, and it has been little discussed in literature on strategic

leadership practices. Sustainable Leadership is a pressing phenomenon of the 21st century that cannot be ignored as the megatrend of sustainability is creating both opportunities and challenges for organisations to improve their products and services in a dynamic world (Peterlin et al., 2015). Ray Anderson, a pioneer of sustainability in business, characterizes sustainability as a journey, “a long commitment that fundamentally changes an organization” (Bone, 2012:1). The common understanding of sustainability is that it seeks to balance and optimize environmental, social, and financial concerns at the same time. This invokes questions such as how hospitals are such as Ermelo Regional Hospital in Gert Sibande District in South Africa implementing sustainability as manifested in the various practices of those leading the hospital.

In an old, but insightful article entitled, ‘*Creating a Culture of Sustainability*’, Boone (2012) asserts that healthcare facilities consume enormous amounts of energy, and a variety of cleaning chemicals, which result in potentially hazardous waste. In addition, hospitals social impacts in communities are significant, and the direct impact of the workers is felt in these communities. The community well-being is supported through healthcare services, being prepared for emergencies and disease prevention; offering of services with significant impact over the surrounding communities, including attracting various businesses, professionals, and new residents) (Doherty et al., 2018; Mukwakungu et al., 2018; Pihlainen, Kivinen and Lammintakanen, 2016).

Healthcare in South Africa is one of the largest service industries in the country and represents a significant opportunity to dramatically impact macroeconomic sustainability performance (Mahlathi and Dlamini, 2015). It is interesting that service industries such as hospitals are also embracing sustainability, though manufacturing companies are at the fore front in embracing sustainability initiatives. The scale and magnitude of the social and environmental impacts of healthcare present huge opportunities, but also a unique challenge to pursue sustainability. It is also important to recognize that the challenge of embedding sustainability in a hospital arises because healthcare is an industry hard to understand and dynamic (e.g., constantly changing with new techniques, technologies, drugs, and delivery systems) (dos Santos et al., 2019). A hospital encompasses a variety of facilities, operations, and activities. In this sense, sustainability in healthcare must consider a variety of activities while maintaining or even improving the quality of healthcare. Although sustainability in healthcare is a particularly

challenging endeavour, hospitals that have changed their institutional culture to incorporate a commitment to sustainability at all levels report additional benefits, including significant cost savings (Devex, 2019). The question of how hospital leaders use sustainability to improve efficiency or reduce costs while maintaining or improving patient quality is of interest to Sustainable Leadership scholars.

Leadership in healthcare is distributed across management and the clinical workforce, which presents unique challenges (Govender et al., 2018). Effective Leadership is essential in driving change at all levels of the clinical and non-clinical aspects of a hospital to achieve the goals of ongoing reforms that address the sustainability megatrend in a healthcare organization. The healthcare system needs a harmonious network of internal and external actors in order to be able to function as a whole. Within the hospital, multidisciplinary teams comprising of both clinical and non-clinical leaders often experience tensions due to different skills and mind-sets, as well as the isolated nature of how each often chooses to act in relation to the other. According to Mukwakungu et al. (2018:430), leadership in healthcare is often portrayed as highly focused and detached from the clinical aspects. There are problems when healthcare professionals take up leadership and management positions in healthcare without prior leadership and management training (Mukwakungu et al, 2018). It is noteworthy that efforts to develop leaders and managers in the health sector have been far from satisfactory (e.g., existing sector leadership development programs that do not respond to local needs and challenges) (Whaley and Gillis, 2018). Mukwakungu et al., (2018) state that leadership in healthcare consists of four dimensions, namely (1) the social, which includes the understanding of politics, laws, and legislation, (2) the organizational, which includes the management of the sector, (3) business, which involves understanding clinical and cultural practices, and finally (4) finance, which involves managing the budget. There are times when healthcare leaders lack competence in most or all of these key aspects. In a slightly different direction, Whaley, and Gillis (2018) specifically point out that many healthcare professionals on top of leadership skills are also short of confidence to assume leadership roles, which affects healthcare managerial performance.

A study by Aufegger, Alabi, Darzi, and Bicknell (2020) concluded that clinical leaders experience a sense of isolation when bridging both clinical and non-clinical commitments. Managers often emphasize that clinical leaders need to acquire knowledge of systems and

processes and adopt a shared vision by bridging the gap between clinical care and the management of the entire healthcare system. Some scientists like Aufegger et al. (2020) suggest that shared leadership is useful for enhancing cross-functional work because it depends on mutual influence and shared responsibility among team members, with members guiding each other toward the achievement of a group or organizational goal, or both. In short, shared leadership in a hospital foster both task-related (e.g., task variety, task importance, and task complexity) and social dimensions of group functioning (e.g., social support, shared goal), which improves productivity and organizational performance (Aufegger et al., 2020). Because shared leadership is not static, leadership roles can be assumed by different team members either simultaneously or at different points in the team's life cycle (Aufegger et al., 2020). One benefit of shared leadership is the idea that team members complete tasks with combined resources, there is sharing of information, and higher team commitment, which results in greater trust and respect levels (Aufegger et al., 2020).

Govender, Proches and Kader (2018), in a study of leadership as a strategy to improve healthcare in four regional hospitals in South Africa, reveal a variety of challenges in KwaZulu-Natal province hospitals. Challenges included overcrowding, high bed occupancy, limited financial resources, constraints in budgets and critical staffing shortages. The study also found that the infrastructure was outdated and there was a lack of essential supplies such as medicines, bandages, and linen. As if these challenges were not enough, the study also revealed that medical devices and technologies were outdated or flawed.

Malakoane, Heunis, Chikobvu, Kigozi and Kruger (2020) complain that South Africa budgets more towards health compared to other African countries, however health outcomes do not match spending. In addition to the Govender et al. (2018) reported challenges and health outcomes in four regional hospitals in KwaZulu Natal Province, the health care situation in the Free State Province is no different. For example, major challenges such as negative staff attitudes, long wait times, unclean facilities, lack of medication, inadequate infection control, and compromised staff and patient safety are reiterated in a study focused on the public health system in the Free State of South Africa (Malakoane et al., 2020)

A report on poor performing hospitals (2018) by the portfolio committee on health in Mpumalanga province concluded that all hospitals, including Ermelo Regional Hospital were not compliant with the National Core Standards (Department of Health Mpumalanga Province (DoH MP), 2018). National Core Standards are a tool to guide management in their practice and assess whether a hospital is in line with the requirements to deliver quality healthcare services in South Africa (DoH MP, 2018). The inward focus in the National Core Standards is on six aspects, namely staff attitudes, cleanliness, wait times, the safety of patients, prevention of infection and its control, and medication availability (DoH, 2020). The National Core Standards clearly focus on the operations and delivery of healthcare, as there is less emphasis on the social and environmental dimensions of sustainability in a hospital setting and its external environment.

The quadruple burden of disease, including a double HIV-TB epidemic, high maternal and infant mortality, high levels of violence and injuries, and a rise in non-communicable diseases are among the challenges faced by the South African health system. The variety of challenges illustrated above indicates that a hospital is a complex service system, which needs effective leadership and management. Improving the efficiency of a public health system as a means of achieving universal health is an urgent matter in South Africa.

Business-as-usual is no longer a guarantee of sustainability in organizations such as hospitals. Modern organizations need to look beyond the financial dimensions of sustainability (Seppey et al., 2017). Hospitals in South Africa need to look critically beyond core national standards, but also the traditional view of organizational sustainability as altruism, charity work or simply being environmentally friendly or meeting minimum legal standards or requirements. Of course, to be sustainable, an organization like a hospital needs to pay attention to its financial performance and several indices. Organizations addressing the sustainability megatrend are looking for ways to take social and environmental responsibility while meeting the stakeholders needs. These stakeholders include shareholders, employees, customers, communities and future generations. In particular, scholars are calling for fundamental shifts in leadership and management thinking to enable organizations to withstand many types of external shocks and achieve sustainability. Questioning the contribution of leadership and management practices aids in the sustainability of an organization like a hospital as it requires more scientific research.

In the leadership field, sustainability has been discussed among organizational leadership and management scholars and demonstrated how critical it is to create organizational resilience, longevity, and sustainability in organizations. According to Suriyankietkaew and Avery (2016), sustainability from a leadership perspective focuses on ethical, social, and responsible business behaviour, along with a stakeholder orientation that goes beyond the popular green and social notions of corporate sustainability. Usually, sustainability is embedded in concepts such as Triple Bottom Line (TBL), Corporate Social Responsibility (CSR) and Corporate Responsibility (CR). From an organizational sustainability perspective, Sustainable Leadership aims to create long-term well-being and lasting value for all stakeholders, going beyond social and environmental responsibility to lead to more profitable growth, resilience, and sustainability (Avery and Bergsteiner, 2020).

An organization must go beyond self-interest by playing a useful role in the world to strike an appropriate balance between economic, social, and environmental goals in return for profitable growth, resilience and sustainability. Orlitzky, Siegel, and Waldman (2011) emphasize the significance of incorporating multifaceted aspects of leadership and multiple measures of organizational sustainability into research to advance the emerging phenomenon of Sustainable Leadership. Avery and Bergsteiner (2018) propose that Sustainable Leadership of an organization must employ a set of leadership and management practices to strike an appropriate balance between economic, social, and environmental goals while achieving high performance, resilience, and sustainability. Many hospitals and healthcare leaders are showing that they recognize the vital need for sustainability. Increasingly, there are plentiful resources (e.g., online initiative on sustainability roadmap for Hospitals) that can help hospitals move toward sustainability (Agsonsua et al. 2019).

However, specific sustainability goals differ between individual facilities depending on their circumstances. In this regard, hospital leaders need to consider a number of factors (such as what is achievable in a reasonable timeframe and how the goals impact day-to-day operations), when setting these goals to ultimately balance quality patient care, financial issues, social and environmental concerns (Crosby, 2016; Whaley and Gillis, 2018). Clearly, leading the pursuit of sustainability (e.g., setting, implementing, and garnering support for appropriate goals) to move a hospital toward a greener future is not an easy task organization.

Several organizational elements, which are key and support executive effectiveness in creating and sustaining sustainability initiatives include the need for an executive champion to advocate for sustainability to key stakeholders. In this way, top management makes a significant contribution to defining sustainability for the organizational context, securing resources for sustainability, advocating for sustainability within the organization, linking the sustainability activities to an overarching strategy and working with a sustainability coordinator who daily business monitored. Critical coordinator skills include familiarizing with environmental management systems, having skills in communication, analysis process and skills in management, not forgetting strong commitment to learning continuously. They use a variety of means, including best practices and processes, IT networks and green teams, to ensure flexible systems, communication, and common approaches at all levels (Whaley and Gillis, 2018). It is also imperative that leaders ensure that sustainability values are reflected in the organization's overall mission, vision, or values. The link to the high-level mission helps underscore the relationship between sustainable operations and patient care. This also has a bearing on the organization's way of operating and aids in making decisions. Finally, performance measurement systems are utilised on monitoring and guiding sustainability activities and regularly tracking several key sustainability activities. Performance management systems are also utilised to align activities at the individual, department, and facility levels with strategic goals related to sustainability.

Research examining the relationship between multiple aspects of sustainability, leadership practices and organizational sustainability is relatively scarce (Agonsua et al. 2019; Crosby, 2016; Whaley and Gillis, 2018). Equally notable is the lack of empirical research examining the impact of different leadership practices on financial performance and other sustainability-related outcomes. Furthermore, the existing literature on leadership practices and sustainability in the hospital setting is fragmented and simplified not taking into cognisance the complex, systemic nature of leadership behaviour in practice (Whaley and Gillis, 2018). Nonetheless, interest in the concepts of health management and leadership is growing, which is reflected in the proliferation of health management and leadership studies in different countries since the turn of the 21st century. It can be seen, however, that current interest in health management and leadership is focused on identifying and assessing essential competencies (i.e., knowledge, skills and attitudes) needed by health managers and leaders to perform their functions effectively (Agonsua et al. 2019; Crosby, 2016; Whaley and Gillis, 2018).

### **1.2.1. Background Information of Ermelo Regional Hospital**

The current study focuses on Ermelo Regional Hospital (level 2) within the Msukaligwa Sub-district in Gert Sibande District as the context to explore the Sustainable Leadership of top management team (TMT) in a healthcare organisation in Mpumalanga province in South Africa. Gert Sibande District has seven health sub-districts, i.e., Chief Albert Luthuli, Dipaleseng, Govan Mbeki, Lekwa, Mkhondo, Msukaligwa, and Dr Pixley ka Seme. Ermelo Regional Hospital is a referral hospital for all 8 district hospitals within the Gert Sibande District Municipality as well as being a referral centre for 11 primary health care facilities within the Msukaligwa sub-district (Ermelo Regional Hospital Profile). The hospital was officially opened in 1921. During the apartheid era, Ermelo Hospital had two wings for the African and White community. These two distinct wings were merged in 1994 and made accessible to all racial groups. Ermelo regional hospital has 264 approved beds and 218 additional beds for the new functional (ICU) Intensive Care Unit (Ermelo Regional Hospital Profile). Gert Sibande is one of the eleven National Health Insurance pilot districts. At this hospital, the top management team comprise 15 people in different aspects relevant to health care provision as indicated below:

1. CEO
2. Clinical Manager
3. Nursing Service Manager
4. Deputy Director Corporate
5. HR Manager
6. Ground Service Manager
7. Housekeeping Supervisor
8. Sesifuba Operational Manager
9. Casualty Operational Manager
10. Food Service Manager
11. SCM Manager
12. Warehouse Manager
13. Patient Administration Manager
14. Environmental Officer
15. Transport Manager (Ermelo Regional Hospital Profile).

The health workforce is as indicated below in Table 1.1:

No.	Category	Total per organogram	Filled	Vacant
1.	Executive Man.	05	05	0
2.	Medical Officer	53	38	15
3.	Dentist	06	04	02
4.	Pharmacist	14	13	05
5.	Pharmacist Ass.	8	8	03
6.	Prof Nurses.	298	188	39
7.	Cleaners	150	80	16
8.	Staff Nurses	140	33	67

Ermelo Regional Hospital provides a variety of outreach services which include Dental services; Ophthalmology; Family Medicine; and Rehabilitation. (Ermelo Regional Hospital Profile).

The Hospital Executive Management is made of 5 Hospital Executive Team comprising of the Chief Executive Officer, Clinical Manager, Nurse Services Manager, Corporate Manager and Finance Manager including 7 Board Members who are elected by the community.

Services offered at the Ermelo Regional Hospital are as indicated below in Table 1.2:

	Family Medicine	Allied Health & Support		Outreach Services
Surgery	Casualty / Emergency	Physiotherapy,	Radiographic Services	Dental services
Ophthalmology	department – 24 hours	Medical Orthotics /	Pharmacy	Ophthalmology
Paediatrics	General-out-patient	prosthetics,	Environmental Health	Mental Health
Obstetrics &	department	Occupational	Medical Social Worker	Rehabilitation
Gynaecology	ICU	therapy,	Occupational Health	Maternal health
		Speech & Audiology	Clinical Psychology	Environmental health
		Services	Clinical Engineering	
		Dietetics /		
		Nutritional Services		

In 2005 the hospital was placed onto the hospital revitalization programme. The hospital revitalization programme is a 25-year national programme whose main vision is to modernize all hospitals within the country. In line with the Ten Point Plan Strategic Framework document of the National Health Department, the Revitalisation of Hospital Services includes:

- ❖ Updating the National Infrastructure Planning Framework
- ❖ Improving the condition of Health Facilities
- ❖ Improving the condition of equipment
- ❖ Decentralization of health facility management
- ❖ Rationalization of highly specialized services

Ermelo Regional Hospital benefitted immensely under the hospital revitalization programme. The Hospital was uplifted, renovated and the theatre was also renovated as explained in the Ermelo Regional Hospital profile.

As alluded to earlier on, the performance of Ermelo Regional Hospital reflects non-compliance with the National Core Standards. Table 1.3 reflect this performance of Ermelo regional hospital in 2017 on each of the priority aspects of the National Core Standards.

*Table 1.3: Performance of Ermelo Regional Hospital on six priority areas of National Core Standards*

Priority Areas	Scoring %			
	2014	2015	2016	2017
Availability of medicines and supplies	82	89	91	92
Cleanliness	75	83	60	84
Improve patient safety and security	77	86	82	81
Infection prevention and control	89	91	82	88
Positive and caring attitudes	82	80	85	87
Waiting times	74	79	100	92

Extreme Measures	Scoring %			
	2014	2015	2016	2017
Overall Scores	79	84	79	80
Extreme (X)	80	92	93	91
Vital (V)	76	84	78	80

**Source:** Report on poor performing hospitals (The portfolio committee on health in Mpumalanga Province, 2018:7)

One of the key recommendations in the report by the portfolio committee on health in Mpumalanga Province (2018:7) was to effectively implement measures (e.g., continuous monitoring and evaluation through leadership, improved governance, strengthening of financial management, human resources, improved operations) for compliances with the National Core Standards. The question of how members of the top management team at Ermelo Regional Hospital in Mpumalanga integrate economic, environmental, and social sustainability into the on-going operations of the hospital is key in this qualitative study.

### **1.3. Problem Statement**

As sustainability is a key mega trend, leadership with ability to drive hospital performance in a sustainable manner is a crucial aspect. The challenge of leading a hospital such as Ermelo regional hospital is compounded by the pressing need to operate in a sustainable way, which maintain and improve quality of services, and offer additional benefits for the hospitals, workers, patients, and community (Malakoane et al., 2020). Implementing sustainability by TMT at Ermelo regional hospital is not an easy task while running an efficient, patient-focused facility. It is very important to assert that leadership decisions that neglect social and environmental concerns can limit the entire organization (Agsonsua et al. 2019; Crosby, 2016; Whaley and Gillis, 2018).

Avery and Bergsteiner noted that the phenomenon of healthcare sustainability is still a new concept with little discussion. Similarly, there is a dearth of research integrating strategic leadership of a hospital and healthcare sustainability (Avery and Bergsteiner, 2020). It is only recently that scholars are proposing the Sustainable Leadership model aimed at aligning the people, profits, and the planet to promote organizational sustainability through leadership practices (Avery and Bergsteiner). Research which explores the practice of Sustainable Leadership by members of the TMT, is of significance considering that existing literature and research is fragmented and simplified neglecting the complex, systemic nature of practiced Sustainable Leadership (Boal, KB; Hooijberg, R.2001).

There is limited research on Sustainable Leadership in South Africa's public healthcare sector. Extant research on leadership has focused on private and business development strategies for

a hospital (Agsonsua et al. 2019; Crosby, 2016); Leadership as a strategy to improve healthcare delivery (Govender et al., 2018) and competencies for healthcare leadership (Whaley and Gillis, 2018). Although there is an increase in number of management training programs in South Africa's hospitals, little evidence points to their effectiveness. It is worth noting that there is no research, which has focused on practices of Sustainable Leadership of Top Management at Ermelo Regional Hospital in Mpumalanga province. This shows a black box when it comes to how members of the TMT at Ermelo Regional Hospital practise Sustainable Leadership in their day-to-day practices (Malakoane et al., 2020). This calls for scholars to uncover what enables or impedes the practice of Sustainable Leadership by TMT at Ermelo Regional Hospital in Mpumalanga province.

#### **1.4. Research Objectives**

In this exploratory qualitative research, the main research objective was to explore the practices of Sustainable Leadership adopted by Top Management Team at Ermelo Regional Hospital in Gert Sibande District. This main objective was divided into the following so-b research objectives as highlighted below:

1. To explore the practices of Sustainable Leadership adopted by Top Management Team (TMT) at Ermelo Regional Hospital in Gert Sibande District?
2. To examine factors which enhances the practice of Sustainable Leadership by Top Management Team according to the views of top management at Ermelo Regional Hospital in Gert Sibande District
3. To identify the factors which impede the practice of Sustainable Leadership by Top Management Team at Ermelo Regional Hospital in Gert Sibande District
4. To propose a framework of Sustainable Leadership in a health care organization.

#### **1.5. Research Questions**

Given the above research objectives, the following research questions were included in this qualitative study.

1. What are the practices of Sustainable Leadership adopted by Top Management Team (TMT) at Ermelo Regional Hospital in Gert Sibande District?

2. What are the factors that enhance the practice of Sustainable Leadership by TMT according to the views of top management at Ermelo Regional Hospital in Gert Sibande District?
3. What are the factors that impede the practice of Sustainable Leadership by TMT at Ermelo Regional Hospital in Gert Sibande District?
4. What is the Sustainable Leadership framework that can be used in a health care organization?

## **1.6. Significance of the Study**

This qualitative research is significant to members of the upper echelon in a public hospital, leadership development practitioners in the health sector and academics. First, this study is valuable to members of TMT at Ermelo Regional Hospital as it provides insight into how the practice of Sustainable Leadership is cardinal to effectively integrate social, economic, and environmental aspects of hospital operations. To effectively address the challenges of inadequate leadership and exploiting the opportunities arising from sustainability as a megatrend in a healthcare system, it is vital that health practitioners and TMT understand and reinforce the variety of key Sustainable Leadership practices identified in this study. Second, this study is also valuable to those involved in leadership development within the healthcare sector as it uncovers what practices of Sustainable Leadership are pivotal to create and develop a sustainability culture in a hospital. Thus, the findings of this study may be helpful in the design of appropriate interventions to help leaders in a hospital to influence others and institutionalise sustainability. Lastly, this is significant to academics involved in leadership research as it generally progresses theoretical and empirical understanding of the emerging phenomenon of Sustainable Leadership in not only the domain of public hospital, but also other organisational contexts.

## **1.7. Research Methodology**

This qualitative research explores the practices of Sustainable Leadership at Ermelo Regional Hospital adopted by members of the TMT. This deductive study utilised purposive sampling to select the 15 members of the Top Management Team as participants in this study. In-depth, semi-structured interviews were carried out with the 15 members of TMT, which were audio-

recorded to enhance the accuracy of data. An interview guide was made use of during the face-to-face interviews (observing strict COVID-19 regulations). The interview guide was based on the elements of leadership elaborated in the Sustainable Leadership model proposed by Avery and Bergsteiner. The audio recordings were later transcribed before the data could be analysed. Data were analysed using thematic analysis to identify recurring patterns by the TMT in leadership role in the management of Ermelo Regional Hospital departments. The research methodology used for this study is discussed and the reason why each research method was chosen with proper justification is explained in Chapter Two.

## **1.8. Delimitations of the Study**

This qualitative study is limited in two crucial ways. Initially, the study focused only on the practices of Sustainable Leadership, which are part of the model by Suriyankietkaew and Avery (2016). This is important, in terms of conceptual clarity mindful that there is confusion on what Sustainable Leadership actually mean.

Second, the study had a geographical delimitation by focusing only on one hospital, namely Ermelo Regional Hospital in Gert Sibande District, Mpumalanga. Ermelo Regional Hospital was chosen because it is a hospital earmarked to implement the NHI and the study is confined to the upper echelon of the Hospital. In addition to being members of the Upper Echelon, familiarity with the hospital activities at Ermelo Regional Hospital in Gert Sibande District was essential for the participant to share his or her experience of practices of Sustainable Leadership, and how activities enabled or impeded sustainability. The study privileges the view of members of TMT only. In this way, this study deliberately excludes middle managers and lower-level employees at Ermelo Regional Hospital in Gert Sibande District. Other studies may focus on middle managers and lower-level employees at the same hospital or Top Management Team members in hospitals that are in other geographical locations in South Africa. Below is Figure 1.1 which show map of the context of this study.

**Figure 1.1:** Map of Gert Sibande District



**Source:** www.municipalities.co.za

Gert Sibande District has seven health sub-districts, i.e., Chief Albert Luthuli, Dipaleseng, Govan Mbeki, Lekwa, Mkhondo, Msukaligwa, and Dr Pixley ka Seme.

## **1.9. Chapter Outline**

This dissertation consists of six (6) chapters that are arranged as follows:

### **CHAPTER ONE: INTRODUCTION**

This chapter presents the entire exploratory and qualitative study. The study's focus, the statement of the problem, the research questions, and the study's aim and a brief description of the research methodology are provided in this chapter.

### **CHAPTER TWO: LITERATURE REVIEW**

This chapter review relevant concepts, theory and empirical studies on Sustainable Leadership. The chapter discusses the phenomenon of Sustainable Leadership is described together with aims of developing Top Management Teams to have the leadership capacity and confidence at a personal and organizational level to best use these levers to effect transformation.

### **CHAPTER THREE: RESEARCH METHODOLOGY**

This chapter discusses the methodology utilised in this research by elaborating the research design and the research methods. This Chapter also discusses sampling, data collection and analysis, research quality and research ethics.

### **CHAPTER FOUR: RESEARCH FINDINGS**

The Chapter presents the main research results of this qualitative study.

### **CHAPTER FIVE: DISCUSSION**

The research results are discussed in this chapter in the context of existing literature, theory and empirical studies.

### **CHAPTER SIX: CONCLUSION**

The conclusion and recommendations based on the results are presented in this chapter. Areas for further research are also discussed in this chapter.

## **1.10. Chapter Summary**

This chapter introduced the qualitative study that attempts to examine the practices, factors, and frameworks for Sustainable Leadership by the top management team at Ermelo Regional Hospital, Gert Sibande District. The introductory chapter has provided a background, a research problem and also research goals of this study. In addition, the chapter has also specified the relevant research questions, research methodology, and delineation of the study. The chapter has highlighted that most public hospitals in South Africa face a variety of challenges including overcrowding, high bed occupancy, limited financial resources, budget constraints, critical staffing shortages, outdated and faulty medical equipment and technology. Sustainable Leadership of an organization must employ a set of leadership and management practices to strike an appropriate balance between economic, social and environmental goals while achieving high performance, resilience and sustainability. However, there is limited research on Sustainable Leadership in South Africa's public health. The next chapter focuses on the literature review relevant to this study.

# CHAPTER TWO

## LITERATURE REVIEW

### 2.1. Introduction

This chapter's aim is to review the literature and discuss empirical studies on the complex concept of Sustainable Leadership. In order to pursue this goal, the chapter begins with the definition of the leadership concept and its examination in the clinical and non-clinical setting. After that, the chapter discusses the different styles of leadership before arranging leadership at the top level of the organization, which differs from supervisory leadership. A focus on the meaning and components of Sustainable Leadership follows previous studies on leadership and sustainability in organizations and a summary of the chapter.

### 2.2. Unpacking the meaning of Leadership

As the concept of Sustainable Leadership is complex, it is helpful to initially understand the general meaning of leadership. Commonly, leadership is characterized by social interactions between the leader and follower, in pursuit of a shared objective (Sfantou, D. Laliotis, A. Patelarou, A. Sifaki, D. Pistolla, M. Matalliotakis, and E. Patelarou, (2017). Although leadership has been widely studied, there is little agreement on what constitutes it, or what it exactly means. Leadership is an *influential relationship* which often achieves a shared objective. Leadership is also defined in terms of the *process* of influencing a group to achieve a goal. A leader is, therefore, someone who engages in the social influence of others and also represents a group to people outside the group (Samarakoon 2019). Leadership is also often seen as a skill that a person has, and this skill can be taught (Surbhi, 2018). Therefore, a leader can be seen as someone who demonstrates the competencies of leadership (Samarakoon, 2019).

Leadership should actually be purposeful and intentional as the leader works towards achieving the set goal. Daft and Lane, (2015) think of leadership in terms of relationship based on influence amongst leaders and followers who plan to make significant changes and conclusions that mirror their mutual purposes. The three common elements of leadership are illustrated as follows:

“In its simplest form, [leadership] is a tripod- leader or leaders, followers, and a common goal they want to achieve” (Bennis, 2007:3). This is not a definition of leadership, but something much more fundamental: It is an expression of commitment to the entities (leaders, followers, common goals) that are essential and indispensable to leadership and about which any theory of leadership must, therefore, speak” (Drath, McCauley, Palus, Van Velsor, O'Connor, and McGuire, 2008: 635).

Given the above, it is the presence of leaders-followers interaction around common goals that marks the appearance of leadership (Drath et al., 2008: 636). Thus, leadership is a social role that entails social influence – not a mere personality trait. Management achieves the goals of the organization by planning, organizing, staffing, directing, and controlling organizational resources (Daft and Lane, 2015). Clearly, a leader sets the future direction and deals with change. A manager is different as he or she works within the specified direction using the functions of planning, organizing, leading, and adjusting to ensure order and stability. It is common for people to fail to differentiate leadership from management. Below is a table which shows the major differences between leadership and managers.

**Table 2.1: Difference between leadership and management**

<b>What leadership do</b>	<b>What managers do</b>
Produces change and movement	Produces order and consistency.
<u><b>Establishing direction</b></u> <ul style="list-style-type: none"> <li>● Create a vision.</li> <li>● Clarity big picture</li> <li>● Set strategies</li> </ul>	<u><b>Planning and Budgeting</b></u> <ul style="list-style-type: none"> <li>● Establish agendas.</li> <li>● Set timetables.</li> <li>● Allocate resources</li> </ul>
<b>Aligning people</b> <ul style="list-style-type: none"> <li>● Communication goals</li> <li>● Seek commitment.</li> <li>● Builds teams and coalitions</li> </ul>	<b>Organizing and staffing</b> <ul style="list-style-type: none"> <li>● Provide structure.</li> <li>● Make job placements.</li> <li>● Establish rules and procedures</li> </ul>
<u><b>Motivating and Inspiring</b></u> <ul style="list-style-type: none"> <li>● Inspire and energize.</li> <li>● Empower subordinates.</li> <li>● Satisfy unmet needs</li> </ul>	<u><b>Controlling and Problem solving</b></u> <ul style="list-style-type: none"> <li>● Develop incentives.</li> <li>● Generate creative solutions.</li> <li>● Take corrective actions</li> </ul>

Source: Adapted from Northouse (2007:10)

### **2.2.1. Roles of leadership**

The concept of role can be understood in two views as presented by literature, these entail the behavioural approach and the functional approach. In behavioural approach the daily work of people is perceived through the lens of their behaviour, thus role is classified in terms of leadership behaviour. The function approach then depicts a role following the various activities and functions not zero on behaviour. Shamir and Eilam-Shamir (2018) note that some researchers argue that there is a better understanding of the behaviour of managers and leaders if roles and functions are combined.

Leadership is defined by Surbhi (2018) as the ability to lead a group of people and inspire them towards a common direction. It is also an interpersonal process of willingly and enthusiastically influencing a person or group to achieve goals. Bush (2012:3) also view leadership as “a process by which one person influences thoughts, attitudes and behaviours. The leader sets the direction, sees what is ahead, visualises what can be achieved, encourages, and inspires.” Leaders are commonly characterised with innovation, flexibility, open to change, confidence, reasonableness and a strong organisational capacity. With this background the following section discusses the general roles of leadership.

### **2.2.2. General roles of leadership**

Leadership consists of three main components. These involve motivating the employees, influencing the employees and forming groups which are effective. These components are important in every leadership level, from the top, middle and the lower management. If this done right can then a leader be deemed competent. Below are some of the roles of leaders.

#### **2.2.2.1. Formulating a vision**

Leaders are labelled visionaries which is one of their strengths to strive for. So, in an organisation a leader focuses on the organisation’s future, where it is headed and how it will function in the future (Bowen, 2018). An organisations or teams anchor is found in a well formulated or focused vision. This presents prospects for a successful future. A vision as Daft and Lane (2015) further adds, paint the aspiring future of the organisation. Leaders define where the team or organisation is going and how it is going to get there. Thus, leadership has been identified along the lines of vision formulators which aids in battling any present and future challenges an organisation may face, hence leading to organisational and leadership sustainability.

#### **2.2.2.2. Emotional intelligence (EI)**

The ability of a leader to control his/her emotions, including of those he/she would be leading is paramount in leadership (George, 2000). Decisions based on emotions are usually ineffective and bound to lead to challenges. It is crucial for a leader to be able to sweep aside emotions in the hope of making room for reason. Ackerman (2019) in agreement with Lifehack (2018), view emotional intelligence as the capacity to recognise, understand and manage the moods of the workers and oneself, this leading to organisations with effective leaders.

Mayer, Salovey & Caruso. (2008:511), portray EI as “the ability to perceive accurately, appraise, and express emotion; the ability to access and/or generate feelings when they facilitate thought; the ability to understand emotion and emotional knowledge; and the ability to regulate emotions to promote emotional and intellectual growth”. So, EI is a tool used to connect with others and have a better understanding of the self. It is this emotional understanding to be utilised upon to arrive at better decisions, solutions to problems and foster communication with others by a leader (Mind, 2018). Recommendations are then made with scholars like Goleman (2014) that emotional intelligence of leaders should be contained in four domains, that is of self-awareness, which is awareness of one’s emotions, of others and the bearing it has on one and the other three self-managements, social awareness and relationship management which aid in understanding what emotional intelligence really entail (Goleman, 2014).

#### **2.2.2.3. Inspiring trust**

One of the significant roles of a leader is to inspire trust to his/her followers and other stakeholders pivotal to the organisation. One as a leader should be credible enough to compel others to follow. The character and competences of a leaders should speak for themselves to inspire the right amount of trust in the followers. Tsai, and Dai (2018) states that trust in all life’s spheres is essential since it promotes friendship amongst individuals and facilitate positive bargaining and negotiation situations. Trust creates a work environment conducive for teamwork and a motivated workforce towards one goal hence resulting in the organisations sustainability.

#### **2.2.2.4. Execute strategy.**

Leaders exist to execute a strategy that leads to an organisation striving and becoming sustainable (Toire, 2017). It is the domain and role of a leader to achieve positive results for

the team or organisation by aid of a disciplined process and through others. So, the leader main role among many is to formulate and execute strategies which align with the organisations goals to ensure it becomes sustainable in all aspects and continue enjoying competitive advantage at the expense of its rivalries.

#### **2.2.2.5. Mentoring and coaching**

Leadership which does not engage in mentoring and coaching is less likely to be sustainable or lead the organisation to sustainability. A workforce not well equipped to do its jobs is prone to stress, diminished confidence and anxiety which undoubtedly negatively impacts on the organisation's performance. A leader should unleash the potential and ability locked within each and every person on the team or who is part of the organisation as a means to improve performance, solve problems, and develop their careers and this should occur at all professional levels (McKinsey, 2016). Rolfe (2004) define mentorship as a committed relationship between an experienced person who aids a less experienced person (mentee) to grow and develop professionally and personally. This mentor can be either a person from the same organisation or outside any person but with the same skill sets pertaining to the mentee's field.

Mentors offer emotional support to the mentees, nurture them and are involved at a personal level in the lives of the mentees to help them with their challenges (Hannah and Forest, 2018). On the other hand, coaching utilizes on everyday work experience to provide the self-reflection essential for an employee to expand on his or her own performance (Lee and Chelladurai, 2016). This can be attained through an experienced mentor and may be short-term intervention targeted on developing specific leadership skills or a longer process with a series of meetings. Effective coaching allows collaboration which enables one to assess and gain a greater understanding of the developmental tasks and at the same time affording the leader to monitor how much the employees can handle and be coached towards the organisations vision (Britton, 2015; Serrat, 2017).

#### **2.2.3. Clinical and non-clinical perspectives of Leadership in a hospital setting**

There have been many views when it comes to who should take leadership roles in a healthcare system or hospital. However, the healthcare system has recognized to some extent that clinical leadership is not a domain reserved for any specific professional group, but that all individuals who fall into the healthcare team are potential candidates capable of fulfilling that role (Mauyo

2017). With this in mind, effective hospital or clinic leaders are characterized by having advocacy skills and the ability to effect change, enabling and sustaining a healthier workplace by driving a change in culture among all professionals in the healthcare workplace.

Institutions are bureaucracies professionally in which a clinician's authority comes from their connections and expertise to professional networks and not their position in the formal management hierarchy (Tohl, J.S, Pete, P and Anikato, S (2016). So, in a hospital, this means that most of the decisions that affect clinical care and organizational efficiency do not remain the domain of the hospital managers, as they take place in a completely different environment than the boardroom or the office, namely the ward and operating room. The complex nature of the hospital environment, where no two patients admitted to the healthcare system are the same and treatments vary according to an individual, family and contextual characteristics, makes it difficult to standardize the treatment approach. Therefore, a high level of discretion expected of healthcare professionals, with clinical decision-making individualized across the different hospital sectors.

Pihlainen, V., Kivinen, T. & Lammintakanen, J. (2015), states that despite the lack of managerial training, physicians are often called upon to assume both managerial and managerial positions in the health care system or in hospitals. Their many years of training in their trade and authority in the hospital setting render them more experienced to undertake leadership positions. While nursing is not specifically mentioned in many leadership cycles, it is also strongly believed that nursing is implicit and integral to leadership in hospitals (Daly, J. Jackson, D. Judy Mannix, J. Patricia M Davidson, P.M and Marie Hutchinson, M, (2014). The belief is that though nurses do not possess the same qualification as doctors their day-to-day experiences in the hospital may groom them to be in a position to lead in different spheres and reach upon important decisions to the benefit of the hospital. This means all health professionals are capable of leading when given the chance to prove themselves.

Additionally, it has been pointed out that in complex and challenging healthcare systems, the physician, chief executive officer and board of directors, present skills which are unique to the medical business because of their expertise and better understanding of clinical challenges and more generally patient needs (Chioma, 2017). This makes them ideal leaders in the hospital environment as they can guarantee better communication with clinically qualified staff and the

general population (Sarto & Veronesi 2016, Veronesi, Berton, Carraro 2013, 2014). For hospital leaders to perform their duties, they must be recognized by peers as possessing clinical competence and the necessary skills and capacity to effectively support and communicate with members of multidisciplinary clinical teams (Scherp, 2014). Effective clinical leaders need personal qualities that reflect a positive attitude towards their own profession while possessing the courage and ability to question the status quo and effectively address nursing, quality and technical issues.

Additionally, many believe that effective clinical leadership is essential to enable healthcare consumers to achieve optimal health outcomes, health experiences, and hospital care (Tohl et al. 2016). The chief executive should not be the only part of the organizational leadership reporting directly to the governing body in hospitals; Medical staff are also directly accountable to the governing body. Thus, it then becomes the prerogative of the Governing Body to assume overall responsibility for quality and safety of care, and to integrate the responsibilities and work of its medical staff, CEO, and other senior managers toward the same goals of safe, quality care, financial Sustainability, community service and ethical behaviour (Tohl et al., 2016).

However, despite the recognition of the significance of effective clinical leadership worldwide towards patient outcomes, obstacles can arise, including lack of incentives, lack of trust, clinical cynicism, poor communication, poor leadership roles preparation, curriculum deficiencies in undergraduate level medical and health professional courses, experience as a participant in poorly designed clinical leadership programs, higher levels lack of vision and commitment, perception of leadership as something different and not core to a role in clinical practice, poor interdisciplinary relationships, role conflicts, resistance to change, and poor teamwork ( Jeremy, 2014; Tohl, J.S, Pete, P and Anikato, S 2016). According to Whaley and Gillis (2018), such barriers are mainly due to the fact that the leadership development programs in this sector are not adequate to meet the needs and challenges in the health sector. As also reported by Zingg, Holmes, Dettenkofer and Goetting (2014), physicians show little or no interest in adhering to the recommendations, despite strategies to improve the health care situation. Leadership practiced by healthcare professionals is paramount in strengthening the quality and integration of care. Therefore, despite years of progress in the quality of healthcare

worldwide, further changes are still required (Daly, J. Jackson, D. Judy Mannix, J. Patricia M Davidson, P.M and Marie Hutchinson, M, 2014).

#### **2.2.4. Different Leadership styles for health care**

The characteristic behaviour of managers when directing, motivating, guiding, and managing groups of people is referred to as leadership style (Cherry 2020). According to Juneja (2015), for effective leadership a person should possess qualities which include intelligence, maturity and personality. However, there is no best style of leadership. It all depends upon the situations. There are numerous leadership styles which are relevant for the healthcare system. Although each leadership style has positive and negative aspects, positive outcomes for the healthcare system can be achieved by using the leadership style most appropriate to the context (Samarakoon 2019). An organization's outcome can be influenced by the style of leadership, and some researchers believe that leadership style has a major impact on organisational efficiency and success, including healthcare organizations (Appelbaun 2015, Glod 2018). Leadership styles can be categorized into autocratic, democratic, and laissez-faire, and fall into transactional and transformative leadership styles (Amanchukwu 2015).

##### **2.2.4.1. Autocratic, Democratic and Laissez-faire Styles**

Autocratic leadership is also known as authoritarian leadership and involves a manager making decisions independently without the help of employees. This type of leadership provides clear expectations about what, when and how things should be done. As Chioma (2017) points out, this leadership style focuses heavily on leader orders and follower control, with a clear separation between the leader and the members. Employee motivation in this style of leadership is through coercion, rewards and punishments, with employee creativity not valued in this style (Khan et al. 2015). It has been found that decision-making under authoritarian leadership is less creative, as the style is usually seen as controlling, domineering, and dictatorial. However, in cases where quick decisions and decisive action are required and the leader is the most knowledgeable member of the group, autocratic leadership proves best (Khan et al 2015).

The Democratic Leadership style is sometimes referred to as participatory leadership and is the exact opposite of autocratic. Democratic leaders provide guidance to group members while simultaneously participating in the group and allowing input from other group members. Thus, this style involves employees in decision-making, although the ultimate decision rests with the manager (Amanchukwu 2015). Democratic leadership is an effective leadership style

considering it enables lower-level employees exercise authority that may be vital in future positions they may hold. According to Khan et al (2015), employees with this leadership style are quickly motivated and satisfied with their work environment due to the sense of ownership for the organization. Creativity is applauded and growth on the part of the employee is encouraged. However, as Chioma (2017) notes, this leadership style seems good in theory, as it takes a leader a lot of time and effort to come to an even small decision.

The Laissez-faire Leadership style, commonly referred to as delegative leadership, is viewed the most less involved form of leadership style. The leader in this style runs from responsibility and does not participate in decision-making (Alsawai, 2013, Khan et al. 2015). With this style, there is little or no guidance for group members or collaborators, leaving decision-making to the group members. While Laissez-faire Leadership empower employees by putting trust in them to work independently, it limits their development and overlook important growth opportunities for the company. This style can be useful in situations where highly skilled professionals are involved, but often results in ill-defined roles and lack of motivation. Khan et al. (2015) finds that laissez-faire leadership leads to groups being disoriented and members blaming each other for mistakes, refusing to take personal responsibility, making less progress and doing less work.

#### **2.2.4.2. Transactional and Transformational Leadership**

Transactional and transformational leadership styles are often described in the literature on healthcare organizations. In transactional leadership, as the name imply, there are reward and goal transactions between the leader and followers. That is, the leader rewards followers for achieved targets (Nanjundeswaraswamy and Swamy, 2014). In most situations, this is the employer-employee relationship, and the transaction focuses on the follower finishing expected tasks for monetary compensation. McCleskey (2014) notes that this type of leadership style enables individuals to achieve their performance goals, complete required activities, and stay abreast of current organizational events; Propel supporters through legitimately binding agreements and shine the spotlight on improved hierarchical productivity. On the part of the employee, it reduces nervousness in the work environment, as this style creates roles clearly stipulated. Individuals or employees know what is expected of them and the compensation they will have in return (Sadeghi and Pihie, 2012). However, one of the major disadvantages of the transactional style is that it stifles creativity and unconventional thinking as employees are

focused on achieving their stated goal and receiving their reward (Cherry, 2020). Transactional leadership means that the leader influences the followers' actions in a certain way in exchange for something the follower wants. Incentives are used to influence the follower. Transactional leaders work within the bounds of the culture of the organization, while transformative leaders change the culture of the organization. In other words, transactional leadership is a two-way exchange.

Transformational leadership is always "transforming" and improving upon the organization's conventions (Sola, Coman, Beck & Barja, 2016). In this style of leadership basic tasks and goals to be completed weekly or monthly might be set for employees, but the leader is often pushing for more effort. The goals may seem simple at first, but with time the leader might present challenging tasks or deadlines or set challenging goals for the employees. In transformational leadership style, the leader has a better understanding of the employee's needs, always working on broadening their horizon (Cherry, 2020). These leaders tend to be emotionally intelligent, energetic, and passionate. Besides being committed to helping the organization achieve its set goals, these leaders strive to help group members reach their full potential. This has been noticed to be a highly effective form of leadership among organisations aiming for growth since it brings out the potential out of the employees (Khan et al., 2015). However transformational leaders can risk losing sight of individual learning curves if direct reports do not receive the right coaching to guide them through new responsibilities. Transformational leadership assists a group of people in moving from one stage of development to a higher one and, in doing so, addresses and fulfils better a higher human need". Bass and Avolio (1994) defines transformational leadership in terms of "four I's": idealized influence, inspirational motivation, intellectual stimulation, and individualized consideration. So, the modern ideas of transformational leaders are centred on these elements. These elements are a necessity for a leader who desires to inspire and develop their followers.

***Idealised Influence*** - These leaders act as role models to their followers, hence have earned deep respect from their team as they lead by example (Godin, 2018). Trust and respect form the foundation of this influence. They can make the team share in the vision as they create a sense of belonging to them and provide a vision clear and understandable, this in turn foresees the organisations long-term objectives met.

***Intellectual Stimulation*** - Transformational leaders question what is considered the norm of operating in an organisation, challenging every status quo, and also pushing or encouraging the employees to do the same. They create an open work environment, emphasizing new experiences and ways of thinking for the employees, hence empowering them by removing the fear factor (Godin, 2018).

***Individualized Consideration*** - Transformational Leaders tirelessly work to create a work environment where diversity is celebrated and respected. The work environment is made supportive to individuals as well as teams, taking into cognisance their needs and concerns (Sayyadi, 2020). Leaders here will be working to inspire, empower and develop team members by acting as their coaches and mentors. This is essential in creating future leaders and attaining the best results.

***Inspirational Motivation*** - Transformational Leaders play a paramount role in performance improvement, by working to increase the morale of the team, their motivational techniques and acting as role models for their followers (Bass and Avolio, 1994). Transformational leaders set standards and expectations that give employees a sense of purpose and effectively communicate a vision, easily internalized by the employees or followers who make the goal of attaining that vision as their own.

### **2.3. Strategic Leadership and the Upper Echelon Theory**

Strategic Leadership is leadership “of” an entire organization such that it is different from the leadership styles which occur at the supervisory level. For example, the seminal work of Katz and Kahn (1966) gives differences in levels or categories of leadership in organizations into strategic, operational and tactical. In this categorization, strategic leadership theories deal with the leadership of organizations and are very much concerned with the evolution of the organization as a whole, including its changing goals and capabilities. Put simply, strategic leadership theory focuses on the dominant coalition or top leaders who have overall responsibility for an organization, their characteristics, what they do, and how they affect the organization's outcomes (Finkelstein & Hambrick 2009:4). Strategic leadership is involved in strategic decisions which have the characteristics of being long term, complex in nature, affect the entire organization in terms of scope of activities and involve considerable change. While at the top of the organization, Strategic leaders can utilise on transactional principle of

punishments and rewards as a way to achieve their organizational goals while focusing on the longer term.

Tactical leadership addresses the here and now, with short-term decisions and risk management for immediate gains. At the tactical level, the leaders must position themselves in a way that enables the balancing of the team members' needs with the missions demands. This often entail negotiating and persuading followers to work together to achieve the goal. Therefore, tactical leadership is highly transactional, considering many tools of transformational leadership are not available to the manager. The tactical management work at the long wall. The only factor that the tactical leader can really control is his level of idealized influence, in other words, his charisma.

Ultimately, operational management is about building the structures and systems that enable strategic managers to realize their visions and goals. Operational leaders are the unsung heroes of organizations. In other words, they create systems in support of the organization's values and leadership and foster a culture and behaviours consistent with them (Allio, 2013).

Mason and Hambrick's (1984) upper echelons theory is the origin of strategic leadership, which focuses on top management teams (TMTs) and their assignments as it gives overall responsibility for the organization in terms of direction, alignment, and carry results. Hambrick & Mason's (1984) Upper Echelons Theory posits that performance is significantly influenced by the idiosyncratic background characteristics, values and knowledge of the members of the dominant coalition who hold influential positions at the apex (Quigley & Hambrick, 2015). This theory states that an organization is a reflection of top managers. The upper-level traits are classified into two categories, that is, psychological, such as cognitive base and values, and the measurable managerial traits, for example age, organizational affiliation, functional background, education, socioeconomic roots, TMT traits, and financial position (Hambrick and Mason, 1984: 193-206). Upper echelon theory proposes that organizational outcomes, both strategy and effectiveness, are viewed as reflections of the values and cognitive bases of powerful actors in the organization (Hambrick and Mason, 1984:193). The study of strategic leadership concentrates on a small executive group of leaders referred to as chief executive officers (CEO), top management teams (TMT) and the board of directors, who have the organisations overall responsibility (Lord 2016; Strand, 2014). The theory of the Upper

Echelon is interesting and relevant to this study as it focuses on the top management team of a hospital in South Africa.

Strategic leadership is important for an organization to provide strategic direction, alignment and balance between the short- and long-term plan to ensure organizational success (Jaleha & Machuki 2018). Belyh (2020) views Strategic Leadership as the ability of leaders to create and maintain absorptive and adaptive capabilities, as well as the ability to identify environmental opportunities through their managerial wisdom. Jaleha & Machuki (2018) define strategic leadership as an activity of communicating shared values and a clear vision to employees, as well as the ability to make decisions with minimal organizational influence. Shoemaker & Krupp (2015) then argue that strategic leaders have the ability and power to manage the organization's critical resources to achieve Sustainable Competitive Advantage (SCA) in the marketplace.

Hambrick (2018) notes that for people to understand strategy they must first understand strategists. The understanding is that the senior officers of an organization, the CEO and his or her chosen team are responsible for strategic formation and implementation. In viewing strategy in this way, and in interpreting strategic opportunities, it must again be understood that members of the upper echelons of the organization do so basing on their personal experiences, values, personalities, and other similar human factors. So, strategic leadership and the upper echelon are inter-twinned as the leaders are presumed to lead the organisation sustainably with the aid of past and present wise experiences.

### **2.3.1. The role of Strategic Leaders**

Strategic leaders have a paramount role in any form of business or running of any organisation. The term being the new trend of the twenty first century many organisations have adopted the concept to gain competitive advantage and attain efficiency in the organisation. According to Sharen (2015), strategic leaders determine the organization's purpose or vision. The leader must work with everyone involved in fulfilling the organisation's purpose and these include, the employees, stakeholders, customers and the community. There is no organization that can operate without a purpose or vision, so it is the job of strategic leaders to ensure that the reason of the existence of the organisation is met and the vision is achieved.

Strategic leaders are also expected to be organization's culture builders, chief administrators, strategy implementers, crisis solvers, employee motivators, policymakers and policy enforcers (www.StudsPlanet.com). This means their role is to stay abreast of what is transpiring and nurture a culture-enlivening organization to execute the strategy. They should always be able to take corrective action to improve overall strategic performance. Their expertise and experience should then put them at an advantage of implementing all organisational strategies at the same time motivating the employees to the attainment of these optimal goals.

Coleman and Bourne (2018) state that strategic leaders should be able to foresee all the challenges ahead, that is, they should be visionaries who plan not only for the present but also for the future and should be well prepared for any shortcomings that this might bring to the organization's performance. It also means they should be able to make instant decisions with the available knowledge or prior experience while still seeing the full scope of the company's goals. It is imperative for a strategic leader to be flexible and able to relate to their teams needs within the corporate environment. This, in turn, makes their job of resolving employee disputes easy and doable, while also cultivating a culture for their success.

In addition, Mastrangelo et al. (2014) state that organizational performance is the domain of strategic leaders. Samukange (2014) shares this view but goes on to explain that strategic leaders are also responsible for strategic productivity and developing an atmosphere in which employees anticipate the needs of the organization in the context of their work. Strategic leaders in an organization exist to utilize or maintain core competencies, develop human capital, and maintain an effective organizational culture (Sharen 2015). Strategic leaders, then, have three basic roles: that of pathfinding, alignment, and enablement. Pathfinding is about connecting the organization's value system and vision to the mission and environment through a strategic plan, while alignment is about ensuring that the organizational structure, systems and operational processes are all aligned to contribute to the achievement of the mission and vision, and they empower the latent talent, ingenuity and creativity of people to ignite to achieve the mission.

### **2.3.2. Eight functions of Strategic Leaders**

Samimi, Cortes, Anderson and Herrmann (2017) classified the responsibilities of strategic leaders and refined them into eight (8) managerial roles which were mainly adopted from what

scholars have discussed in literature. This section discusses the eight main roles and functions of strategic leadership as follows:

Strategic leaders direct the mission and vision of an organisation. They offer the principles that guide an organisation towards a common goal and ensures that the strategies to be adopted are in line with the organisations mission and vision (Samimi, M., Cortes, A. F., Anderson, M. H., & Herrmann, P. (2020). Strategic leaders are expected to envision the future, believe in the ability to affect the expected future change and be able to lead the organisation to achieve the deemed impossible. A strategic leader by helping people to act on their innovative ideas can the organisations mission and vision be effectively carried into the future.

Strategizing also makes part of a strategic leader. Strategic thinking and planning is the domain of a strategic leader. As Leitch & Stead (2016) state, ensuring flexibility in a strategy and making room for strategic questions allows a strategic leader to identify the opportunities presented and utilise on them to the workers or organisations benefit. Long term targets are also enacted which match the organizations vision. So, a strategic leader is focused on creating future plans but also acting on the immediate problems at hand to ensure the present does not suffer because of only concentrating on the future.

Moreso, strategic leaders ensure that the implementation stage of ideas in an organisation or team materialize. So strategic leaders help an organisation to achieve the set goals and enable a work environment that is conducive for employees to put their ideas into practice (Norman, 2013). Training and development can develop good managerial and leadership skills, however for a strategic leader experience is essential for them to live up to their full potential. Hence it is this experience strategic leaders aim for the workers, so as to achieve organisational goals and be future leaders themselves.

Samimi et al. (2020), is also of the view that adapting to change is also one of the functions of strategic leaders. They should be in a position to manage change, balancing the organisation as a whole or integrating its various departments. Leitch et al. (2016), further adds that a strategic leader strives to guide the organisation so that it will not be corroded by change but utilize on this change to gain competitive mileage on its competitors. So strategic leaders are flexible to transform accordingly with the requirements of the work setting or environment.

In addition, strategic leaders inspire the people towards the attainment of the organisation's goals. They instil a culture of corporate spirit and morale in the hearts and minds of those whom they lead (Samimi et al., 2020). One as an employee may not be aware of his/her potential and may also have hidden talents, it is the duty of a strategic leader to identify such talents, capitalise on them and get the best performance from the individuals. So strategic leaders also exist to energise the people hence boost their morale and confidence (Norman, 2013).

A strategic leader is furthermore expected to have the prowess to forge partnerships with other organisations and the society especially in which an organisation will be operating in. A strategic leader should be able to manage the partners as well as stakeholders of the organisation (Leitch et al., 2016). Transparency should be part of a strategic leader's nature so as to be able to foster fruitful conversations with the partners and in return acquire information truthful and vital to an organization's development and sustainability in the long run.

Norman (2013) also goes on to identify strategic learning as a prerequisite of a strategic leader. Strategic leaders as much as they are the leaders and educators of a team or organisation, they should also lead by example showing their keenness to learn new things or approaches beneficial to the team or the organisation. Strategic leaders are expected to constantly check the work's environment strength, weaknesses, opportunities to be utilised and the threats it faces, so as not to be caught unaware of a challenge and fall short of solutions. Thus, a strategic leader will be able to develop strategies to compact any change or challenge and also be able to influence the employees to accept the change brought about by a prescribed solution to a problem.

Lastly strategic leaders should be in a position to identify the right human resources for the organisation and groom them to be future leaders like themselves. Samimi, Cortes & Anderson, (2020), reveals the need to develop the leaders of tomorrow and strategic leaders have the eye to identify and develop such leaders. Potential strategic leaders are afforded the opportunity to work with an experienced strategic leader which undoubtedly enhances their leadership qualities moulding them into the strategic leaders of the future to maintain organisations sustainability.

### **2.3.3. Criticism of Strategic Leadership Theory**

The strategic leadership theory, despite its importance and efficiency for the leadership of many organizations, also meets with criticism. The strategic leadership framework is often misunderstood as possessing a simple action plan that is unattainable, although leadership style goes beyond an idea of the know how of policy implementation (Belyh 2020). Therefore, it is argued that strategic leadership is more feasible in theory than in practice.

Strategic leadership has been found to contain elements that can be problematic to both an organization and its followers. As Smith et al. (2017), notes, the reliance of the style to future predictions can sometimes mislead the organization. The framework that attempts to assess the future and what it might bring to better understand its impact before drafting the policies and guidelines can lead the organization to have predictions that could negatively impact its future performance (Belyh 2020). Owen (2019) argues that predicting the future is not only difficult but impossible. Of course, it helps to consider the various elements and explore the possibilities of what could be, but this reliance on predictions does not guarantee desired future outcomes.

Belyh (2020) states that the problem of predicting the future can manifest itself in two different ways: either the organization takes a bleak approach to the future and tries to read into various worst-case scenarios, thereby hampering the growth and productivity of the organization, or predicting the future puts rose-coloured glasses on the future and end up harming the organization by avoiding proper risk management. Either way, it seems to be having a negative impact on the organization's performance, as striking a balance between the two is not as easy as it sounds.

Additionally, critics argue that despite the strategic leadership framework's pursuit of a balance between short-term and long-term goals, less focus on the organisations long-term goals can hamper its short-term profitability and productivity. As the decisions made by the company always consider the long-term implications, generating profit and increasing productivity can come second in the decision-making process. This could create a major problem for certain organizations in dealing with investors and other stakeholders and, in turn, when an organization is in immediate financial trouble, this style of leadership can be preoccupied with short-term issues and hold back long-term issues.

The strategic leadership style can sometimes be inflexible and the framework in its action plan needs to incorporate innovation as creativity can be stifled (Belyh, 2020). Strategic leadership often creates set routines that can make the organization very slow to respond to change. This formal process can also create an environment which does not give room for new opportunities as they are simply rejected based on the established vision and strategy (Belyh 2020). The following is the specific criticism that has been directed at the upper echelon theory:

- The theory makes the questionable assumption that measures of demographic heterogeneity can be a proxy for cognitive heterogeneity and world view of strategic leaders.
- The theory is limited by the use of demographics as proxy for intervening variable (e.g., cognitive styles and values) and failure to measure cognitive concepts (e.g., communication). This creates a black box of intervening variables which are an inherent problem of surveying CEOs & dominant coalition.
- It focuses solely on executive demographics or background as the primary indicator of top management mind-set and potential behaviour and therefore does not consider other structural determinants of behaviour such as corporate leadership and organizational structure.
- It obscures the processes that link upper-level or group composition to decision-making and organizational performance. Thus, the theory does not examine how group composition affects an organization's internal processes.

As the current study is about practices of Sustainable Leadership, it is not enough to simply understand what leadership and strategic leadership is without delving into the notion of sustainability and how it is related to leadership. The section below explores the pillars of sustainability.

## **2.4. The Pillars of Sustainability as a concept**

Sustainability is fast becoming an imperative of business, essential for companies to maintain their competitive advantage. It is most defined as meeting the present needs without affecting the future generation's ability to meet their own (United Nations General Assembly, 2013). Sustainability is now mostly defined as the processes and actions by which humans avoid

depletion of natural resources in order to maintain an ecological balance that does not reduce the quality of life in modern societies (Bruce 2018). Sustainability has three main pillars: economic, environmental, and social, which are informally referred to as people, planet and profits (Beattie 2019). The weakness of one pillar makes the whole system unsustainable. In most instances, national and international problem-solving efforts put their focus on one pillar at a time, exposing the others to the challenges that may arise. Taking the United Nations Environment Program (UNEP) as an example, its focus is the environmental pillar, the Organization for Economic Co-operation and Development (OECD) mainly focuses on economic growth. The United Nations is one of the few organizations trying to strengthen all three pillars, but its small budget has little impact (Gordon, 2017, Beattie 2019). Thus, no powerful international organization adheres to the sustainability issue as a whole.

#### **2.4.1. Economic Sustainability**

Economic sustainability is the economy's ability to indefinitely support a defined level of economic production. It can be said, this is the world's biggest problem since the 2008 Great Recession, blocking progress even on the environmental sustainability issue. Norton (2017) states that the economic pillar of sustainability is the basis on which the strength of most companies is measured as being profitable, as it defines a sustainable business. However, profit at any cost is by no means what the economic pillar is about, as they are activities involving compliance, proper corporate governance and risk management that also fall under the economic pillar (Gordon 2017).

Additionally, this pillar is sometimes referred to as the governance pillar, which refers to good corporate governance (Gordon 2017). In this sense, board members and management align themselves with the interests of the shareholders as well as the corporate community, the value chains and the end customers. With regard to corporate governance, investors may want to know whether the organization's accounting policies are transparent and whether shareholder input is taken into account on issues of importance. Investors may also want reassurances that companies avoid conflicts of interest when selecting their board members and cannot use political donations to obtain preferential treatment, nor engage in practices deemed illegal. Starting from the economic pillar, which allows companies to formulate sustainability strategies and offer extreme measures, companies are sometimes pushed to take initiatives like

abandoning fossil fuels or chemical fertilizers immediately, rather than making incremental changes (Gordon 2017).

#### **2.4.2. Social Sustainability**

Social sustainability is the ability of a social system, such as a country, family, or organization, to function at a defined level of social well-being and harmony indefinitely (Norton 2017). A socially unsustainable system is characterised or signalled by war, poverty, injustice prevalence and lower educational standards. Buffoli et al. (2013) understand social sustainability as a real and credible long-term commitment in all corporate activities that is practiced consciously and responsibly. Although the sustainability social component can be tricky to define, it is safe to argue that social sustainability addresses a business organization's relationship with the communities and societies in which it operates and activities related to human rights, labour practices, fair operating practices and consumer support, including health and safety, and community engagement and development.

Gordon (2017) further argues that the endorsement of a business by its employees, stakeholders and the community in which it will be operating in renders it sustainable. This is only achievable by fairly treating employees and being a good community member, locally and globally alike, but there are also numerous strategies that can be implemented. Social sustainability on the worker side welcomes more responsive benefits such as improved maternity and paternity benefits, flexible working hours, and learning and development opportunities, and community engagement requires organizations to develop various initiatives to give back, which include sponsorships, grants, and investing in community public projects.

#### **2.4.3. Environmental Sustainability**

An organization's relation to the natural earth systems, which include consumption of non-renewable resources, defines environmental impacts (Jamaludin, Habidin, Shazali, Ali & Khaidir. 2013). Environmental sustainability has been defined as the ability of the environment to support a defined level of environmental quality and depletion rates of natural resources indefinitely (Gordon 2017). This is the biggest problem in the world, and it gets the most attention. Businesses are focused on reducing their carbon footprint, packaging waste, water use and overall environmental impact. Organizations now know that preserving the planet has positive financial implications, for example reducing material usage for packaging typically

reduces overall spend on those materials and therefore becomes more profitable. Companies with direct and obvious environmental impacts, like mining or food production, tackle the environmental pillar through benchmarking. Yet, despite organizations' varying approaches to being environmentally sustainable, the challenge is that the total costs of wastewater, carbon, land reclamation and waste in general are not easy to calculate, considering that companies are not always the ones accountable for the waste they produce. This is where benchmarking comes in, as a move to quantify these externalities to attain progress towards the reduction of them for better tracking and reporting in a meaningful way (Beattie 2019).

#### **2.4.4. Understanding Sustainability in the healthcare sector**

The World Health Organization (WHO) defines a sustainable health system as a system aimed at improving, maintaining and restoring health while minimizing adverse environmental impacts and utilizing opportunities for the restoration and improvement, for the benefit of the health and well-being of current and future generations (Gordon 2017). This shows that the activities of a health system have a significant impact on the environment. It has been found that between 75% and 90% of produced waste in the healthcare can present a variety of environmental and health risks (Owen 2016). These include the generation of hazardous and conventional waste, wastewater and greenhouse gas emissions, and high resource consumption such as energy and water.

In the evolution of sustainability, companies into manufacturing were among the first to embrace sustainability initiatives, but as the healthcare sector caught up, it took an aggressive stance on sustainability. The average hospital compared to any type of commercial building uses more energy, second only to food retailers in terms of energy consumption per square foot (Gordon, 2017). Of course, that contradicts everything that hospitals believe in. It has been found that the environmental toxins hospitals produce in large quantities are very much behind the medical problems that bring people to the hospital in the first place. These conditions have been identified as asthma, birth defects, leukaemia, infertility and childhood brain cancer.

Technological innovations in healthcare have shown the potential to offer health and environmental benefits. Take eHealth e-interventions for example, they have improved health outcomes and access to health care, reduced pollution through reduced travel needs and proven

to be cost effective. Water reduction usage has also been achieved through various medical devices and technologies.

The need for quality healthcare has been on the rise since the awareness of consumers on the importance of high-quality life. This has compelled many institutions to re-access, design and formulate strategies capable of meeting the needs of both customers and other stakeholders.

Therefore, in order to remain competitive, healthcare institutions must continue to ensure that strategies proven to work are maintained and pursued in their implementation over the long term until an improved strategy is put in place (Goh & Marimuthu 2015). Previous studies have identified several dimensions that have positively impacted health care sustainability, and these include training and mentoring, leadership that leads to retention and satisfaction, effective management practices, a willingness to adapt, and a willingness to work collaboratively with human behaviours are related or attitudes (Goh & Marimuthu 2015).

Only a hospital that is sustainable in both structure and governance can promote the well-being and health of the people it treats (Buffoli, Capolongo, Bottero and Cavagliato. 2013). The healthcare sector has tried embarking on different initiatives to be sustainable like preparing food, which is healthy and locally sourced, providing the best patient care while being mindful of consumables and using cleaning supplies not harmful; recycling; and saving water and energy. However, problems like high cost, scarce resources and limited budget have always been a major obstacle for healthcare companies' continuous growth (Ferrario, Bosselli, Hill and Martin,2012). Given the above understanding of leadership, strategic leadership and sustainability which are relevant to this study, it is very important to define the notion of Sustainable Leadership in general.

## **2.5. Different Definitions of Sustainable Leadership**

Sustainable Leadership can be defined as individuals and institution's ability to continuously adapt and meet novel challenges and complexities in the dynamic and demanding contexts (Davies 2008; Hargreaves 2007). For some scholars such as Brown and Trevino (2006), Sustainable Leadership is based on the ethical leadership notion but broadens its scope by claiming that it is moral that the needs of stakeholders should be considered, including those

of the future generation and the natural environment. Good Leadership is essential for the success of any organization, and the healthcare sector desires this attention. Sustainable Leadership is not only more than just crucial but critical to the organization's success (Olivier 2012).

Sustainable Leadership is a complex and complicated topic to understand. The concept of Sustainable Leadership was first introduced on the basis that the natural world is shaped by organizations. This idea emphasizes the birth of lasting value where physical, social, ethical, and economic reasons support organizations' revenues (Shrivastava, 1995). According to Avery and Bergsteiner (2011), Sustainable Leadership comes from the Rhineland Management, which emphasizes organisations responsibility towards society. Rhineland Leadership, a precursor to Sustainable Leadership, promotes a long-term perspective, corporate social responsibility and ethical behaviour (Hallinger and Suriyankietkaew, 2018). The concept of Sustainable Leadership is to try to meet the needs of current generations without compromising the viability of future generations (Hargreaves and Fink, 2012).

Several sources consider different perspectives when it comes to the discussion of sustainability. and this has proved to be significant in how organizations operationalize the concept. According to Avery and Bergsteiner (2011), Sustainable Leadership practices enable rapid, resilient response that is competitive and attractive to stakeholders. Sustainability is the basic principle of Sustainable Leadership. Leaders consider the environment, society and the organization's long-term sustainable development goals in Sustainable Leadership. Strategic leaders are conscious about the pursuit of the triple bottom line (PPP) that systematically embrace the people, planet, and profit (Berchicchi et al. 2012). The stakeholders that are, from employees, consumers to future generations, according to Sustainable Leadership, are as much relevant as the shareholders for their contribution renders them asserts to the organization.

Organizations aim to create value that benefits the society and all stakeholders through Sustainable Leadership (Burawat, 2019). The terms sustainability and Sustainable Leadership are always relevant to the triple bottom line perspective (TBL) (Amui et al., 2017). This perspective is focused on balancing people, planet and profit for a guaranteed sustainable future. According to Slankis (2006), Sustainable Leadership consists of ten pillars such as:

1. Change orientation = willingness to change an organization.
2. Social and environmental awareness = looking at the organization's role from the outside and its impact.
3. Broad systems thinking = the ability to connect the organization.
4. Business acumen and credibility = linking sustainability and the values of stakeholders.
5. Adaptability = managing, implementing and changing.
6. Patience = long-term commitment.
7. Translational skills = thinking in action.
8. Persuasiveness = communicating and building relationships.
9. Energy and passion = communicate vision and encourage innovation to drive innovation.
10. Mentoring and development = commitment to solid and enduring leadership through development of people,

Avery and Bergsteiner (2011:5) believe that "Sustainable Leadership requires taking a long-term perspective in making decisions; fostering systematic innovation aimed at increasing customer value; developing a skilled, loyal, and highly engaged workforce; and offering quality products, services, and solutions." Kantabutra and Saratun (2013:363) complement this emphasizing that "Sustainable Leadership practices reflect good management, often lower costs while enhancing reputation and brand." Though individual leaders should be committed to Sustainable Leadership strategy (Hargreaves and Fink, 2006; Davies, 2009), the principles and practices must transcend the individual. Thus, according to Avery and Bergsteiner (2011), through Sustainable Leadership communities are built, collaborations fostered between stakeholders, and long-term value promoted.

Suriyankietkaew (2016) states that Sustainable Leadership preserves and deepens the holistic knowledge that continuously spreads and ensures a good impact on current and future operations. Sustainability leadership prefers to build internal employees rather than bring outside help. This is done in order to keep employees or particularly to employee retention to promote employee loyalty and avoid employee turnover in the company. This will generate a peculiar competitive advantage for a firm, derived from the connection between long-term workers that allow ideas and skills to be shared and retained in the firm. Thus, by practising

Sustainable Leadership employees feel secure and satisfied leading to high productivity of the workers (Zulkiffli and Latiffi., 2016).

According to Suriyankietkaew (2016), Sustainable Leadership is based on seven principles, namely depth, endurance, breadth, justice, diversity, resourcefulness, and conservation. Depth means that it promotes the deep and broad nurturing of its employees in all fairness. Endurance refers to how it preserves and advances the most important educational aspects and life over time, annually and from predecessor to successor. Breadth of Sustainable Leadership is seen by how it spreads and sustains, as well as rely on the leadership of others. This kind of leadership practices social justice and is for environment conservation and preservation, it decreases from exercising damaging activities on the environment and improves the surrounding ecological systems by educating others, it also encourages diversity among team members, it renews people and resourceful leadership that does not waste money nor its people and lastly, it conserves, meaning that it respects and develops the past aiming for a positive future. Thus, it honours the past in improving the future.

According to Zulkiffli and Latiffi (2016), Sustainable Leadership practices consist of management systems which are complex, including principles, processes and values that can create continuous positive organizational performance. In short, adapting to Sustainable Leadership in a company will improve the satisfaction by employees, with increased organizational performance. Hossain et al. (2019) suggest that a company can appeal to investors by maintaining a guided long-term perspective that is committed to adaptive and innovative measures. In this case, employees are retained, training can continue, and the company's image and quality are maintained along with its knowledge, and the interests of stakeholders are recognized, resulting in improved economic growth and port performance. For this study's purpose, Sustainable Leadership will be referred to as the ability of a leader to formulate and implement strategies to reduce harm to the environment and influence other employees to engage in these strategies to maintain long-term success of a hospital in providing health care which meets the current and future needs of the patients and the stakeholders.

### **2.5.1. The qualities of Sustainable Leadership in Healthcare**

The concept of leading the organization is the same, directing and aligning the organization in the right direction to achieve the desired and common goal. However, as Laine (2010) argues,

good leaders must be able to master all of the fundamental challenges and understand how to turn those challenges into profitable opportunities. Sustainable leaders are characterised by flexibility and quickly able to adapt to the volatility, uncertainty, complexity and ambiguity (VUCA) in the environment. They champion people and provide them with the necessary resources to confidently achieve their goals. They are role models to aspiring leaders. Therefore, sustainable leaders are often labelled capable of attracting and retaining potential employees in organisations (Laine 2010). Therefore, sustainable leadership was engaged to make use of the capable perspectives of the theory to review the leadership approaches in a regional hospital like Ermelo Regional Hospital.

Healthcare systems are incredibly complex, especially as some are embedded within each other. Each management problem is consequently located in interacting systems and a specific context (Doherty et al. 2018). This drives leaders to become problem solvers, employing analytical techniques that consider the interactions between many components of the healthcare system, understanding the limitations and opportunities of contextual factors, and acknowledging that people are part of these dynamics with their understanding and interpretations blending together. Only in the context of Sustainable Leadership can this be achieved, and adequate health care provided.

Leadership rendered effective involves the ability to build and maintain relationships by demonstrating professional and ethical behaviour, motivation and purpose in all activities of the organization (Doherty et al. 2018). The healthcare sector benefits greatly from such an approach as enthusiasm motivates employees and in turn creates a conducive environment for teamwork enabling team members to support each other. In a healthcare system, rapid conflict resolution is also crucial, especially in emergencies, sustainable leaders can quickly manage and resolve conflicts because as effective leaders they would have built trust in others and through that trust would also support the performance of their organization goals (Oliver Tambo Fellowship program 2008).

Lisa Schpritz, Senior Vice President at the Environmental Operations at Bank of America once said: "The Public Health Specialty Training Curriculum (2015) reflects the central importance of sustainable development to health and the role of public health professionals in driving change, requiring trainees to "demonstrate leadership in environmental sustainability with a

focus on the links to health and climate change." Research further suggests that Rhineland enterprises overall is more sustainable than firms based on the principles of Anglo/US (Avery, 2005). Rhineland organizations tend to have a competitive advantage over their Anglo/US counterparts on healthcare measures, as well as on long-term shareholder value. Hence sustainable leaders are goal getters, flexible to change but not entirely phasing out the presence if any form of benefit can still be attained from it. There exists substantial literature that supporting the greater Rhineland enterprises sustainability on all three of these dimensions, financial, social, environmental (Bergsteiner and Avery, 2006).

In a healthcare system, the quality and safety of care depend on many factors. Some of the most important are a culture that promotes safety and quality, the planning and delivery of services that meet the patients' needs, the availability of human, financial and physical resources, an adequate number of competent staff and other care providers, and on-going assessment and Improving performance (Jumma 2001). Sustainable leaders are aware of the need for resources, influence, and control at different levels of a system to achieve common goals. It is the leaders who together can set and disseminate the organization's mission, vision, and goals. Sustainable Leadership in a healthcare system is able, through their words, expectations of action, and behaviour, to create, sustain, and transform organizational culture a culture that values quality, safe patient care, stewardship of resources, community service, and ethical behaviour; or a culture where value is not attached to these goals (Kantabutra and Avery 2002).

Additionally, there are individual managers who are good at managing people but short of providing robust solutions. When it comes to the healthcare system, a sustainable leader is systemic, looking at the different dimensions of a possible solution and its implications at different levels and for different stakeholders. According to Hallinger and Suriyankietkaew (2018), a leader should step out of their shoes and become a real landmark in the world of leadership. If there is one trait or quality that is very popular in sustainable leaders, it is the innate ability to take on new challenges and navigate change. They can identify the problem and then present relevant solutions keeping the sustainability factor in mind, hence an attribute that is helpful in the healthcare system considering that in some moments angular resolutions are required. Even though sustainable leaders are solid individuals presenting empowering solutions, they must have a radically different mind-set that works with survivability (Laine 2010).

Besides, a sustainable leader should be socially responsible (Inhabitat, 2012). Looking at the example of Theptarin, a health institution in Asia, its core values were social responsibility as it had adopted a Sustainable Leadership stance. Although private, it shares its knowledge with other healthcare organizations as a stance of serving the wider community. The aim is to not only be the best service deliverer to clients, but also a model to other institutions to raise diabetes care standards nationally. With this in mind, Theptarin has helped over a hundred hospitals in Southeast Asia drawing on the experience of his diabetes team. The hospital also helps spread knowledge about endocrine diseases to people in need across the country. Thus, a sustainable leader does not regard other institutions as competitors, as is evident from Theptarin. In the light of the above, there is a variety of qualities for a Sustainable leader which are key for organisational sustainability which is inward-focused and sustainability of the community in relation to the pillars of sustainability.

### **2.5.2. The general importance of Sustainable Leadership**

Sustainable Leadership brings much to the table. As noted by Werft (2015), it is the key to ending poverty. It should also be the duty of world citizens to help companies hold themselves accountable and to ensure that private sector leaders adopt Sustainable Leadership practices. Enforcing social and environmental responsibility will be nearly impossible without changing the mind-set of leaders in the private sector. Therefore, through Sustainable Leadership, can the vital changes to the creation of a better world be realised, with equality for all.

The overall focus of Sustainable Leadership is on building a long-term sustainable future for the organization. However, Davies (2009) claims that the achievement of short-term goals can be an indicator of long-term success. They should therefore not be seen as contradictory elements, but rather as working towards each other. Lambert (2012) agrees, emphasizing that Sustainable Leadership will not provide short-term solutions but rather a longer-term course for the organization. He goes on to say that short-term and long-term goals are complementary in nature though incompatible, and that this could be achieved with sustainable leadership (Lambert, 2012). Short-term goals can arguably lead organizations to that sustainable future. Without a doubt, organisations desire this stance to prevail in most of its operations. Short-term goals exist to serve 'now' and in the 'tomorrow' in the same manner or the new trend.

The twenty first century has brought a lot of heat on corporations or businesses from the society and the need to adhere to their needs hence Sustainable Leadership dawned as the solution. Many corporations had got away with a lot of damage to the environment and human rights abuse for many years, but the different laws put in place have become a wakeup call for them that it was no longer the case (Belyh 2020). Since Sustainable Leadership prioritize the environment, society and governance in its bottom line it has become the common trend and of significance in many organisations. It enables organisations to focus on the need to preserve the environment organisations will be operating in and hence continue yielding benefits from it for the coming years.

Avery (2005) emphasized that sustainable leaders adopt a long-term perspective in decision-making, encourage systemic innovation to develop a skilled, competitive, and loyal workforce, to deliver products and services of higher quality, and increase value creation. Sustainable Leadership affords organizations the chance of learning better, faster, and more flexible, adapting at the expense of their competitors (Hargreaves and Fink, 2012). The world being dynamic, there is that need to be up to date moving with the new trend but feeding on the old (organizational culture) to remain competitive. This move is essential in any form of the system if it does want to stay in business, be it the public or private sector.

#### **2.5.2.1. Sustainable Leadership Pyramid Practices**

To get a deep understanding of the practices of Sustainable Leadership, it is of paramount to reflect on the work of Avery and Bergsteiner (2011), that introduce a Sustainable Leadership pyramid. This pyramid is centred on the 23 ‘honeybee’ or Sustainable Leadership practices which were designed and arranged in the form of a pyramid to allow management teams to formulate interventions. Figure 2.1 show the Sustainable Leadership pyramid which is subsequently discussed.

**Figure 2.1: Sustainable Leadership Pyramid**



**Source:** Sustainable Leadership. A Guide for Sustainable Entrepreneurs

There are 23 sustainable practices which are divided into three groups in the Sustainable Leadership pyramid that is: foundation practices, higher-level practices, and key performance drivers (Avery and Bergsteiner, 2011). The fourth level on the pyramid represents the performance outcomes that contribute to sustainability.

**Foundational practices** - These are found at the pyramid’s lowest level and comprises of 14 foundation practices. Avery and Bergsteiner (2011) note that this level includes the continuous training and development of employees so that they manage the transforming work environment, formulating a plan to retain staff thereby retaining experience, valuing the employees and the experience they bring to the organisation, ensuring ethical behaviour and approach in the organisation’s running at the same time gunning for long term sustainability. The level also includes having internal succession plans thus utilising on internal organisational knowledge, promoting labour relations which are good and positive, being environmentally and socially responsible the main pillars of sustainability, and free from financial markets. The

level also ensures there is a shared vision in the business performance, taking into cognisance the interests of various stakeholders and valuing the leadership of the top team (Avery and Bergsteiner, 2011).

**Higher-level practices** - This is the pyramid's second level. These practices are driven by the effectiveness of the foundational practices. Avery and Bergsteiner (2011) revealed that there are six practices at this level and this entail; creating a self-managed workforce, putting value in teamwork, supporting a culture which leads to sustainability, building trust in one another as employees, knowledge sharing and retaining of the same knowledge within the organisation and fostering a culture of devolved and consensual decision making.

**Key performance drivers** - This constitutes the pyramid's third level. There are only three of them and are closely interrelated. According to Avery and Bergsteiner (2011) these practices include, engaging the staff, being innovative from a strategic angle and zeroing on quality, as portrayed by customers and drivers of the organisation.

**Performance outcomes** - This is the fourth and final level of the pyramid and as alluded to earlier represent the performance outcomes that lead to sustainability. These performance outcomes are five and they include, customer satisfaction, long-term shareholder value, long-term stakeholder value, establishing a reputable brand and sustainable financial performance.

It is worth noting that the Sustainable Leadership practices (SLP) are integrated and supportive of each other. They do not interact only bottom-up and top-down the pyramid (Avery and Bergsteiner, 2011). The SLP diagram illustrates how the 14 foundational practices influence the 6 higher-level practices which then make possible the 3 key performance drives to lead to the final stage of sustainability.

Foundational practices can be introduced anytime by the decision makers of the organisation, and their perfection is essential as they are key to all the practices to follow (Avery and Bergsteiner, 2011). Higher-level practices cannot exist out of isolation and rely on the foundational practices. So, the SLP guides leaders and managers in adopting practices that are beneficial in the organisation and lead to its sustainability.

#### **2.5.2.2. The importance of Sustainable Leadership in a health care system**

Sustainable Leadership is of considerable significance in many organizations, in this case, the healthcare system under study, if adhered to in its entirety. Within today's organizations, the

development of employees and their leaders is of higher priority. Garavan et al. (2007:5) notes that “organisations are now increasingly concerned with ensuring that their employees have the competencies and skills to be effective in the changing context (demand for improved quality and efficiency along with strict financial controls and increased accountability)”. Psychological safety thus encourages diverse input and motivates the passions of all employees. The relationship between the existing leadership and the outcomes of employees are mediated by psychological mechanisms (Chiniara and Bentein, 2016; Yang, J., Gu, J., & Liu, H., 2019). Thus, only through Sustainable Leadership can this be only achieved.

Organizations cannot escape the effects of climate change, which are getting worse by the day. In terms of actions taken within the organization, Sustainable Leadership typically develops a long-term vision when making decisions related to environmental sustainability, reinforces the green core values of sustainability, recognizes sustainability challenges, implements green management systems, and innovates when it comes to high quality products, services and solutions (Avery and Bergsteiner 2011; Crossman 2011; Hargreaves 2007; Maak and Pless 2006). Therefore, organizations that adopt Sustainable Leadership practices yield many benefits that focus on protecting the natural environment resources and efficiency in resources and energy consumption (Peng and Lin 2008). This can help the healthcare system as it reduces disease and stress-related ailments as it reduces pollution, supports efficient use of water and energy, the use of renewable energy, viable resources waste management, research and education, image improvement of the organization, recycling, reduction of costs and higher productivity (Ambec and Lanoie 2008; Chang 2013; Jafri 2015).

The social responsibility element inherent in Sustainable Leadership has been witnessed to have a significant impact on psychological safety (Ahmad et al., 2018; Chaudhary, 2019). According to Rupp et al. (2013) employees feel much safer and confident when Sustainable Leadership practices are viewed intrinsically, hence achieving higher levels of psychological safety. The way leaders respond to the stakeholders needs makes employees feel safe (Farooq, 2016). Responsible managers influence the sensory perception of employees, which leads to further positive results (Hansen, S.D., Dunford, B.B., Alge, B.J., Jackson, C.L., (2016). Thus, if such a scenario is to transpire in a hospital, pharmaceutical or laboratory, just to mention a few, the level of participation and customer service will be high, for employees who feel safe usually put their all in their work.

Organizational sustainable practices produce long-term, lasting, and profitable outcomes (Iqbal et al., 2018a, 2018b; Khan and Qianli, 2017). By providing a pointer, best practices that structure the approach by management (Gaan and Mohanty, 2019) and using a long-term perspective to engage diverse stakeholders (Avery and Bergsteiner, 2011). According to this picture, leading sustainable leaders significantly affects financial performance and enduring performance (Burawat, 2019). The Sustainable Leadership practices such as encouraging innovation and sharing design ideas (Avery and Bergsteiner, 2011), focusing on learning and continuous enhancement (Rehman, S., Sami, A., Haroon, A., Irfan, A., 2019), and embracing failure without punishment (Eichbaum, 2018), leads to a scenario in which employees feel comfortable and experience novel ideas. In this way, it promotes the psychological safety of employees and directs them to show similar sustained behaviours in their day-to-day activities.

Frazier, M.L., Fainshmidt, S., Klinger, R.L., Pezeshkan, A., Vacheva, V., (2017) also believe that Sustainable Leadership is seen as a precursor to psychological safety, and scholars suggest that leaders who encourage participation, value people and are focused on production foster psychological safety among the employees (Newman, A., Donohue, R., Eva, N., 2017). Sustainable Leaders: encourages collaboration between different stakeholders and drives long-term value (Avery and Bergsteiner, 2011). An environment for learning, growing, and expanding is also developed by sustainable leaders, which is useful for achieving organizational goals (Peterlin et al., 2015). In the healthcare sector, using the example of a hospital, it is about helping every patient in some way ethically. This is what is being alluded to more and more in Sustainable Leadership.

Amid the chaos of change, Sustainable Leadership is steadfast in maintaining and renewing its long-standing goals. Sustainable Leadership develops material and human resources and does not exhaust them. It also recognizes and rewards earlier the organization's leadership talent rather than later, thus promoting motivation. It takes care of its leaders by encouraging them to fend for themselves. It does not suck its leaders dry with innovation overload or unrealistic timelines for change, so realistic. Sustainable Leadership is prudent and resourceful leadership that does not waste its money or people. Sustainable Leadership recognises and engages the pasts best for a better future creation. Sustainable Leadership captures and revitalizes

organizational memories and honours the wisdom of its bearers as a way to learn from the best of the past, preserve it and then move beyond it, making it essential in any operational system.

## **2.6. Opportunities and challenges for successful Sustainable Leadership initiatives**

There is undisputed evidence that the quality of healthcare in South Africa has been impacted by various challenges presenting negatively impact on healthcare quality. According to Bhengu (2019), fewer errors signify improvement in quality, fewer delays in care delivery, efficiency improvement, higher market share, and lower costs. The losing of confidence in the South African healthcare by people was due to the deteriorating quality of healthcare.

Koelble and Siddle (2014) describe the health system in South Africa as in shambles needing immediate repair. Franks (2014) states that the crises of leadership can be traced back to the dawn of democracy, after the implementation of government policies to improve living conditions in poor households. Democratic government needed to eliminate discriminatory practices and procedures in the employment line through the implementation of the 1997 Employment Equity Bill (Burger and Jafta 2010), with the goal of bringing the once historically underprivileged into the system (Burger and Jafta 2010: 4). However, this positive action policy led to the loss of institutional memory, and many problems experienced in the healthcare system are due to managerial positions being filled with inexperienced managers (Coovadia H., Jewkes R., Barron P., Sanders D. & McIntyre D, 2009:830; Adejumo and Archibong 2013). Therefore, experience has shown that paralyzing the once functioning health sector is the best teacher.

The main agenda of the South African government is justice. However, since the beginning of the democratic era (Heywood 2014), nothing of significant has been done to make at par the resources of the private and the public health sector, hence leading to delays in the implementation of National Health Insurance (NHI) policies (Toyana and Auriacombe 2013). Infrastructure in rural communities is still in its infancy and some primary health care centres still lack tap water, a clear indication that the public health system is unable to provide consistent and care of high quality (Heywood 2014). Thus, this being the scenario, most rural

communities still attract the inexperienced personnel or no health practitioner with higher credentials would want to be associated with them.

Many of the problems in South Africa's health care system can be traced back to the apartheid era (1948-1993) when the health care system was highly fragmented between four different racial groups (black, mixed race, Indian and white) with discriminatory effects. (Baker 2010: 79). 10 Bantustans were developed by the apartheid government (the so-called ethnic homelands) into which Africans were involuntarily segregated, each with its own health departments with its professional organizations (Baker 2010: 80). So that meant finding highly skilled health practitioners and appropriate health structures in the white-owned areas. This practice led to a deterioration in health system performance due to resource shortages, and communities which were particularly affected (Chassin and Loeb 2013). Though the winds of change in South Africa, some areas officially designated for the blacks are still backward and suffering from lack of proper healthcare and the leaders, that is, the government is yet to heed to the people's call.

In South Africa, most promotions for managers based on their institutional length of service, not their skills, and they often apply for a promotion because it is accompanied by a salary increase (Pillay 2010). Such a case increases the gap between the management team and the clinical outcomes (Pillay 2010). A rigid workforce can be created because a leader is appointed not knowledgeable of what is new in the market, have no research expertise or zeal of the dynamic world. Accountability can be difficult, also linked to corruption and misbehaving among Ministry of Health officials (Siddle 2011). Corruption has mainly caused the government to fail to fulfil its constitutional mandate of providing quality healthcare, as individuals can deposit into a senior position in a healthcare system or divert funds to another network after payment. So, corruption can have many faces. This view is in line with Managa's (2012) findings that the main obstacles to performance at local government level in South Africa are problems associated with institutional capacity, corruption levels which are high and mismanagement in finances, and a lack of participation by the public.

The presence of different professions in hospitals can increase specialization and horizontal differentiation and lead to communication and coordination conflicts (Dunjwa 2016). Issues are viewed differently in different sections; hence it becomes difficult to solve. The way the

accounting staff, nurses or doctors look at problems differ. The emergency physician thinks a series of experiments is a solution to a problem, whereas the laboratory staff has another perspective (Ghiasi-pour, Mosadeghrad & Arab. 2017). This situation then triggers conflicts. Problem resolution becomes impaired, and the health system affected with such an uncoordinated work environment; hence leaders changed in their schedule of driving their various departments into a better future.

In the South African healthcare system, even with adequate resources, poor leadership has been found crippling the healthcare system and also behind the poor strategic and operational management (Doherty et al. 2018). Leaders are not just the people officially designated as leaders, but they can appear at all levels of the healthcare system. The leadership of the public health sector must be based on a set of values that reflect the country's social goals through distributed leadership that connects the entire system in productive ways. According to Doherty et al. (2018) these values need to be part of the leaders' so that they permeate their daily activities, but it lacks into South Africa's systems. Thus, this poses a challenge in the Leadership of South Africa's health care.

However Sustainable Leadership also proposes numerous opportunities to the South African healthcare system and other sectors at large. Sustainable performance among employees is attainable when Sustainable Leadership is promoted in the working environment. Relevant training and development programs could help managers improve the skills that would enable them to demonstrate enhanced Sustainable Leadership behaviours (Alves J., Peralta S. & Perelman J, 2013). The top management of organizations should be responsible for creating compatibility and harmony with employees to enable them to have a psychologically safe relationship; It does mean, however, that Sustainable Leadership should be a craft to be taught and mastered. Organizational leadership can foster training based on employee job descriptions, their roles, and responsibilities to improve psychological safety (Zhang & Xie, 2017). Employees who feel psychologically safe perform better, thus the need to take advantage of Sustainable Leadership and encourage any Sustainable Leadership initiatives through training.

The Government of South Africa states that emerging leaders need to be identified, supported and developed. It then becomes the duty of officers and the management team to identify and

develop talent, nurture and develop leadership qualities and skills that create a professional and organizational climate that enables the next generation of leaders to challenge the orthodoxy to take risks and learning from experience (DH 1999). The government presents a vision to empower nurses, midwives and health visitors in their leadership roles. The South African government's modernization program means more nurses, midwives and health visitors need enhanced leadership skills. Hence the need to create a curriculum to identify and develop emerging sustainable leaders at an early stage, as well as a new career framework and the introduction of nurses, midwives and health consultants that will provide a sharper focus for clinical leadership.

For the healthcare sector, the main importance of leadership is based on the fact that it encompasses a complex group of people and organizations inside and outside the healthcare sector and in government and outside, all working in an everchanging environment of transforming healthcare needs, medical and technological innovations and resource conditions (Hendricks S.J.H., Buch E., Seekoe E., Bossert T. & Roberts M, (2014). Given this complexity, for Sustainable Leadership to work, it is essential to lead the systems different parts towards working on a common goal. The Celebrating Innovative Health Management Conference, organized in June 2011 by the University of Cape Town, brought out many examples for health leaders and executives from all facets of the South African system. The variety of speakers present, provided positive examples of health systems leadership. One of the delegates observed, the conferences most valuable lesson was: "that we should have hope. There is an enormous amount of wisdom among us, and collectively listening to each other, we can correct the system and improve service delivery" (Hendricks et al. 2014). Thus, cutting through the borders of various systems to complement each other supports sustainability or Sustainable Leadership.

The constitutional obligation of South Africa is the provision of quality healthcare (Stuckler et al. 2011). Therefore, no healthcare system can operate outside the confines of this rule. The government has even taken the initiative to introduce numerous developmental programs to improve healthcare, its efficiency, safety and quality of care and access for all users (Mogashoa and Pelsler 2014), and significant changes in healthcare policies and legislation have been made to ensure compliance in providing quality care (Moyakhe 2014). Although services in the public health facilities still fell short of basic standards of care and patient expectations

(National Department of Health 2012:4), some of the government's goals were met, and sustained leadership should not even be above legislation to affect change in all angles.

## **2.7. Previous studies on Leadership and Sustainability in organisations outside Africa**

The research that was done in Jakarta (Indonesia), Kuala Lumpur (Malaysia), and Bandar Seri Begawan (Brunei Darussalam) also brings out the importance of Sustainable Leadership. The data from 405 SMEs was collated for this research using the cluster sampling approach and analysed using structural equation modelling (variance-based). The study investigated the mediating effect of psychological safety on the relationship between Sustainable Leadership and sustainable performance as well as evaluating the moderation impact of psychological empowerment on that relationship. The findings confirmed that there was a positive relationship between Sustainable Leadership and psychological safety, with a positive indirect impact on durable performance through psychological safety, which increases in psychological empowerment presence. Thus, such an environment encourages the sharing of knowledge, and freedom in speaking, in turn, improves sustainable performance. Besides, "Sustainable Leadership is concerned with creating current and future profits for an organization while improving the lives of all concerned" (McCann and Holt 2011, p. 209).

Another research conducted on Thai SMEs aimed to uncover key leadership and management practices within the strategic leadership concept that can foster superior long-term financial performance in these Thai SMEs. The study took a quantitative standpoint to examine the relationships between strategic leadership practices and financial performance of organizations (Suriyankietkaew and Avery 2016). To quantify the impact of strategic leadership practices on Thai SMEs firms on financial performance, the research utilised a cross-sectional survey design to test the hypothesis of the research and a mixed survey method consisting of telephone, online and mail survey was utilised, so as to maximize the rate of response within the little time. The research sample consisted of managers who held first and middle management positions, which were a total of 439 in various SME's industries in Thailand.

The practices of honeybee were measured against a set of 57 items adapted from the Sustainable Management Questionnaire (SLQ) by Avery and Bergsteiner, and the

questionnaire was based on established scales and tested against Cronbach's alphas to guarantee robustness (Suriyankietkaew and Avery 2016). English was translated into Thai to ensure the results validity. Quantitative statistical analyses, that is, correlation and multiple regression analysis using SPSS software, were employed to examine empirically the hypothetical relationships between Sustainable Leadership practices and the financial performance of corporates. The results revealed that Sustainable Leadership practices such as industrial relations, employee retention, employee appreciation, long-term perspective, ethics, financial freedom, social responsibility, established and shared vision, decentralized decision-making, teamwork, enabling culture, retention of knowledge, trust, systemic innovation, employee involvement and quality are significantly correlated with the company's financial performance and sustainability.

## **2.8. Previous studies on Leadership and Sustainability in organisations in South Africa**

The implications of healthcare leadership in the South African context were carried out by Mukwakungu, Mabasa and Mbohwa (2018). Reviewing relevant literature on articles published from 2013 to 2018 in relation to the impact of healthcare leadership in the country was performed through gap analysis. The study's aim was to provide an overview of the South African literature on leadership in the healthcare sector and its impact on the industry. The review was developed and strictly conducted in accordance with the published guidelines for reporting on systematic reviews based on a GAP analysis to gain access to the vital data of healthcare leadership in South Africa.

The various research articles were evaluated and summarized to provide a clear framework and better understanding of leadership in the South African healthcare sector. A gap analysis was performed consisting of the problem studied, the variable studied, the methodology used, the outcomes and the context of the study and area of future investigation of recent articles published between 2013 and 2018. EBSCO's Medical Database, PubMed, EMBASE were also used as primary data. The GAP analysis was conducted following the inclusion criteria based on the study of the research group members, a pre-designed template was also used to extract data and 30 articles were identified from this initial search. Some of the key findings from the research show that healthcare leadership is composed of four classifications, social,

organizational, business, and financial (Pihlainen et al. 2015), and that healthcare leaders showed no competency in most or all classifications (Doherty, 2014) due to the fact that health professionals, in their undergraduate level are not exposed to any basic leadership training as they focus only on patient care rather than organizational sustainability (Shung-King, Gilson, Mbachu, Molyneux, Muraya, Uguru & Govender, 2014).

Another significant study which was conducted in South Africa was done by Khotsa and Van Rooyen (2020). The study sought to investigate if the South African Post Office's (SAPO) waste management policies were carried out by capable Sustainable Leadership. The study, which was carried in the North Region, followed the challenge of the utility organisations to be accountable for waste management and this was attributed to incapable leadership. The SAPO following the nature of its business needed effective strategies as environmental intervention and sustainability (Khotsa and Van Rooyen, 2020). Information was gathered through secondary research, with most documents from the entities from North Region headquarters in Limpopo. The study aimed at establishing strategies effective in this remote area, offer recommendations for Sustainable Leadership which would help in reducing waste impact in the postal sector in the same settings. The study found out SAPO to be lacking in Sustainable Leadership to compact environmental contamination and hence the paper suggested that to make the SAPO an accountable institution environmentally, contributing to green energy plans of South Africa, it should strive to achieve the United Nations sustainable development goals. Hence embark on Sustainable Leadership as an effective approach.

Groenewald and Powell (2016) also attempted to examine the link between sustainable development initiatives and improved corporate financial performance in South Africa. Therefore, the relationship that existed between sustainability performance and financial performance in several listed companies in South Africa was analysed. The research was driven by the pressure many companies were facing from internal and external stakeholders to operate in an environmentally and socially responsible manner. Using the blended research approach, a sample of 45 publicly traded companies was selected. The companies were listed on the JSE between 2012 and 2013. The data collection process followed three steps. 1) 45 public companies were identified through their publication of their annual reports in the Financial Mail and these companies were selected to participate in the Montabon et al. (2007), 2) each company's SRs was searched online, and 3) a quantitative content analysis of the SRs based on

the data provided by Montabon et al. (2007). The main result of the study portrayed a positive correlation between sustainability performance and financial performance. However, recommendations were made that South African companies should take a proactive approach to sustainable development and disclose the actions taken to improve the environmental and societal aspects of the markets in which they will operate.

Le Roux and Pretorius (2016) in their article, “Conceptualizing the Limiting Issues Inhibiting Sustainability Embeddedness” they aimed to explore the transitional space between proactivity and sustainability embeddedness. What really informed this study was limited research which had departed from the proactive orientation towards the adoption of a sustainability-embedded orientation. This study focused on the inhibitors that limited the sustainability embeddedness in an organisation. The sample consisted of employees from all levels of management in a stock exchange-listed company. A qualitative approach was undertaken with face-to-face interviews conducted with 15 participants and 36 participants were engaged in focus group discussions which were later transcribed. The results from the engaged top management indicated that when it came to sustainability adoption and embeddedness evidence revealed that the process of decision making was not reflective of an integrative view of sustainability by the practitioners. There was no balance between the company’s risk assessment and the elements of sustainability. Top management also revealed that sustainability embeddedness was not possible despite their commitment to become a sustainable-embedded oriented organisation. Though practitioners strongly believed that sustainability was the right thing to do, the results strongly pointed to the fact that they had no understanding of the true meaning of sustainability so did not share in its belief (Harris and Crane 2001). All the above findings were also found to be influenced by the culture transformation and strategy communication by a sustainable leader. Hence the need of Sustainable Leadership to act as a moderator in the embeddedness process and overcome the inhibitors.

Furthermore, another study pertaining to Sustainable Leadership was carried out by Fatoki (2021) with the aim to ascertain the relationship which existed between Sustainable Leadership and sustainable performance. This was achieved with the South African hospitality firms as the case studies. The study followed the recognition that sustainable leaders are those who use the organization's resources to solve the environmental and social challenges, while creating value for shareholders. Therefore, this study examined the relationship between Sustainable Leadership and sustainable performance of hospitality companies. The sample population

consisted of all South African lodges, hotels, and guest houses. Data was collected from 192 respondents through quantitative research method and the cross-sectional survey method. The survey was carried out between July 2018 and February 2019. Sustainable performance was measured using financial, social and environmental indicators. Descriptive statistics, Pearson correlation and regression analysis were utilized for analysis of data. The final results of the research showed a significantly positive relationship between Sustainable Leadership and financial, social, and environmental performance of hospitality businesses. Theoretically, Sustainable Leadership was linked to the company's financial and non-financial indicators, providing a full picture of how Sustainable Leadership can have a bearing on a company's performance. Therefore, the conclusion was that a sustainable leader on top of improving a company's financial performance, also improves the social and environmental performance. Sustainable Leadership offers a deeper and multiple faceted Leadership perspective.

In other words, the higher level of Sustainable Leadership means higher levels of Top Management Team's work rate and effectiveness. Therefore, Sustainable Leadership is the best amongst Leadership theories because the sustainability requires leaders that could devise approaches, policies, and programmes to foster sustainable practices at social and organizational level and ignite economic success (Metcalf & Benn, 2013).

I was drawn to study Sustainable Leadership because today the future depends on the sustainable work we do. Sustainable Leadership can help an organization's bottom line because it is concerned with the role an organization plays in society. I understand that Sustainable Leadership is still at the infancy stage, but I am more interested in mastering how it is influencing sustainable performance.

The recommendations were that to improve Sustainable Leadership, the hospitality companies should implement a training and reward system that focuses on performance and Sustainable Leadership. Sustainable practices and reporting should be incorporated or made core to hospitality operations and performance.

## **2.9. Chapter Summary**

This chapter has clearly unpacked the meaning of leadership, roles and styles of leadership which are fundamental in understanding the practices of Sustainable Leadership in a hospital

setting. This study is clear on the level and scope of strategic leadership or leadership of an organisation which is different from operational or tactical leadership. As the study specifically focuses only on those leaders in the upper echelon, the chapter has discussed the theory of the Upper Echelon, and Strategic leadership before uncovering the concept of Sustainable Leadership. Sustainability as a key concept was also explored. The chapter has discussed a variety of previous studies on leadership and sustainability to ensure a clear understanding of the notion of Sustainable Leadership. So, the next chapter will look at the research methodology utilised in the study.

# CHAPTER THREE

## RESEARCH METHODOLOGY

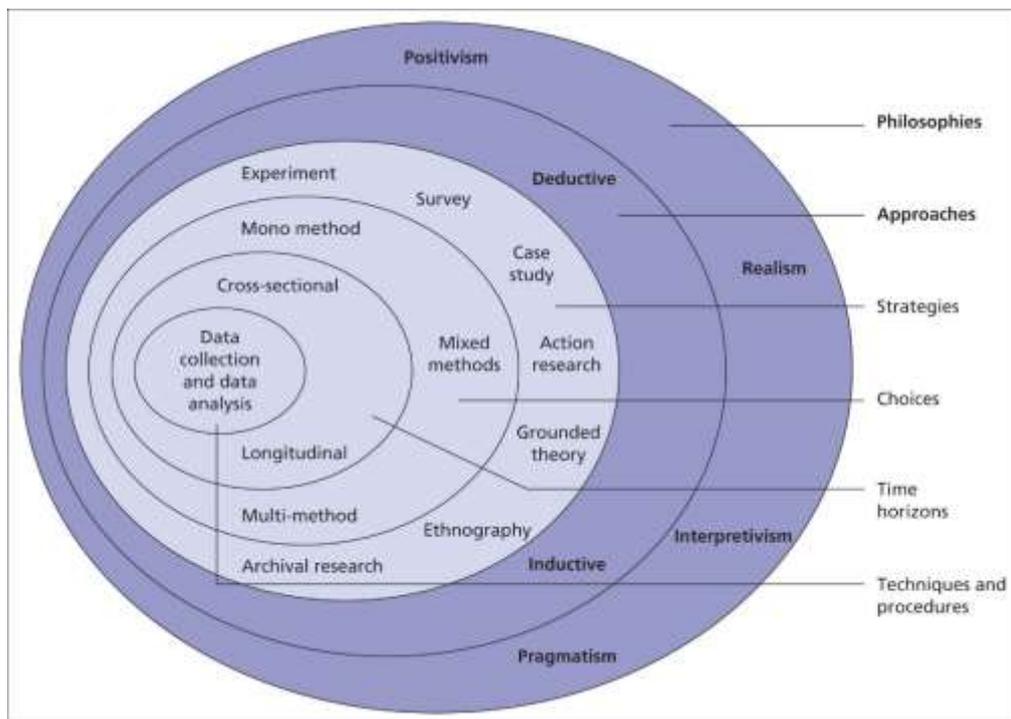
### 3.1. Introduction

This chapter’s aim is to present the methodology utilised in this qualitative study to exploring the practices of Sustainable Leadership of the Top Management Team of Ermelo Regional Hospital in Gert Sibande District. The research onion is used to help in discussing the various element of research methodology in this study.

This chapter begins by discussing the research philosophy, research approach, research design, and research strategy and airs the reasons behind the selection of the research philosophy. This chapter discusses the sampling, data collection techniques used in this study while observing COVID-19 regulations. The chapter also discusses the data analysis technique, research quality and ethical issues before presenting a summary of the chapter.

### 3.2. Research Philosophy

**Figure 3.1: The Research Onion**



*Source: Adopted from Saunders, Lewis and Thornhill 2009*

The research process, known to Saunders, et al., (2011) as the research onion, consists of different layers as shown in Figure 3.1 above, adopted. The onions' first layer represents the research philosophy. The research philosophy is defined as "a set of beliefs and assumptions about the development of knowledge and the nature of that knowledge in relation to research" by Saunders et al. (2016: 726). Research philosophy can also be viewed from either an ontological point of view or epistemological. The technique utilised in research may be seen from the research philosophy point of view.

Within the field of business, the main research philosophies are:

*Positivism* - uses scientific evidence such as experiments and statistics, to produce law like generalizations. Simply put, "knowledge exists outside of what is being studied". What is being examined can be carried out objectively and cannot contain personal viewpoints.

*Critical realism* - uses elements of both positivism and postmodernism to search for connection which aids researchers to understand social events and suggest recommendations to address social problems.

*Interpretivism* - advocates that people are distinctive from the phenomena as they create significance for events. The researcher has an integral role in the study, as it is a necessity to have a holistic view of the participants in general, their actions, thoughts included and meanings.

*Pragmatism* - focuses on actions and consequences rather than cause and effect. The approach is dynamic, and the researcher has the freedom to make changes as necessary as this approach supports that concept are relevant where they support action.

This study adopts interpretivism as it seeks to get the view of members of TMT of a public hospital regarding their practices which they consider as key in terms of Sustainable Leadership. In this way, the study is not looking for objective understanding, but rather their subjective reality hence tolerant of multiple and different views on what these practices entail. Research philosophy as perceived by Bajpai (2011), is a belief about how data about a phenomenon should be collected, analyzed and used. The research philosophy adopted by a researcher provides guidance on proper research conducting and contains vital assumptions

pertaining to the way the world is interpreted by the researcher. These assumptions underpin the research strategy and the methods chosen within this strategy (van Wyk, 2012).

An interpretivist philosophy is made use of in this study because the researcher sought to have in-depth insight into the phenomena of Sustainable Leadership practice of the Top Management Team of the Ermelo Regional Hospital.

### **3.3. Research design**

Saunders, Lewis & Thornhill (2012), note that research design is the general plan of how a researcher proceeds to answer the research question(s). Emphasis is put on having clearly defined research questions as the design should include objectives which are clear, and drawn from these research questions, indicating sources from which data was gathered and also considering the constraints provided such as access to data, time and the location, also taking into consideration ethical issues.

Akhtar (2016: 68) states that the "research design can be considered as the structure of research and the 'glue' that holds the different elements in a research project together, in short, it is a plan of the proposed research work." A similar view is held by van Wyk (2012) who asserts that the research design connects the theoretical to the empirical, establishes the required data, the methods of data collection and analysis and configures the best approach to answering the research question. The research design helps the researcher to give shape to their ideas and provides insight into areas that need attention.

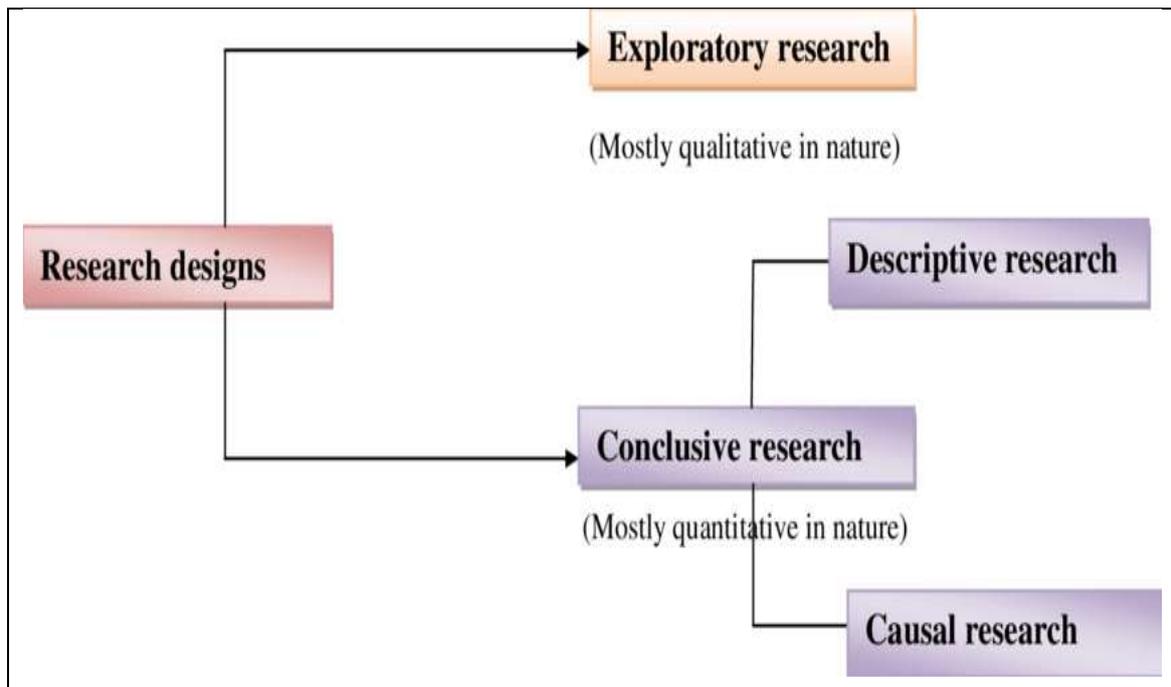
Saunders *et al.*, (2012) state that "what is most important is not the label that is attached to a particular strategy, but whether the strategy enables the researcher to answer the particular research question(s) and meet the research objectives."

An exploratory case study design was adopted as the research design for the current study. Saunders et al. (2012), notes that, exploratory case study research merely focuses on exploring the research questions and does not aim to offer definitive and conclusive solutions to the problem at hand. In this study, it allows the researcher to have a better understanding of research into Sustainable Leadership in a healthcare organization: a case study of Ermelo

Regional Hospital, Gert Sibande District, Mpumalanga. This research design was chosen because of its appropriateness for the qualitative research approach of this study.

The major reason for the adoption of this strategy was that interviews enable collection of vast information and the data for the research was gathered through semi-structured questions.

**Figure 3.2: Classifications of Research Designs**



*Source: Adapted from Shukla (2009). Market research*

The exploratory case study research design is ideal in answering the research questions, goals, and statement of the problem, among others. The paramount reason for adopting this strategy was that interviews allow the gathering of more information and semi-structured questions were utilised on data collection. Yin (1994:13) define a case study as “an empirical inquiry that investigates a contemporary phenomenon within its real-life context, especially when the boundaries between phenomenon and context are not clearly evident... and relies on multiple sources of evidence”. Usually interviews and research observation form the standard methods of data collection in a case study method (Yin 2014).

#### ***Advantages of case study***

- The data collected through a case study is usually a bit richer in detail compared to that collected through other experimental designs. So, in this study this allows to have a depth

of data when it comes to the Sustainable Leadership practices of the Ermelo top management leadership (Yin, 2014).

- A case study can also gather valuable information in rare cases where there is need for larger samples but may not be available (Hollweck, 2016). Following the pandemic and the broadness of the research a case study approach allows the maximisation of the few sampled participations to gather data accurately generalised on the whole population.
- Through a case study can also a researcher be able to produce new hypotheses which can be used for another research or for further testing.
- The case study method is a useful approach when it comes to formulating a hypothesis. The advantages of the case study can be of aid in verifying a hypothesis. This method encourages further exploring after a study is completed following it recognises that as people do evolve in the social and physical environment, so does the concept. So, in the case of this study, it is a flexible method to advocate for, as the sustainability leadership concept continuously evolve in the work environment (Miller 2020).
- A case study can be done remotely, hence an advantage in situations where there is a pandemic outbreak or the participants are not easily reachable, and also because a case uses a variety of methodologies it increases the researcher's knowledge and analytical power (Miller, 2020).

### **3.4. Research approach**

The onion's second layer requires matching research design to research methods. Research approach is the broader method used by the researcher for research. A research approach can be deductive (quantitative) or inductive (qualitative) (Saunders et al., 2012). In deductive the researcher formulates a theory, plans for a research strategy in which the hypothesis will be tested. Inductive entails the researcher collecting data and developing a theory because of the analysis of the data.

In an inductive approach, the researcher starts with an open mind, without preconceived ideas, and collects and analyzes data leading to the creation of a series of proposals or hypotheses (Saunders, 2016). However, to determine if there is a significant difference between the answers of all respondents and between respondents to ensure that all respondents were knowledgeable of the research questions posed to them, the researcher also employed

descriptive and analytical statistical techniques as data analyses tools. This allowed analysis of variance between responses to be used.

In this study, there is no theoretical framework or prior assumptions which are being tested. For this study, an inductive approach was adopted as the study focused on gaining insight about exploring the practices of Sustainable Leadership of the top management team in a healthcare organization as evident in the data.

### **3.5. Research strategies**

The research onion's third layer is concerned with research strategies. Saunders et al. (2016: 177) states that "a research strategy may be defined as a plan of how a researcher will go about answering her or his research question." Strategies utilized by researchers are experiments, archival research, surveys, ethnography, case study, action research, grounded theory and narrative enquiry. The research strategy is also closely linked to the research design, and what the researcher aims to achieve – namely explore, describe or explain. The research strategy can be described as a general path that helps the researcher to select the key data collection methods or method sets to answer the research question and achieve the research goals.

This is a phenomenological study which is exploratory and focused on the practices of leadership of Top Management Team at the Ermelo Regional Hospital. A phenomenological study is concerned about what people experienced and focuses on their experience of an event in a real-life context. The advantages of a phenomenological study include, bringing out a unique perspective out of a study. The argument is that value can be derived from focusing on how individuals perceive phenomena, compared to viewing it in a vacuum (Regoli, 2017). Another key advantage of a phenomenological study is that it can bring out a detailed understanding of a single phenomenon, deep insights of a subject matter can be learnt.

Regoli (2017) also states that a phenomenological study aids in developing new theories and the data usually gathered is in the natural setting hence a true representation of a phenomena. It can again be fast and economical. A phenomenological research more so, ensures that the gathered data is rich and a representative of the larger population. Hence allows a truthful approach to a phenomenon understanding (Regoli, 2017).

### **3.5.1. Interviews**

The research interview is an interpersonal encounter between the researcher and research participant, during which the researcher poses a series of prepared fundamental questions to the participant to gain their perceptions, attitudes, feelings and experiences. Qualitative interviews were traditionally carried out face-to-face and later via the telephone (Farooq and De Villiers, 2017). However, the rise of electronic networks and the internet has seen a rise in the use of computer-mediated tools, such as Skype, zoom, Microsoft teams and StarLeaf to carry out research interviews. Opdenakker (2006) states that face to face interviews are beneficial in that the social cues such as body language and voice intonation provide additional information to the researcher, while interviews via electronic communication methods mean that the researcher can interview people from across the world. Moreover, the fear of contracting COVID-19 has made it even more necessary to use electronic communication methods.

Basing on the type of the information the researcher is trying to obtain, the researcher may interview individuals using an unstructured, structured or semi-structured interview guide, or the researcher may use a focus group interview.

### **3.5.2. Unstructured interviews**

The unstructured interview is a type of informal conversation between the researcher and the participant. Zhang and Wildemuth (2009: 240) draw attention to "the basic characteristics of unstructured interviews. The researcher comes to the interview with no predefined theoretical framework and thus no hypotheses and questions about the social realities under investigation; rather, the researcher has conversations with interviewees and generates questions in response to the interviewees' narration. As a consequence, each unstructured interview might generate data with different structures and patterns. An unstructured interview intends to expose the researcher to unanticipated themes and to help him or her to develop a better understanding of the interviewees' social reality from the interviewees' perspective." This interview method necessitates detailed knowledge and intense preparation on the part of the researcher to gain comprehension into Sustainable Leadership. The interview can yield rich data; however, the volume of data collected can be time-consuming to transcribe and analyze.

### **3.5.3. Structured interviews**

According to Cohen and Crabtree (2006), the structured interview is where the researcher asks all participants a standard set of predetermined questions, in the same way, and the same order. The participants' responses are limited with minimal room for variation; thus, these generate consistent data that can be compared across all participants. Structured interviews are best suited to topics where the literature is highly developed, and there is no need to develop rapport between the researcher and the participant.

### **3.5.4. Semi-structured interviews**

The semi-structured interview is described as an informal conversation by Longhurst (2003). It has characteristics of both structured and unstructured interviews, in that these contain both open-ended and closed questions. The researcher engages in these conversations in a conscious, systematic and partially structured manner. The researcher develops an interview guide that includes a set of predetermined questions to guide the interview. However, as the interview is flexible, and as it progresses, the researcher may diverge from the guide to ask follow-up questions or probing questions to pursue topics that arise during the conversation. Semi-structured interviews may be face-to-face or carried out online using software such as Skype, Microsoft Teams, StarLeaf or Zoom.

A semi-structured interview method was used in this research study. The researcher and participant engaged in a formal interview based on an interview guide (see appendix on page 140). The researcher prepared a list of possible prompts to enable the researcher to make the best use of the opportunity to explore specific themes or responses that arose during the conversation. The researcher had to ask relevant questions about the study to gain insight into Managers' perceptions. The researcher had to develop a rapport with the participants so that they would feel free to express their views. The interview was flexible and could deviate from the interview guide to follow subjects of the conversation as they were disclosed. The researcher had to take care not to talk too quickly, to listen actively and not to interrupt. The researcher attempted to take notes during the interview but also audio-recorded the interview with the permission of each participant to enhance the accuracy of the interview data.

### **3.6. Research methodology choices**

The onion's fourth layer concerns the choice of method, that is the use of qualitative, quantitative, or mixed methods to answer the research questions. Saunders et al. (2016) define research decisions in terms of the use of quantitative and qualitative research methods, including the simple or complex mix of both, or mono methods.

Sukamolson (2007) asserts that quantitative research explains phenomena using numerical data, the analysis of which is carried out using mathematically based methods. On the other hand, Flick (2018) asserts that qualitative researchers aim to study phenomena in their everyday context, so objects are not reduced to a single variable and studied artificially. In terms of ontology, quantitative research seeks to investigate objective reality. On the other hand, qualitative reality seeks to gain an understanding of subjective reality. In terms of epistemology, qualitative research allows close interaction between the research participants and the researcher to discover and explore reality. The research process in a qualitative study is emergent and flexible as the researcher collects data. This differs from epistemology in quantitative research, where there is a distanced relationship between the researcher and the study's participants in order to understand objective reality.

This research followed a qualitative research methodology as the researcher sought to gain an in-depth understanding of the Sustainable Leadership practices within a hospital.

### **3.7. Time horizon**

The onion's fifth layer is concerned with the time horizon in a research study. These can be either longitudinal or cross-sectional studies. Saunders et al. (2016) describes the cross-sectional study as a 'snapshot' and the longitudinal study as the 'diary perspective.' This means that longitudinal studies are repeated over a longer period of time, while cross-sectional studies are confined within a specific time period. There was limited time to repetitively collect data at specific intervals over a long period in this research study. Therefore, the time horizon used was cross-sectional.

### **3.8. Target population**

Target population is viewed as the “complete set of cases or group members that is the focus of the research inquiry, and from which a sample will be drawn” (Saunders et al. (2016: 729). The participants for this study included all Top Management Team with in-depth knowledge of leadership within the Ermelo Regional Hospital in the Gert Sibande District, Mpumalanga. A list of the Top Management Team was obtained from the Hospital as indicated below:

#### **Top Four**

1. Chief Executive Officer
2. Clinical Medical Manager
3. Corporate Service
4. Deputy Director Finance

#### **11 Managers:**

1. Ground Service Supervisor
2. Housekeeping Supervisor
3. HR Manager
4. Sesifuba Operational Manager
5. Casualty Operational Manager
6. Food Service Manager
7. SCM Manager
8. Warehouse Manager
9. Patient Administration Manager
10. Environmental Officer
11. Transport Manager

The above 15 leaders are part of the TMT hence relevant in this study which focuses only on those leaders at the upper echelon, excluding operational and tactical leaders.

### 3.9. Non-Probability Sampling

Guetterman (2015: 51), state that “regardless of the research questions and objectives the researcher must consider whether to utilise sampling or not” . According to Bryman (2011), in certain instances, it is not possible to collect data from each conceivable case or component of the overall population, which is referred to as a census. Bryman (2011) in numerous circumstances it would be impossible to gather or investigate all information accessible from each respondent because of time, expense, and access imperatives. Therefore, sampling procedures must be utilized to consider decreasing the amount of information a researcher needed to manage by just considering the information from a representative group of the population which made the data manageable.

In this study, a non-probability sampling strategy was employed. Olsen & Schreuder (1997) state that “non - probability sampling is often the chosen route when a researcher, for example, is undertaking an exploratory qualitative study and does not have the objective of generalising the findings to the population from which the sample was selected” .

Palys (2008:26), states that “purposive sampling is a widely used qualitative research technique utilised to identify individuals that are knowledgeable or experienced with a particular phenomenon of interest” . Saunders *et al.*, (2012:89) state “the issue of sample size is ambiguous in all other non-probability techniques except for quota sampling, as opposed to probability sampling techniques and there are no rules” . Teddlie & Yu (2009: 107), declare that “the sample size is dependent on the research questions and objectives, and in particular, what needed to be established, what was useful, what was credible and what could be done within the available resources.” The sample size for this study was made up of a total of fifteen (15) participants drawn from Top Management Team.

Notably, Top Managers who participated in this study were between 40 and 55 years of age. Only eight (8) participants were interviewed out of the total of 15 Top Management Team. The minimum experience of working at Ermelo Regional Hospital in the Gert Sibande District, Mpumalanga was 40 while the maximum was 47 years.

### **3.10. Data collection**

Finally, at the onion's centre, the researcher gets to the practical aspects of research to make decisions about specific techniques and procedures. The type of basic data collection and analysis methods that help answer the research question are determined by all previous decisions. In the semi-structured interviews, an interview guide was made use of by the researcher that included questions about the perceptions of Sustainable Leadership among the top management team at Ermelo Regional Hospital (see Appendix 1 for the interview guide). The research was steered by the work of McNamara (2009), who provides vital points when preparing for an interview in order to keep the interview focused and intentional. These points are expounded on below:

Choose a comfortable setting, with minimal distractions. In this study, the semi structured interviews primarily took place in various private meeting rooms of Managers at Ermelo Regional Hospital. Alternatively, the interviews were held within the Managers' offices, as suggested by the interviewees for their convenience. COVID regulations were always observed.

The purpose of the interview must be communicated to the participants at the beginning of each interview. In this study, the researcher began each interview by acknowledging the participants effort to take the time to participate, and the interviews' purpose was explained by the researcher (see Appendix 2 for a letter of introduction). A copy of the signed consent form was given to each participant at the beginning of the meeting (see sample consent form in Appendix 3).

The confidentiality of the data collected must be addressed. The researcher assured the participants of the confidentiality of their information and their names and other identifying details would not be part of the study report. The researcher explained that in this qualitative study, quotes from the interview might be used in the preparation of the final report. However, assurance was given that the data would be cleaned so that distinguishing details would not be provided. Furthermore, the researcher explained that the researcher and the research supervisor would be the only ones with access to the collected data.

The format of the interview must be clarified. Each interview started with an explanation of the Sustainable Leadership and how the purpose of this interview would help add to the gathering of knowledge on strategies that Top Management Team is adopting in making Ermelo Regional Hospital a best hospital within the Gert Sibande District.

The anticipated duration of the interview was made preview to the participants before the commencement of each interview session. However, the initial communication with each participant also conveyed that the interview would take approximately 60 minutes. The interviews took 55 minutes to complete on average.

The researcher shared their contact details with each participant so that they could get in touch later if they needed to. The researcher reiterated to each participant that they were welcome to get in touch with the researcher or the researcher's supervisor with any concerns or questions that they may have about the study.

Before commencing with the interview, the researcher asked the participant if they had any questions. At the commencement of the interview session, the researcher explained the need to record the interview so that accurate records could be later transcribed. Furthermore, the researcher explained that audio-recording would help the researcher to participate in the exchange fully and not be distracted with taking notes. Participants agreed and signed the informed consent form, which had a tick-box to permit audio recording expressly.

A total of eight (8) interviews were carried out. The collection of data stopped after the researcher identified that data saturation had been achieved. Data saturation is when further data collection effort does not yield any new data as participants repeat what has already been collected before (Saunders, Sim, Kingstone, Baker, Waterfield, Bartlam, Burroughs & Jinks, 2018).

### **3.10.1. Data Collection Methods to Reach Saturation**

Students who design a qualitative research come up against the dilemma of data saturation when interviewing study participants, (O'Reilly & Parker, 2012, Walker, 2012). Students must address the question of how many interviews are enough to reach data saturation (Guest, Bunce, & Johnson, 2006). Mason (2010) has given an extensive guide on data saturation. Data

saturation is reached when there is enough information to replicate the study, (O'Reilly & Parker, 2012; Walker, 2012), when the ability to obtain additional new information has been attained (Guest, et al., 2006) and when further coding is no longer feasible.

During the study, a novice researcher can conduct the research in a manner to attain data saturation (Francis et al., 2010; Gerring, 2011; Gibbert & Ruigrok, 2010; Onwuegbuzie, Leech, & Collins, 2010) by collecting rich (quality) and thick (quantity) data (Dibley, 2011), although an appropriate study design should also be considered. One could choose a data collection methodology that has been used before (Porte, 2013) that demonstrated data saturation had been reached; moreover, one would correctly document the process as evidence (Kerr et al., 2010).

Interviews are one method by which one's study results reach data saturation. Bernard (2012) stated that the number of interviews needed for a qualitative study to reach data saturation was a number he could not quantify, but that the researcher *takes what he can get*. Moreover, interview questions should be structured to facilitate asking multiple participants the same questions, otherwise one would not be able to achieve data saturation as it would be a constantly moving target (Guest et al., 2006). To further enhance data saturation, Bernard (2012) recommended including the interviewing of people that one would not normally consider. He cautioned against the *shaman effect*, in that someone with specialized information on a topic can overshadow the data, whether intentionally or inadvertently (Bernard, 2012). Finally, care should be taken when confronting gatekeepers at the research site who may restrict access to key informants (Holloway, Brown, & Shipway, 2010) which would hamper complete data collection and data saturation.

Another example of data collection methods would be a focus group session. A focus group interview is a flexible, unstructured dialogue between the members of a group and an experienced facilitator/moderator that meets in a convenient location (Brockman et al., 2010. Jayawardana & O'Donnell, 2009; Packer-Muti, 2010). The focus group interview is a way to elicit multiple perspectives on a given topic but may not be as effective for sensitive areas (Nepomuceno & Porto, 2010).

For focus groups, it is recommended that the size of the group include between six and 12 participants, so that the group is small enough for all members to talk and share their thoughts, and yet large enough to create a diverse group (Lasch et al., 2010; Onwuegbuzie et al., 2010).

### **3.11 Data collection instrument and procedure**

In preparing for the semi-structured interviews, the researcher was guided by the checklists provided by Saunders et al. (2016) firstly to ensure that the researcher had adequate knowledge to exhibit proficiency and sincerity to gain the confidence of the interviewee and ask the relevant questions. One such pre-planning activity was the development of a list of questions to ensure that the interview process is focused and ran as efficiently and professionally as possible. Additionally, also ensured that the interview room was booked for the duration of the interview to ensure privacy for the duration of the interview. The researcher ensured that participants were comfortable and that interviews were scheduled at the participant's convenience. The researcher took care to check that the voice recording equipment was in good working order and that there was sufficient paper to make notes.

#### **3.11.1 Pilot Study**

Majid et al., (2017: 41) notes, “a pilot study represents a cornerstone of good research design, and in fact, a pilot study is an essential initial step in the field research activities, and this applies to all types of research studies”. Castillo-Montoya (2016: 45) defines the term of the trial administration, as “a small- scale test of the methods and procedures to be used on a large scale.” The interview guide was pilot tested on a Community Health Centre and a District Hospital to see if the structure was in order and also ensure that the answers to interview questions are understandable and relevant.

According to Van Teijlingen & Hundley (2002: 86) “things at times do not work quite the way they are imagined to, even if they have been performed several times before, and they have a nasty habit of turning out very differently than you expected”. A pilot study is always important and recommended as it helps to identify flaws earlier to rectify them. The non-verbal behaviour of the participants in the pilot study may aid in identifying questions which might need restructuring considering their uncomfortable or cause of discomfort nature.

The questions were answered by all participants. Relevant changes were administered to some questions. There was redesigning and restructuring of questions to make them more understandable and specific to ensure respondents perceived what is being asked of them. The adjustments facilitated the easy collection of information that answers the research questions and goals.

### **3.12 The Interview Guide**

The interview guide aided the researcher in knowing what to ask about, in what order, and how to ask the questions. This is a guide to what to do or next say after the respondent answer to a question (Kennedy, 2006). The guide explained the purpose of the research topic as follows “in this study, Sustainable Leadership means the ability of an individual to influence others to continue to adapt and meet the new challenges and complexities in the short term and changing contexts in ways which does not compromise future organizational and societal needs”.

The guide is an important tool in the data collection process, in qualitative research. The researcher divided the questions into four categories and added an introductory statement to each category to make the purpose clear to participants. According to McCracken (1988:24), it ensures that the investigator covers all terrain in the same order for each respondent. The second function is the maintenance and planning of the cues needed to create distance. The third function is to establish channels for the direction and reach of discourse.

Reysoo and Heldens (2007) state that, the steps for developing the guide include: topic selection; definition of all aspects of the topic; formulation of first (open) questions; identification of the relevant questions; determining the order of logic of topics/questions; introduction preparation and conclusion; and preparing the technical specifications for the interview.

### **3.13 Method of data analysis**

In this study, the researcher utilized thematic analysis to analyze the interview data collected. Thematic analysis is defined as “a method for identifying, analyzing and reporting patterns (themes) within data” by Braun and Clarke (2006: 79). The authors advocate that thematic

analysis is both an adaptable and valuable method in qualitative research and provided a “recipe for people to undertake thematic analysis in a way that is theoretically and methodologically sound.” Table 3.1 below details the 15-point checklist:

**Table 3. 1: Fifteen-point checklist of criteria for proper thematic analysis**

Process	No.	Criteria
<b>Transcription</b>	1	“The data have been transcribed to an appropriate level of detail, and the transcripts have been checked against the tapes for accuracy.”
<b>Coding</b>	2	“Each data item has been given equal attention in the coding process.”
	3	“Themes have not been generated from a few vivid examples (an anecdotal approach), but instead, the coding process has been thorough, inclusive and comprehensive.”
	4	“All relevant extracts for all each theme have been collated.”
	5	“Themes have been checked against each other and back to the original data set.”
	6	“Themes are internally coherent, consistent, and distinctive.”
<b>Analysis</b>	7	“Data have been analyzed – interpreted, made sense of - rather than just paraphrased or described.”
	8	“Analysis and data match each other – the extracts illustrate the analytic claims.”
	9	“Analysis tells a convincing and well-organized story about the data and topic.”
	10	“A right balance between analytic narrative and illustrative extracts is provided.”
<b>Overall</b>	11	“Enough time has been allocated to complete all phases of the analysis adequately, without rushing a phase or giving it a once-over-lightly.”
<b>Written report</b>	12	“The assumptions about, and specific approach to, thematic analysis is explicated.”
	13	“There is a good fit between what the researcher claims to do, and what the researcher shows to be done – i.e., described method and reported analysis are consistent.”
	14	“The language and concepts used in the report are consistent with the epistemological position of the analysis.”
	15	“The researcher is positioned as active in the research process; themes do not just emerge.”

Source: Adapted from Braun and Clarke (2006: 96)

Informed by the above steps, the researcher read the interview transcripts several times to familiarize themselves with the data and identify themes. The researcher listened to the audio recordings several times to check the accuracy of the transcription from the recording. The data was categorized and coded into major themes and sub-themes related to Sustainable Leadership of the top management team in a healthcare organization. Identified themes were then grouped together and across the dataset to be named, defined and presented as the study's findings.

### 3.14 Research quality

According to Tracy (2010) research quality can be achieved in qualitative research through the fulfillment of the following eight criteria. Table 3.2 below identify the criteria, together with the means, practices and methods through which these are achievable.

**Table 3. 2: Eight “big-tent” criteria for excellent qualitative research**

Criteria for quality (end goal)	Various means, practices and methods through which to achieve
<b>Worthy topic</b>	“The topic of research is: Relevant Timely Significant Interesting”
<b>Rich rigour</b>	“The study uses sufficient, abundant, appropriate and complex Theoretical constructs Data and time in the field Sample(s) Context(s) Data collection and analysis processes”
<b>Sincerity</b>	“The study is characterized by Self-reflexivity about subjective values, biases, and inclinations of the researcher Transparency about the methods and challenges”
<b>Credibility</b>	“The research is marked by Thick description, concrete details, explication of tacit (non-textual) knowledge and showing rather than telling Triangulation or crystallization

	Multivocality Member reflections”
<b>Resonance</b>	“The research influences affect or move particular readers or a variety of audiences through Aesthetic, evocative representation Naturalistic generalizations Transferable findings”
<b>Significant contribution</b>	“The research provides a significant contribution Conceptually / theoretically Practically Morally Methodologically Heuristically”
<b>Ethical</b>	“The research considers Procedural ethics (such as human subjects) Situational and culturally specific ethics Relational ethics Exiting ethics (leaving the scene and sharing research)”
<b>Meaningful coherence</b>	“The study Achieves what it purports to be about Uses methods and procedures that fit its stated goals Meaningfully interconnects literature, research questions/foci, findings and interpretations with each other.”

**Source:** Adapted from Tracy (2010: 840)

In applying the abovementioned criteria to the present study:

**Worthy topic** – the topic of this research study was significant as raises the level of Sustainable Leadership of top management team in a healthcare organization, which is a topic that is of relevance to anyone aspiring to be a manager in a healthcare.

**Rich rigour** – the researcher exercised due diligence and care in ensuring that effort was put into developing the contextual framework, adequate time was spent in the field, the sample size was suitable, and that the data was collected and analyzed proficiently.

Sincerity – the researcher was honest and transparent about the research process, the goals and biases affecting the present study and how these impacted the methods of the study.

Credibility – the researcher ensured the trustworthiness and plausibility of the findings by using the member-check method. Research participants were offered the opportunity to check and comment on the transcribed data.

Resonance – the research report indicates the study's potential to reverberate and provide guidance to top management team on Sustainable Leadership in a healthcare organization. The findings help raise awareness and make people think critically about Sustainable Leadership in a healthcare organization.

Significant contribution – the study aimed to gain deep insight and understanding into the Sustainable Leadership of the top management team in a healthcare organization. The knowledge gained is useful as it sheds light on a significant leadership problem.

Ethical considerations – these are dealt with in paragraph 3.15 below.

Meaningful coherence – the research design meaningfully connected the design to the data collection, and analysis with the conceptual framework.

### **3.15 Ethical considerations**

Stevens (2013: 51) state that the dignity, rights, safety and well-being of research participants must be paramount in any research study. Therefore, it was particularly important for a researcher to take into consideration the delicate sensitivities and the environment the study was to take place. Equally important is considering the setting the research will be carried out, the goals of the research, and the sensitivity of the subject being studied.

In any case, a researcher should keep in mind whether the questions being asked to the members may be troubling or making the participants feel uncomfortable or ashamed of answering them. For this study, four critical standards were used in relation to ethical concerns, namely:

“Informed consent, ensuring no harm comes to participants, ensuring confidentiality and anonymity of participants and ensuring permission to do the research is granted by the organisation in which the research shall be conducted”. The four ethical standards are explained in detail below,

Kuper, Lingard and Levinson (2008: 93) state that "ethics pertains to doing well and avoiding harm." During this research study, the researcher took their responsibility to protect participants seriously and paid particular attention to the following:

### **Voluntary participation**

Kuper et al. (2008) asserts that volunteers are autonomous and have the right to accept or refuse to participate in a study. In this research study, top managers as research participants at Ermelo Regional Hospital were told that participation was entirely voluntary with options to withdraw from the study without consequences. The participant information sheet (see Appendix Two for the participant information sheet) was made available to the participants prior to the interview.

### **Informed consent**

Managers within the Top Management Team, as participants in this study, had the right to know about the purpose of the study and what the researcher hopes to derive from the study. In this research study, they were given an introductory letter and also asked to sign the consent, indicating that they understood clearly what the study was about and that their consent was based on being fully informed about the study (see Appendix Three for informed consent)

### **No harm to participants**

The researcher made sure no harm was done to the participants by being open and explaining what the study involved. The researcher was wary of asking questions that might embarrass or compromise the participants.

### **Confidentiality and anonymity**

Confidentiality and anonymity were paramount in this study. The participants from the Ermelo Regional Hospital were told and assured, the researcher and the research leader were the only people with access to the recordings and transcripts. No identifiers were recorded with the responses hence anonymity ensured. The researcher used code names instead of real names

when reporting the results of the study. Participants were assured that their names, departments, or job titles would not be mentioned in the research report.

### **Ethical clearance**

Research involving animals or humans, biological tissues, or substances which are hazardous must be reviewed by an independent committee who will conclude if the research under proposal does not pose unreasonable risks to both the subjects or the researchers. Those who agreed to be part of the study had to sign informed consent forms. All data collected from the participants was kept confidential in accordance with the ethics of health research.

For this study, the researcher received ethical approval from the University of KwaZulu-Natal Human Research Ethics Committee prior to the start of the study. The researcher made sure that the research was carried out in an ethical manner. Attachment 4 contains a copy of the University of KwaZulu-Natal Ethical Clearance.

### **3.16 Chapter Summary**

In this chapter, the research process was presented using the research opinion. The research methodology chosen was detailed to reflect how this qualitative research was conducted to examine the practices of Sustainable Leadership of the top management team in a healthcare organization. The study utilised purposive sampling to select members of top management as research participants who were part of the semi-structured interviews. The data were analyzed using thematic analysis. The study's results are presented in the next chapter.

## **CHAPTER 4:**

### **PRESENTATION OF FINDINGS**

#### **4.1. Introduction**

The aim of this Chapter is to present the results of the study, which focused on the Sustainable Leadership practices of members of the top management team in a healthcare organization, with a focus on Ermelo Regional Hospital, Gert Sibande District, Mpumalanga. Firstly, the chapter begins by presenting the practices adopted by the Top Management Team at Ermelo Regional Hospital. Secondly, the chapter themes related to the factors that enhance or impede Sustainable Leadership at Ermelo Regional Hospital. Lastly, the chapter presents a Sustainable Leadership framework that can be used in healthcare organization. The number of interviewees was 8 against the expected 15 following the unwillingness of some members of the TMT to interact due to the pandemic and their busy work schedule.

#### **4.2. Analysis of variance between Responses**

The analysis of variance was performed between responses to establish whether there is any substantial difference between responses from all respondents. This was done to ascertain the level of knowledge among the respondents on the research questions. There was no substantial difference between responses. The results are an indication that respondents are experienced in their field.

##### **4.2.1. Effective developing of people by leaders.**

Five of the members of the TMT revealed that at Ermelo Regional Hospital the top management had put in place various initiatives which were effective in developing different types of people in the organization. These participants were clear that Ermelo Regional Hospital was taking cognizance of the people's needs and by all means, tried to represent the people in all aspects. Participant 1 (HR Manager) was of the view that:

*The Ermelo leaders spearheaded the forming of a Skills Development Committee, which identifies the skill development needs of each and every employee using the Performance Management and Development System (PMDS). Through the leadership of various*

*managers, there is in-service training done through the outcome of PMDS, which normally identifies areas of development. The outcomes of this process allow us leaders to identify employees to be retained and those that can be given promotion.*

Another participant (Sesifuba Operational Manager) further revealed the benefits the PMDS had on the person as well as the organisation:

*Employees are developed through the Performance Management Development System (PMDS) so that their skills can be harnessed to be able to give a meaningful difference to patients and healthcare service providers. By the way PMDS is system used to set goals, review and strengthen the performance of staff. Participant 8*

The participants again revealed that at Ermelo Regional internal training was easily practiced and involved identifying and developing those employees who exhibited the desired potentials. Participants highlighted how selection of employees for internal training was carried out on an equal platform across all the departments in the hospital. Participant 3 (Ground Service Supervisor) had the following to say about the process of staff development and the collaborative approach to the selection of applications to avoid any compromise to on-going work performance at Ermelo Regional Hospital:

*Through in-service training, for example, an advert is issued internally for relevant people to apply as per the Skills Development Plan. Applications are then processed for the advertised course then stakeholders like the Labour Relations Officer, organized labour and Managers meet to discuss the applications to ensure that work is not compromised. They will then select and recommend candidates and send the list to the training Hospital. In the Hospital all facilities are represented therefore a consensus will be reached on an equal number of candidates for training from all facilities.*

Top Managers at Ermelo Regional Hospital facilitated training programmes in a non-bias way and besides just identifying various candidates for development it encourages the leaders to acquaint themselves more with the organization to effect the desired change and decisions. Participant 4 highlighted that Ermelo Regional Hospital was also developing the leaders so that they are able to know the health system and address problems. Participant 4 (Housekeeping

Supervisor) illustrated this by focusing on the encouragement of departmental leaders to look at skills development related decisions in a systemic way that develop the entire organization as shown below:

*Leaders in all the departments are encouraged to know more about the healthcare system, and their departments' contribution in the hospital as a way to make decisions that will shape the organization through skills development.*

The same participant further illustrated that:

*Top Management appointed mentors from the retired professionals, especially in the psychiatry and Rehabilitation division to guide the psychiatrists or rehabilitation physicians through mentoring and coaching. It is the leader's strong belief that the old crew has a lot to offer to the new crew in these departments. The Top Management provides regular feedback to assist Leaders of the various departments to know how they are performing, praising them where is due and advising on development.*

#### **4.2.2. Flexible labour relations of leaders**

3 of the 8 members of the TMT had a shared view on positive aspects of the labour relations at Ermelo Regional Hospital. They revealed that all labour-related matters were handled professionally following a set protocol. Participant 1 had this to say:

*The Supervisor or departmental manager handles all matters which are labour related in the hospital. If there are any issues pertaining to employee's petitions did not resolve the labour manager is, then the first to know and in most cases, he is able to arrive to a solution before the matter escalates anywhere.*

Another participant illuminated on the process of labour dispute resolution which had several steps involving different levels at Ermelo Regional Hospital which include the supervisor or manager who would refer the matter further to the labour manager if an impasse would have been reached. Participant 3 reflected specifically on the disciplinary process which was not only flexible but also fair as follows:

*A disciplinary process is followed, for example, Managers meet with the person concerned and discuss the challenges and look at how they can assist. The consequences of a charge are discussed. Outcomes are normally done as follows: first there is a verbal warning which is provided twice, followed by two written warnings. The labour Relations officer and occupational Health Officer get involved after this with a disciplinary hearing held the HR present. The offender is allowed the representation of his/her union in any serious matters. The hearing ends with the offender either being re-instated or dismissed following the outcome of the hearing. It's a fair labour process which has a variety of outcomes depending on the findings of the hearing.*

In a slightly different vein, participant also revealed how the labour relations at the at Ermelo Regional hospital were flexible making it possible for everyone to have a one on one with management to discuss matters with a bearing to their work as well as performance. In this regard, participant 4 had the following to say:

*We afford the employees a chance to engage on one-on-one sessions with their departmental heads at least once every 2 months, so that we hear them out and make necessary adjustments were need be. However, the workers are allowed to engage with their supervisors anytime if there are matters of emergency in need of quick solutions. This is a hospital, and we live for emergencies which of course come at any second from any direction. Our Human Resources also handle everything that has to do with hospital staff. They do recruitment and compensation of staff. They ensure that all staff members are handled well.*

#### **4.2.3. Facilitating Employee readiness for succession**

Three of the members of the TMT acknowledged the existence of a model which enabled a swift transaction of responsibility from one person to the next if a staff member were to leave the organization. Participants 1 and 8 both discussed continuity and sustainability of Leadership and ensuring someone is ready to take on that position". Participant 8 noted as follows in respect with identifying trainees and assistants for leadership positions at the at Ermelo Regional Hospital:

*Here at Ermelo Regional Hospital, we edge every department to have trainees and assistances in posts of leadership positions. We have got interns to doctors, trainee/assistant supervisors and graduate trainees in human resources and administration managers to note a few. Some of these posts are individuals recognised already in the hospital system, but in the event that they are not qualified then external advertising will be done.*

In a similar vein, Participant 1 echoed on how Ermelo Regional Hospital manage succession of leadership not simply by identifying, but also develop and prepare future leaders at different levels in the hospital:

*Internal development practices are implemented. If one employee or Manager is about to leave, the Hospital develops the next person to assist or act before the other one exits the system. Managers will identify the person with Leadership skills and passion then develop that particular person or those in senior positions will just recognise those undergoing training in those leadership positions. Taking for example in the Human Resource department they are those in the graduate trainee programmes or interns waiting to continue where the HR would have left off. Our administration managers have also got their supervisors who usually act in the same capacity in their absence. So, it is these employees who can easily be fitted in these vacant positions.*

However, participant 6 (Environmental Officer) did not share in the same view, indicating that the succession process at Ermelo Regional Hospital was carried out on “the-who-knows-who” basis as there were some elements of nepotism when it came to appointment of people in positions of power. To exemplify the nepotism aspect of leadership planning for succession, participant 6 had this to say:

*The succession plan or model is put in place for the eyes of the people and only exist in theory and not practice. Promotion and replacement especially of top positions are carried out on the grounds of nepotism, and not merit. So, the whole aspect of fair succession only applies to some extent, to those positions of less power and influence in the organization, like the hospital supervisors across the hospital departments.*

#### **4.2.4. Positive Value of Staff by Top Managers**

A total of 5 members of the TMT at Ermelo Regional Hospital generally expressed how top managers have great value for their staff and rewarded good performance where it was due. For example, participant 5 (Casualty Operational Manager) was of the view that:

*The hospital performs a staff performance review and then awards staff for excellence. Also, those found to excel in their department are put in the spotlight and are the first to be recognized in the event of a promotion. We have various instances where doctors have become chief physicians or the hospitals superintendent.*

The participants further revealed how the management at Ermelo Regional Hospital appraise good performance and encourage employee development in various ways at Ermelo Regional Hospital. Furthermore, the study found that there was clear communication between the management and the staff and the hospital leaders in terms of supporting staff development. Participant 3 had this to say about how top managers demonstrated that they value staff and hard work:

*The CEO and Managers value staff through internal staff appraisals and performance appraisals. Managers give verbal praise where it is due with chances of an increment in salary that month or year as recognition of the worker of the month or year. It is during staff meetings that such appraisals are given so that it will motivate the other employees to work harder realising that there are benefits and recognition behind hard work.*

Participant 7 (Food Service Manager) added by pointing out that top managers were also promoting self-development through acquisition of academic knowledge and qualification by employees as shown below:

*The Ermelo leaders encourage staff members to develop themselves by obtaining higher qualifications like diploma, degree and post basic nursing skills. They also provide in-service training, spot teaching and further allow nurses to go to other educational training centres.*

Members of the TMT again agreed on the fact that the leaders acknowledge the good work done by the staff and this creates good relationships between management and employees, as well as among the employees themselves, who show a willingness to work together. Participant 4 highlighted this as follows:

*Employees receive congratulations when they do very well and complete tasks by the set date. This makes staff feel very motivated and to help each other.*

#### **4.2.5. Display of Environmental Responsibility by Leaders**

A total of 4 members of the TMT agreed that the environment was within the concerns of the Top Management at Ermelo Regional Hospital as they had put in place ways to protect themselves and the staff from any environmental harm. This is depicted below by Participant 1:

*All Managers and Leadership adhere to the prescript and environmental procedures by wearing protective clothing like masks, disposable gloves, coveralls, face shields, and gowns.*

Participant at Ermelo Regional Hospital also revealed that attention is paid to ensure that the work setting remains a safe environment for the staff. Participant 8 highlighted that:

*The Ermelo leadership for example if there is a need for new equipment to do with environmental and the workers safety measures, they quickly place an order. They ensure that workers work on a therapeutic environment. The hospital has even appointed an Environment Officer to show their determination to have a clean and safe environment. The leaders have also recognised the services of the Occupational Health Representatives who assess facilities' environment and compile a quarterly report. Then send the report to District Office with recommendations. The environment must be free of any health hazard and be attractive to our clients.*

However, participants 5 and 6 hold the different view which revealed that there was little done towards preserving the environment as little budget was set aside towards environmental preservation. More specifically, participant 5 elaborated how the focus at Ermelo Regional Hospital was more on patients and little on the environment as show below:

*The hospital is concentrating more on its patients but neglecting the very environment in which they are coming from, which the hospital is directly and indirectly polluting. As much as they (the leaders) protect the staff from environmental hazards; who is protecting the environment from the disposal of the hospital medical wastes? The lack of new ways to dispose of medical wastes has been witnessed causing more problems to the people considering their spreading of diseases*

#### **4.2.6. Display of Value for Community by Top Managers**

2 of the 8 members of the TMT show how the Top Management at Ermelo Regional Hospital value the community by putting the staff and community first and providing their basic needs according to their demands. Participant 1 indicated that:

*The Hospital provides the basic needs to the community, and they put their staff first. The 8 Batho Pele principles of consultation, service standards, access, courtesy, information, openness and transparency, redress, and value for money, are key and Management implements strategies to train and motivate officials to comply with these principles in their day-to-day service delivery.*

Participant 3 was also of the view that the complaints of the community are taken note of and there is a committee at Ermelo Regional Hospital in place to see to the needs of the community.

*Community complaints are recorded and attended. Hospital Committees are appointed to represent the community.*

#### **4.2.7. Demonstration of Visionary Leadership**

A total of 3 members of the TMT upheld that the Ermelo Regional Hospital leaders led the hospital in line with the hospital's vision and aim.

Participant 1 revealed that:

*A high standard of care goes with good quality of patient/client care. The Hospital aims to meet the healthcare needs of the community through wellness programmes. The Hospital aims to improve life expectancy and long life for all citizens.*

In the same vein Participant 2 (Patient Administration Manager) revealed that Ermelo Regional Hospital portrayed visionary Leadership:

*By providing high care, good quality, and patient care; for example, by improving the life expectancy and long life for all Mpumalanga citizens.*

The participants also revealed that there are set targets by management at Ermelo Regional Hospital as a way of meeting the organization's vision and the hospital also held awareness community campaigns, taking both the community and staff input or contributions into consideration.

*The hospital holds awareness campaigns now and then to ensure the community is educated on health-related matters and the related diseases they might be not aware of. Leaders of various departments are expected to be part of these gatherings or at least send representatives who will speak on their behalf. These gatherings usually end up as questions and answer sessions as the Ermelo representatives would be required to report back to the top management of the outcomes of the campaigns. Participant 8*

#### **4.2.8. Minimal supervision of Staff by the leaders**

A total of 3 members of the TMT shared mixed responses when it came to staff supervision at Ermelo Regional Hospital. Some of these participants echoed that working under minimal supervision was encouraged at the hospital and management interference was only necessary when a challenge had arisen at Ermelo Regional Hospital. Participants 7 had the following to say respectively:

*The managers and supervisors in some departments are expected to leave the staff members determine their schedule for the day. This is normally done in the casualty department where the doctors or matron sometimes leave the nurses, interns and other general staff to determine how they want to work that day and with whom. This is done to encourage self-motivation and a feeling of self-worth among the employees that they are allowed to work without anyone there to tell them what to do or give orders.*

Participant 2 was of the view that at Ermelo Regional Hospital:

*The top management sometimes encourage them [Employees] to act independent as professionals, arriving at their own decisions without their interference. Taking for example in rehabilitation as leaders we know the staff that side are professionals with knowledge of what they do and mostly we prefer to watch and observe the progress rather than interfere with the process.*

However other participants revealed that no staff or employee at Ermelo Regional Hospital acted out of the bounds of supervision or the duty rooster. The daily routine would be embedded in the duty rooster which every staff member was expected to adhere to. Participant 8 highlighted the existences of different levels of leadership and responsibilities which were key for orderly activities focus on all aspects of the hospital at Ermelo Regional Hospital as shown below:

*The staff is managed by leaders in the hospital. It is impossible to look after patients and be a leader at the same time. Leaders and managers are there to lessen the staff problems. For example, if nurses face any challenges they are expected to report to the supervisor or matron who in-turn reports it to the relevant top management parties. Nurses are managed by leaders because there must be someone who takes decisions. This system is orderly, and it gives direction. Besides there is always the duty rooster which guides the staff daily activities which they are expected not to deviate from.*

#### **4.2.9. Regular Knowledge Sharing and Retention**

2 of the 8 members of the TMT indicated that at Ermelo Regional Hospital knowledge is shared by encouraging capacity building and promoting retention of all staff categories. The training was brought out as essential in sharing knowledge as well as retaining it. Knowledge sharing was identified as a paramount way to quickly reach effective solutions and attain work efficiency. Participants 3 depicted the practices of knowledge sharing and retention among peers Ermelo Regional Hospital as shown below:

*Peer training and Managers in-service training; provide support where there is challenges and skills development.*

Additionally, participant 4 focused not only on the sharing of knowledge, but also the various ways that knowledge was being used within the hospital and its benefits Ermelo Regional Hospital as follows:

*The staff shares knowledge to use it to investigate, diagnose and resolve an incident. Knowledge sharing benefits management in terms of worker efficiency and knowledge control. Engaging in conversations with peers, with other Leaders, and with their reports for objective setting and development plans is very important.*

#### **4.2.10. Adoption of various leadership styles**

Three of the members of the TMT highlighted that various factor enhances the progress of Sustainable Leadership at Ermelo Regional Hospital. The participants revealed that at Ermelo Regional Hospital; various Leadership styles are adopted across departments to ensure the hospital runs without hiccups, offering the best services. Participant 2 gave the following example:

*The Hospital uses coaching Leadership styles like Democratic Leadership and the Affiliative Style of Leadership.*

*(a) Coaching Leaders practices the open-door policy to listen to people.*

*(b) Democratic Leaders share information with employees so that this does not affect workplace responsibilities and they seek opinion before approving final decisions.*

*(c) Affiliative style – respects and supports the emotional needs of team members.*

Members of the TMT further revealed that Top Management Leadership at Ermelo Regional Hospital plays a pivotal role in the sustainability of the hospital. The interviewees identified that Sustainable Leadership is enhanced through the leaders' approach to Leadership. Participant 3 illuminated that:

*To enhance Sustainable Leadership at the hospital there should be Top Management support, which identifies staff shortage and then hire. Budget, that is identify needed resources, plan and procure. Social responsibility, that is including society to manage facilities. Long-term thinking, that is plans for future needs.*

Participant 4 also stressed that the management at Ermelo Regional Hospital created up-to-date approaches and structures supporting Sustainable Leadership, in turn, this foresees an improvement in the way the hospital staff works.

*The Management creates new approaches, policies, and structures for Sustainable Leadership. The purpose of this measure is to improve performance based on labour demand.*

#### **4.2.11. Realistic and clear goals, vision and development of the hospital**

One of the members of the TMT noted that Ermelo Regional Hospital had a clear vision, sustainable goals, and engaged in social responsibility which cemented Sustainable Leadership. Participant 3 highlighted this as follows:

*Ermelo Regional Hospital has a holistic vision and the ability to execute it. We have a vision for the community we serve and apply it, then monitor through an ideal Hospital tool. Sustainable goals and measurement goals are set that are realistic and monitor the facilities until goals are met. Social responsibility is our vision and our goal is to care for society. So, society's needs are analyzed.*

Two of the members of the TMT also highlighted that at Ermelo Regional Hospital there exist developmental programmes that strive to improve and achieve the vision of the hospital and Sustainable Leadership. At Ermelo Regional Hospital, results show that the employees are given a say in decision-making and ethical principles are observed in health care. Participant 4 reflected on this stating how Sustainable Leadership is improved.

*At Ermelo Regional Hospital there is staff development through the skills development programme. An organizational culture that seeks to preserve the stability of social systems, assurance of employment and participation in decision-making and ethical behaviour in meeting the principal needs of the healthcare and assurance of human rights. For the success of Ermelo Regional Hospital, Management must integrate all its cultural, economic, and organizational values.*

On the same note participant 7 reflected on how the top management at Ermelo Regional Hospital took care of their staff in times of melt downs and strive for their best opting for quick interventions which did not compromise their career path. This is what participant 7 had to say when it came to the Ermelo staff's drugs or alcohol abuse and the intervention methods for sustainability.

*If a staff member has a problem, Management ensure that the member gets help, for example if a staff member has a drug problem or he/she is alcoholic, Management sends him/her to a rehabilitation centre as soon as possible or to psychologists so that he/she soon get better to quickly resume work.*

#### **4.2.12. Enhancement of good Ethical practices by Top managers**

Three of the members of the TMT brought out that Ermelo hospital adhered to ethical practices which influenced the healthcare sector. They were of the view that ethical sessions are part of the initiatives conducted at Ermelo Regional Hospital to ensure that ethical behaviours are adhered to. Members of the TMT expressed that those ethical sessions were held to help the staff understand the ethical processes and procedures. Participant 7 highlighted the value and role of regular ethical sessions at Ermelo Regional Hospital in the following way:

*Here at Ermelo, we make the staff undergo ethical sessions to remind them what the hospital requires and how to best approach our customers and patients. The managers in their different departments do this regularly to ensure that the employees do not fall short on this aspect or just take it lightly. In our hospital we respect patients. We value confidentiality of patients. We do not discuss or disclose the patient's history meaning that we don't talk to anyone about the patient's diagnoses. We don't talk to the media, and we protect patient's rights. This is the job of the management to remind those below them.*

*As leaders we exist to help the staff to understand valuable part of the hospital by giving them support. We ensure that the staff behaviour is acceptable, for example by having protocol files signed by Top Management and accurate dates showing our patients and their families that we work under legal guidelines, and we value ethics always.*

Transparency was also noted by Participant 4 to be essential if top managers were to act ethically. The study found that at Ermelo Regional Hospital, Managers engage with the staff and

consider their contributions to the organization's benefit. Participant 4 illuminated this as follows:

*Managers do engage with staff to accomplish objectives to achieve set goals by creating a successful environment. Managers try to be genuine, transparent, and accommodative by working with all Hospital stakeholders.*

#### **4.2.13. Long-term planning Perspectives by Top Managers**

A total of 4 members of the TMT expressed mixed feelings about the kind of planning adopted by leaders at Ermelo Regional Hospital. Long-term planning was identified to be more sustainable in the hospital setting by the participants. Two of the members of the TMT were in agreement that at the hospital the management at Ermelo Regional Hospital adopted a long-term plan, but at the same time distancing themselves from individual influence. Participant 6 had the following to say:

*Managers at Ermelo Regional Hospital adopted a long-term plan and to strengthen the long-term focus the participant suggested a move away from individual objectives. The leaders devised an organisational plan which ensured the interests of both the internal and external stakeholders were taken into cognisance and this appeared to have future fruitful prospects.*

The members of the TMT revealed that what influenced the adoption of the long-term plan by leaders at Ermelo Regional Hospital was their target for the hospital's future sustainability. Participant 3 was explicit that the adoption of long-term planning was in pursuit of the present mission and aim of Ermelo Regional Hospital.

*The Ermelo leaders thought about the future of the hospital, and this led them to adopt the long-term plan. The hospital as a critical area there is need for the adoption of the long-term perspective in-order to address the pressing patients' issues and to help the hospital to be profitable. Long term perspective implies on a viewpoint and understanding the future. This enabled the top management to plan for the up-coming years which gives enough time to see if they have taken the right decisions. For example, some of the things to be considered in the long- term plan included, building*

*of nurses' homes and the extension of some wards are some of long-term decisions that will also last for years.*

Participant 8 further expressed that the pursuit of sustainability and long terms benefits at Ermelo Regional Hospital required a flexible and emergent approach to connect the present and the future and extensive communication among employees rather than simply rest on a prescribed and rigid long-term plan.

*The healthcare sector has become dynamic and sometimes planning for the future can lead us astray. The whole aspect of leadership will be pointless if we concentrate on the future but neglecting the present. There is need as a hospital to recognise problems as they emerge and offer the relevant solutions. Inter-departmental communication and the top to down communication will help us as an organisation to quickly identify where a problem will be that can have negative consequences to the hospital as a whole.*

#### **4.2.14. Employee team building by Leaders**

Four of the members of the TMT reflected that teamwork is encouraged at Ermelo Regional Hospital and the management has made it a must to have activities that strengthen team building. Participant 2 demonstrated this as below:

*Team building sessions are conducted every quarter to always encourage teamwork.*

Participant 7 also revealed that leaders were into active participation and often worked together with the staff to instill a spirit of togetherness as well as teamwork.

*There are times that we as leaders engage with the employees as a way to show them that we share a common goal of the organisation. This is encouraged in every department, doctors mixing with nurses to show support, just to note that example. Interpersonal relationships are built through communication and managers are supportive and do provide guidance.*

The participants also revealed that there were rewards based on teamwork achievements. The team-building exercises came with a little token of appreciation at the end. Participant 6 expressed that:

*The management always comes up with ways to reward achievement attained through teamwork. This may come in the form of salary increment or public acknowledgement of the good work by management in the presence of the other peers. Some teamwork efforts may result in promotion. Though the rewards may be of little value sometimes this ignites a sense of wanting to work as a team amongst staff members as they would have witnessed its merits.*

In elaborating, another participant highlighted that the hospital through the directive of the top management practices rotation of some staff so that they can learn from the different departments and also other staff members. Pertaining to this participant 8 had this to say:

*The Department of Health has implemented PMDS as a form of incentives to encourage information sharing. Nurses, with longer years of service are used as mentors or coaches to new nurses. The leaders have created a friendly working environment. Normally in our hospital the nurses are rotated. They are sent to other wards to work there but it is not easy to move ICU trained nurses or theatre nurses to other wards.*

#### **4.2.15. Constant renovations of hospital by top management**

Two of the Ermelo Top management participants indicated that appearances are everything and the hospitals outlook itself enhances the Sustainable Leadership practices. The participants were of the view that the top management ensures that the hospital is a health and neat state for its clients and staff and constant upgrades and renovations are done so that the standards of the hospital are not diminished. Participant 8 and 7 highlighted on this respectively:

*Ermelo Regional Hospital is also piloting the NHI (National Health Insurance) therefore this has necessitated a shift to Sustainable Leadership. We must get out of the bottom and be innovative. The implementation of long-term perspectives means that as Ermelo Regional Hospital we value our clients. The hospital was renovated to meet the demands of being a big hospital within Gert Sibande District.*

*Ermelo Regional Hospital has renewed its buildings, environment, put in place a community forum and innovations. These actions are very important because the environment must attract clients, the community forum will be our monitor and being innovative means, we can prioritize profits and really do much better.*

#### **4.2.16. Flexible working schedules**

Two members of the TMT revealed that staff working schedules Ermelo Regional Hospital were flexible and allowed for enough time for rest. Working hours were normalized to retain the staff and if there is overtime, it was paid according to law. Participant 4 had this to say:

*They (the hospital management) ensure that the working hours are suitable and pay for the extended hours. The Health Occupational Officer looks at the health issues of all staff members. Issues such as team building services, performance appraisals, and developmental training are also prioritized. Sustainable Leadership is about having a model or a process that enables an organization to have successors, with minimal disruption and minimal time, so that performance could be sustained.*

On the same note participant 8 indicated that there are other departments that because of emergencies the staff may end up working more than the stipulated hours. This was brought out compensated in resting days on top of the leave days or exchanged for monetary value.

*As leaders we strive that our staff get enough rest especially those who must deal with severe emergencies and work in the theatre. That environment may be busy, and overtime may be accumulated. We then give our staff the option to choose if they want to rest to compensate for their overtime or want the overtime paid in monetary value.*

#### **4.2.17. Adoption of autocratic leadership by leaders**

Two of the members of TMT at Ermelo Regional Hospital indicated that the autocratic kind of Leadership which is sometimes exercised makes staff reluctant when it comes to working as a team and progress. Participants 1 and 3 were of this view adding that the hospital is faced with the challenge of individuals who are rigid and allergic to change hence crippling the improvement of Sustainable Leadership. Participant 3 brought this out below:

*Reconciliation challenge is one aspect that impedes the practice of Sustainable Leadership. Old habits die hard; therefore, a good strategy is needed to change staff attitudes. The developmental challenge is another factor. Passion for certain departments is not there; therefore, skills development is done to do what needs to be done.*

Participant 1 went on to elaborate that, autocratic leadership crippled innovation and left no room for improvement or contributions which might have been beneficial to the department as a whole.

*I know the hospital is a busy place, dealing sometimes with situations of emergency, but sometimes there is need for some leaders to take into view point the contributions of their subordinates for you never know in which direction solutions to a problem might come from.*

#### **4.2.18. Rigidity and ignorance to change by the leaders.**

A total of 3 members of TMT identified ignorance as a hindrance to Sustainable Leadership at Ermelo Regional Hospital. Participants 5 revealed that some of the Top Management Team failed to cope with the transforming workplace, were rigid, unable to embrace diversity of views by taking contributions from staff and tended to apply the same kind of Leadership style across all departments. Participant 6 had this to say:

*Leaders at Ermelo Regional Hospital, some of them, do not take into viewpoint the contribution of the staff and always label what they do and ask what must be done to be the only right thing. They are autocratic and this affects communication as it becomes one-sided. As much as the staff may have ideas that lead to organizational as well as Leadership sustainability, these ideas tend to be shadowed by the leaders' arrogance and ignorance. They distaste change, they fear to move from their comfort zone and tackle new ideas. The last part however seems to be the challenge of almost all the employees, the management, and general staff at large.*

The members of TMT continued to echo that service delivery if it is poor, it affects Leadership sustainability, which was exactly the scenario at Ermelo Regional Hospital. One of the

members of TMT highlighted that the management structure was so rigid that if a leader were to be absent it meant there would be no one to cover for him or her for that period, this affected Leadership sustainability. Participants 3 illuminated on this as follows:

*Ermelo Regional Hospital has a shortage of important resources for service delivery, a lack of safety and security, and a lack of staff appraisals where is due.*

Participant 4 added the following:

*The noticeable obstacles are patient education, staff development, and lack of delegated authority to make decisions in the absence of other Managers.*

#### **4.2.19. Ineffective decision-making patterns by Leaders**

Three of the members of TMT were in agreement that Ermelo Regional Hospital had no clear stipulated method which made decision-making to be successful. The interviewees revealed as much to some extent it seemed the decision making was perfect by including the staff in important meetings was no guarantee their contributions would be welcomed and implemented.

Participant 5 reflected that:

*The leaders of Ermelo Regional Hospital sometimes act on the ideas contributed by the staff. When the decision to be reached conflict with their individual belief and threaten their very existence, it is always met with rejection and criticism. It does not matter how beneficial or relevant the idea would be in solving the problem at hand. So, ideas that seem to challenge the management but are beneficial to the hospital and community are swiftly swept down the table.*

On the same note participant 7 indicated that decisions implemented by the top managers were contextual and rested on the prevailing situation. The participant gave the example of the existing pandemic and how it impacted the working methods and decision-making process of the top management, which to sometimes developed discriminatory connotations.

*Some of the decision-making are the best for that particular moment. Some of the decisions made by the leaders are not on the workers' side. Some are best for the workers and patients. For example, during COVID-19 period, visitors were not allowed in the hospital.*

*Patients and families were frustrated. Nurses and other staff members were not allowed to take leave. This was unfair to workers. Participant 7*

#### **4.2.20. Lack of staff value by top management**

There were some members of the TMT who reported of instances which reflect lack of appreciating the value of staff by top managers at that Ermelo Regional Hospital. Three of the members of TMT concurred that the Ermelo staff was not valued as they should have been, and this was a surprising finding especially coming from the top management. The management was always found siding with the patients or clients when sometimes the staff were right and needed the managements support. Participant 7 depicted this as follows:

*To be honest, sometimes Management does not value staff. They do not take the nurses side even if they know that the nurses are right. They always side with the patient or patient's relatives. Participant 7*

Participant 8 agreed that nurses were always feeling not valued and that the views of the patients were always right irrespective of circumstances.

*The nurses always feel they are not valued because no one appreciates their work. Patients are viewed as correct. There is need to value the nurses through financial incentives, rewards and constant feedback. Leaders want to see the community happy. However, they do not consider workers or nurses' rights. They will make the nurses apologize to the patient even if they are right. They always say a patient is right, but they never tell them their responsibilities. Respondent 8*

On the same vein participant 7 elaborated that other bad hospital experiences have led to the hospital adopting measures which seem unfair and of drastic measures to employees. The management have respect and value for the staff but do not give room for mistakes and mistreatment of the clients. On this vein one of the members of the TMT at Ermelo Regional Hospital highlighted that:

*Since the "Life Esidimeni" fiasco in Gauteng province and where government was forced to pay the families, Management always tells the staff that if a patient's family sue the hospital,*

*you are on your own. Threats are always made that the staff will pay the families from their own pension fund. Participant 7*

#### **4.2.21. Lack of community value by top managers**

One of the members of TMT at Ermelo Regional Hospital depicted that the top management was setting ways and standards to aid the community, but which were not able to practically implement the initiatives. More time was spent by top managers on theorising the concepts of aiding the community which was not put in practice. Participant 6 highlighted on this as follows:

*The management has set various initiatives to address the needs of the people, recognizing their complaints however they do not take the time to make a follow-up or address the concerns of the staff as well as the community timeously. Participant*

Another participant reflecting on the same factor indicated that awareness campaigns were not done regularly. Sometimes there are delays that by the time the initiative is being made, the community may have suffered from different disease as elaborate by participant 8 below:

*It is no secret that communities are ignorant when it comes to diseases and their health, thus there is need to now and again educate them the need to get constant check-ups and educate them on basic life-threatening symptoms of the presence of various diseases. It is a weakness on our part as a hospital that we lack the agency and value for the community we operate in and instead of holding regular awareness campaigns, they are just a few and at times some professionals do not make the effort to be present to speak to the people. When we speak to them, it is always late*

#### **4.2.22. Adoption of clear communication skills**

The members of TMT identified communication between the management and the staff to be lacking or one sided as of giving orders rather than discussing issues pertaining to the hospital's way of functioning. In this regard, 4 members of TMT, advocate for Ermelo Regional Hospital management to work on their communication skills so that sustainability in the hospital may be achieved. This is what the participant 3 had to say:

*Good communication will promote synergy. Planning together encourages teamwork towards the same goal and all categories of staff take ownership and improve staff attitudes.*

According to participant 7, communication improvements should be in terms of regular updates on the performance of various departments using multiple channels that are available.

*At Ermelo if the management can improve the way they communicate with the staff, giving regular updates on the hospitals progress in the various departments, the hospital would run efficiently. Excellent communication is attained, for example through notice boards, emails, WhatsApp groups and in meetings. Participant 7*

Participant 4 on the same note but different words also had this to say:

*Change is a process and can be done by adopting an inclusive, stakeholder approach particularly related to Leadership development but also within communication strategies to build ownership and commitment throughout the Ermelo Regional Hospital. Participant 4*

Members of TMT further recognized that communication challenges between the Top Management and the bottom staff had a negative bearing to the work outcome. Participant 6 revealed that this needed to be rectified for effective Sustainable Leadership practices at Ermelo Regional Hospital. Participant 6 had this to say:

*Good and clear communication helps to solve any form of problem before it becomes a burden in any of the hospital departments. Leaders at Ermelo Regional Hospital seem to be doing all the planning, implementation, monitoring, and evaluation without involving the general staff, or communicating to them their course of action towards a challenge. There is a need to involve all the categories in decision-making for good Sustainable Leadership practices. Participant 6*

#### **4.2.23. Implementation of the democratic style of leadership**

A total of 2 members of TMT showed that at Ermelo Regional Hospital the staff desired a democratic style of Leadership which they considered would allow them to voice their concerns and opinions. Participants were of the position that this was not the usual case at Ermelo

Regional Hospital and hence it contributed to a setback to Sustainable Leadership. Participant 2 had this to say:

*All staff members if allowed to raise their concerns or opinions, that is their petitions and where they feel they are being mistreated, the management would be able to rectify many of these challenges. The democratic style allows the staff members in their varying departments to voice their opinions. Only when the voices of the staff are given equal consideration can total Sustainable Leadership materialize at Ermelo Regional Hospital.*

Without the democratic style of leadership, the top management is not able to identify where they are going wrong in the hospital, and this affects their leadership capabilities and sustainability. Participant 7 highlighted on this as follows:

*The democratic style of leadership makes one as a leader to be a good communicator as well as a listener. This means a leader is able to mingle with the general staff at all levels, listening to their concerns, opinions and petitions and trying to offer possible and suitable solutions where he/she can be. Here at Ermelo if can have such a setup then as leaders I do not think we can encounter much future problems which we lack solutions to.*

#### **4.2.24. Involvement of staff in decision making**

Three of the members of TMT revealed the need for top management to involve the various Managers in decision-making in their respective departments. They can be a channel to better understanding the staff by the top management as they are closer to the staff than the top leaders. To this, participants displayed mixed feelings, however, Participant 3 demonstrated that:

*Top Management can always involve departmental Managers in decision-making. Each department can take into cognisance its staff contribution in planning for budget purposes and stick to the decisions taken and offer support for challenges in its department. It is not that this is not visible at Ermelo Regional Hospital, but the Top Management still has a long way to go as other sectors of the hospital seem to be getting more attention at the expense of others. Participant 3*

Participant 4 further elaborated on the need to identify institutional challenges and work on organizational cultures by focusing on the enabling aspects of the working environment at Ermelo Regional Hospital:

*Leaders must identify and recognize the institutional demands and challenges they face, plus think strategically. Organizational culture is the foundation for a successful Sustainable Leadership approach. The key enabling elements of a culture which is needed to support Sustainable Leadership are identified as being Leadership development, peer networks, and embedding effective communication.*

The participants were of the view that the Top Management should hold regular meetings to discuss all matters affecting the hospital as a whole or a specific department. This should be made part of the organisational culture. Participant 2 highlighted this as below:

*Leaders of Ermelo Regional Hospital can make it a norm to conduct regular meetings with the staff, updating them of any developments or progress of the hospital. During these meetings, the staff contribution should not be ignored and taken into consideration, for that will be the whole aspect of including them in these meetings in the first place. The staff can also be recognized through the award systems.*

#### **4.2.25. Developing the leaders for sustainability**

Two of the members of the TMT expressed the need for Ermelo Regional Hospital Management to develop the leaders themselves for effective Sustainable Leadership practices. The working environment should be conducive and create opportunities for internal development of leadership competences. Participant 4 noted:

*Three key enabling elements are identified as playing a pivotal role in leaders' approaches and experiences. These three keys enabling elements are Leadership development, peer networks, and communication. Overall, a supportive environment can facilitate the adoption of inclusive approaches where leaders from across and throughout healthcare are provided with opportunities to develop their Leadership competencies.*

Another participant underscored that members of the TMT should promote flexibility and adaptive competences which are key to ensure that rigidity and the old way of thinking are done away with. Participant 7 uphold the view that there is a need to pave a way for the new kind of thinking and trust of management which is key to lead to sustainability.

*The staff need to trust the management which should display confidence in whatever they would be doing. The poor morale of staff will lead to poor quality of care. So, there is a need to change tactics to avoid such a case. The old mind-set of focusing on profit only and not being innovative is no longer an option in the hospital setting as the patients should be given centre stage. So constantly developing the management ensures their continued knowledge of the trending approaches of management of that time, and at Ermelo we really need this. Participant 7*

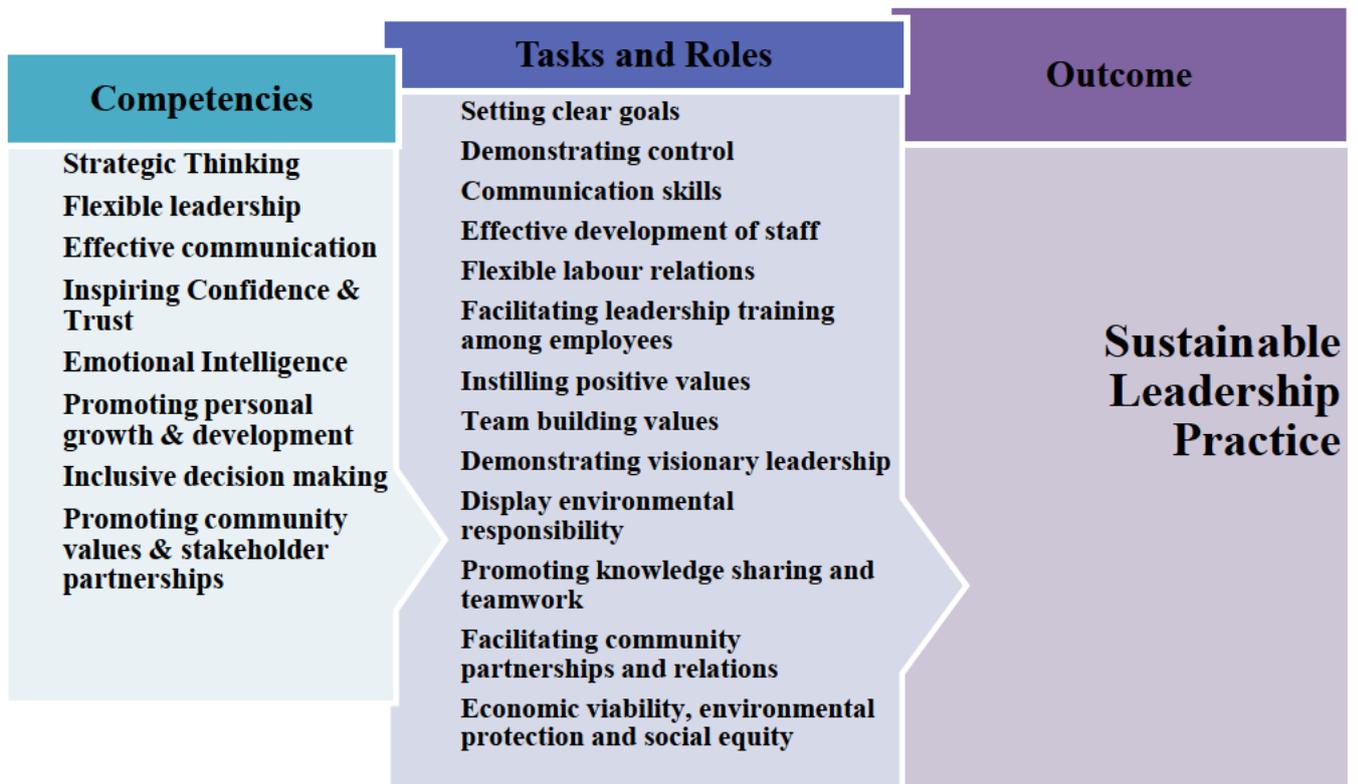
### **Themes on elements of Sustainable Leadership Framework that can be used in healthcare**

The members of TMT at Ermelo Regional Hospital identified various competences, tasks and roles which provide insights on practices which needs to be included in a Sustainable Leadership Framework in a hospital setting in the healthcare sector. First, in this study, members of the TMT at Ermelo Regional Hospital identified that Sustainable Leadership in a hospital demands a variety of 8 different competences. They are as follows: Strategic Thinking; flexible leadership; effective communication; inspiring Confidence & Trust, emotional Intelligence; promoting personal growth & development; inclusive decision making; promoting community values & stakeholder partnerships. Second, this study has also identified tasks and roles which enlighten the framework of Strategic Leadership. These are presented in detail below, starting with results regarding competences, and thereafter tasks and roles.

#### **4.3. Proposed Sustainable Leadership Framework in Healthcare**

The Framework in figure 4.1 below, reflects on the key competences, and the tasks/roles that make-up Sustainable Leadership practices in healthcare facilities based on the above findings at Ermelo Regional Hospital.

Figure 4.1: Proposed Sustainable Leadership Framework in Healthcare



Source: Author

Based on the findings from this study, member of the TMT suggests that there is need for clear communication skills, democratic leadership, inclusive decision making, and leadership development programs. Reflecting from the study findings, specific competencies such as strategic thinking, flexible leadership, effective communication, inspiring confidence and trust, emotional intelligence, promotion of personal growth and development, inclusive decision making, and the promotion of community values and stakeholder partnerships are key elements of Sustainable Leadership Framework at the Ermelo Regional Hospital.

#### 4.4. Themes on Practices of Sustainable Leadership adopted by Top Managers

Members of the TMT identified a variety of eight different themes that reveal the practices of Sustainable Leadership evident at Ermelo Regional Hospital. These eight themes include: (1) developing people by leaders; (2) flexible labour relations of leaders; (3) facilitating employee readiness for succession by leaders; (4) Ermelo’s leaders display of environmental responsibility; (5) display of community value by top managers; (6) demonstration of visionary

leadership; (7) Minimal supervision of staff by leaders; (8) Regular knowledge sharing and retention; and (9) Positive value of staff by top managers at Ermelo Regional Hospital. These recurring themes are shown on Table 4.1 (which is about practices on Sustainable Leadership) and are detailed below.

**Table 4.1: Themes about practices on Sustainable Leadership adopted by top managers**

<b>Thematic focus of the practices of Sustainable Leadership adopted by Top managers</b>	<b>Frequency</b>
1. Effective developing of people by leaders	5
2. Flexible labour relations of leaders	3
3. Facilitating employee readiness for succession	3
4. Positive value of staff by Top managers	5
5. Display of value for community by Top managers	2
6. Demonstration of visionary leadership	3
7. Minimal supervision of staff by the leaders	3
8. Display of environmental responsibility by leaders	4
9. Regular knowledge sharing and retention	2

#### **4.5. Themes on Factors Enhancing Sustainable Leadership at Ermelo Regional Hospital**

The members of the TMT identified a variety of seven different factors which lead to the enhancement of Sustainable Leadership at Ermelo Regional Hospital. The factors are depicted in table 2 below and presented in detail later.

**Table 4.2: Themes on factors that enhance Sustainable Leadership at Ermelo Regional Hospital**

<b>Themes on factors that enhance Sustainable Leadership</b>	<b>Frequency</b>
1. Adoption of various leadership styles	3
2. Realistic and clear goals, vision and development of the hospital	3

3. Enhancement of good ethical practices by top managers	3
4. Long-term planning perspectives by top managers	4
5. Employee team building by leaders	4
6. Constant renovations of hospital by top management	2
7. Flexible working schedules	2

#### **4.6. Themes on Factors impeding the practice of Sustainable Leadership**

The results also reflected on the factors that impede the Sustainable Leadership practices at Ermelo Regional Hospital according to views of members of TMT at Ermelo Regional Hospital. Table 4.3 presents the frequency of themes on factors impending leadership practices.

**Table 4.2: Themes on factors impeding Sustainable Leadership practices at Ermelo Regional Hospital**

<b>Themes on factors impending leadership practices</b>	<b>Frequency</b>
1. Adoption of autocratic leadership by leaders	2
2. Rigidity and ignorance to change by the leaders	3
3. Ineffective decision-making patterns by leaders	3
4. Lack of staff value by top management	3
5. Lack of community value by top managers	2

#### **4.7. Chapter Summary**

This chapter has presented the themes as well as the sub-themes that arose from the study, about Sustainable Leadership of Top Management at Ermelo Regional Hospital. The views of the practices of Sustainable Leadership adopted by Top Managers at Ermelo Regional Hospital were presented. Factors that Enhance or Impede Sustainable Leadership at Ermelo Regional Hospital were brought out and the Sustainable Leadership framework that can be used in healthcare was reflected upon.

The study found that at Ermelo Regional Hospital the Top Management does practice Sustainable Leadership but also has some shortfalls to that. As much as there is communication, a reward system, and control of the internal and external environment, the results show that there is still more room for improvement. The next Chapter discusses the results of this study.

## **Chapter 5**

### **Discussion of Findings**

#### **5.1. Introduction**

This Chapter aims to discuss the main findings of this study in relation with the existing literature, the theory guiding the research, and relevant previous studies. Critical themes identified from the study's objectives as well as the results are discussed in detail to have a better understanding of the Sustainable Leadership of the Top Management at Ermelo Regional Hospital. It is worth noting that the study's results provide insight on the Sustainable Leadership practices adopted by Top Management factors that either enhance or impede Sustainable Leadership at Ermelo Regional Hospital, and the Sustainable Leadership framework that can be used in healthcare.

#### **5.2. Practices of Sustainable Leadership adopted by Top Management**

It is essential to note that various findings on practices of Sustainable Leadership adopted by Top Management at Ermelo Regional Hospital were brought out. It is again worth noting that against popular belief at Ermelo Regional Hospital; the Top Management due to some extent understand and strive for Sustainable Leadership. The findings will be discussed below.

##### **5.2.1. Skills development**

The study brought out that, skills development is of the essence at Ermelo Regional Hospital and other various initiatives are in play to ensure that there is Sustainable Leadership. The Skills Development Committee set up at the hospital ensures the skills development initiatives are implemented to their best and are inclusive of everyone in the organization. Employees are selected and trained at the departmental level, considering each and everyone's abilities.

The results further recognized that staff development at Ermelo Regional Hospital which is carried out through training ensures the competency of the staff towards their work and the leaders towards the dynamic changing world of Leadership. Alves et al (2013) echoed the same sentiment stating that Managers are assisted by specific developmental and training programmes to improve their skills set and leadership expertise hence they are better

sustainable leaders. On the same note, Zhang et al. (2017) assert that organizations through their leadership can offer employee training based on their job descriptions, organizational responsibilities as well as roles as this has been noticed to enhance psychological safety. Undoubtedly this increases efficiency and in turn Sustainable Leadership, witnessed in the Ermelo Regional Hospital case.

The findings in addition revealed that Ermelo Regional Hospital conducts its leadership development at a personal and individualized scale, meaning each employee is developed according to his or her attributes and strengths without bias, as selection for development is on an equal platform. Sharen (2015) in line with this stated the need for leaders to be uniquely competent possessing rare skills and difficult to imitate, in the process creating competitive advantage. This in itself proves that Ermelo Regional Hospital recognizes individual strengths and capitalizes on that to create Sustainable Leadership. Tohl et al. (2016), expanding on this indicates that since institutions or hospitals are professional bureaucracies, a leader's authority is derived from his or her specialized knowledge of the professional work. So, it is from this specialized skill where a leader is identified and reinforced on through training. Decision-making will also be based on such attributes, as the hospital setting supports different expertise and capabilities to tackle the various departments of the hospital or healthcare. Thus, this is a strength Ermelo Regional Hospital should keep on capitalizing upon to maintain Sustainable Leadership. However, the study is explicit that elements on nepotism especially in appointment of leaders in powerful position may negatively affect efforts of building an inclusive organisational culture with a shared understanding of Sustainable Leadership at the hospital.

### **5.2.2. Leaders' strong connection with the organization and its vision**

Another key finding in the practices of Sustainable Leadership adopted by Top Managers revealed that leaders were encouraged to be more acquainted and become a part of the organization. This meant sharing the organization's goal, vision, and mission at a more personal level for leadership sustainability to be achieved. This also made it possible for Ermelo Regional Hospital leaders to be more knowledgeable and be in a position to make fruitful decisions at the same time recognizing the skills development required. This way Sustainable Leadership would be enhanced. Doherty et al. (2018) on the same note, states that the ability to be professional and sustain relationships constitutes leadership. Once a leader gets a sense of purpose in the organization's activities, then can he/she carry his/her duties effectively and

with motivation. The upper echelons theory posits that performance is directly and significantly influenced by the experience and expertise of the leaders in an organization (Quigley & Hambrick, 2015). This again reflects on the results; without the dedication of leaders to an organization, it becomes impossible to have a history or experience to relate to when crisis strikes. It is only when a leader identifies himself or herself to an organization, not as an employee but as co-owner and leader that sustainability in all aspects can continue to be enjoyed.

### **5.2.3. Promoting favourable labour relations and practices**

When it comes to labour relations, they have been discovered to be positive at Ermelo Regional Hospital. The results indicated that the Labour Manager is the highest-ranking personnel to fix all labour-related issues after the Manager and the Supervisor have failed. The flexible labour relations afforded the Ermelo Regional Hospital employees the chance to have a fair disciplinary hearing. They could engage the Management face to face, and this enabled one the chance to say his/her side of the story and also make a statement that may be taken into consideration. So, this improved quality of work and fostered a sense of shared leadership and responsibility. As suggested by Aufegger et al. (2020), shared leadership enables mutual influence where the staff works as a team instead of judging one another strive together for a common goal. Good labour relations enhance organizational performance and also productivity (Aufegger et al., 2020). Sharen (2015) on the same note posits that there should be a mutual understanding between the leader and stakeholders, employees, customers, and the community, only then can there be good labour relations to the organization's benefit.

### **5.2.4. Effective and ethical succession plan**

The transparency in the succession plan at Ermelo Regional Hospital has been brought out to be questionable. Corruption and nepotism were identified by the interviewees to be in the succession plan of Ermelo Regional Hospital. The participants did acknowledge the presence of a culture of grooming predecessors to fill the post of those leaving the hospital with equal opportunity of selection; however, the whole approach seemed to be a cover-up of the bigger picture. Nepotism was revealed by participants when it came to grooming leaders for future posts. The results brought out that as much as there was internal advertising and development; vacancies about leadership were usually reserved for relatives, friends, and colleagues with whom the management had a long personal history and those who paid bribe money but without

the desired qualifications. This echoes the same words of the scholar Pillay (2010) who posits that since promotions come with a salary increase it is usually given to those with long organizational service but without the right skills sets. In turn, this impacts negatively on performance, organizational outcomes, and work relations. The placement of inexperienced individuals in leadership positions in hospitals has been witnessed to be the main cause of the healthcare system problems (Adejumo and Archibong 2013). This is coupled with inadequate and ineffective programmes for leader development in hospitals and a lack of interest by some leaders to enhance their leadership qualities. It then becomes a necessity to do away with nepotism in Ermelo Regional Hospital and groom the right qualifying personnel to have competent leaders.

#### **5.2.5. Staff value by TMT**

Gordon (2017) points out that the support and approval of the community, stakeholders, and employees is paramount for both business and leadership sustainability. An employee who feels equitably treated does not cause trouble for the leadership present. Flexible scheduling and development opportunities instil docility in employees and a feeling of being valued. In line with this, the Ermelo Regional Hospital employees highlighted that the leaders recognized their input and even rewarded extra effort. The results revealed that overtime was avoided at all costs as a measure of not overworking the staff and giving them enough time to rest. In the event of overtime being accumulated, it was paid in full. This was a way of maintaining the good working relations of employer-employee and management-staff. This relationship led to strengthened Sustainable Leadership.

#### **5.2.6. Environmental responsibility**

Boone (2012) in the article *Creating a Culture of Sustainability*, asserts that the healthcare sector is one of the contributors to hazardous waste which leads to people getting sick and admitted to the same health institutions. Studies have found that between 75% and 90% of healthcare waste products can cause a variety of environmental and health hazards (Owen 2016), second to retail food establishments (Gordon, 2017). In line with this, the results indicated that the Ermelo Regional Hospital leaders did nothing towards environmental sustainability. They zeroed more on protecting the employees at the expense of the environment. So, what was considered preserving the environment at Ermelo Regional Hospital was more of protecting the staff. In the words of Gordon (2017), this stands against

the hospital's ethics of no harm. This also portrays poor leadership that is Sustainable Leadership cannot be achieved in such a scenario. So, it would be in Ermelo Regional Hospital's best interest to strive towards environmental preservation as this constitutes one of the four paramount pillars of sustainability.

#### **5.2.7. Community value**

The results on the other hand revealed that to some extent the Ermelo Regional Hospital leaders; value and put first the needs of the community they operate in. A committee is even put in place to ensure the needs and complaints of the community are addressed. However, the participants revealed the lack of time and total effort given towards addressing the complaints of the people. As much as the challenges of the community were presented to Ermelo Regional Hospital's leaders through the noble committee of their creation, they lacked the agency to reply and act on the challenges and problems encountered by the community. Gordon (2017) on the same wave, noted that a sustainable business should have the support of the community, among other things, and this is achieved by being a good neighbour and a member of the community. If the business fails to do so it is bound to fail or face dire consequences.

#### **5.2.8. Staff management**

Ermelo Regional Hospital is meant to be characterized with a minimum supervision approach towards the employees as they are viewed to be able to work without much monitoring. The staff was believed to be self-managed and conscious of their daily duties. However, this was not the case as the results further predicted. The staff members were just given the illusion of no supervision whilst everything they did was controlled by various department supervisors, a fixed duty roster to be adhered to, and the hospital's code of conduct. This shows that old habits never die in hospitals and whatever transformation prevails in the hospital setting strict supervision would be the order of the day. This has been found not in favour with Sustainable Leadership as it crawls back to autocratic leadership which is bossy and dictatorial (Khan et al 2015). So, such a scenario creates a workforce lacking trust in leadership spying on them now and then and not trusting in their independent competencies and judgements. Ermelo Regional Hospital needs to have faith in the competencies of the staff they would have hired and to some extent allow them to act independently of supervision to create in them a sense of being trusted and valued in their skill sets.

### **5.3. Factors that Enhance Sustainable Leadership at Ermelo Regional Hospital**

The results revealed different ways in which Sustainable Leadership can be or is enhanced at Ermelo Regional Hospital. These are as follows.

#### **5.3.1. Leadership styles**

The participants alluded to the existence of flexible leadership styles at Ermelo Regional Hospital. They stated that the adoption of the various leadership styles made it possible for the many problems to be effectively handled across all the departments. It meant a leader would be able to offer solutions to the many kinds of challenges that may arise. Juneja (2015) along the same lines stated that it is essential for an individual to possess multiple qualities so that he/she would be in a position to tackle any situation for there is no one style of leadership. Hence it will be easy to listen, share and support each other as a team towards the sustainability of the organization.

It is paramount to have a leader who approaches the hospital's challenges from different styles. Because of the dynamism of the healthcare sector, a leader cannot bear the entire hospital's burden alone possessing the only heard voice (Kantabutra and Saratun, 2013), as this hinders long-term progress. Samarakoon (2019) also acknowledges that there are various leadership styles but each in a healthcare system fits in a unique context. Efficiency in a healthcare system can only be attained if the right leadership style is carried out in the right environment. Thus, Ermelo Regional Hospital is recognizing this can strengthen its leadership if it continues in the same leadership approach.

Tohl et al. (2016), further adds that the Chief Executive should not be made liable for all the hospital's outcomes, accountability should be spread across the governing board. As the results revealed, at Ermelo Regional Hospital no one person was accountable for all the hospital's outcomes as leadership was departmental based and everyone identifying the short falls of his/her department to rapidly rectify them. So, sustainability would be achieved on the premise that no one person would be given universal control and responsibility, but it will be joint accountability.

Ermelo Regional Hospital should also reward members who uphold the hospital's values for motivation and commitment to the organization. Four key elements of value-based Leadership are:

1. Recognize your personal and professional values
2. Determine what you expect from the larger organization and what you can implement within your sphere of influence
3. Understand and incorporate the values of internal stakeholders, and
4. Commit to value-based leadership

### **5.3.2. Top Management support**

The results also revealed that the support of the Top Management impact significantly in the leadership sphere. The Top Management exists to identify where there is a staff shortage and see to it that the gap is filled. They are the ones behind the organization's budget and having a good relationship with the staff means it would be an easier task by engaging them. Management support to the staff means also the staff will be supporting the management creating a feeling of shared responsibility; hence this drives the hospital towards perfection. The up-to-date approaches provided by management are often communicated to the employees, in the process increasing efficiency. The finding supports Mauyo's (2017) comment that hospital leaders have advocacy skills and the ability to affect the desired change through cultural change among all staff. Transformational Leaders are always looking for new ways to transform the organization (Sola et al. 2016). The leader understands the employees and strives for individuals and also groups to achieve their goals (Cherry 2020). Therefore, Top Management support is important as these leaders tend to be energetic, passionate and committed to sustainability.

### **5.3.3. Developmental programmes**

The participants at Ermelo Regional Hospital also noted that the hospital invested in developmental programmes to retain, uphold ethical behaviour, and involve staff in decision making. The staff then is equipped with the right work ethics and future leadership qualities. This also taught the staff to value the community and its needs, treating the clients in a professional courtesy they so deserve. This agrees with Garavan et al (2007) who note that in this dynamic organizational age, employee and leadership development is paramount. Organizations now focus on ensuring their employees have advantageous competencies. Avery

and Bergsteiner (2011) also note that there is no longer one right way of management and people need to be made aware of this new trend. The world now needs leaders flexible and able to drive the health and social care of people, as the world changes.

#### **5.3.4. Planning perspective**

The participants at Ermelo Regional Hospital also brought to attention the fact that, when it comes to the planning approach by Top Managers, the hospital had adopted a long-term plan. Though what was revealed by the argument showed that short-term plans may also be put in place depending on the concerned issue. This placed the hospital in a better position of sustainability as they understood the principle of sustainability and the importance of considering the future operation of the organization. However, as the results again strongly identified; this has been seen to be causing the negligence of the present problems desiring attention and fixing. This is consistent with what Smith et al., (2017) posit that strategic leadership as an approach focuses on future usefulness and sustainability of an organization, but this has the potential of leading the organization astray because of relying more on predictions. The framework is also valuing predictions moreover policy making first, and decisions may be arrived upon which are negative for future performance (Belyh 2020). Thus, the immediate risk management needed may be avoided because having given coloured predictions of the future or the present may be affected by assuming the worst for the future hence in the process stalling development.

#### **5.3.5. Teamwork initiatives**

The results emphasized teamwork as a pivotal force at Ermelo Regional Hospital to be capitalized on. The interviewees proved that teamwork to some extent was present, and each individual's contribution and expertise were taken into consideration when it came to solving hard problems or challenges. The leaders made available team-building exercises at the same time encouraging communication to build a bond and a sense of togetherness amongst the hospital staff. Valuable ideas to the hospital's benefit are usually shared during such team-building exercises. This agrees with scholars such as Pihlainen et al. (2015) who notes that as much as doctors are called to undertake leadership positions in hospitals due to their many years of training and experience in leadership, the nurses also possess the same strength and given the opportunity may present solutions at par with those of doctors (Daly et al. 2014). Solutions and individuals' capabilities are shared sometimes under a relaxed environment like

team-building exercises. Experience is also the best teacher not comparable to qualifications rendering all health professionals capable of leadership using the many years of on-hand experience in the hospital.

#### **5.3.6. Good ethical practices and renovations**

The results also brought new insights and contributions to Sustainable Leadership knowledge pool that the available literature did not allude to. The results indicated that renovation the hospital and adhering to the ethical practices expected in a healthcare by leaders, enhanced the Sustainable Leadership of the top management. Renovations ensured the hospital environment was conducive to work in and standardized not to be a source of diseases. Good ethical practices put the hospital in a clear picture as it was for the patients and their health.

### **5.4. Factors that Impede Sustainable Leadership at Ermelo Regional Hospital**

The Ermelo Regional Hospital participants also revealed that there are factors that negatively impact the management of the organization, rendering Sustainable Leadership inefficient. These are as follows.

#### **5.4.1. Autocratic leadership**

The results revealed that as much as there is the usage of all leadership styles at Ermelo Regional Hospital, the autocratic type of leadership seemed to be a common picture, dominating over the other leadership styles. The results indicated that autocratic leadership was preferred more as a hospital setting desired a quick response to unquestioned orders. This the participants saw as crippling the whole aspect of Sustainable Leadership and working as a team. This is closely linked to Khan et al., (2015), who stated that in autocratic leadership employees' expertise is not valued and this meant their ideas though noble towards the organization's sustainability would be lost. This authoritarian approach leaves the whole aspect of Sustainable Leadership questionable, and an individual's bad leadership ethics may cripple the whole organization as he/she is at liberty to say the final word. Hence if the dominating autocratic leadership practiced in every department of Ermelo Regional Hospital is not revised it will continue impacting negatively on the hospital's outcome.

Contrary to the results, other scholars viewed autocratic leadership more benefiting in the hospital setting than posing challenges. Autocratic leadership enables the top-down approach, which in-turn enables the bigger goals to be identified and quickly communicated to the general staff. The clear structure of hierarchy was found to be effective when it came to reaching complex decisions. In the words of Chioma (2017), doctors, chief executive officers, and the board of directors have a better understanding of the medicine business and this expertise of theirs aid to smooth out any challenges which may arise in the healthcare sector. So, recognizing one's lane of power, influence, and capabilities allows for Sustainable Leadership and quick solving of any form of problems that might arise.

#### **5.4.2. Management ignorance and rigidity**

The strategic leadership framework is viewed as the remedy of the ever-changing present work environment (Jaleha & Machuki 2018). Strategic leaders are expected to be well versed with the organization's systems to develop into sustainable leaders (Monroe 2016). The results however portrayed leadership at Ermelo Regional Hospital to be marred with confusion and ignorance. The management put no value into progressing, preferring to stay in their old way of management, hence defeating the course of Sustainable Leadership.

The above scenario then has also been found to be characterized by rigid leaders and an unchanging hierarchy of management with no clear succession procedures. That one way of management is applied to all work situations and succession though carried out on the grounds of nepotism the results also show that grooming for future replacement at Ermelo Regional Hospital was rare. This practice is causing the organizational culture to be lost with the leaving staff. Belyh (2020) being of the same view states that gone are the days when leadership needed to be rigid and those in power kept clinging to it without motivating and grooming others. The hospital setting consisting of a diversified workforce and specialization, it is that difference that should be harnessed to bring positivity to the hospital management and also influence the same thinking towards a common goal (Dunjwa 2016; Ghiasipour et al. 2017). The Ermelo Regional Hospital's leaders are then encouraged not to be both ignorant and rigid and be able to transform with the changing healthcare sector to avoid any form of challenges.

#### **5.4.3. Programmes monitoring**

A finding of concern not to be ignored is that though there is training and development at Ermelo Regional Hospital, the leaders usually do not see through these initiated programmes. There is the sense of developing the employees at the same time aborting the ideas still at the infant stage; hence the initiatives do not yield the expected results. Though this can be attributed to not enough budgets towards such initiatives, the lack of motivation, as well as the will to see through such programmes, was identified as the main shortfall on the management part. This finding corresponds with that of Goh & Marimuthu (2015) who posit that healthcare to maintain its competitive advantage leaders; should be in a position or be willing to make a follow up on approved strategies, measuring their effectiveness and foreseeing their proper implementation. This should be the case until a better or new replacement strategy is introduced. It then becomes problematic if health practitioners considered professionals must undertake management and leadership positions without relevant training and proper motivation (Mukwakungu et al., 2018).

#### **5.4.4. Lack of resources**

With regards to resources scarcity, the results again revealed the lack of basic resources at Ermelo Regional Hospital contributing to unsuccessful Sustainable Leadership. Lack of important resources for service delivery hinders all of the hospital's efficiency and also impacts management negatively. In line with this Malakoane et al., (2020) noted that unclean facilities, medicine stock-outs, and insufficient infection control among the many compromises a hospital's efficiency. This is also confirmed by the study that dealt with the public health system in the Free State of South Africa (Malakoane et al., 2020). So, it would be next to impossible to attain Sustainable Leadership in a healthcare system that does not have sufficient resources even to cater for its staff and carry out regular awareness campaigns.

### **5.5. Sustainable Leadership Framework that can be used in healthcare.**

#### **5.5.1. Democratic style**

Democratic Leadership was brought out by Ermelo Regional Hospital participants to be a style that needs to be implemented moreover others to attain Sustainable Leadership. The results further note that since this was not the case at Ermelo Regional Hospital, the development, efficiency, and progress of the hospital was affected. It is only when the views of the employees are taken into consideration can the move towards Sustainable Leadership be yielded. Mauyo

(2017) demonstrated the same sentiment arguing that leadership in the healthcare system should be for everyone as long as they are capable of tackling the task at hand. Democratic Leadership is an effective leadership style as it allows all employees to exercise their rights and authority, hence the employees are motivated and satisfied (Khan et al (2015). So, an organization is greatly influenced by leadership styles (Appelbaun 2015; Glod 2018)

### **5.5.2. Communication and Staff meetings**

Mastrangelo et al. (2014), is of the view that performance in organizations is the direct responsibility of Strategic Leadership. The Strategic Leadership framework also states that strategic leaders should be able to create a harmonized environment in which employees feel free to communicate their challenges at the same time getting timely feedback from Management on their performance and queries. The results show that giving regular feedback was not the usual picture at Ermelo Regional Hospital. Staff meetings were even not held regularly as anticipated. Thus, communication between the two ends, that is, the Management and the general employees was not clear and not given much preference. Yukl (2013) is then of the view that effective communication is key to Strategic Leadership, to yield both organizational and leadership sustainability. Without clear communication within an organization, it would be headed towards failure. I can further add that leadership development can be examined through the lens of Bourdieu's social field theory.

## **5.6. Chapter Summary**

In this Chapter, the results of this study were discussed. The study found different views when it came to the Sustainable Leadership practices of the Top Management Team at Ermelo Regional Hospital. In this study, the participants revealed that Ermelo Regional Hospital was striving to cope with the principles of Sustainable Leadership, however, as a new trend of the twenty-first-century challenges also arose. These challenges were resulting in an organization lacking direction and being swallowed in the same rigid old ways of management.

Regarding the Sustainable Leadership Framework that can be used in healthcare, the findings indicated the need to engage and recognize the input of every staff member as this will contribute to a diversified pool of ideas leading to better organizational performance. Sustainable leaders should be visionaries and equipped for any upcoming shortcomings, which the solution may be embedded in teamwork and having good working relations with the staff.

Hospitals have a great impact on the community they operate in and if they do not practice sustainability the very oath, they abide by to heal these communities become invalid as they become the cause behind most of the diseases. So having discussed the findings the next chapter will focus on the conclusion of the entire research and offer recommendations for the study.

## **Chapter 6**

### **Conclusion and Recommendations**

#### **6.1. Introduction**

This Chapter contains the summary of the research study and recommendations. The results of this qualitative study have been presented and discussed in the previous chapters. The current chapter aims to find the extent to which the research objectives were met by the findings. The chapter will begin by giving the summary of the main findings and then followed by the conclusions and lastly the recommendations. The main aim of the study was to explore the Sustainable Leadership of Top Management Team (TMT) in a healthcare organization and Ermelo Regional Hospital in Gert Sibande District in Mpumalanga.

#### **6.2. Overview of the study**

In this exploratory qualitative research, the main research objective was to examine the Sustainable Leadership practices adopted by Top Management Team of Ermelo Regional Hospital in Gert Sibande District. This main objective was divided into the following research objectives as highlighted below:

1. To explore the practices of Sustainable Leadership adopted by Top Management Team (TMT) at Ermelo Regional Hospital in Gert Sibande District?
2. To examine factors which enhances the practice of Sustainable Leadership by Top Management Team according to the views of top management at Ermelo Regional Hospital in Gert Sibande District
3. To identify the factors which impede the practice of Sustainable Leadership by Top Management Team at Ermelo Regional Hospital in Gert Sibande District
4. To propose a framework of Sustainable Leadership in a health care organization.

In this study, members of the TMT at Ermelo hospital top were the participants. Purposive sampling was utilized by the researcher to ensure that the participants selected fell under the Ermelo hospital top management team. Therefore, the participants were selected on the basis that they were employees of Ermelo Regional Hospital and part of the top management team.

The participants were also in a position to talk willingly and honestly regarding the subject matter. The total expected number to be interviewed was supposed to be 15 however due to COVID-19 restrictions and a strict health protocol at the Ermelo Regional Hospital, only 8 participants were utilized in the data-gathering exercise.

With the aid of an interview guide, in-depth, semi-structured interviews were carried out with the 8 members of the Ermelo Regional Hospital's Top Management Team. The interviews were audio-recorded to enhance the accuracy of data, and this was done after seeking consent to do so from the participants. The interviews were also carried out face to face, observing the COVID-19 regulations. Before analyzing the data gathered the audio recordings were transcribed. Thematic analysis was then made use of to identify recurring patterns by the Top Management Team in leadership roles in the management of Ermelo Regional Hospital departments. During the analysis, themes were identified that reflected on the practices of Sustainable Leadership adopted by the Top Manager, factors that enhance or impede Sustainable Leadership at Ermelo Regional Hospital, and the Sustainable Leadership framework that can be used in healthcare.

The key results of the study are that Ermelo Regional Hospital's Top Management has got various practices of Sustainable Leadership in play. There is staff development at Ermelo Regional Hospital through training across the various existing departments. Leaders are also encouraged to be part of the organization and exert their whole effort towards its sustainability. The labour relations between the management and the staff at Ermelo Regional Hospital are also good and this creates a sense of shared responsibility and there is to some extent a succession plan in place to preserve the organizational culture. However, the succession plan was found to be influenced by nepotism and corruption.

Furthermore, at Ermelo Regional Hospital, the staff are valued, equitably treated, and working within the stipulated labour hours. Ermelo Regional Hospital also has adopted a long-term organizational plan found to be affecting the present performance of the organization. Environmental preservation one of the pillars of sustainability is highly neglected by Ermelo Regional Hospital's leadership. This has been found to cause more diseases in the community than they cured. Also, Ermelo Regional Hospital does not give enough time to address problems society face. Staff management is mostly crippled by autocratic leadership taking

prevalence above all the other leadership styles. However, team-building exercises are present to encourage teamwork.

On factors that enhance or impede Sustainable Leadership at Ermelo Regional Hospital, different leadership styles seemed to be aiding in sustainability though autocratic leadership dominated. Top management also gave their support in the staff development initiatives leading to clear communication and enhanced organizational performance. However, the management was rigid and ignorant towards change holding fast to the old way of leadership, not up to date to address the transformed healthcare sector. Developmental programmes were also not seen through, and the Ermelo Regional Hospital had lack of the basic resources essential for the sustainability of the organization.

With regards to the Sustainable Leadership framework that can be used in healthcare, the Ermelo interviewees emphasized the need to have a democratic leadership style dominating all the departments. The need for engaging the employees often through regular meetings was also emphasized as this resulted in a work setting where effective communication becomes the norm and challenges are timeously addressed.

The study's basic limitation is that it only included a small sample which makes it not possible to generalize the findings. The study again concentrated on a small area which is Gert Sibande District. Furthermore, the expected sample size of 15 was not reached as most of the Top Management at Ermelo Regional Hospital were reluctant to talk to the researcher because of the health protocol put in place due to the pandemic leaving the sample size at 8 participants, whom the results to be generalized on the entire population was based.

### **6.3. General conclusions of the study**

The above is the summary of the study in mind and the following are the conclusions:

- The top management team at Ermelo regional hospital has various skills development initiatives in place which to some extent impact the needed change but in most instances are not completed or given the desired attention to ensure they come to desired fruition.

- Ermelo Regional Hospital's leaders are encouraged to be a part of the bigger organization treating employees fairly to attain organizational sustainability.
- Labour relations are good at the hospital with succession plans in place however these very succession plans lack transparency and are crippled by corruption as well as nepotism.
- Ermelo Regional Hospital has a long-term organizational plan which was found to be causing the neglecting of the present organizational problems and desire for immediate solutions.
- The Ermelo Regional Hospital also has little tolerance for the society and the environment they operate in. Society was found given little attention and environmental preservation was not a priority to the Ermelo Regional Hospital's Top Management.
- There is the use of all Leadership styles at Ermelo Regional Hospital however the autocratic leadership style was utilized more by the Top Management, despite the need for a democratic leadership style.
- Teamwork was also encouraged with the Top Management of Ermelo Regional Hospital, and they offered their support to the staff members to boost their morale. However, they did not see through that the programmes or initiatives they supported were completed.
- The Ermelo Regional Hospital's leadership was found to be rigid and ignorant of the changing healthcare sector which resulted in the ineffective old management approach.
- Lack of basic resources to oversee programmes through and address the daily hospital needs to be crippled the organization's prowess to perform at its best affecting Sustainable Leadership in turn.

#### **6.4. Study recommendations**

The following are the recommendations based on the study's findings:

- Ermelo Regional Hospital should reconsider its position and adopt zero tolerance for environmental contamination. As a healthcare organization, it can adopt Eco-green visions and sustainable food practices to try to balance the sustainability system of the hospital.

- Democratic or shared leadership should dominate in Ermelo Regional Hospital over any other type of leadership style as this enables efficient communication and creates a harmonized environment to work in between the management and the hospital staff.
- The Ermelo Regional Hospital should devise programmes which engage the community more, taking their contributions and complaints into viewpoint giving more attention to them.
- The hospital should also put in place a board or committee which investigates the corruption and nepotism found within the organization and rectify this error which dearly costs the organization in terms of efficient leaders.
- Mentorship and educating future organizations should be made a norm at the hospital as this will preserve the sustainable culture as it is passed from one leader to the next.
- Given that the healthcare sector has become a dynamic environment, a flexible organization plan should also be created that considers both the short and long-term plan.

Above all, the Ermelo Regional Hospital should follow the recommendations stated below without any priority order assisted by Mpumalanga Department of Health

The ongoing improvement of the quality healthcare (*Crossing the Global Quality Chasm: Improving Health care worldwide*) should be daily work of all health care leaders, the National and Provincial Ministry of Health and Primary Healthcare Boards

1. Ermelo Regional Hospital must implement strategies outlined in the National Department of Health's "*Policy Framework and Strategy for Ward-based Primary Healthcare Outreach Teams*" which forms part of Primary Health care Re-engineering and represents an important milestone in the ongoing efforts to transform healthcare in South Africa.
2. Ermelo Regional Hospital should develop a healthcare quality strategy together with supporting policies and should agree to be held accountable for progress,
3. Ermelo Regional Hospital should adopt goals for achieving high quality care in line with National or Provincial goals.
4. The National Department of Health, Mpumalanga Department of Health should implement accountability mechanisms in line with the United Nations System of accountability.

## **6.5. Areas of Future Study**

The study was purely conducted using qualitative methods and only covered Ermelo Regional Hospital in Gert Sibande. Future studies should consider the use of quantitative or mixed methods to gain access to different perspectives and insights that might have been missed through the qualitative interviews. Further studies can also engage in comparative studies with other District Hospitals in Mpumalanga Province. Future studies should also consider all other bigger hospitals in Mpumalanga Province or South Africa as a whole.

Based on the findings of this study, future studies to understand the culture of Sustainable Leadership should be substantiated. Aspects identified as critical in this study should be examined in other contexts to understand how they have influenced Sustainable Leadership.

## **6.6. Conclusion**

This exploratory study of Sustainable Leadership practices concludes that the Ermelo Regional Hospital's Top Management Team still has got a long way to go when it comes to achieving effective Sustainable Leadership. The results have shown that they are doing their best to strive for sustainable leadership, but there are still areas where they are lacking and that need attention and improvement.

The main pillars of sustainability are not given enough attention by the Ermelo Regional Hospital leaders. Society and the environment are made to suffer because of a lack of efficient management and resources to address these challenges. With such a scenario it becomes near impossible for Sustainable Leadership to be achieved. It then becomes paramount to adopt measures to enhance organizational and leadership sustainability, to see the continued existence of Ermelo Regional Hospital.

## REFERENCES

- Adejumo O. & Archibong U, 2013, 'Affirmative action in South Africa: Are we creating new casualties?' *Journal of Psychological Issues in Organizational Culture* 3, 14–27. 10.1002/jpoc.21073
- Allio, R. J. (2013). Leaders and leadership - Many theories but what advice is reliable? *Strategy & Leadership*, 41 (1), 4 - 14. doi:10.1106/10878571311290016
- Al-Sawai, A. (2013). Leadership of Healthcare Professionals: Where Do We Stand? *Oman Medical Journal*, 28(4), 285-287.
- Alves J., Peralta S. & Perelman J, 2013, 'Efficiency and equity consequences of decentralization in health: An economic perspective', *Revista Portuguesa de Saúde Pública* 31, 74–83. 10.1016/j.rpsp.2013.01.002
- Amanchukwu, R. N, Stanley, G.J and Ololube, N.P. (2015) "A Review of Leadership Theories, Principles and Styles and Their Relevance to Educational Management," *Management*, vol. 5, no. 1, pp. 6–14,
- Antrobus, S. (2003) What is political leadership? *Nursing Standard*, 17 (4), 40–44.
- Ambec, S., & Lanoie, P. (2008). Does it pay to be green? A systematic overview. *The Academy of Management Perspectives*, 22(4), 45–62.
- Amui, L.B.L., Jabbour, C.J.C., de Sousa Jabbour, A.B.L., Kannan, D., (2017). Sustainability as a dynamic organizational capability: a systematic review and a future agenda toward a sustainable transition. *J. Clean. Prod.* 142 (1), 308-322.
- Appelbaum, S (2015) "Organizational outcomes of leadership style and resistance to change (Part One)," *Ind. Commer. Train.*, 47(2), 73–80
- Aufegger, L., Alabi, M., Darzi, A. and Bicknell, C., (2020). Sharing leadership: current attitudes, barriers and needs of clinical and non-clinical managers in UK's integrated care system. *BMJ Leader*, pp. leader-2020.
- Avery, G., (2005). *Leadership for Sustainable Futures: Achieving Success in a Competitive World*. Edward Elgar Publishing.
- Avery, G., Bergsteiner, H., (2011). *How BMW successfully practices Sustainable Leadership*

principles. *Strat. Leader.* 39 (6), 11e18. <https://doi.org/10.1108/10878571111176583>.

Avery, G. C., & Bergsteiner, H. (2011). Sustainable Leadership practices for enhancing business resilience and performance. *Strategy & Leadership*, 39(3), 5–15.

Baker P, 2010, 'From apartheid to neoliberalism: Health equity in post-apartheid South Africa', *International Journal of Health Services* 40, 79–95

Barr, J., & Dowding, L. (2012). *Leadership in health care*. London: Sage Publications Limited.

Barron P. & Padarath A, 2017, *Twenty years of the South African Health Review*, South African Health Review 2017, Health Systems Trust, Durban.

Berchicchi, L., Dowell, G., & King, A. A. (2012). Environmental capabilities and corporate strategy: Exploring acquisitions among US manufacturing firms. *Strategic Management Journal*, 33(9), 1053–1071.

Belyh, A (2020). Understanding the definition and purpose of strategic leadership. Blog

Blau, P. (2017). *Exchange and Power in Social Life*. Routledge

Boal, K.B.; Hooijberg, R. Strategic leadership research: Moving on. *Lead. Quart.* **2001**, *11*, 515–549. [[Google Scholar](#)] [[Cross Ref](#)]

Boone, 2012. *Creating a culture of sustainability*.

Brown, M.E. & Treviño, L.K. (2006). Ethical leadership: A review and future directions. *The Leadership Quarterly*, 17(6), 595–616.

Burawat, P., 2019. The relationships among transformational leadership, Sustainable Leadership, lean manufacturing, and sustainability performance in Thai SMEs manufacturing industry. *Int. J. Qual. Reliable. Manag.*, 09-2017-0178 <https://doi.org/10.1108/IJQRM-09-2017-0178>.

Burger R. & Jafta R, 2010, *Affirmative action in South Africa: An empirical assessment of the impact on labour market outcomes* Crise Working Paper No. 76, Crise working paper, Stellenbosch University, Stellenbosch

Casserley, T. & Critchley, B. (2010), "A New Paradigm of Leadership Development. Industrial and Commercial Training", 42, 287-295.

Casserley, T. & Megginson, D. (2008), *Learning from Burnout: Developing Sustainable Leaders and Avoiding Career Derailment*, Oxford: Elsevier.

Chaudhary, R., 2019. Corporate social responsibility perceptions and employee engagement: role of psychological meaningfulness, safety and availability. *Corp. Govern.: The International Journal of Business in Society* 19 (4), 631-647.

Chassin M.R. & Loeb J.M, 2013, 'High-reliability health care: Getting there from here', *The Milbank Quarterly* 91, 459–490. 10.1111/1468-0009.12023

Chen, C., Liao, J., Wen, P., 2014. Why does formal mentoring matter? The mediating role of psychological safety and the moderating role of power distance orientation in the Chinese context. *Int. J. Hum. Resour. Manag.* 25 (8), 1112-1130.

Cherry, k (2020) Leadership Styles and Frameworks You Should Know. Blog

Chiniara, M. and Bentein, K. 2016. Linking servant leadership to individual performance: Differentiating the mediating role of autonomy, competence and relatedness need satisfaction. *The Leadership Quarterly*, 27(1), pp.124-141.

Chioma, A. Uche, A.L and Ebikeseye, B, (2017). "Leadership Styles as a Predictor of Employees' Motivation and Commitment," *Adv. Res. J. Multidisciplinary Discov.*, 16 (1), 12–18

Coovadia H., Jewkes R., Barron P., Sanders D. & McIntyre D, 2009, 'The health and health system of South Africa: Historical roots of current public health challenges', *Lancet* 374, 817–834. 10.1016/S0140-6736(09)60951-X

Coleman, S., & Bourne, M. (2018). *Project leadership: skills, behaviors, knowledge, and values*. Association for Project Management.

Crews, D.E. (2010), "Strategies for implementing sustainability: Five leadership challenges", *SAM Advanced Management Journal*, 75 (2),15-21.

Crossman, J. (2011). Environmental and spiritual leadership: Tracing the synergies from an organizational perspective. *Journal of Business Ethics*, 103(4), 553–565.

Daly, J. Jackson, D. Judy Mannix, J. Patricia M Davidson, P.M and Marie Hutchinson, M, (2014). The importance of clinical leadership in the hospital setting. *Journal of Healthcare leadership*.

Davies, B. (2007). *Developing Sustainable Leadership*. London: Sage Publications.

de Sousa Jabbour, A.B.L., Vazquez-Brust, D.A., Ribeiro, D.A., Jabbour, C.J.C., 2019. The interplay between stakeholders, resources, and capabilities in climate change strategy: converting barriers into cooperation. *Bus. Strat. Environ.* 1e25. <https://doi.org/10.1002/bse.2438>.

Doherty J, Gilson L and Shung-King M, (2018) Achievements and challenges in developing health leadership in South Africa: the experience of the Oliver Tambo Fellowship Programme 2008–2014. *Health Policy and Planning*, 33(2), 50-60.

dos Santos, M., Howard, D., Kruger, P., Banos, A. and Kornik, S. (2019) Climate change and healthcare sustainability in the Agincourt Sub-District, Kruger to canyons biosphere region, South Africa. *Sustainability*, 11(2), 496.

Drath, W. H., McCauley, C. D., Palus, C. J., Van Velsor, E., O'Connor, P. M. G., & McGuire, J. B. (2008). Direction, alignment, commitment: Toward a more integrative ontology of leadership. *The Leadership Quarterly*, 19(6), 635-653. <https://doi.org/10.1016/j.leaqua.2008.09.003>

Dunjwa M, 2016, Public health facilities audit results: Office of Health Standards Compliance (OHSC) briefing, Parliamentary Monitoring group, Pretoria, South Africa.

Educational Leadership and Pierre Bourdieu (Critical Studies in Educational Leadership, Management and Administration) 2017- P Thomson.

Eichbaum, Q., 2018. Collaboration and teamwork in the health professions: rethinking the role of conflict. *Acad. Med.* 93 (4), 574-580.

Fable, N., Jorna, R., & Van Engelen, J. (2005). The sustainability of sustainability: A study into the conceptual foundations of the notion of the notion of sustainability. *Journal of Environmental Assessment Policy & Management*, 7(1), 1–33.

Fandt, P.M. & Quirk, M.P. (2000) *The 2nd Language of Leadership*. Preface. N.J. Lawrence Erlbaum Associates, Mahwah, [www.questia.com](http://www.questia.com).

Farooq, M., (2016, October). Sustainable Leadership practices in higher education institutions: an analytical review of literature. In: *International Symposium on Chaos, Complexity and Leadership*. Springer, Cham, 235-245.

Fergusson, S. (2004) Developing nurse leaders for today and tomorrow. *Nursing Management*, 10 (9), 8–9.

Francis, H., Holbeche, L., and Reddington, M. (2012), *People and Organisational Development: A new agenda for organisational effectiveness*, London: Chartered Institute of Personnel and Development.

Franks P.E, 2014, Dealing with the ‘soft’ issues that undermine service delivery at all levels, University of Stellenbosch, Stellenbosch.

Frazier, M.L., Fainshmidt, S., Klinger, R.L., Pezeshkan, A., Vracheva, V., 2017. Psychological safety: a meta-analytic review and extension. *Person. Psychol.* 70 (1),113-165.

Fusch, P. I., 2015. Are we there yet? Data Saturation in Qualitative Research.

Gaan, N., Mohanty, P., 2019. On passion & Sustainable Leadership: personal & organizational outcomes in India. *Indian J. Ind. Relat.* 54 (3), 541-551.

Garavan, T., Gubbins, C., Hogan, C., and Woodlock, M. (2007) “Transitioning to a strategically aligned HRD function: The case of a health services organisation”, in Sambrook, S., and Stewart, J. (Ed.), *Human Resource Development in the Public Sector: The case of health and social care*, Oxon: Routledge.

Głód, M (2018) Transformational leadership style in the relationship between innovation and efficiency of healthcare units in Poland, *Oeconomia Copernicana*, 9 (4), 731–753.

Goh, C. Y and Malliga Marimuthu, M (2015). *The Path towards Healthcare Sustainability: The Role of Organizational Commitment*. Faculty of Business, Multimedia University, Malaysia

Gordon, P (2017). *The Pillars of Sustainability: A Transforming World*. Blog

Govender, S., Proches, C.N.G. and Kader, A. (2018) Examining leadership as a strategy to enhance health care service delivery in regional hospitals in South Africa. *Journal of multidisciplinary healthcare*, 11,157.

Hallinger, P., Suriyankietkaew, S., 2018. Science mapping of the knowledge base on Sustainable Leadership, 1990e2018. *Sustainability* 10 (12), 4846.

Hambrick, D.C (2018). Upper Echelons Theory DOI: [https://doi.org/10.1057/978-1-137-00772-8\\_785](https://doi.org/10.1057/978-1-137-00772-8_785)

Hambrick, D. C., & Quigley, T. J. (2014). Toward more Accurate Contextualization of the CEO Effect on Firm Performance. *Strategic Management Journal*, 35 (4), 473– 491

Hansen, S.D., Dunford, B.B., Alge, B.J., Jackson, C.L., (2016). Corporate social responsibility, ethical leadership, and trust propensity: a multi-experience model of perceived ethical climate. *J. Bus. Ethics* 137 (4), 649-662.

Hargreaves, A., Fink, D., (2012). *Sustainable Leadership*, 6. John Wiley & Sons.

Hargreaves, A. (2007). Sustainable Leadership and development in education: Creating the future, conserving the past. *European Journal of Education*, 42(2), 223–233.

Hargreaves, A., & Fink, D. (2006). *Sustainable Leadership*. San Francisco: Jossey Bass. Ithaaat Journal. Issued by Saudi Consulate in Jordan.

Hargreaves, A., and Fink, D. (2011), ‘Succeeding Leaders: Supply and Demand’ In: White, R.E., and Cooper, K. (eds.) *Principals in Succession: Transfer and Rotation in Educational Administration*. [online] Available at: [http://ezproxy.napier.ac.uk:3718/static/pdf/459/bok%253A978-94-007-1275-1.pdf?auth66=1383925785\\_f5e8ef634ba18f62d23680f5222db5f4&ext=.pdf](http://ezproxy.napier.ac.uk:3718/static/pdf/459/bok%253A978-94-007-1275-1.pdf?auth66=1383925785_f5e8ef634ba18f62d23680f5222db5f4&ext=.pdf) [Accessed 6th November 2013] [DOI: 10.1007/978-94-007-1275-1\_3]

Hendricks S.J.H., Buch E., Seekoe E., Bossert T. & Roberts M, (2014). ‘Decentralisation in South Africa: Options for District Health Authorities in South Africa’, *South African Health Review*, 4, 59–71.

Heywood. M, (2014). *The broken thread: Primary health care, social justice and the dignity of the health worker*, 2014 edn., Wits Political Studies Department, Pretoria

Inhabitat (2012). New Zealand's Whanganui River is Granted Legal Personhood Status (article by Kristine Lofgren) <http://inhabitat.com/new-zealands-whanganui-river-is-granted-legal-personhood-status/> (accessed September 7, 2012).

Iqbal Q, Ahmad H. N, Nasim A and Rehman Khan S.A (2018). A moderated-mediation analysis of psychological empowerment: Sustainable Leadership and sustainable performance

Jafri, M. H. (2015). Increasing employee performance through improved sense of ownership and fulfilment of expectations. *Management Today*, 5(2), 22–31.

Jamaludin, N.H., Habidin, N.F., Shazali, N.A., Ali, N. and Khaidir, N.A., 2013. Exploring sustainable healthcare service and sustainable healthcare performance: based on Malaysian healthcare industry. *Journal of Sustainable Development Studies*, 3(1).

Jaleha, A.A and Machuki, V.N (2018). School of Business, University of Nairobi, Kenya  
Doi:10.19044/esj.2018.v14n35p124 URL:<http://dx.doi.org/10.19044/esj.2018.v14n35p124>

Jasper, M. (2002) Nursing roles and nursing leadership in the New NHS – changing hats, same heads. *Journal of Nursing Management*, 10 (2), 1–3.

Jeremy, P.S (2014). Power balance in the healthcare system. Blog

Jumaa, M.O. (2001) Enhancing Individual Learning and Organisational Capability Through Learning Projects and Developmental Interventions. Unpublished Doctorate Research Project Report in Strategic Leadership and Learning in Nursing and Healthcare, part of a Doctor of Professional Studies (DProf), through work-based learning, Middlesex University, London.

Juneja P. Self-assessment for Leadership: Assessing the strengths and vulnerabilities for improving leadership effectiveness.

Jutras, C. (2009). The ROI of sustainability: making the business case available at: [www.aberdeen.com/summary/report/benchmark/5908-RA-sustainability-environmental-stewardship](http://www.aberdeen.com/summary/report/benchmark/5908-RA-sustainability-environmental-stewardship).

Kama Z.S, 2017, 'An evaluation of access to health care: Gugulethu Community Health Clinic', Master of Technology, Faculty of Business Cape Peninsula University of Technology, Cape Town

- Kantabutra, S. and Avery, G.C. (2002), "Proposed model for investigating relationships between vision components and business unit performance", *Journal of Management and Organization*, Vol. 8 No. 2, pp. 22-39.
- Kantabutra, S., and Saratun, M. (2013) Sustainable Leadership: Honeybee practices at Thailand's oldest university. *International Journal of Educational Management*, 27 (4), 356-376.
- Khan, S.A.R., Qianli, D., 2017. Impact of green supply chain management practices on firms' performance: an empirical study from the perspective of Pakistan. *Environ. Sci. Pollut. Control Ser.* 24 (20), 16829e16844.
- Khan, S.A.R., Yu, Z., 2019. *Strategic Supply Chain Management*. Springer, Switzerland
- Khan, M.S., Khan. I., Qureshi, Q.A., Ismail, H.M., Rauf, H. and Latif, A. (2015) The Styles of Leadership: A Critical Review, *Public Policy Adm. Res.*, 5 (3), 87–92
- Kirrane, M., Kilroy, S., O'Connor, C., 2019. The moderating effect of team psychological empowerment on the relationship between abusive supervision and engagement. *Leader. Organ. Dev. J.*, 07-2018-0252 <https://doi.org/10.1108/LODJ-07-2018-0252>.
- Koelble T.A. & Siddle A, 2014, 'Institutional complexity and unanticipated consequences: The failure of decentralization in South Africa', *Democratization* 21, 1117–1133. 10.1080/13510347.2013.784270
- Lambert, S. (2011). Sustainable Leadership and the implication for the general further education college sector. *Journal of Further and Higher Education*, 35(1), 131–148.
- Laine, M. (2010). The nature of nature as a stakeholder. *Journal of Business Ethics*, 96, 73–78.
- Larwood, L., Falbe, C.M., Kriger, M.R. and Miesling, P. (1995), Structure and meaning of organizational vision, *Academy of Management Journal*, 38(3), 740-69.
- Leitch, C. and Stead, V., 2016. Special issue of leadership: Gender and leadership. *Leadership*, 12(1), pp.127-128.
- Liu, S., Hu, J., Li, Y., Wang, Z., Lin, X., 2014. Examining the cross-level relationship between shared leadership and learning in teams: evidence from China. *Leader. Q.* 25 (2), 282-295.

Lord, R. G, Devlin, S. H, Caldwell, C. O, & Kass, D. (2016). Leadership in the National Football League: Do Leaders Make a Difference? In *Leadership Lessons from Compelling Contexts. Monographs in Leadership and Management*, 8, 29 - 66

M. Williams - Ethical clearance – just a rubber stamp?

Maak, T., & Pless, N. M. (2006). Responsible leadership in a stakeholder society: A relational perspective. *Journal of Business Ethics*, 66(1), 99–115.

Malakoane B et al. 2020. Public health system challenges in the Free State, South Africa: a situation appraisal to inform health system strengthening

Managa A, 2012, Unfulfilled promises and their consequences: A reflection on local government performance and the critical issue of poor service delivery in South Africa, Policy Brief: Africa Institute of South Africa, Pretoria.

Mastrangelo, A., Eddy, E., & Lorenzet, S. (2014). The relationship between enduring leadership and organizational performance. *Leadership & Organization Development Journal*, 35(7), 590-604. doi:10.1108/LODJ-08-2012-0097

Marcus, A. A., & Fremeth, A. R. (2009). Green management matters regardless. *Academy of Management Perspectives*, 23(3), 17–26.

Mayer, J.D., Salovey, P. and Caruso, D.R., 2008. Emotional intelligence: New ability or eclectic traits?. *American psychologist*, 63(6), p.503.

McCann, J., Holt, R., 2010. Servant and Sustainable Leadership: an analysis in the manufacturing environment. *Int. J. Manag. Pract.* 4 (2), 134e148

McCleskey, J. (2014). Situational, Transformational, & Transactional Leadership and Leadership Development. *Journal of Business Studies Quarterly*, 5(4), 117-130.

Mcintyre D. & Klugman B, 2003, 'The human face of decentralisation and integration of health services: Experience from South Africa', *Reproductive Health Matters* 11, 108–119. 10.1016/S0968-8080(03)02166-9

Metcalf, L. and Benn, S. – *Journal of Business Ethics*, 2013. Leadership for Sustainability: An evolution of Leadership ability.

Mogashoa M.G. & Pelsler G.P, 2014, 'An analysis of the implementation of the national core standards in public hospitals', *African Insight* 44, 142–147

Mokoele M.S, 2012, 'The impact of the undocumented immigrants on the provision of housing, job opportunities and health facilities in Limpopo Province: A case study of Polokwane Municipality', Master's Degree, University of Limpopo.

Moyakhe N.P, 2014, 'Quality healthcare: An attainable goal for all South Africans', *South African Journal of Black Leadership* 7, 80–83. 10.7196/sajbl.355

Mukwakungu S. C. A review on the impact of leadership in healthcare: South African context

Nanjundeswaraswamy, T. S and D. R. Swamy, D.R (2014) "Leadership styles," *Adv. Manag.*, 7(2), 57–62.

National Institute of Health: Crossing the Global Quality Chasm: Improving Health care worldwide

Nevhutalu H.K, 2016, 'Patients' rights in South Africa's public health system: Moral-critical perspectives', PhD Degree in Philosophy, University of Stellenbosch.

Newman, A., Donohue, R., Eva, N., 2017a. Psychological safety: a systematic review of the literature. *Hum. Resour. Manag. Rev.* 27 (3), 521-535.

Newman, A., Schwarz, G., Cooper, B., Sendjaya, S., 2017b. How servant leadership influences organizational citizenship behaviour: the roles of LMX, empowerment, and proactive personality. *J. Bus. Ethics* 145 (1), 49-62.

Ngomane T.S, 2010, 'The socio-economic impact of migration in South Africa: A case study of illegal Zimbabweans in Polokwane Municipality in the Limpopo Province', Master's Degree, University of Limpopo.

NHS Leadership Centre (2003) The NHS Leadership Qualities Framework. [www.nhsleadershipqualities.nhs.uk](http://www.nhsleadershipqualities.nhs.uk). Accessed 21 July 2004.

Nzuzo, Z. A., 2020. An evaluation of Healthcare Quality Management Strategy: A case study of the City of Ekurhuleni.

Oladipo J.A, 2014. Utilization of health care services in rural and urban areas: A determinant factor in planning and managing health care delivery systems, *African Health Sciences* 14, 322–333. 10.4314/ahs.v14i2.6

Oliver Tambo Fellowship Programme (2008). Postgraduate Diploma in Health Management. Mentorship Programme outline. (Unpublished)

Olivier, A. (2012). How ethical is leadership? *Leadership*, 8(1), 67–84.

Paauwe, J. (2009), “HRM and Performance: Achievements, methodological issues and prospects”, *Journal of management studies*, 46(1), 129-142.

Peng, Y. S., & Lin, S. S. (2008). Local responsiveness pressure, subsidiary resources, green management adoption and subsidiary’s performance: Evidence from Taiwanese manufactures. *Journal of Business Ethics*, 79(1-2), 199–212.

Perrini, F. and Tencati, A. (2006), Sustainability and stakeholder management: the need for new corporate performance evaluation and reporting systems, *Business Strategy and the Environment*, 15, 296-308.

Peterlin, J., Pearse, N. and Dimovski, V., (2015) Strategic decision making for organizational sustainability: The implications of servant leadership and Sustainable Leadership approaches. *Economic and Business Review*, 17(3), 1.

Pihlainen, V., Kivinen, T. & Lammintakanen, J. (2016). Management and leadership competence in hospitals: a systematic literature review. *Leadership in Health Services*, 29(1), 95-110

Pillay R, 2010, ‘The skills gap in hospital management: A comparative analysis of hospital managers in the public and private sectors in South Africa’, *Health Services Management Research: An Official Journal of the Association of University Programs in Health Administration/HSMC*, AUPHA 23, 30–36

Porter, M., & Kramer, M. (2011). The big idea: Creating shared value. *Harvard Business Review*, 1, 64–77.

- Quigley, T. J., & Hambrick, D. C. (2015). Has the “CEO Effect” Increased in Recent Decades? A New Explanation for The Great Rise in America’s Attention to Corporate Leaders. *Strategic Management Journal*, 36 (6), 821–830
- Rai, N. and Thapa, B., 2015. A study on purposive sampling method in research. *Kathmandu: Kathmandu School of Law*, 1-12.
- Rehman, S., Sami, A., Haroon, A., Irfan, A., 2019. Impact of Sustainable Leadership practices on public sector organizations: a systematic review of past decade. *Journal of Public Value and Administration Insights*, 2 (3), 1-5.
- Rupp, D.E., Shao, R., Thornton, M.A., Skarlicki, D.P., 2013. Applicants’ and employees’ reactions to corporate social responsibility: the moderating effects of first-party justice perceptions and moral identity. *Person. Psychol.* 66 (4), 895-933.
- Sadeghi, A. & Pihie, Z. (2012). Transformational leadership and its predictive effects on leadership effectiveness. *International Journal of Business and Social Science*, 3(7), 186-197.
- Samarakoon, K. B (2019). leadership styles for healthcare.  
<http://dx.doi.org/10.29322/IJSRP.9.09.2019.p9308>
- Samimi, M., Cortes, A. F., Anderson, M. H., & Herrmann, P. (2020). What is strategic leadership? Developing a framework for future research. *The Leadership Quarterly*, 101353.
- Samukange, T. (2014, May 15). Effective strategic leadership key to organizational success. *Newsday*. Retrieved from <https://www.newsday.co.zw/2014/05/effectivestrategic-leadership-key-organizational-success/>
- Sarto F, Veronesi G. Clinical leadership, and hospital performance: assessing the evidence base. *BMC Health Serv Res*, 16(2):169.
- Sfantou, D., Laliotis, A., Patelarou, A., Sifaki- Pistolla, D., Matalliotakis, M. & Patelarou, E. (2017). Importance of Leadership Style towards Quality-of-Care Measures in Healthcare Settings: A Systematic Review. *Healthcare*, 5(4), 73.
- Shoemaker, P. J. H., Krupp, S., & Howland, S. (2013). Strategic Leadership: The Essential Skills. *Harvard Business Review*, 91 (1 – 2), 131 - 134

Siddle A.M, 2011, 'Decentralisation in South African Local Government: A critical evaluation', Degree of Doctor of Philosophy, Doctoral thesis, University of Cape Town.

Sithole S. & Mathonsi N, 2015, 'Local governance service delivery issues during Apartheid and post-Apartheid South Africa', in Ijeoma E. (chief ed.), *Africa's Public Service Delivery and Performance Review* 3, 5–30.

Sfantou, D. Laliotis, A. Patelarou, A. Sifaki, D. Pistolla, M. Matalliotakis, and E. Patelarou, (2017). "Importance of Leadership Style towards Quality-of-Care Measures in Healthcare Settings: A Systematic Review," *Healthcare*, 5(4), 73.

Sharen C (2015). 6 Components of #Strategic Leadership. Blog

Shriberg, M. (2002). Institutional assessment tools for sustainability in higher education: Strengths, weaknesses, and implications for practice and theory. *International Journal of Sustainability in Higher Education*, 3(3), 254–270.

Shrivastava, P., 1995. The role of corporations in achieving ecological sustainability. *Acad. Manag. Rev.* 20 (4), 936-960.

Shung-King, M., Gilson, L., Mbachu, C., Molyneux, S., Muraya, K.W., Uguru, N. and Govender, V., 2018. Leadership experiences and practices of South African health managers: what is the influence of gender? A qualitative, exploratory study. *International journal for equity in health*, 17(1), pp.1-12.

Slankis, E., 2006. Sustainable thinking, Sustainable Leadership-the new E.Q. Leadership, 2006. Retrieved from. <http://www.rayberndtson.com/>.

Strand, R. (2014). Strategic Leadership of Corporate Sustainability, *Journal of Business Ethics*, 123 (4), 687–706

Stuckler D., Basu S. & Mckee M, 2011, 'Health care capacity and allocations among South Africa's provinces: Infrastructure-inequality traps after the end of Apartheid', *American Journal of Public Health* 101, 165–172. 10.2105/AJPH.2009.184895

Tana V.V, 2013, 'Experiences of chronic patients about long waiting time at a community health care centre in the Western Cape', Master of Nursing Sciences in the Faculty of Health, University of Stellenbosch

Teodorescu Ana Maria, 2012 Quality of life and the effects of environmental issues on health, *Annals of University of Craiova - Economic Sciences Series*, 1(40), 122.

Tohl, J.S, Pete, P and Anikato, S (2016). Leadership in a healthcare setting. Unpublished paper

Toyana M. & Auriacombe C.J, 2013, 'Considerations for the implementation of the National Health Insurance: Health worker shortages', *Administratio Publica* 22, 62–219.

Turok I, 2012, Urbanisation and development in South Africa: Economic imperatives, spatial distortions and strategic responses, Human Settlements Group, International Institute for Environment and Development.

Tuan, L.T. (2012), An air-flight ticket agency with Sustainable Leadership, *Journal of management and sustainability*, 2 (1), DOI: 10.5539/jms. v2n1p210.

Whaley, A. & Gillis, W. (2018). Leadership development programs for health care middle managers. *Health Care Management Review*, 43(1), 79-89.

Winchester M.S. & King B, (2018). Decentralization, healthcare access, and inequality in Mpumalanga, South Africa, *Health & Place* 51, 200–207. 10.1016/j.healthplace.2018.02.009

Yang, J., Gu, J., & Liu, H., (2019). Servant leadership and employee creativity: the roles of psychological empowerment and worker family conflict. *Curr. Psychol.* 38 (6), 1417e1427.

Young M, (2016). 'Private vs. public healthcare in South Africa', Honors thesis, Western Michigan University

Yukl, S. (2013). *Leadership in Organizations* (8th ed.). England: Pearson Education Limited.

Z. A. Nzuzo - An Evaluation of Healthcare Quality Management strategy: A case study of the City of Ekurhuleni.

Zhang, X., Shen, L., &Wu, Y., (2011). Green strategy for gaining competitive advantage in housing development: A China study. *J. Clean. Prod.* 19, 157-167.

Zenoh A, et al. Bacteriuric Profiles and CD4 Counts of Human Immuno-Deficient Virus (HIV) Seropositive Individuals Seeking Care in a Nigerian Health Facility.

## **Appendix 1**

### **INTERVIEW GUIDE**

**In this study, Sustainable Leadership means the ability of an individual to influence others to continue to adapt and meet the new challenges and complexities in the short term and changing contexts in ways which does not compromise future organizational and societal needs.**

#### **Interview Questions:**

#### **Objective 1: PRACTICES OF SUSTAINABLE LEADERSHIP ADOPTED BY TOP MANAGERS**

##### **FOUNDATIONAL PRACTICE**

1. According to you, how do leaders at Ermelo Regional Hospital develop people? Give me example?
2. How are the labour relations of leaders at this hospital? Give me examples of how they deal with labour related conflicts?
3. According to you, what do leaders do to retain people at all levels? Give me clear examples
4. In what way is succession planning done in this hospital? Tell me examples of how this is done or not?
5. In your view, how does the CEO and top management value staff? Give me clear examples
6. In what way is ethical behaviour enhanced or impeded in this hospital? Please elaborate with examples
7. According to you, do you think the leaders adopt a long- or short-term perspective to issues at this hospital? Give examples to support your views
8. In what way do the practices of leaders show their concern or lack of responsibility for the environment? Please tell me some examples
9. How do the activities and behaviours of leaders indicate value of people and the community or lack of it?
10. In what way are leaders using the vision in leading the hospital? Give examples

##### **HIGHER LEVEL PRACTICES**

11. According to you, how is the decision making by leaders at this hospital? Please give me clear examples

12. Do you think staff are self-managed or managed by the managers at this hospital? Give me clear examples?
13. Clearly indicate what leaders are doing which is helping or impeding people to work in teams in this hospital?
14. What type of organisational culture prevails in this hospital among employees? What are the examples of this culture?
15. What practices are used for knowledge sharing and retention in this hospital?
16. What are the leaders doing to ensure trust and good will? What are the results of these practices at Ermelo Regional Hospital?

**Objective 2: Factors that ENHANCE Sustainable Leadership**

17. According to you, what are the factors which enhance the practice of Sustainable Leadership at Ermelo Regional Hospital? Give me an example of each factor
18. What are the three top factors which enable the leaders to practice Sustainable Leadership? Why are these important at Ermelo Regional Hospital?

**Objective 3: Factors that IMPEDE the practice of Sustainable Leadership**

19. According to you, what are the factors which impede the practice of Sustainable Leadership at Ermelo Regional Hospital? Give me an example of each factor
20. What are the three top obstacles which impede the leaders to practice Sustainable Leadership? Why are these important at Ermelo Regional Hospital?

**Objective 4: Sustainable Leadership FRAMEWORK that can be used in healthcare.**

21. According to you, what should be the key elements for leadership at Ermelo Regional Hospital to be effective as Sustainable leaders? Give me example of these key elements
22. What are the three top aspects which are necessary for the leaders to practice Sustainable Leadership at Ermelo Regional Hospital?
23. What do you think would change if the elements you have proposed form a framework for the practice of Sustainable Leadership in a hospital setting?

**Appendix 2**  
**UKZN HUMANITIES AND SOCIAL SCIENCES RESEARCH ETHICS**  
**COMMITTEE (HSSREC)**

**APPLICATION FOR ETHICS APPROVAL**

For research with human participants

**INFORMED CONSENT FORM**

**UNIVERSITY OF KWAZULU-NATAL**  
**GRADUATE SCHOOL OF BUSINESS AND LEADERSHIP**

Date: 14 - 01 - 2021

Dear Interviewee

My name is Oupa Bodibe from Balfour {Mpumalanga} and I am working for the Department of Education. My contact details are:

Email: [219090534@stu.ukzn.ac.za](mailto:219090534@stu.ukzn.ac.za)

Contact: 0828030744

Cell: 0832673180

My Supervisor is Dr Macdonald Kanyangale and his contact details are:

Email: [Kanyangalem@ukzn.ac.za](mailto:Kanyangalem@ukzn.ac.za)

Contact: 031 260 7934

Cell: 0836329959

The Research Office contact at Graduate School of Business and Leadership is:

Mrs Nokukhanya Mthethwa

Email: [MthethwaN4@ukzn.ac.za](mailto:MthethwaN4@ukzn.ac.za)

Contact: 031 260 1383

You are being invited to consider participating in a study that involves research on Sustainable Leadership of Top Management Team in a healthcare organization. The aim and purpose of this research is to conduct primary research whereby knowledge will be generated to gain insight on the Sustainable Leadership of the top management team in a healthcare organization in South Africa, using Ermelo Regional Hospital in Gert Sibande District as a case study.

The study is expected to enrol 15 top management staff at Ermelo Regional Hospital in Gert Sibande District, Mpumalanga.

It will involve the following procedures:

1. Through sending an email
2. Making calls to book an appointment with the interviewee
3. Conducting interviews through zoom
4. Telephone or under social - distancing conditions at the hospital

The duration of your participation if you choose to enrol and remain in the study is expected to be for one month. The study is not funded.

The study involves no risks and/or discomforts because it's all about Sustainable Leadership of top management staff. The study will provide no direct benefits to participants. No scientific/other benefits are hoped for from the study). Your participation in this project is voluntary

This study has been ethically reviewed and approved by the UKZN Humanities and Social Sciences Research Ethics Committee (approval number: **HSSREC/00001943/2020**).

In the event of any problems or concerns/questions you may contact the researcher at: Email:

[219090534@stu.ukzn.ac.za](mailto:219090534@stu.ukzn.ac.za)

Contact: 0828030744

Cell: 0832673180

or the UKZN Humanities & Social Sciences Research Ethics Committee, contact details as follows:

**HUMANITIES & SOCIAL SCIENCES RESEARCH ETHICS ADMINISTRATION**

**Research Office, Westville Campus**

**Govan Mbeki Building**

Private Bag X 54001  
Durban  
4000

KwaZulu-Natal, SOUTH AFRICA

Tel: 27 31 2604557- Fax: 27 31 2604609

Email: [HSSREC@ukzn.ac.za](mailto:HSSREC@ukzn.ac.za)

Participation in this research is voluntary and participants may withdraw participation at any point. In the event of refusal/withdrawal of participation the participants will not incur penalty or loss of treatment or other benefit to which they are normally entitled. You may withdraw from the project at any time with no negative consequence.

## Appendix 3

# UKZN HUMANITIES AND SOCIAL SCIENCES RESEARCH ETHICS COMMITTEE (HSSREC)

## APPLICATION FOR ETHICS APPROVAL

For research with human participants

## CONSENT FORM

### UNIVERSITY OF KWAZULU-NATAL GRADUATE SCHOOL OF BUSINESS AND LEADERSHIP

I \_\_\_\_\_(Name) have been informed about the study entitled “**Exploring the Sustainable Leadership of the Top Management Team (TMT) in a healthcare organization: A case study of Ermelo Regional Hospital in Gert Sibande District.**” by Mr. Oupa Bodibe).

I understand the purpose and procedures of the study to conduct primary research whereby knowledge will be generated to gain insight on the Sustainable Leadership of the top management team in a healthcare organization in South Africa.

I have been given an opportunity to answer questions about the study and have had answers to my satisfaction.

I declare that my participation in this study is entirely voluntary and that I may withdraw at any time without affecting any of the benefits that I usually am entitled to.

I have been informed that there is no compensation for participating in this study.

If I have any further questions/concerns or queries related to the study, I understand that I may contact the researcher at:

Email: [219090534@stu.ukzn.ac.za](mailto:219090534@stu.ukzn.ac.za)

Contact: 0828030744

Cell: 0832673180

If I have any questions or concerns about my rights as a study participant, or if I am concerned about an aspect of the study or the researchers then I may contact:

**HUMANITIES & SOCIAL SCIENCES RESEARCH ETHICS ADMINISTRATION**

**Research Office, Westville Campus**

**Govan Mbeki Building**

Private Bag X 54001

Durban

4000

KwaZulu-Natal, SOUTH AFRICA

Tel: 27 31 2604557 - Fax: 27 31 2604609

Email: [HSSREC@ukzn.ac.za](mailto:HSSREC@ukzn.ac.za)

I hereby provide consent to:

Audio-record my interview / focus group discussion      YES / NO

\_\_\_\_\_

**Signature of Participant**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Signature of Witness**

\_\_\_\_\_

**Date**

**(Where applicable)**

\_\_\_\_\_

**Signature of Translator**

\_\_\_\_\_

**Date**

**(Where applicable)**

## Appendix 4



08 December 2022

**Oupa Phillip Bodibe (219090534)**  
Grad School Of Bus & Leadership  
Westville Campus

Dear OP Bodibe,

**Protocol reference number:** HSSREC/00001943/2020

**Project title:** Exploring the sustainable leadership of top management team (TMT) in a healthcare organization. A case study of Ermelo Regional Hospital in Gert Sibande District

**Amended title:** Exploring the sustainable leadership of the top managers at Ermelo regional hospital.

**Degree:** Masters

### Approval Notification – Amendment Application

This letter serves to notify you that your application and request for an amendment received on 01 December 2022 has now been approved as follows:

- Change in title

Any alterations to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form; Title of the Project, Location of the Study must be reviewed and approved through an amendment /modification prior to its implementation. In case you have further queries, please quote the above reference number.

**PLEASE NOTE:** Research data should be securely stored in the discipline/department for a period of 5 years.

Best wishes for the successful completion of your research protocol.

Yours faithfully

.....  
**Professor Dipane Hlalele (Chair)**

/dd

---

Humanities & Social Sciences Research Ethics Committee  
UKZN Research Ethics Office Westville Campus, Govan Mbeki Building  
Postal Address: Private Bag X54001, Durban 4000  
Tel: +27 31 260 8350 / 4557 / 3587

Website: <http://research.ukzn.ac.za/Research-Ethics/>

Founding Campuses:  Edgewood  Howard College  Medical School  Pietermaritzburg  Westville

**INSPIRING GREATNESS**

## APPENDIX 5



health  
MPUMALANGA PROVINCE  
REPUBLIC OF SOUTH AFRICA

Indvo Building, Government Boulevard, Riverside Park, Ed. 2, Mambela, 1290, Mpumalanga Province  
Private Bag 211 235, Mambela, 1290, Mpumalanga Province  
Tel: +27 (0) 966 2429 Fax: +27 (0) 966 3456

Official e-mail to:

Department of Health

Mr Ruvimbo Mwezi Muzila

Eng: 24-05-2021  
Ref: 24-05-2021\_003

### Provincial Research Approval Letter

Mr Oupa Bodibe  
P. O. Box 579  
Balfour 2110

**TITLE:** EXPLORING THE SUSTAINABLE LEADERSHIP OF THE TOP MANAGEMENT TEAM (TMT) IN A HEALTHCARE ORGANIZATION: A CASE STUDY OF ERMELO REGIONAL HOSPITAL IN GERT SIBANDE DISTRICT.

Dear Mr Bodibe

The Provincial Department of Health Research Committee has approved your research proposal in the latest format you sent.

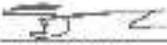
- Approval Reference Number: MP\_202007\_003
- Data Collection Period: 01/10/2020 to 30/09/2021
- Approved Data Collection Facilities: Ermelo Hospital

Kindly ensure that conditions mentioned below are adhered to, and that the study is conducted with minimal disruption and impact on our staff, and also ensure that you provide us with a soft or hard copy of the report once your research project has been completed.

**Conditions:**

- Researcher not allowed to make copies or take pictures of medical records.

Kind regards

  
DR J SIGUDLA  
MPUMALANGA PHRC  
DATE: 24-05-2021

