

**A QUALITATIVE STUDY OF THE EXPERIENCES OF EMPLOYMENT
EQUITY PARTICIPANTS IN A FAST-TRACK MANAGEMENT
DEVELOPMENT PROGRAMME**

By

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DECLARATION

I declare that the dissertation, which I hereby submit for the degree Master of Commerce (Industrial Psychology) at the University of Pretoria, is my own work and has not previously been submitted by me for a degree at this or any other tertiary institution .

Kezia Moalusi:

ABSTRACT

The purpose of this study was to explore the subjective experiences of participants who had completed a fast-track management development programme (FMPD) for hospital managers. The participants in this study were part of a targeted or single-identity group FMDP in a private hospital group in South Africa. Single-identity group management development programmes target women and minorities, and are designed to equip them to fulfil more senior roles. These programmes were introduced by some South African companies in response to the Employment Act 55 of 1998 to ensure that all population groups are represented across occupational levels, including senior management. This study sought to gain insight of the participants' perceptions of the programme and its effectiveness.

Qualitative, semi-structured interviews were conducted with the participants. The sample consisted of six managers (four men and two women). The developer of the programme was also interviewed.

The findings indicate that all of the participants believed there is a need for these types of programmes because of South Africa's history. However, the interviews also surfaced concerns about the structure of the programme and the stigmatisation associated with being in a single-identity programme. The results suggest a number of theoretical and practical implications for the use of single-identity management development programmes.

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To my Lord and Saviour, Jesus Christ, thank you for granting me the grace to attain this degree.

“And God is able to make all grace abound to you, so that in all things at all times, having all that you need, you will abound in every good work.” (2 Cor 9: 8-9)

Thank you to my husband, for your support and encouragement. It was a long and challenging journey, and I could not have done it without you. To my beloved daughter, you taught me how to multi-task on a different level. Anything is possible with God on your side.

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1 CHAPTER 1: INTRODUCTION

1.1 BACKGROUND

Employment equity (EE) and affirmative action (AA) are terms that tend to evoke some emotion within people, whether positive or negative. The introduction of the Employment Equity Act 55 of 1998 (EEA) has also contributed to these types of reactions. The purpose of the EEA is often misunderstood. Some people think AA is about appointing people from designated groups into certain positions based purely on the colour of their skin, which constitutes reverse discrimination. Others feel AA is necessary to rectify the effects of past discrimination. In the past, there may have been situations where preferential treatment was given to people only on the basis of skin colour. However, it is important to take cognisance of the actual contents of the Employment Equity Act of 1998, which states that:

“... the purpose [s2(a)(b)] of the Act is to achieve equity in the workplace by:

- (a) promoting equal opportunity and fair treatment in employment through the elimination of unfair discrimination; and*
- (b) implementing affirmative action measures to redress the disadvantages in employment experienced by designated groups, in order to ensure their equitable representation in all occupational categories and levels in the workforce.”*

Furthermore, the Act states in Section 20:

(3) For the purposes of this Act, a person may be suitably qualified for a job as a result of any one, or any combination of that person’s –

- (a) formal qualification;*
- (b) prior learning;*
- (c) relevant experience; or*
- (d) capacity to acquire, within a reasonable time, the ability to do the job.*

It is clear from the above definition that the EEA endorses the appointment of “suitably qualified persons.” At the same time, however, the adverse impact of apartheid has limited the availability of suitably qualified candidates from designated groups. As a result, companies may not readily find candidates with the necessary qualifications and sufficient experience for management positions. This is one of the reasons why the implementation of fast-track management development programmes (FMDP) is so important. FMDPs acknowledge this gap and seek to close it, whilst maintaining the integrity and the original intentions of the Employment Equity Act.

Research has been conducted regarding some factors pertaining to AA and EE in the workplace. Some of this research includes a study by Selby and Sutherland (2006) on employment equity strategies, as well as Dupper’s (2008) review regarding whom AA policies focus on and how much longer these policies should be in place. Other studies focus on the perceptions that people have regarding AA, such as the study by Walburgh and Roodt (2003) on different age groups’ perceptions of employment equity, as well as the study by Zulu and Parumar (2009) regarding the perceptions of the management of cultural diversity and workplace transformation. Van Rensburg and Roodt (2005) conducted a study that firstly sought to explore whether employees’ perception of EE and Black Economic Empowerment (BEE) was influenced by their commitment to a union. The second aim of the study was to determine if the role of the mentor mediates this relationship. Vermeulen and Coetzee (2006), on the other hand, conducted a study aimed at developing a questionnaire to measure employees’ perception of the fairness of AA.

Another group of studies focused on the experiences of beneficiaries of AA. For example, previously conducted research sought to understand the experiences of the “beneficiaries” of affirmative action measures, such as the effects of preferential recruitment (e.g., Boikhutso, 2004; Motileng, 2004). Boikhutso (2004, p.10) uses the term “beneficiaries” to refer to “blacks, females and the disabled.” Motileng’s study (2004) focused specifically on the individual experiences of middle managers. Other South African studies sought to explore people’s attitudes and experiences of AA (e.g., Oosthuizen & Naidoo, 2010; Pienaar, 2009; Wambugu, 2005).

1.2 PROBLEM STATEMENT

While the body of literature on AA and EE is fairly significant, after conducting an in-depth search on the databases of South African publications, one can conclude that there has been very little research conducted regarding the experiences of individuals who have participated in FMDPs that specifically target designated groups. Hence, knowledge of the subjective experiences of participants in targeted FMDPs is limited. This study seeks to explore the subjective experiences of participants of a targeted FMDP. Furthermore, there has been an ongoing debate in the literature on leadership development about the use of what is referred to as “single-identity group” development programmes. These programmes are “tailored for women and minorities” Ohlott (2002, p.32). The rationale for such programmes is that, because women and minorities often face different developmental challenges and barriers in gaining access to leadership or management positions, there is a need for targeted programmes to help them learn to handle their unique situation. The findings may also provide knowledge on how to improve these types of programmes.

Boikhutso’s study focused on a parastatal that had had an AA policy in place for more than a decade. The purpose of his research was to explore how the beneficiaries of AA feel about these types of policies. He also wanted to explore what their unique experiences had been within the parastatal. He explored their perceptions of factors such as tokenism, work standards, accountability, and recognition.

Oosthuizen and Naidoo (2010) conducted a qualitative study that explored employees’ attitudes and experiences of AA within the work environment. They separated the participants into four different groups, namely management, non-management, and employees from designated and non-designated groups. They then sought to identify common themes that emerged after analysing the transcripts from the qualitative interviews conducted with the participants.

Pienaar’s (2009) study also sought to identify people’s views of AA within the work environment. His study was a quantitative study and he had three main aims. He wanted to determine what the designated and non-designated employees’ attitudes were towards

AA and how this affected their work behaviour. The other aim of his research study was to determine the level of people's knowledge regarding the EEA and how this affected their attitude towards AA.

Wambugu (2005) also sought to explore people's attitude towards AA. His study, however, focussed on white university students only. He conducted focus group discussions with the students, which were transcribed. He then identified common themes that emerged after analysing the transcripts from these discussions. Booysen (2007) also conducted a qualitative study with focus groups. Her study focussed on current and former employees from the banking sector. She wanted to gain insight regarding what the participants identified as the obstacles preventing the effective implementation of EE strategies. Her study also sought to gain insight regarding what the participants identified as the obstacles in retaining black managers.

The abovementioned studies sought to explore and identify what the participants' views were of the EE and AA policies to which they had been exposed. Those studies sought to explore their subjective experiences.

More recently, Rankhumise and Mello (2011) conducted a quantitative study of the AA candidates' experiences of training interventions in 15 public hospitals in Mpumalanga. The purpose of their study was, firstly, to determine how beneficiaries view training. The second aim of the study was to determine the effectiveness of these programmes. It also sought to determine how these programmes can be improved. The current paper also focuses on a training intervention; however, as stated earlier, this paper seeks to gain insight on participants' experiences of a targeted or single-identity FMDP.

PURPOSE STATEMENT

The aim of this study is to explore the subjective experiences of the participants occupying more senior management positions who have completed their training in a targeted fast-track management development programme.

1.3 RESEARCH QUESTIONS

- What are the participants' perceptions about FMDPs?
- What challenges did they face during and after completing the programme?
- How do these individuals believe they are perceived by their colleagues and subordinates?
- What are the participant's perceptions of the effectiveness of the FMDP of which they were a part?
- What are the participants' perceptions of their level of competence after completing the programme?

1.4 SIGNIFICANCE OF THE PROPOSED STUDY

While some research has been done on the general experiences of employment equity candidates, none of the studies specifically addressed the perceptions and experiences of participants of designated employees in a targeted management development programme. The results of this study are important for understanding how designated group members experience targeted fast-track development programmes. It also gives us insight into their perceptions of how well such programmes prepare them for managerial roles.

Progress towards employment equity, especially in respect of management positions, has been slow. Although there has been improvement over the years, there is still much dissatisfaction with the rate of progress. The latest equity report (2011) shows that 33,6% of senior management positions are occupied by previously disadvantaged individuals (PDIs) (Department of Labour, 2011). That figure has increased by 6,3% over the past eight years. In the 2011 report, the Employment Equity Commission cited the need for companies to increase their efforts. It would seem that development interventions like fast-track management development programmes will grow in significance as companies seek to accelerate the attraction and retention of designated group candidates.

From a practical point of view, the results of the current study can be used to improve the design and implementation of targeted development programmes, and may contribute

towards answering the question of whether single identity programmes are justified. It may also highlight what the possible obstacles are to the effective design of such programmes. Specifically, it will assist organisations to:

- 1) Effectively adapt these types of programmes;
- 2) Put the requisite support structures in place within the company; and
- 3) Recruit and retain EE candidates in senior positions.

The next section of this research report will discuss the delimitations and assumptions of this paper. This is followed by a section containing the definitions of the terms used in this paper.

1.5 DELIMITATIONS AND ASSUMPTIONS

1.5.1 DELIMITATIONS

There are a few delimitations related to this study that one needs to consider. This study focuses on a specific management development programme that was tailored-made by a private hospital group in South Africa. This programme was developed to equip EE candidates in an accelerated approach with the necessary skills to fulfil the role of a hospital manager. Hence, this study focuses on hospital managers who completed the FMDP. It does not focus on staff or management who have undergone any other type of developmental training. In light of the fact that this programme initially targeted EE candidates only, the study will not focus on non-EE candidates.

The two-year FMDP programme for hospital managers was introduced by the hospital group about eight years ago. Subsequent to completing the programme, some participants left the company to work elsewhere. Hence, the researcher was not able to interview all the managers who had completed the programme. The study therefore focuses on those hospital managers who have completed the FMDP and are currently occupying their new roles within the company.

This programme consists of both a theoretical and a practical component. There are Management Development Programmes (MDPs) that consist primarily of formal training. This study, however, focuses on MDPs that entail both practice and theory.

This study seeks to gain insight into the perceptions regarding the effectiveness of these programmes. It is therefore not evaluating this programme by means of a formal evaluation. The researcher is rather seeking to explore the research participants' thoughts and feelings about the programme.

In light of the fact that the study focuses on a tailored-made hospital programme, the results are not generalisable. The findings may differ quite significantly for people who have completed other types of FMDP. However, the findings may still provide valuable information that could help companies who are contemplating the use of targeted, single-identity management development programmes.

1.5.2 ASSUMPTIONS

Firstly, the researcher assumed that qualitative research is appropriate for exploring the participants' perceptions of the FMDP. The researcher assumed that semi-structured interviews would be an appropriate means for gathering data. The researcher assumed that all the participants would be honest during their interviews. The researcher also assumed that the data gathered during the interviews would be meaningful, in other words, that the researcher would be able to identify common themes from the data.

1.6 DEFINITION OF KEY TERMS

Employment equity is defined as “the policy of giving preference in employment opportunities to qualified people from sectors of society that were previously discriminated against, for example: black people women and people with disabilities” (Hr dictionary.com, not dated).

Affirmative action is similar to employment equity. However, it focuses more on “affirming” previously disadvantaged people. The Green Paper on Affirmative action defines it as “a strategy for the achievement of employment equity through redressing imbalances in:

- a) organisational culture,
- b) staff composition,
- c) human resource management practices, and
- d) service provisioning,

and by ameliorating the conditions of individuals and groups in the workplace.” This could be attained by implementing laws or initiatives that focus on eliminating discrimination against women, black people, and the disabled in the work environment (The South African Green Paper on Affirmative Action of Public Service and Administration, 1997).

In light of the similarities of the latter two terms, they will be used interchangeably in this paper.

Fast-Track Management Development Programme (FMDP)

The management development programme referred to in the current study is a planned programme. Hence, the researcher will make use of the definition by Rothwell and Kazanas (1999) of a management development programme. A planned leadership and management development programme is a “systematic effort to train, educate, and develop individuals to influence other people in positive ways. It is conducted on-the-job or off-the-job to meet individual, group and organizational learning needs and to improve individual, group, and organizational performance,” (Rothwell & Kazanas, 1999, p.6). Thus, a fast-track management development programme would imply an accelerated time schedule for individuals to attain a certain set of skills for a specific management position.

The table below contains all the abbreviations and their meanings that are used in this research paper.

Table1: Abbreviations used in this document

Abbreviation	Meaning
EE	Employment Equity
AA	Affirmative Action
MDP	Management Development Programme
FMDP	Fast-Track Management Development Programme
T&D	Training and Development
BBBEE	Broad-Based Black Economic Empowerment
PDI	Previously Disadvantaged Individuals

Organisation of the Report

This report is organised as follows: Chapter 2 contains a literature review, which summarizes the extant literature on employment equity and management development. The effects of training and development, as well as affirmative action, are also discussed. Chapter 3 discusses the methodology used for the study. The background of the targeted FMPD is presented in Chapter 4. The final two chapters contain the data analysis and the conclusion.

2 CHAPTER 2: LITERATURE REVIEW

2.1.1 Introduction

This literature review will first discuss affirmative action and employment equity within the South African context. The positive and negative effects of AA will also be discussed based on previously published research. The concept of “miasma” will be introduced, which refers to the individual and organisational consequences of people from different race groups working together.

Thereafter, the literature on management development programmes will be reviewed, commencing with the purpose of such programmes as well as the different types of programmes. This is followed by a discussion of how management development programmes can be evaluated. The last section of the literature review discusses the perceptions of the effects of general training and development (T&D) interventions from the vantage point of EE candidates in the health sector.

2.2 AFFIRMATIVE ACTION IN SOUTH AFRICA

All around the world, people from different ethnic groups and women have been the victims of discrimination. These acts of discrimination were displayed in different forms, such as slavery, segregation, apartheid, and other acts of oppression (Sowell, 2004). Different humanitarian movements, initiated by different people in different parts of the world, sought to bring an end to these acts of racism and sexism. These movements viewed human beings as equal, and were driven by people like Ghandi, Nelson Mandela, and Martin Luther King Jnr., to mention but a few.

From a policy perspective, affirmative action and employment equity have been the processes used to promote equal opportunities for all people (Booyesen & Nkomo, 2010) in many parts of the world. Affirmative action was largely introduced as a means of correcting past injustices. Furthermore, Booyesen and Nkomo (2010, p.231) view AA as “a process for creating diversity” and therefore as fundamental in establishing diversity. Affirmative action focuses on “affirming” previously disadvantaged people. The South

African Green Paper 1997 on affirmative action defines it as “a strategy for the achievement of employment equity through redressing imbalances in: organisational culture; staff composition; human resource management practices; service provisioning and by ameliorating the conditions of individuals and groups in the workplace.”

The concept of AA has been given different names in different parts of the world. For instance, in Britain and India it is called “positive discrimination,” in Sri Lanka it is referred to as “standardization,” while in Malaysia & Indonesia they use the term “sons of the soil” (Sowell, 2004, p.2). Affirmative action has been used extensively in the United States as a means of addressing the historical discrimination against racial minorities, particularly African-Americans (Kravitz & Klineberg, 2000; van Jaarsveld, 2000). Kravitz and Klineberg (2000) conducted a study where they evaluated whites', blacks', and Hispanics' views on AA. The results of that study will be discussed later.

Malaysia instituted a rather stringent approach to AA to ensure equal opportunities for its indigenous population. Their approach focussed on restoring political and economic control of the country to native Malays (Abdullah, 1997). Malaysia faced a situation where ethnic immigrants had a better socio-economic status than indigenous Malays. The government implemented the New Economic Policy (NEP) to address this inequity. The policy entailed raising the remuneration and employment opportunities of all Malays through mandatory measures. While the overall employment rate and socio-economic lifestyle of the native Malays have improved significantly since the introduction of the NEP in 1971, the government is currently having second thoughts about, and revisiting, the NEP (Lee, 2010).

South Africa adopted the American terminology for affirmative action. It is important to note that affirmative action is not a new concept in SA. When the National Party came to power in 1950, it introduced its “regstellende aksie” (affirmative action) programme. This was a job preservation programme that sought to set aside top positions within government and companies for white Afrikaners (Twala, 2004, p.30). This programme discriminated against other population groups.

South Africa had a few laws in place, such as the Industrial Conciliation Act of 1956, the Bantu Labour Act of 1964, Industrial Dispute Prevention Act of 1909, and the Native Regulation Act of 1911. All these laws focussed on restricting the employment of black employees in one way or another. Similarly, some of these acts also promoted the employment of white employees (Van Jaarsveld, 2000), and were reflective of the political system that governed the country at the time. Political unrest and international pressure forced SA to revise some of these laws. The Wiehahn Commission of Inquiry (1977–1979) proposed opening jobs to all citizens, irrespective of their race. During the 1980s, the government made some attempts at introducing some AA measures. However, it was only in 1993 that that the constitution of SA approved equal employment opportunities in the workplace.

In 1994, SA had its first democratic elections, and a new government was elected. The imbalance experienced in the past across different race groups forced the new government to implement certain measures. Some of these measures included affirmative action. Affirmative action, in essence, attempts to correct the imbalances of the past. AA therefore entails giving preference to previously disadvantaged people when appointing staff in a company (Rankhumise, 2007). AA is described by Van Jaarsveld (2000) as a measure used to achieve equal representation in the workplace. It therefore endorses appointing black people rather than white people who may be more qualified and experienced.

However, the initial implementation of AA measures in South Africa caused it to be viewed quite negatively. Some instances of the initial implementation of AA resulted in unqualified black people being appointed to management positions and the termination of the employment of white staff. Fortunately, government, business, and several scholars have identified the need for accelerated training programmes of black managers as a part of AA measures (Van Jaarsveld, 2000). These types of programmes ought to provide these individuals with the necessary skills and competencies to perform their new jobs.

Affirmative action does take cognisance of the fact that previously disadvantaged individuals were not exposed to the same quality of education as their white counterparts. They therefore may not have been able to acquire the same set of skills and experiences

as their white colleagues. Affirmative action considers the potential of the candidate when considering the employment a previously disadvantaged candidate. It also places strong emphasis on the T&D of these candidates. The Skills Development Act 97 of 1998 was introduced to address this issue, amongst others. The purposes of this Act is to “improve the employment prospects of persons who were previously disadvantaged by unfair discrimination and to redress those disadvantages through training and education.”

Unlike affirmative action, the Employment Equity Act of 1998 aims to promote equal opportunities for all people. This implies that people are treated the same, irrespective of their race or gender. They therefore have access to the same opportunities. The HR dictionary defines employment equity as “the policy of giving preference in employment opportunities to qualified people from sectors of society that were previously discriminated against, for example: black people women and people with disabilities.” Although apartheid has ended in SA, many people still suffer from its effects. Hence, there is a need to implement AA measures to assist in achieving employment equity in the country. It would not be possible to achieve employment equity in the absence of AA measures (Boikhutso, 2004; Booysen, 2007).

Affirmative action remains a very controversial topic in South Africa (Wambugu, 2005; Oosthuizen & Naidoo, 2010; Pienaar, 2009). However, research (Booyesen, 2007; McGregor, 2005; Boikhutso, 2004; Motileng, 2005; Kravitz & Klineberg, 2000; Kravitz, 2008; Bell, 2007; Van Jaarsveld, 2000; Benatar, 2008; Booysen & Nkomo, 2010; Thomas & Ely, 2001; Johnson & Redman, 2000) suggests AA can certainly have certain benefits for both its beneficiaries and a company as a whole. The negative and positive consequences of AA will be discussed briefly in the next section.

2.2.1 Negative consequences of Affirmative Action

Affirmative action has been criticized as not benefiting the people who suffered the most as a result of South Africa’s discriminatory practices (Booyesen, 2007; Wambugu, 2005). Unfair discrimination was practised for decades, and the situation has only been formally addressed over the past seventeen years. Van Jaarsveld (2004, p.5) states that the individuals who benefit from AA are: “those who have suffered least from past

discrimination and as a burden to those who least participated in previous discrimination.” This has resulted in AA measures being viewed negatively and resisted by some.

McGregor (2005) published an article that focuses on South Africa’s Employment Equity Act of 1998. The article focuses specifically on how the act categorises the different race groups and the accompanying advantages and disadvantages for these groups. McGregor states that the EEA has been criticized as being both over-inclusive and under-inclusive. Over-inclusivity refers to “assuming that all people from the designated groups are disadvantaged” (McGregor, 2005, p.9). Under-inclusivity, on the other hand, refers to the fact that AA measures do not help those individuals who need it most. In other words, the people that appear to be benefiting the most from these measures are already well educated and have established networks. These individuals therefore do not really need the assistance that these policies provide. For instance, the middle class black people are believed to be benefiting most from AA rather than black people from lower socio-economic classes.

In South Africa, for example, people belonging to the designated group are said to have experienced different levels of discrimination during apartheid (McGregor, 2005). The designated group refers to blacks, coloureds, Indians, women and the disabled. Black people were discriminated against the most in comparison to coloured and Indian people. Furthermore, white females are considered to be the least disadvantaged because they had access to a good education. McGregor identifies self-identification as one of the disadvantages of categorisation. This refers to some individuals not wishing to classify themselves in a certain category. For instance, an individual may not classify themselves as being both black and disabled, because they do not view themselves as being disabled. There may also be individuals who are of mixed cultural descent, and may therefore not identify themselves as belonging to the designated group only. Furthermore, in terms of categories being under-inclusive, young and “poor whites” are negatively affected by AA (McGregor, 2005, p.11).

Affirmative action is sometimes associated with negative practices such as window dressing, tokenism, and reverse discrimination, to mention but a few (Boikhutso, 2004; Motileng, 2005; Oosthuizen & Naidoo, 2010). "Window dressing" refers to companies

appointing people from designated groups to senior positions or as non-executive directors of the company (Boikhutso, 2004, p.37). These individuals are placed in these positions for the sole purpose of making the company's EE statistics appear favourable in the eyes of government and the public. Although these candidates are given certain job titles accompanied by high salaries, they are not given any real authority and accountability.

Tokenism occurs when there is a group of people who are not equally represented. The group of people who are in the majority tend to influence and control the culture of the group. Kanter (1977) refers to the people who belong to the majority group as dominants. The group members who belong to the minority group are often referred to as tokens. These individuals are often viewed as mere symbols of the minority group. When there is only one individual from the minority group present in the group, he/she is referred to as a solo. Window dressing is similar to tokenism, and also entails appointing people from designated group to senior positions within a company. These individuals may lack the necessary qualifications and experience for the specific position. They may be well remunerated for the position, but they do not have the level of authority and accountability associated with those positions (Boikhutso, 2004). These individuals are sometimes placed in positions that do not affect the profitability of the business, such as Public Relations or Human Resources.

Tokenism and window dressing often result in these individuals becoming frustrated and exiting companies prematurely. This is known as the "revolving door syndrome" (Boikhutso, 2004, p.38). Employees from designated groups join companies, but leave once they realise that their appointment was a window dressing exercise. They then leave the company and occupy other EE positions in other companies, hoping the situation will be different. However, this is not always the case and their tenure in these companies is also quite short-lived (Boikhutso, 2004).

Reverse discrimination, as mentioned earlier, refers to discriminating against white people in an effort to correct past imbalances experienced by black people. This can only result in a viscous cycle of discrimination. The employees from the non-designated groups may feel that their jobs are being threatened by AA practices. As a result, some these individuals may actively resist the implementation of AA measures. This can be done by

establishing “power blocks” (Motileng, 2004, p.18). A power block is a coalition of white senior managers who have a direct influence on the culture and climate of the company. Hence, they could create an environment that is not conducive to the successful implementation of AA measures (Motileng, 2004).

Affirmative action measures could have an adverse impact on underprivileged white people (Van Jaarsveld, 2000). It could result in them being unable to find employment due to them being constantly overlooked. Wambugu (2005) conducted a qualitative study that sought to determine how whites view AA policies. He conducted focus group discussions with a sample of 40 white university students of both genders. The students were between the ages of 18 – 28. He identified three themes that explain how the participants viewed AA policies in South Africa. The first theme is called “reverse apartheid: appropriations of victimhood” (Wambugu, 2005, p.64), and is similar to reverse discrimination. This theme is based on the perception of the participants that AA policies discriminate against white people. White people are now viewed as victims of the new AA policies, similarly to blacks being viewed as victims of apartheid.

The second theme is called “fairness and justice” (Wambugu, 2005, p.60). The participants in his study viewed the current AA policies as unfair and lacking procedural justice. The participants viewed the policies as unfair because they felt that these policies are leading to the appointment of black people because of the colour of their skin. They were of the opinion that these policies do not consider an individual’s qualifications and level of experience. Furthermore, these participants did not take South Africa’s history of apartheid into consideration. More specifically, they overlooked the fact that black people were exposed to inferior education and were restricted in terms of job opportunities. The participants also viewed AA policies as procedurally unfair because they appear to ignore the qualifications and experiences of white people.

The last theme Wambugu (2005) identified is called “othering.” He defines it as “a way of defining and securing one’s own self-interests through stigmatization of an ‘other’ ” (Wambugu, 2005, p.62). Othering causes people to focus on what makes them different from other people, leading to the stereotyping of people from other race groups. The participants in Wambugu’s study believed that non-EE candidates should be considered

for jobs because they have the relevant experience and qualifications. They viewed themselves as being more equipped than EE candidates to occupy certain positions. The beneficiaries of the AA policies were viewed as “unworthy” (Wambugu, 2005, p.62). They therefore viewed AA policies as unfair if they denied qualified non-EE candidates the opportunity to be appointed over an unqualified EE candidate.

The participants in Wambugu’s (2005) study acknowledged that apartheid was wrong. However, they believed that apartheid is over and that they should not be denied certain job opportunities due to the current AA policies. The participants stated that they should not have to pay or suffer for what their ancestors did. They also believed that AA policies could continue to cause animosity and tension between blacks and whites. Furthermore, given the fact that the participants perceived the current AA policies as unfair, they promoted what has been termed “white flight” (Wambugu, 2005, p.67). White flight refers to white people emigrating to other countries for employment opportunities. This is because of their belief that they will not find employment in South Africa due to the current AA policies.

The findings in Wambugu’s study identified some of the negative consequences of AA as perceived by a group of white students. These views may be shared by other white South Africans.

Furthermore, Sowell (2004) states that AA policies can result in the under-performance of employees from all population groups. The potential beneficiaries of AA policies may under-perform because they are aware that they will receive preferential treatment irrespective of their performance, whilst the remaining employees from the non-designated groups do not exert any extra effort because they feel their efforts will be futile.

In situations like that, AA may bring more harm than good for the company, because human resources are being underutilised at the company’s expense. Individuals from the non-designated groups immigrating to find jobs in other countries, as mentioned in the above discussion of Wambugu’s (2005) study, leads to the loss of valuable skills and knowledge. This also results in companies not having anyone to mentor their newly

appointed EE candidates, which may result in employees from designated groups feeling unable to fulfil their new roles (Motileng, 2004).

Some employers may feel that AA practices force them to employ candidates with less experience and qualifications. Employers therefore feel like they are dropping their standards in the name of AA. Motileng (2004, p.17) states that “employers have to choose from the best available employees from the minorities, instead of having to choose simply the best available employee in the market.” Kgapola (2004) conducted a qualitative study aimed at exploring participants’ perceptions of AA policies. The white participants in his study believed that if the company appointed employees who were unqualified and did not train them, the company would be lowering its work standards.

The lowering of work standards was also identified as one of the negative consequences of AA in Pienaar’s (2009) study. Pienaar (2009) conducted a qualitative study that focussed on the perceptions of AA within the work environment. His sample consisted of 100 people from both the designated and the non-designated groups. However, the sample consisted of mostly white people. The participants varied in terms of their age, education, and job levels. An availability sample was used from the databases of recruitment agencies in the Western Cape. Pienaar made use of a single, consolidated questionnaire, which was composed using a few questionnaires, as his data collection instrument. The questionnaire measured the different constructs on which his study focused. These included organisational commitment, role ambiguity, group cohesion, and job satisfaction, to mention but a few.

There were three main aims in Pienaar’s (2009) study. It firstly sought to determine the extent of people’s knowledge of AA and how this, in turn, affects their attitude towards AA. The second aim of the study was to determine designated and non-designated employees’ attitudes towards AA in light of its negative consequences. These included merit, reverse discrimination, tokenism, lowering of standards, and quotas.

Merit refers to whether people from the designated groups were appointed due to their race or gender, or due to their qualifications and experience (Pienaar, 2009). Affirmative action often leads to the perception that AA candidates were appointed because of their

race and not merit. This leads to the second perception that people have, which is the lowering of standards. Quota is a term that refers to companies appointing people from designated groups to certain positions to achieve predetermined equity goals. These individuals may not be suitably qualified for these positions.

The last aim of the study was to determine whether the attitudes of members from the non-designated group toward AA were related to Hirschman's (1970) typology, referred to in Pienaar's (2009, p.45) study. Hirschman's typology aims to explain how people behave in response to inequity. These behaviours include exiting, voicing, loyalty, silence, and stealing. Exit, as the name implies, refers to individuals leaving the company. Voice refers to individuals expressing their dissatisfaction regarding their perception of inequity within the company. Loyalty refers to employees remaining loyal to the company in spite of their perception of inequity within the company. Silence occurs when individuals choose to keep quiet and not express their dissatisfaction to management. Stealing behaviour, as the name implies, refers to individuals stealing from the company or engaging in other types of counter-productive behaviour as a means of dealing with the inequity they are experiencing.

The results of Pienaar's (2009) study indicate that all the participants who were knowledgeable about the EEA saw it in a positive light. They were therefore not sensitive about the negative consequences associated with AA, such as reverse discrimination, tokenism, quotas, a drop in standards, and merit. It is important to note, though, that these participants were exposed to some form of EE training. Hence, training can help to minimise the negative perceptions of AA. Furthermore, the participants from the non-designated groups stated that they would engage in only one of the behaviours from Hirschman's typology, namely voicing their dissatisfaction if they needed to, whether formally or informally. It is important to note that the participants in Pienaar's research (2009) were mostly white. Hence, the results of the study could have been quite different if his sample consisted of more black, coloured, and Indian participants.

Extensive research is available on the effects of affirmative action in the United States of America (USA). Affirmative action was introduced in the USA several years ago, and it has not been viewed positively by all its citizens. Kravitz and Klineberg (2000) conducted

a study where they evaluated the perceptions of blacks, whites, and Hispanics of different AA programmes. The study differentiated between two types of AA programmes. The first can be termed a typical AA programme, which is aimed towards minorities and women. The second one is called a tie-break programme. This type of programme gives preference to black candidates when they have the same qualifications as white candidates whenever black people are under-represented in the company.

The overall findings of this study indicated that blacks and Hispanics are more supportive of both of these types of programmes than whites. Blacks, however, favoured these types of programmes more than Hispanics. The white participants in the study were in favour of the tie-break programme. Some of the black respondents were not in favour of the tie-break programme due to the possibility of stigmatisation. They feared that their appointments would be viewed as being based on race rather than merit. They also believed that it was not common for blacks and whites to have the same qualifications. Hence, the tie-break AA programme would still be disadvantageous for black people.

The white participants in Kravitz & Klineberg (2000) study associated typical AA programmes with the appointment of unqualified people from minority groups, which was the reason they were in favour of the tie-break programmes. The Hispanics favoured typical AA programmes over tie-break programmes because these targeted all minorities and women. They felt that tie-break programmes, however, end up with blacks getting preference rather than other minorities in the USA.

Kravitz (2008) also conducted research that focussed on how a company can use AA programmes to increase the racial diversity of its workforce. In his study he identified different types of AA programmes. The first entails bringing an end to discrimination. This approach is more passive and may not be effective in situations where people have been discriminated against in the past. The second programme is called "opportunity enhancement" Kravitz (2008, p.175). This programme entails focussing on specific groups of people during selection and training in order to help them. The tie-break programme was defined above in the discussion of the study conducted by Kravitz and Klineberg (2000). The last AA programme is called "strong preferential treatment," Kravitz (2008, p.175). This programme involves giving a candidate preference in employment situations,

even when they are unqualified and inexperienced for a position. This programme is, however, illegal, in most countries and can cause the most conflict within companies, because it is viewed as unfair.

Stigmatisation is quite common with the implementation of AA programmes that have aggressive preferential targets; (Kravitz, 2008). In this situation, co-workers tend to question whether the AA individuals are really capable of performing their jobs. Furthermore, these individuals may also begin to doubt their own abilities. They may question whether they were appointed because of the colour of their skin or on merit. This could hinder their ability to perform their job. The above discussion illustrates that certain AA programmes, especially strong preferential AA programmes, can have negative consequences for companies, and should be avoided.

Van Laar, Levin, and Sinclair (2008) conducted a study focused on how minority students' academic performance was affected by their perception of being a beneficiary of affirmative action. Their study was a longitudinal study that focused on a group of first-year students at a multi-racial university in the USA. The sample consisted of black and Latino students. Two surveys were conducted. The first was conducted prior to the students commencing their studies at the university. This first survey basically sought to determine if the students thought they were accepted into the university because of AA. The second survey was conducted at the end of their first year, after their academic results had been reviewed.

Van Laar et al. (2008) hypothesise that if the students believed that they were merely beneficiaries of AA, it would negatively affect their academic performance. They also suggested that a stereotype threat influenced the students' academic performance. A stereotype threat refers to a stereotype that may have a negative impact on an individual's perception of themselves and their capabilities. The researchers differentiated between personal identity stereotype threat and social identity stereotype threat. Personal identity stereotype threat refers to an individual focussing on what the consequences would be of the stereotypes held about them personally. Social identity stereotypes, on the other hand, refer to individuals focussing on what the consequences would be of the stereotypes held about their particular racial group.

The results of the study showed that individuals who believe that they were accepted into the university because of AA do not perform well academically. However, this is moderated by personal identity and social identity threat. In other words, students' academic performance is only negatively affected when associated with an identity stereotype threat. The findings from Van Laar et al.'s (2008) research indicated that social identity stereotype threat negatively affects the academic performance of students with high ethnic identification. High ethnic identification refers to individual who identify strongly with their racial group. Personal identity stereotype threat, on the other hand, negatively affects the performance of students with low ethnic identification.

It is clear that AA programmes can have a few negative consequences in academic institutions as well as in the corporate world. However, this need not be the case if AA is implemented correctly, and it could result in companies choosing from a broader pool of talent. This, as well as other positive outcomes, will be discussed below.

2.2.2 Positive consequences of affirmative action

Affirmative action measures in SA seek to ensure a workforce profile that is reflective of the South African population. South Africa is often referred to as "the rainbow nation," which means the South African workforce is diverse. Having a diverse workforce increases a company's competitive advantage. It results in the organisation having a broader pool of skills from which to choose. Having a diverse workforce also gives the company insight into the diverse customer base they serve. Companies with more diverse workforces tend to be more creative and have a greater ability to solve problems. This can be attributed to the different cultures and experiences of the employees (Bell, 2007).

Affirmative action policies firstly seek to correct the past imbalances and aim to prevent them from recurring in the future. Affirmative measures can also boost the self esteem of the beneficiaries. Van Jaarsveld (2000, p.6) states that AA can be used to "restore equity" by affording people opportunities in the workplace which they did not have in the past. The participants in Motileng's (2004, p.72) study viewed it as "a process that presents a chance to express the capabilities, potentialities or talent that one has." AA should

therefore not be viewed as a sanction. However the environment in which AA is implemented has a major influence on the overall success of the programme. Hence, the company's climate and environment must understand and be supportive of AA and diversity.

Benatar (2008) conducted a research study where he critically reviewed AA. In his research, he defined the different types of AA policies. He also stated the different arguments for and against AA, addressing the topic within the context of tertiary institutions. Benatar aimed to prove that the current AA policies should not be used any longer.

As stated earlier, affirmative action and employment equity are essential when wanting to build a more diverse company (Booyesen & Nkomo, 2010). Benatar (2008) agrees with this view and identifies a few positive consequences of AA. The first is called the "destruction of stereotypes" (Benatar, 2008, p.291). This implies that when people of different races are in the same environment they learn more about each other. This results in them having a better understanding of each other and potentially bringing an end to their previously held stereotypes.

The existence of role models for previously disadvantaged groups is the second positive consequence of AA identified by Benatar (2008). A culturally diverse work environment provides role models for people within the local community and the workplace. People in the community have individuals whom they can look up to. These individuals can also be role models for other EE employees within companies, especially if they are promoted to senior management positions. A lack of role models at senior level was identified as a barrier to AA in Booyesen's (2007) study, which is discussed in more detail later in this chapter.

Legitimacy is the last positive consequence identified by Benatar (2008, p.295). This refers to the need for all social institutions, such as the workplace, to be diverse. This is required in order for it to be viewed as legitimate by all population groups. The positive consequences identified by Benatar focussed specifically on tertiary institutions, but this could be applicable to all workplaces as well.

Thomas and Ely (2001) conducted a study on three culturally diverse firms in the USA to determine the effects of diversity on work groups and their overall performance. These firms had already introduced AA measures in order to have a more diverse workforce. The researchers identified three different perspectives of diversity namely: “integration and learning perspective; the access and legitimacy perspective; the discrimination and fairness perspective” (Thomas and Ely, 2001, p.40). These perspectives affect how employees worked together and their view on diversity.

The findings of that study indicated that companies that embrace the integration and learning perspective value diversity. These companies respected their employees’ different cultures and used the different experiences and viewpoints of their employees as an opportunity to learn. This results in diverse groups working together more effectively. Such a company also uses its diverse workforce as a means to achieve the overall goals of the company (Thomas and Ely, 2001). Companies that adopt the second perspective – access and legitimacy – use diversity as a means to access certain markets. These companies employ people from certain racial groups in order to reach particular market segments. In the study by Thomas and Ely, the researchers found that this approach resulted in minority groups questioning whether their employer valued their inputs and respected their work. This, unfortunately, inhibited the staff's ability to learn from each other and work together effectively.

Discrimination and fairness is the last perspective, and promotes equal opportunity and justice, and eliminates discrimination. Companies that embrace this type of perspective adopt a “colour-blind strategy” (Thomas and Ely, 2001, p.266). Thomas and Ely found that this strategy resulted in tensions between black and white employees who both, at times, adopted a defensive attitude towards each other. This resulted in these employees being unable to learn from each other and work together.

It is clear from the findings in the research by Thomas and Ely (2001) that having a diverse workforce can have positive and negative outcomes for both the company and its employees. Companies therefore play a major role in determining whether its staff will ultimately benefit from having a diverse workforce. Management needs to determine

beforehand what their true motives are for wanting a diverse workforce. They also need to adopt a strategy that will be beneficial for all parties in the long-term, such as the integration and learning perspective.

The research conducted by Kochan, Bezrukova, Ely, Jackson, Joshi, Jehn, Leonard, Levine, and Thomas (2003) also produced a similar finding in terms of diversity improving a company's performance when it used it as an opportunity to learn. Their research was based on a study initiated by Business Opportunities for Leadership Diversity (BOLD). This is non-profit organisation that teaches American companies how to utilise their diversity to gain competitive advantage. The aim of their study was to help corporate American companies evaluate the benefits of diversity. Previously conducted research could not empirically prove that diversity does improve the overall performance of a company. Kochan et al.'s (2003) study sought to do this. Their study focused on four Fortune 500 companies in America. The researchers used a combination of qualitative and quantitative data.

The researchers developed a model that explained that the impact of diversity on business performance is dependent on certain factors. These factors include the company's "strategy, culture and HR practices" (Kochan et al., 2003, p.6). Furthermore, the aspect of diversity is dependent on group processes that have an influence on the overall performance of the company. The results of the study indicated that racial and gender diversity has no impact on performance. Racial diversity, however, does have a negative impact on group processes, although training and development efforts can minimise these effects. The researchers concluded that it is difficult to pin-point exactly how diversity can improve the overall company performance. Racial diversity can have a positive impact on a company's performance provided they adopt the integration and learning perspective mentioned earlier, (Thomas & Ely, 2001). Companies do, however, need to be committed to and support diversity efforts in order to reap the benefits of thereof in the long run.

Johnson and Redman (2000, p.17) state that having a diverse workforce is an indicator of being a "good corporate citizen." The public often views the company in a positive light because it is seen as being supportive of equal opportunities. Having a diverse workforce and a company culture that is supportive thereof can reduce the turnover cost of the

company. People from designated groups are more likely to stay within a company that supports and embraces diversity. This could therefore stop the revolving door syndrome discussed earlier.

As mentioned earlier, some EE candidates may feel unable to fulfil their new roles. Companies can help these candidates overcome this by providing them with the necessary training. The hospital group that was used in the present study made a concerted effort to identify candidates with potential and train them accordingly.

2.2.3 Effects of affirmative action measures

The implementation of affirmative action as stipulated by the Employment Equity Act of 1998 is mainly for corrective purposes. These measures are aimed at affording employment equity candidates opportunities they did not have in the past. Despite the noble intentions of affirmative action, it has been viewed negatively by some people. Several studies have been conducted to gain insight into perceptions of affirmative action. The table below summarises the different South African studies the researcher has reviewed and the common findings from those studies.

Table 2: Summary of effects of AA measures

Common Themes	Kgapola (2004)	Boikhutso (2006)	Motileng (2004)	Cilliers & Stone(2005)	Booyesen (2007)	Oosthuizen & Naidoo (2010)
AA candidates viewed as tokens.	All race groups shared this view, except black employees.	AA candidates in this study were given less responsibility and accountability.	White colleagues viewed them as less competent.	Yes, they were appointed to entry level positions; prevented from being appointed to senior positions.	Yes, this was a common perception amongst both black and white managers.	Not mentioned in the study.
AA candidates viewed as competent.	Only black employees viewed them as	After a period of time.	By some staff.	White male and black sub-groups assumed that white employees	AA candidates viewed as incompetent	No, they were viewed as incompetent.

	competent.			were competent & AA candidates were incompetent.	by white employees.	
Difficulty in managing staff.	Yes, among non-blacks.	Initially, but this improved over time.	Women had difficulty managing black men. AA managers found it difficult to manage staff from different cultural groups.	Not mentioned in the study.	Not mentioned in the study.	Not mentioned in the study.
Resistance from white colleagues.	Yes, EE candidates were seen as outsiders.	Occurred initially, but it faded once a candidates' qualifications was publicized.	On more senior levels.	White managers refused to train newly appointed staff.	Yes, white males feared losing their jobs.	Not mentioned in the study.
Management support.	Yes	Management encouraged development of staff	Lacking at the higher levels within the company	Only on paper.	Only on paper.	Was displayed to varying degrees within the company.
Company culture.	Still adjusting.	Open to AA because it had been practised for 10 years.	Lacked top management's support.	Not supportive of AA.	Not supportive of AA.	Not mentioned in the study.

Kgapola (2004) conducted a qualitative study aimed at gaining insight regarding people's thoughts and feelings about affirmative action policies based on their experiences within a company. His study sought to determine whether the participants were in favour of AA policies or not. More specifically, his study sought to determine if there were differences according to race, age, gender, and qualifications among the participants regarding their

attitudes towards AA. He also sought to explore whether non-black employees felt that blacks were surpassing them in their careers. Furthermore, he wanted to explore how AA affected the participants' work life and commitment to their employer. He lastly wanted to determine if these AA policies were ultimately effective or not.

The current study, however, focuses on the subjective experiences of participants of a targeted MDP. Although all the participants of this study were EE candidates, it does not focus on their experiences of the implementation of an AA policy within a company. The study seeks to explore the participants' perception of the effectiveness of the FMDP designed for EE candidates. Kgapola (2004) conducted qualitative interviews with the participants of his study with the aid of an interview guide. Similarly to the current study, the interviews were also transcribed and coded in order to identify common themes. Two dominant themes emerged from Kgapola's research, namely "policy implementation problems and gender and racial prejudice" (Kgapola, 2004, p.126). Participants also complained about the lack of communication regarding the AA policy, insufficient training of EE appointees, poor recruitment and selection processes, and a lack of commitment and accountability of management.

The sample consisted of compensation fund employees and was quite diverse in terms of race and gender. Kgapola makes distinctions between the different race groups that are often grouped together as being just black. In other words, he makes distinctions between coloured, Indian, and black people. Most of the participants believed that AA measures were necessary and important to correct past imbalances. They did, however, disagree with the manner in which the AA policy was being implemented within the company. In terms of racial and gender prejudice, only the black employees were positive about the AA policy.

In Kgapola's (2004) study, the black employees viewed the promotion and appointment of blacks as fair. The other racial groups did not share the same view, and referred to this as tokenism. Tokenism, as mentioned earlier, refers to the appointment of employment equity candidates in order to enhance the image of the company. In other words, the company would appoint non-whites purely for face value, and not because they really believe in employment equity or the competence of the individual.

All participants except black employees in Kgapola's (2004) study did not believe that the black managers in their company were appointed due to their skills and experience. Many of these managers were viewed as incompetent by non-black employees. Boikhutso's (2004) qualitative study on the perceptions of affirmative action beneficiaries produced similar findings. His research focused on the experiences of AA candidates in South African parastatals. The aim of the study was to explore the perceptions of the actual beneficiaries of AA measures. He wanted to determine what their feelings were about AA and how it impacts the overall success of the implementation of AA measures. Furthermore, his study explored the effect of the AA policy on both the company and its beneficiaries. He also wanted to determine how the beneficiaries' backgrounds influenced their views on AA. Boikhutso conducted in-depth interviews with the participants in his study.

The participants in Boikhutso's (2004) study felt that they were seen as tokens. They stated that their fellow white colleagues believed they were only appointed due to the colour of their skin. These employees complained that they never received recognition for any accomplishments at work. Any achievements would be attributed to affirmative action and not their own abilities. However, this view changed as soon as the managers' qualifications and experience became public knowledge. Boikhutso therefore recommends that employees should know that people were appointed for their skills and experience. Furthermore, some of the participants in Boikhutso's research felt that their appointments were part of the company's window dressing efforts. They felt this way because they were appointed to managerial positions when they still lacked the necessary authority and accountability associated with their positions. There were, however, participants in his study who felt that they did have the necessary authority in their current positions. The researcher in the present study will therefore also explore if the participants of this FMDP have had similar experiences to those of the participants in Boikhutso's study.

Motileng (2004) also conducted a qualitative study regarding the experiences of AA candidates in middle management positions. His study was aimed at exploring the employees' subjective experiences of the affirmative action AA programme in a

broadcasting company. His study focused specifically on middle managers because they are the bridge between first line management and top management. They are also responsible for implementing company policy. These managers were either promoted or appointed into these positions. His study focused on four middle managers who were employed in a broadcasting company. Motileng made use of a structured questionnaire with open-ended questions. He then conducted semi-structured interviews to clarify his findings from the questionnaire. The present study relied upon semi-structured interviews as the main research tool.

Motileng's research findings were similar to those of Kgapola (2004) and Boikhutso (2004). These black middle managers stated that they were still viewed as less competent than their white colleagues. As a result, they found it difficult to manage employees who were members of a different race group. Female managers also stated that they found it difficult to manage women from other race groups. The female managers stated that they experienced the most difficulty in trying to manage black men. There is some research to support that black men are less likely to believe that women have the requisite characteristics to be managers (Booyesen & Nkomo, 2010). Additionally, Menon and Kotze (2007) conducted a study of human resource integration in the South African military. Some of the interviewees in their study reported "traditional black men who are used to being respected at home by their wives, find it difficult to work under women," (Menon & Kotze, 2007,p.84).

The participants in Motileng's (2004) study indicated that they needed to prove their competence to their colleagues. Hence, the researcher in the current study will explore if the newly appointed hospital managers also feel the need to prove their competence. Furthermore, the participants in Motileng's (2004) research indicated that they also experienced a lot of resistance from white top and senior managers. Although there were AA policies in place within the company, the overall culture of the company had not yet changed. Rothwell and Kazanas (1999) emphasise the impact of a company's culture on the successful implementation of AA. The company's culture has to be transformed to embrace these new changes. This is crucial for the overall success of these programmes.

A study by Cilliers and Stone (2005) also indicated resistance from white employees. This study was conducted in three IT companies. Unlike the studies that have been discussed thus far, this study focused on psychological aspects of why employment equity measures fail.

The white managers in this study believed that they would lose their jobs if they participated in the implementation of EE programmes. As a result, the managers refused to hire and train black IT specialists. This happened irrespective of whether these proposed employees had the required qualifications. The managers engaged in this type of behaviour in spite of the fact that there were official EE programmes endorsed by the company and designed by the senior management.

Top management in these companies delegated the implementation of these programmes to the Human Resource function, and other managers did not see the importance of implementing these programmes. The lack of management visibility and explicit endorsement of the policy further contributed to the failure of these programmes (Cilliers & Stone, 2005).

Many companies have employment equity measures in place, but lack the company culture to support these measures. In other words, these efforts may be evident on paper and may even be implemented formally, but the overall company culture may not truly embrace diversity. This was one of the findings of Booysen's (2007) case study in a banking institution's headquarters in the Gauteng region in South Africa. The senior management in the bank still consisted of predominantly white males, and this was reflected in the company's culture. The culture of the bank did not embrace diversity and still excluded women and black employees.

Booyesen (2007) conducted a qualitative study to identify impediments to the effective implementation EE and the retention of black managers. She conducted focus group discussions and interviews with open-ended questions with a sample of 67 middle and senior managers within the bank. Booysen made use of a stratified sample, which included individuals who either retired or were voluntary retrenched. Individuals in key positions such as HR Manager; Transformation Director, those responsible for

implementing the EE strategy, and men and women in senior and middle management also formed part of the sample. She also reviewed the bank's EE policy and strategy and conducted exit interviews as part of her data collection.

The present study is also a qualitative study and focuses on the subjective experiences of participants of a targeted FMDP. As stated earlier, this paper seeks to gain insight into the participants' experiences and ways to improve these types of programmes. Booyesen's (2007) study, however, sought to identify barriers that were hindering the effective implementation of EE and highlights the issues centred on this topic.

Booyesen (2007) also identified a few barriers or themes that were similar to some of the findings of the studies by Boikhutso (2006), Kgapola (2004), and Motileng (2004). The participants in Booyesen's study stated that the bank perceived the appointment of black employees as tokenism. These appointees were not always given "real responsibility or decision-making authority" (Booyesen, 2007, p.63). Furthermore, black employees were appointed to positions such as HR or EE management. These positions were identified by Boikhutso (2006) as non-profit-generating positions. The participants in Booyesen's study (2007) also stated that some of the white employees in the bank viewed black managers as incompetent.

A lack of commitment from top and senior management in the form of incentives or punishment for failing to implement EE was identified as another barrier by Booyesen (2007). Some of the participants in Booyesen's study also stated that some of the white staff view EE as reverse discrimination. This view was shared by many of the participants in the research studies mentioned earlier (Boikhutso, 2006; Wambugu (2005); Motileng (2004). Furthermore, the top management in the bank failed to communicate the importance of implementing EE to its employees. Employees therefore simply viewed EE as adhering to legislation, and did not see the value in embracing diversity.

One of the last barriers identified by Booyesen (2007) is the absence of plans to retain black managers. The bank in Booyesen's study was able to recruit black managers but struggled to retain them. The bank did not have any T&D plans for these managers to help them perform their new jobs. Rankhumise (2007) and Boikhutso (2004) mention the importance

of training for newly appointed EE managers. There were also no coaching or mentoring programmes in place for these managers. The bank also failed to develop career paths or succession plans for these managers. The participants in the study did acknowledge that many of these managers were headhunted and offered lucrative packages. However, many of these individuals did not leave the bank for better remuneration, but left due to a lack of career paths and the present culture within the bank.

Fouche, De Jager, and Crafford (2004) state that the culture of a company also needs to be changed to embrace AA measures. The researcher in the current study will explore the participants' perceptions of how supportive the culture of the company is regarding the management development programme. The researcher will therefore try to establish how much support these participants are given both before and after attending the programme.

Furthermore, in light of the study conducted by Cilliers and Stone (2005), the researcher will aim to identify if the participants experienced any resistance from white managers to share their knowledge subsequent to the participants fulfilling their new roles.

It is common knowledge that a newly appointed employee will take time to become fully functional in a new position. Employees may also need T&D in order to learn how to perform their roles effectively (Boikhutso, 2004). This is particularly relevant in the case of AA candidates. One has to remember that AA candidates may not have received the same quality of education as their counterparts due to the lingering effects of apartheid's education policies. It is therefore important that companies provide these employees with the training to help them to fulfil their new roles.

According to Rankhumise (2007), these employees are most likely to fail in their new roles if they are not given the necessary support and training. This would then feed the stereotype of the incompetence of non-white managers. Furthermore, these individuals may even leave the company. This would then make these employment equity efforts a waste of time and money. The stereotype of incompetent non-white managers is referred to as the "lack of skills and experience" of EE candidates in the study conducted by Oosthuizen and Naidoo (2010, p.4).

Oosthuizen and Naidoo (2010) conducted a qualitative study aimed at exploring participants' views and experiences of EE in the work environment. Similarly, the current study also seeks to explore participants' views and experiences. However, the researcher in the present study is focussed on participants' experiences as part of a targeted FMDP. The sample in the study conducted by Oosthuizen and Naidoo was made up of people employed in 21 South African companies who were required to comply with the Employment Equity Act of 1998. These companies were from different sectors, namely finance, mining, retail, manufacturing, government, entertainment, construction, and health. In-depth interviews were conducted with a convenience sample of 108 employees. The sample consisted of people from both designated and non-designated groups from management and non-management levels.

Three dominant themes emerged from the group of managers whom Oosthuizen and Naidoo (2010) interviewed. The first theme was termed "government's role of watchdog" (Oosthuizen & Naidoo, 2010, p.4). The managers viewed EE as a law that companies need to adhere to. The results were similar to those in Booysen's (2007) study. Booysen identified that employees viewing EE as simply obeying the law is a barrier to effective implementation of EE. Management does not see the value in EE or the need to transform as a company and be more diverse. One can say that these managers adopted what Thomas and Ely (2001) refer to as the discrimination and fairness perspective, mentioned earlier.

The participants in the study by Oosthuizen and Naidoo (2010) believed that EE had resulted in a loss of resources in the form of skilled staff from all race groups. Many people had chosen to pursue employment opportunities overseas. A lack of skills and experience of EE staff was identified as the second theme, as mentioned earlier. This theme is related to the next theme, called EE staff being viewed as incompetent. Oosthuizen and Naidoo (2010, p.5) state that there is a common view that "white people are competent and black people are not." This view could be due to the fact that EE staff may lack the necessary skills and experience to perform their jobs. They may therefore still need some training to help them perform their job efficiently.

The most common themes that emerged from the group of people who were not managers in the study by Oosthuizen and Naidoo (2010) were: reverse discrimination and racism, EE being seen as a numbers game, and a lack of implementation and alignment of EE. Many of the employees viewed EE as reverse discrimination because it focuses on benefiting black people at the expense of white people. This view was shared by some of the participants in the research studies mentioned earlier, such as those by Boikhutso (2004), Kgapola (2006), Motileng (2006), Booysen (2007), and Wambugu (2005).

The second theme that emerged from the group of non-managerial employees was that of EE being viewed as a numbers game. They believed that companies used EE as a means of ensuring that their EE reports were reflective of the SA's demographics. The third theme, lack of alignment and implementation of EE, refers to management's failure to implement these policies correctly due to their lack of commitment. This finding was confirmed by Cilliers and Stone (2006), as well as Booysen (2007).

There were four common themes that emerged from the employees from the designated groups. The first one is called a lack of T&D for EE candidates specifically (Oosthuizen & Naidoo, 2010). Training and development was identified as being crucial for EE candidates to perform their jobs efficiently by Rankhumise (2007), Booysen (2007), and Boikhutso (2004). The second theme that was identified was unfairness because of preferential treatment for African women. African females are viewed as the group of people from the designated group that experienced the most discrimination. As a result African females were given preference in terms of selection, promotion and training in comparison to the other people from the designated group in Oosthuizen and Naidoo's study. The exclusion of the disabled from EE was identified as the third theme. The participants in the study by Oosthuizen and Naidoo stated that their workplaces were not conducive to the employment of individuals with disabilities. Furthermore, they also stated that some people did not know how to deal with disabled people. The last theme that emerged from the employees within the designated group was the negative expectations people had of EE employees. This could be due to the fact that these individuals were often seen as lacking in skills and experience.

Oosthuizen and Naidoo (2010) identified three common themes from participants in the non-designated groups. Reverse discrimination, racism, and discrimination constitute the first theme, which was also a common theme amongst non-managerial employees. The white males in the study believed that EE prevented them from finding employment. The participants in Wambugu's (2005) study shared this view. The second theme that emerged was loss of employment. The participants feared losing their jobs due to companies striving for a workforce reflective of SA's demographics.

The "brain drain" was identified as the last common theme from the non-designated group (Oosthuizen & Naidoo, 2010, p.8). This refers to SA's skilled staff from all race groups pursuing career opportunities overseas, as mentioned earlier. However, the participants were referring mostly to skilled white men leaving the country because they do not believe they can find employment in SA, nor would they be able to establish their own businesses without having a black partner. The participants in Wambugu's (2005) study referred to this as "white flight," as mentioned earlier.

When one considers South Africa's history of apartheid, it is clear that people from different race groups did not really interact together in the workplace on an equitable basis. Management positions were usually occupied by white people and black people occupied lower level positions, and were often required to report to white people.. This has led to people developing incorrect perceptions of other race groups. Livers and Caver (2004, p.34) refer to these perceptions as "miasma." These misconceptions will be discussed in the following section.

2.3 MIASMA

Miasma refers to the incorrect perceptions that develop when people from different race groups work together and the ways in which they respond to each other. Livers and Caver (2004) name four different areas where black managers are affected by miasma. These areas are identity, responsibility, networking and mentoring. Miasma can also affect leadership development. In light of the fact that the current study focuses on an MDP that is designed for EE candidates, the researcher will discuss these four areas in more detail.

The first area that is affected by miasma is identity. This refers specifically to an individual's racial identity. Livers and Caver (2004) conducted a survey amongst black managers in America. Half of their participants felt that they needed to deny their identity as African Americans in order to be successful in their jobs. Racial identity is not an issue in the workplace for people who belong to the racial majority. It is, however, an issue for individuals who belong to the minority group. These individuals constantly need to consider their decisions, affiliations, and dress codes if they want to be successful in some workplaces. In South Africa, black people are not the minority group in the overall population. They are, however, the minority group in terms of occupying senior positions in companies.

The second area is responsibility, and is two-fold. Firstly, some managers felt that they were responsible for protecting other black managers in the workplace. Secondly, these managers also felt that they needed to perform well in their current roles in order to keep the door open for opportunities for other potential black managers. The participants in the study by Livers and Caver (2004) stated that they felt as though some people were waiting for them to fail. These individuals then felt that they needed to work extra hard to ensure that they succeeded. Van Jaarsveld (2000) shares this view regarding the responsibility of black managers. She believes that black managers have a responsibility to perform well in their new roles in order to disprove the negative views that people have regarding the competence of black people.

Networking is the third area affected by miasma. This entails building and developing relationships. These relationships often serve as a support base and as a means to advancing their careers. As mentioned earlier, black managers often network only with each other because they are often in the minority.

Mentoring is the last area affected by miasma. This poses a challenge for black managers, who are often expected to play the role of both mentor and protégé. Some people tend to be more comfortable around people of their own kind, but black managers often find it difficult to find black mentors in the workplace. The participants in Booyesen's (2007) study shared this view. These people may then seek a mentor outside of their work environment. In some instances, they do find mentors within their work environment from

different race groups, but this type of relationship poses challenges of its own. For instance, some white managers fear that if they mentor a black employee that they would be limiting their own career growth. Whilst other managers may be unable to move past the prejudices they may have. This would then negatively impact their ability to mentor these individuals, (Murrell, Crosby & Ely, 2009).

There are times when black employees may have black mentors in the work place. Black managers are often expected to take on the role of mentor to upcoming black managers entering the workplace. Their role as mentor may be more formal if they were requested to do so by the company. In other instances, this role is more informal, and a manager may take it upon him or herself to show the new manager the ropes, (Murrell et al., 2009).

The next section will discuss the different structures of management development programmes.

2.4 MANAGEMENT DEVELOPMENT PROGRAMMES

Rothwell and Kazanas (1999, p.6) state that a planned leadership and management development programme is a “systematic effort to train, educate, and develop individuals to influence other people in positive ways. It is conducted on-the-job or off-the-job to meet individual, group and organizational learning needs and to improve individual, group, and organizational performance.” A management development programme is therefore a formal training programme that is designed by the company to equip staff with high potential to fulfil more senior roles in the company. Hoberman and Malick (1992) define management development as a deliberate endeavour to enhance the managerial skills and competencies of managers, either collectively or individually. It is often comprised of formal training, on-the job training, as well as experiential learning.

Management training programmes are aimed at helping employees to perform their current jobs or prepare them for a future role. It is also often used as part of a company’s succession planning, which involves the company identifying its most promising employees. The next step is to train and groom these individuals for future management positions. Management training is also referred to as management education, and refers

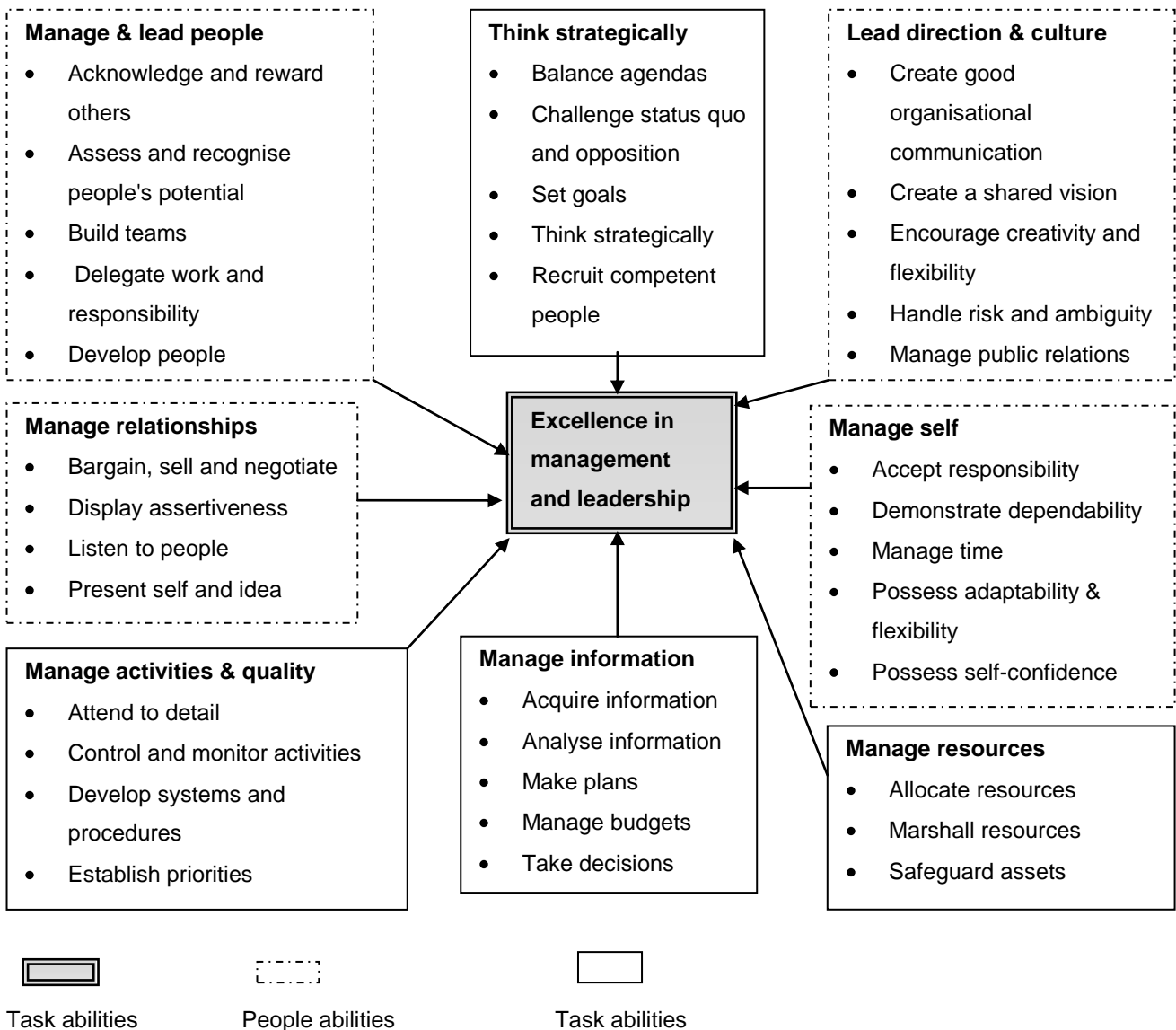
to the process of closing the gap between what an individual knows and what they need to know in order to fulfil a more senior role (Rothwell & Kazanas, 2007).

Thomson, Mabey, Stancey Gray, and Iles (2001) refer to management education as official learning programmes that are often offered at formal learning institutions. Management education would form one of the two components of the term management development. Management development refers to the different ways in which managers can enhance their skills (Thomson, et al.). The other component of management development is called management training. Management training is two-fold, and includes both formal and informal training. Formal training entails the acquisition of specific job-related knowledge and skills. Informal training refers to on-the-job training or the shadowing of another employee, in other words, learning what that employee does in order to perform his/her own job. MDPs often consist of all of these components.

Gold, Thorpe, and Mumford (2010) state that companies may have difficulty in selecting a management development model that suits their company. One first needs to distinguish between generic and organisation-specific models. A generic model would be applicable to all managers in all contexts or sub-contexts such as health or education. An organisation specific model is only applicable to managers in certain situations or companies. These types of models identify specific knowledge, skills, and competencies that are relevant to the company. Due to the vast amount of research on models of management development, Perren and Burgoyne in Gold et al. (2010) developed an integrated framework of management and leadership.

The figure on the following page is a concise adaptation of their model.

Figure 1: Integrated management and leadership framework



Source: Adapted from Gold et al. 2010, p.60

The above model identifies the different areas that managers are generally expected to manage as part of their roles. These include managing people, relationships, information, and resources, as well as themselves. Managers are also expected to think strategically, provide direction, and lead the people and culture of the company. As mentioned earlier, the hospital group in the current study developed a FMDP that was relevant to their company (see Appendix H). They identified specific knowledge and skills which they wanted their managers to have, and included these in their FMDP. The FMPD of the hospital group will be discussed in more detail in Chapter 4.

Rothwell and Kazanas (2007) name thirteen different reasons for the implementation of management development programmes in companies, some of these reasons are centred on the company achieving its strategic goals. The other reasons focus on the development and growth of the individual. Two of the reasons mentioned in the study by Rothwell and Kazanas are directly related to the research topic of the current study. The first reason, "responding to environmental change," refers to a company's ability to respond to its external environment in order to survive. The external environment could include influences from suppliers, competitors, and government, such as companies having to show government that they are improving their EE representativeness.

The second reason for the implementation of MDPs is to increase opportunities for women. In the past, women were not afforded the same opportunities as men in the workplace. In South Africa, women are considered employment equity candidates. These are the two main reasons why the private hospital group under study implemented their FMDP. The two reasons are interrelated. As mentioned earlier, there was still very low representation of minority groups at top and senior management level.

Companies that comply with the BBBEE scorecard can also improve their rating if they improve their EE representativeness. This could distinguish the company from its competitors. It could also improve the relationships they have with their suppliers and customers who also comply with BBBEE.

Rothwell and Kazanas (1999) stated that there are three different types of MDP programmes. The first is called job category, and targets a specific job or group of jobs. The second is called special groups, which are programmes that are aimed at certain groups of people within the company, such as women, minority groups, the disabled and even older employees. These types of programmes are often referred to as single-identity management development programmes. The last type of programme is called special programmes because they focus on specialised groups of people. For instance, there may be a programme designed specifically for the top performers in the company. These programmes may focus on equipping top performers for their next position. The company could also have a programme for poor performers. This programme would focus on equipping staff to fulfil their current jobs.

A company's MDP could be a combination of the abovementioned three types of programmes. The FMDP in the current study is such a combination. The FMDP was designed for EE employees who can be classified as members from a special group, (Rothwell & Kazanas, 1999). The participants of the FMPD were selected based on their career history, qualifications and potential to occupy a senior management position. Hence, one can say that they form part of a special programme. These individuals will fulfil the role of a hospital manager, which is a specific job category, once they have completed the programme.

Cacioppe (1998) developed an often-cited integrated model that can be used to design leadership development programmes. There has been a trend of moving away from the term management development to that of leadership development, hence the reason for his model being titled "leadership development" rather than "management development." This can be attributed to the increase of books published and programmes on leadership development, (Day, 2001).

Cacioppe's model consists of seven steps in planning leadership development, namely (Cacioppe, 1998, p 47):

- 1) Articulate strategic imperatives;
- 2) Set objectives for development;
- 3) Identify appropriate methods and approaches;
- 4) Select providers and design learning programmes;
- 5) Evaluate programme delivery;
- 6) Integrate with HR systems; and
- 7) Evaluate strategic imperatives, objectives, and HR systems.

The hospital group in this study already had a programme in place, and the researcher therefore did not focus on these steps. Cacioppe (1998) mentions a few methods and processes that are currently being used in leadership programmes. These include teaching participants specific competencies that they need to acquire during the programme for their future roles, and specific team projects that entail people working together in order to resolve a specific problem or research a topic that is relevant to the

company. The team needs to find a solution and present this to management. Job rotation is also used, which entails working in different functions of the business for a set period of time. Coaching, simulation exercises, case studies, strategic planning sessions, and development centres are also some of the methods currently being used in leadership programmes. Feedback given to the participants by their fellow participants, coaches, facilitators, and managers can also be used as part of their development (Cacioppe, 1998).

The FMPD in the present study made use of some of these methods, such as case studies, project work, and acquiring specific competencies. The hospital group identified specific competencies required of hospital managers. These were then incorporated into the various exercises and tasks. As mentioned earlier, this will be discussed in more detail in Chapter 4. The next section will briefly discuss the introduction of MDPs in South Africa.

2.4.1 Introduction of single identity MDPs in South Africa

As mentioned earlier, single-identity programmes target a specific racial group or gender (Ohlott, 2002). These programmes are designed to address the needs of these target groups in light of their background and experience. These programmes were first introduced in America to provide a platform for the participants to learn and share their experiences. Companies have questioned the benefits of these programmes when compared to a traditional leadership programmes with a diverse set of participants. Some people have argued that training programmes should have a diverse set of participants because the workplace is diverse. They fear that single-identity programmes impede on participants ability to work with a diverse group of people. Ohlott (2002) names a few advantages of single-identity programmes. These programmes allow participants to let their guard down because they are not in the minority in the group. Participants are also less defensive due to the fact that they are receiving feedback from managers who are also part of the minority group in their respective companies. The participants are therefore more receptive and are able to learn more in these types of programmes.

Debebe (2011) conducted a qualitative study of transformational learning in a training programme that was exclusively for women. The findings of that study, in terms of the

benefits of these types of programmes, were similar to those mentioned by Ohlott (2002). Debebe's research was focused on women who participated in the Women's Leadership Series (WLS) for the Consultative Group for International Agricultural Research (CGIAR). She interviewed 24 former participants of the programme. The sample consisted of women from different parts of the world, occupying various positions. All of the participants were part of the course between 1995 and 2005.

Debebe (2011) attributed the success of this learning programme to two factors. Firstly, it was exclusive to women and, secondly, it entailed "gender-sensitive training" and practices (Debebe, 2011, p.680). The programme provided an environment where women felt safe to be themselves. They were at liberty to share their frustrations without fear of judgement or denial of the different experiences of the different genders. These types of learning environments seek to encourage participants to acquire new skills and experiment with new ideas in a safe environment, which equip participants to deal with real work situations.

The FMDP researched in the current study targeted EE candidates. This programme was designed to equip the participants to fulfil their roles as hospital managers. In other words, the design of the FMPD did not specifically seek to provide a safe learning environment for the participants. The degree to which this occurred can only be viewed as an indirect outcome.

South Africa also introduced single-identity programmes in the 1980s. These programmes were introduced in South Africa with a different purpose and approach in mind in comparison to the programme mentioned in Debebe's 2011 study. The initial programmes used in SA were aimed at developing EE employees to fulfil the role of first line or middle managers (Templer, Beaty & Hofmeyr, 1992). However, the political unrest mentioned earlier in the study caused a shift in the focus of these programmes. Companies realised that apartheid was coming to an end and that they needed to prepare their EE employees to fulfil more senior roles.

Templer et al. (1992) predicted that these types of programmes would gain momentum in South Africa over the years. In 1992, 9% of management positions were occupied by women and 5, 5% were occupied by blacks. When one compares these statistics to the

results of the 2011 employment equity report, it is clear that there has been an improvement. The percentage of black male managers has almost doubled. One could assume that more programmes have been initiated. It is difficult to obtain accurate figures in this regard. However, when one considers the fact that these types of programmes may have been in existence for more than 20 years, the progress of black people occupying more senior positions does seem very slow.

Templer et al. (1992, p. 33) state that “companies are attempting to redress in a few years the effects of many years of discrimination and the deprivation.” Therefore, there may be some valid reasons for the slow progress. These types of programmes are confronted with certain challenges that hinder their success. Templer refers to these programmes in a period when they encountered a number of challenges. These include poor education, racial discrimination, resistance from white employees, and black managers being appointed as tokens with no real authority, which hampered the development of black managers.

However, some of these reasons may not be as valid as they were twenty years ago. All South Africans have access to good education. Affordability now determines one’s access to a good education, rather than race. Furthermore, as mentioned earlier, South Africa is now a democratic country and the discriminatory laws have been abolished. The appointment of black managers into tangential jobs is slowly changing, and the reasons identified by Templer et al. (1992) for the slow progress may not be as valid as they used to be.

Single-identity programmes do, however, still face some of the same challenges as they did twenty years ago. Inadequate training coupled with resistance from white employees is still being experienced today, as mentioned earlier (Templer et al., 1992).

All development programmes are ultimately learning programmes involving specific interventions or activities. Learning occurs more often among younger people. Although people can learn at any phase of their lives, different learning approaches are appropriate at different stages of people’s lives. In the next section, the different learning approaches will be discussed.

2.4.2 Learning approaches in management development programmes

There are two different types of learning approaches. Andragogy is used more often with adult learners (Hoberman & Mailick, 1992). This type of learning is interactive in nature. Teachers play more of a facilitating role, whilst the students are seen as participants in the learning process. The participants want to know the purpose of their newly gained knowledge in terms of how they can apply it in their lives.

The second approach is called the pedagogy. This approach is used more often with younger learners, and tends to be more passive. Learners are expected to have little knowledge and experience regarding the subject matter. Teachers are seen as the experts and play a more authoritative role. It is important to note that individuals' responsiveness to the different learning approaches is dependent on their life bank. Life bank refers to a combination of "a person's values, assumptions, competencies, habits, and expectations an individual is born with and that they have accumulated during the course of their lives" (Hoberman & Mailick, 1992, p.60).

The andragogical approach is more suitable for individuals with a "rich" life bank. The participants will be able to contribute more to the learning experience. The pedagogical approach is suitable for learners who have limited knowledge about the subject matter, and they are often more receptive to acquiring new knowledge.

Hoberman and Mailick (1992) have classified these two types of learning as experiential (andragogy) and passive learning (pedagogy). Experiential learning often requires the individual to make a decision, wait for the outcome, and learn from these events. This type of learning often takes place in a place that is similar to the actual work environment. This facilitates the learning process due to the fact that the newly gained knowledge can be more readily applied.

There are two types of experiential learning namely synthetic and natural learning. Synthetic experiential learning tends to make use of simulation exercises and case studies, among other things. This type of learning does not take place in the actual work

environment where the learning needs to be applied. The second method, natural learning, takes place in the actual working environment. The learning exercises used could include using the daily or routine activities as a learning tool. The FMDP in the current study employs experiential learning. As stated earlier, this programme entails on-the-job training. Rankhumise and Mello (2011) state that one of the advantages of on-the-job training is that, it sets the standard for work performance. Participants are exposed to the required performance standards from the onset. Participants are therefore able to see the relevance of the training to the job that they will be performing. However, the study by Rankhumise and Mello also identify certain drawbacks of on-the-job training. Firstly, participants are expected to acquire certain skills independently and without the support of a mentor or trainer. Furthermore, sometimes the trainers in these programmes do not perform or have never performed the jobs that the participants will be required to fulfil. Hence, the trainer is limited in terms of being able to share personal experiences with the participants.

The FMPD in the current study also includes some synthetic experiential learning in the form of case studies. The combining of different activities or exercises such as projects, job rotation, and role plays for example is another distinguishing characteristic of experiential learning. These different activities are often used to develop certain competencies within an individual. Passive learning, on the other hand, requires a learner to acquire specific knowledge or competencies. The FMDP in the current study can also be considered to be more experiential in nature because participants are exposed to different mentors during the programme to acquire various skills and knowledge. Furthermore, experiential learning entails continuous feedback over a period of time. Passive learning often entails once-off feedback. The FMDP in the current study can be considered experiential because participants receive continuous feedback throughout the programme from the various mentors and the developer of the programme.

There are two distinct time frames during the process of learning. The first refers to the duration of the actual learning. The second refers to the time between the learning and the opportunity to apply that knowledge in the work environment. Adult learners generally prefer training that is short, succinct, and quick to produce results. However, in reality, not all programmes are able to meet those requirements, especially the last one. These types

of programmes may take time to produce results. As stated earlier, the FMDP in the current study is a two-year programme; however, it can be shortened depending on the participants' pace of learning. Furthermore, the time frame between learning and applying the knowledge is quite short because it is on-the-job training. The only real difference is that participants are not yet applying their newly gained knowledge in the capacity of hospital manager.

Companies spend a lot of money on training and developing their staff. It therefore makes business sense for them to measure the return on investment (ROI) of these initiatives. In the next section, the evaluation of development programmes will be discussed.

2.4.3 Evaluation of development programmes

Measuring ROI of training is not easy (Mello, 2006). Companies often only see the benefits of their investments a few years down the line. However, training programmes need to be measured or evaluated. Companies therefore need to consider alternative means to evaluate these types of programmes.

Rothwell and Kazanas (1999) discuss Kirkpatrick's model as a method of evaluating development programmes. Kirkpatrick's model is a hierarchical model that consists of four different types of evaluation. The first is called participant reaction. This type of evaluation is less objective, as it focuses on participants' perceptions. Participants are often required to complete an evaluation form or, in some cases, share their experiences through interviews and/or focus group discussions.

The second type of evaluation is called participant learning. This evaluation seeks to determine if participants have actually acquired new knowledge as a result of the training. This type of evaluation makes use formal tests. These tests may be in the form of pre- and post-training tests. The third type of evaluation is called participant performance. This type of evaluation entails evaluating the participant's current performance on the job. This could be done through the use of performance appraisals (PAs). Alternatively, feedback from superiors and subordinates may be obtained. Company results are the last type of evaluation. This evaluation focuses on the overall performance of the company.

Kirkpatrick's first level of evaluation was chosen for the present study because of the sparseness of the literature on targeted single-identity management development programmes in South Africa and how participants in such programmes perceive their experiences. Specifically, the main interest was in participant reaction and perceptions of the effectiveness of the programme. The goal was to gain insight into participants' overall experience of the FMDP. Furthermore, the research aimed to explore how participants viewed their performance in their new roles subsequent to their participation in the FMDP.

There is some research on the evaluation of management development programmes relevant to the present study. Coetzer (2006) conducted a study which focused on evaluating a programme called the emerging management development programme, offered by the South African Management Development Institute. This institute offers training to the public sector. Coetzer's study focused on evaluating participant learning in a programme called the emerging management development programme (EMDP). This programme is one of four MDPs that have been offered by the South African Management Development Institute. The EMDP is specifically designed for junior managers. The other three programmes are aimed at senior and middle managers as well as first-line supervisors.

The result of Coetzer's study indicated that the knowledge of the participants did not increase after completion of the programme. Coetzer (2006) made use of pre- and post-training tests to measure whether the participants' level of knowledge increased or not. However, it is important to note though that this programme was only ten days long. The hospital manager FMDP in the current study is a two-year programme that can be shortened, depending on the pace at which the participant is able to learn, as mentioned earlier.

Coetzer (2006) states that one of the reasons why the knowledge transfer in that study had not been successful could be the learning situation. The EMDP training did not take place in the actual work environment of the participants. The environment was also not a simulation of the actual work environment. This lack of simulation inhibited the participants' ability to implement their newly acquired knowledge. The training also did not

allow participants to repeat certain tasks that they performed. Repetition of these tasks would have improved their chances of remembering what they had learned.

The hospital manager FMDP does not share characteristics with the EMDP in Coetzer's (2006) study. The FMDP takes place within the actual work environment. As mentioned earlier, this programme is combination of on-the-job training and theory. Hence, there should be an increase in the knowledge levels of the participants during this programme.

Coetzer's (2006) study was quantitative, whereas the current study is qualitative. Hence, the methods of evaluation will differ. Additionally, the programme evaluated in Coetzer's study did not target black managers.

A few studies have been conducted regarding the effects of T&D, specifically in the health sector. The next section will discuss some of the findings of these studies in more detail.

2.4.4 The effects of training and development in the health sector

Rankhumise (2007) conducted a mixed method study on the way affirmative action candidates employed in the health sector perceive training. In light of the fact that Rankhumise's study is very similar to the current study, the researcher will discuss Rankhumise's study in more detail.

Rankhumise (2007) made use of both interviews and questionnaires as her means of data collection. The respondents of her study believed that training affirmative action employees is crucial to their success on the job.

Rankhumise's (2007) study sought to determine if EE candidates underwent training to help them improve their performance. It also aimed to identify those factors that could hinder or contribute towards these employees performing their jobs successfully. The participants of her study underwent training that was designed to help them perform their jobs better. The participants in her study were all EE employees (i.e. blacks, Indians, coloureds, and women) who underwent training that was geared towards their respective jobs.

The current study also seeks to explore the perceptions of the effectiveness of the hospital group's FDMP. Rankhumise's (2007) study had a two-phase design that made use of both quantitative and qualitative methods. As stated earlier, her study entailed the use of a structured questionnaire and a few interviews with the mentors. She also made use of Tesch's data reduction method to analyse the results. The sample of her study consisted of administrative staff, nursing staff, and medical officers.

In the current study, however, the researcher conducted in-depth interviews with the participants of the FMDP and the developer of the programme. Furthermore, unlike Rankhumise's (2007) study, this research made use of only qualitative methods. The researcher wanted to gain insight into the participants' experiences, and qualitative research is the best method to do so.

The participants in Rankhumise's (2007) study indicated that T&D of AA candidates is essential for their successful performance in their jobs. The participants did, however, indicate that the T&D of AA candidates would be a waste of resources if people still believed that these candidates would under-perform. The onus is therefore on management to provide diversity training for their staff. This training should address cultural differences and negative stereotypes.

The success of any mentorship programme is dependent on the commitment of the mentor, the protégé, and the senior management of the company. Furthermore, the company needs to ensure that the mentor is trained and possesses the knowledge and skills that the protégé needs. In light of SA's history of apartheid, white males are usually the most suitable mentors in the workplace. Unfortunately, some mentors fear losing their jobs to the AA candidates once the mentorship period ends. This fear was also shared by the managers in the study done by Cilliers and Stone (2005), which was discussed earlier. It is therefore important that senior management communicate the purpose of the AA policy and training programme to the mentors. Furthermore, mentors should want to be mentors, and their performance needs to be appraised. Rankhumise and Mello (2011) postulate that the overall success of a mentorship programme is dependent on the mentor. Hence, it is crucial for them to be well trained and appraised as mentors.

It is clear that the hospital group in the current study recognises the importance of training EE candidates. The participants in Rankhumise's (2007) study stated that management support is crucial for affirmative action to be successful. Senior management is often supportive of these types of initiatives in many companies. However, the Human Resource (HR) department is usually responsible for implementing the initiatives. The successful implementation of these types of programmes requires the concerted effort of senior and line management, as well as HR.

2.5 CONCLUSION

Apartheid ended in SA almost twenty years ago. We are, however, still suffering its effects, especially in the workplace. South Africa is now working towards employment equity. Private companies and government institutions have implemented various AA measures to varying degrees in order to help achieve EE in the workplace.

It is clear from the literature review that a significant body of research has been conducted since the implementation of some of these AA measures in companies. The focus of those studies though, was on the participants' perceptions of generic AA policies. There appears to be very little research having been conducted on EE candidates who have completed a targeted FMDP and who are currently occupying their new roles. Furthermore, the findings from previous research by Boikhutso (2006), Motileng (2004), Rankhumise (2007), Booysen (2007), and Kgapola (2004) all concur regarding the importance of training and developing EE candidates.

Similarly, the FMPD in the current study seeks to equip EE candidates to perform their new roles as hospital managers. The aim of this study was to explore the perceptions of participants of a targeted FMDP, unlike other studies that explored participants' general perceptions of AA policies.

The next chapter will discuss the methodology used to conduct the study.

3 CHAPTER 3: METHODOLOGY

3.1 INTRODUCTION

The purpose of this study was to gain insight into the experiences of the participants of a management development programme for employment equity candidates. A qualitative research design was selected to conduct the study, because it is more appropriate when wanting to explore the subjective experiences of individuals. In-depth interviews were conducted with the participants of the programme. The resulting data were analysed using thematic analysis. Based on this analysis, the researcher identified certain dominant themes that emerged from the interviews. These themes capture the common experiences of the participants of the programme.

This chapter will briefly discuss the research design and methodology used to conduct the research and the justification thereof. The qualitative research approach and the analysis method are discussed in detail, followed by the sample description. Data collection procedures are presented. The methods used to ensure rigour and quality is also discussed. Lastly, ethical considerations are presented.

3.2 RESEARCH PARADIGM / PHILOSOPHY

There are two perspectives to consider when defining the focus of an inquiry, namely the idiographic and the nomothetic perspective (Ponterotto, 2005). Nomothetic research focuses on understanding people. It aims to identify general behavioural patterns and predict and explain behaviour. The idiographic perspective, on the other hand, focuses on gaining an understanding of individuals. The current study sought to explore the perceptions of the hospital managers who had completed the FMDP. Hence, this paper has an idiographic perspective.

The researcher adopted a constructivist-interpretivism research paradigm. This perspective is derived from hermeneutics (Nieuwenhuis, 2008). Hermeneutics aims to understand phenomena from the perspective of the research participant. As stated earlier, the aim of this paper is to explore the participants; experiences of the effectiveness of

these programmes. The perceptions of the developer of the programme were also explored.

Ontology refers to the “nature of reality and being” (Ponterotto, 2005, p. 130). It therefore focuses on understanding a phenomenon or reality. The ontology of the constructivist-interpretivist perspective is based on the premise that there is no single reality. The reality that individuals develop is influenced by the “individual’s experiences and perceptions, the social environment and interaction between the individuals and the researcher” (Ponterotto, 2005, p.130). There are therefore multiple realities that are all relevant and true for the individual. Hence, the researcher focused on how the participants experienced the programme.

Another important consideration in understanding research paradigms is epistemology. Epistemology can be described as the nature and scope of knowledge “(Kotze, 2008, p.5). It focuses on “the relationship between the researcher and the research participant” (Ponterotto, 2005, p.131). The constructivist therefore adopts a more interactive approach. The researcher and the participant work together to develop the meaning of the phenomenon in question.

Finally, the last factor to consider is axiology. This refers to the influence that values have on the researcher process. The values of the researcher have a significant impact on the research process when adopting the constructivist-interpretivist perspective (Ponterotto, 2005). The researcher in the current study was cognisant of her own values whilst still being able to distinguish between her own values and those of the research participants. The researcher constantly sought clarity from the participants whenever she was unclear of the statements they had made. This helped to ensure that the researcher did not make any erroneous assumptions or deductions based on her own values.

3.3 DESCRIPTION OF INQUIRY STRATEGY AND BROAD RESEARCH DESIGN

There are two basic types of research design, namely quantitative and qualitative research. There is a third type, called mixed methods design, which is, as the name implies, a combination of the two methods. Quantitative design is the oldest form of

research design and has a more scientific, objective approach. This type of designs often involves the analysis of numerical data gathered through a variety of methods such as experiments and structured questionnaires. Quantitative research also seeks to generalise its findings to the greater population. This method makes use of numbers as a means of measuring the phenomenon or construct under study. The quantitative method is most suitable to well-developed phenomena with available measurement scales (Babbie, 2007, p.53). Quantitative research is often employed when a researcher “tests or verifies theories or explanations” (Creswell, 2009). It aims to confirm an existing theory, whereas qualitative research is used to understand a phenomenon from the participant’s perspective. Newly gained insight from qualitative research is, at times, used to develop a new theory.

Qualitative research involves the analysis of textual data. This type of research is more subjective in nature and seeks to gain a deeper understanding of a specific situation (Nieuwenhuis, 2008). Qualitative studies often make use of interviews, observations, ethnography, grounded theory, case studies, focus groups, and narrative studies (Creswell, 2009). In the current study, the researcher conducted in-depth interviews with the participants. Qualitative interviews aid the understanding of the phenomenon in question from the participant’s point of view (Kvale & Brinkman, 2009). Furthermore, the interaction between the researcher and the participant often results in new knowledge being developed. This is consistent with the constructivist-interpretivist perspective, which seeks to build new theory based on the interactions between the researcher and the participants.

In light of the fact that the purpose of the current study was to gain insight into participants’ experiences of the FMDP, interviews were deemed the most appropriate method of gathering data. The interviews were semi-structured, making use of open-ended questions. The researcher asked a few main questions that were related to the literature review (see Appendix C), but also asked follow-up questions based on participants’ responses.

The researcher made use of thematic analysis to analyse the data. This is a process used to analyse qualitative information (Boyatzis, 1998). This analysis process requires coding of the data to facilitate the identification of themes. Thematic analysis does have certain

drawbacks. The interactive process between data collection and data analysis can be quite time consuming. The process of coding data and identifying themes may be very confusing for some researchers, let alone laypersons that read the study (Bryman and Bell, 2007).

The coding process and the development of the themes will be discussed in Section 5.6. Another disadvantage of a qualitative study is that it is not always possible to give a clear indication of the proposed duration of the study, because the final sample size depends on when saturation is reached. Further, if a snowball sample approach is used, it may take time to identify new participants through referrals.

Summary of the study's overall research design

The following are descriptors of the broad research design of the current study:

- **Empirical study:** The researcher collected primary, textual data from participants in the FMDP.
- **Applied research:** This study sought to gain insight into the experiences of participants in an organisational management development programme, and the study is therefore considered to be applied.
- This study has an **exploratory and a descriptive** element to it. In light of the fact that very little research has been conducted on the experiences of employment equity participants in a single-identity targeted FMDP, this study sought to explore and describe the subjective experiences of these individuals.
- **Cross-sectional research:** Cross-sectional refers to studying phenomena at a certain point in time (Saunders, et al. 2007). In this study, the interviewees were only interviewed once to gain data. The researcher made contact with the participants via e-mail, mostly for clarification purposes as well as to verify with them the common themes identified after analysing the data.
- **Primary data:** The researcher collected data via semi-structured interviews.

- **Textual data:** The type of data collected is textual, and was gathered through interviews.

3.4 SAMPLING

The researcher interviewed hospital managers from a private hospital group in South Africa, which had designed its own FMDP. The participants of the FMDP underwent a rigorous selection process after the position was advertised (see Appendix F). The private hospital group developed the programme to equip these employees to fulfil their new roles as hospital managers. The hospital managers had at least six managers from various departments within the hospital reporting to them. These managers include the Human Resource Manager, the Finance Manager, the Technical Manager, the Patient Administrator Manager, the Pharmacy Manager, and the Client Services Manager. The hospital managers reported to the Regional Chief Operating Officers (RCOO). These RCOOs report to the Group COO of the company.

The hospital group was not in favour of appointing people into these senior positions without providing them with the proper training to enable them to fulfil these new roles successfully. The hospital group in this study identified the need to appoint EE candidates to more senior positions within the company.

The researcher interviewed the managers who had completed the FMDP and were employed in their new roles as hospital managers. The participants who were interviewed had been occupying these new positions for a minimum of two years. Five of the six participants were employed as hospital managers at the time. One of the participants had been appointed Regional Patient Administration Manager. There were no vacancies for a hospital manager at the time the participant completed the programme. These managers were employed at different private hospitals throughout the country at the time of the study. One of the hospital managers has left the company subsequent to being interviewed as part of this research study.

All the participants of the programme had worked in the health industry prior to starting the programme. The sample consisted of four men and two women. Five of the six participants were coloured and one was black. Two of the candidates were qualified pharmacists. One of the other participants was a qualified occupational therapist, while the other was a qualified radiographer. The remaining two candidates did not have a medically-related qualification, but they had worked in the health industry. The candidates' level of management experience varied between none and 15 years' management experience.

In-depth interviews were conducted with each of the managers. The researcher also interviewed the developer of the programme to gain a better understanding of the purpose and structure of the programme.

3.5 DATA COLLECTION

The researcher conducted semi-structured interviews with all of the participants (see Appendices C and D). The researcher initially liaised with the programme developer, who was the gatekeeper to the company. The developer then contacted the participants to determine their willingness to participate in the study. The researcher then contacted the participants personally to introduce herself and build rapport with the participants. The researcher sent an e-mail to all the participants and the developer, which specified the topics that would be covered during the interviews (see Appendices A and B). The purpose of the e-mail was to prepare the candidates in terms of what to expect regarding the topics that the researcher would be exploring.

Most of the interviews took place in the offices of the hospital managers or in a boardroom at their regional office. The researcher had made arrangements with one of the managers at the regional office to book a boardroom for the day to conduct some of the interviews. Most of the interviews were just over an hour in duration. However, one interview lasted almost two hours. All the interviews were recorded on a digital recorder and transferred onto a computer. The research personally transcribed all the interviews.

The interviews were conducted over a period of one month. All the interviews were conducted with minimal disturbance. One of interviews was rushed towards the end due to the hospital manager having a prior appointment.

All the candidates were briefed prior to the interview commencing regarding the purpose of the interview as well as the interview process. All the candidates read and signed the consent forms. The researcher assured the participants anonymity and confidentiality.

The researcher kept a notebook and recorded the body language and changes in tone of voice of the participants during the interviews. This information was incorporated during the data analysis.

3.6 DATA ANALYSIS

The researcher personally transcribed the interviews. This helped to ensure that all relevant data were recorded.

The researcher read through the transcripts repeatedly to familiarise herself with the data. As mentioned earlier, the researcher made use of thematic analysis to analyse the data. Thematic analysis consists of 3 stages:

- 1) Selection of samples size and design;
- 2) Development of themes and codes; and
- 3) Validation and use of the codes.

In terms of the first stage, the researcher made use of the transcripts from all the interviews conducted with the various participants. There are three different methods that can be used to develop codes and themes during the second phase. A theme can either be theory driven, driven by previous research, or driven by the actual data (Boyatzis, 1999). Due to the fact that this study sought to explore the experiences of participants of a unique, tailor-made programme, the data-driven method was chosen.

The researcher firstly engaged in line-by-line coding (Charmaz, 2007). This involves naming each line to reflect the essence of what the participant was trying to convey.

Sometimes these labels or codes contain the exact words of the participants. This is also known as “in-vivo coding.” Line-by-line coding forces the researcher to focus on the actual text, reducing the chances of the researcher imposing his/her own perceptions or feelings during the coding process, also referred to as projection (Boyatzis, 1998). The researcher continued to engage in line-by-line coding until data saturation occurred. This occurs when the researcher can no longer identify any new codes from the data. The researcher then engaged in the second type of coding, which entailed reducing the initial codes that were identified. The codes were reduced to the most often-recurring or significant codes.

The next step entailed grouping these common codes into an emerging theme. A theme can be described as a pattern in the information. The researcher followed this process with each of the transcribed interviews. The researcher looked for common themes that emerged from the data. Once the researcher had identified the common themes, she sent it back to the participants to confirm that they agreed with the themes. The researcher then used the feedback from the participants to finalise the codes. Allowing participants to review the emergent themes (i.e. member checking) contributed to the validity of the findings.

3.7 ASSESSING AND DEMONSTRATING THE QUALITY AND RIGOUR OF THE RESEARCH DESIGN

Interview bias and response bias can affect the findings of a research study (Saunders, Lewis & Thornhill, 2007). Interviewer bias refers to the way in which participants respond to the interviewer based on his/her behaviour, tone of voice, and comments made. Response bias, on the other, hand refers to how the participants respond to the interviewer. For instance, they may not be willing to share their true feelings or experiences with the interviewer due to a lack of trust. Participants may also only provide information they think the researcher wants to hear.

Both of these forms of bias can be reduced by building sufficient rapport with the participants. The researcher in the current study built rapport with the candidates prior to the interviews via telephone calls and e-mails. This was done in order to explain the study

to them and ask for their participation. Brief discussions also took place with the candidates prior the commencement of the official interviews.

The researcher informed the participants that their responses would remain confidential. Furthermore, their identities will remain anonymous.

Due to the subjective nature of qualitative research, it is easy for a researcher to interpret a participant's response according to his/her own beliefs or prejudices. The codes and themes that were identified can be traced to verbatim transcripts of the interviews with the respondents. Hence, the researcher is able to substantiate that the codes and themes that were identified emanated from the data. This ultimately increases the reliability of the findings. The first step in championing the reliability of the findings is to ensure that the interviews are transcribed accurately (Creswell, 2007). Once the researcher completed coding the data, she asked another researcher to code the same data. A comparison was made between the two sets of results to determine if similar codes were identified. There was 70 percent agreement. A coefficient of .90 or greater is nearly always acceptable, .80 or greater is acceptable in most situations, and .70 may be appropriate in some exploratory studies (Tinsely & Weiss, 2000). An interrater reliability of .70 is acceptable for an exploratory study of this nature.

Cao (2007) mentioned that Lincoln and Guba state that qualitative research should be measured against four criteria. The first criterion is trustworthiness, which refers to the extent to which the findings are a true reflection of the events that happened. Transferability is the second criterion, which refers to whether the research will be relevant in another context, situation, or group. The third criterion is reproducibility. As the name implies, it refers to the extent to which the study will be able to reproduce the same results in a different context. The last criterion is confirmability, which refers to whether the research findings are a result of the study or whether they are a reflection of the researcher's own bias. All qualitative research needs to be assessed against these criteria.

The researcher ensured trustworthiness by, firstly, recording the actual interviews on a digital recorder. As stated earlier, the researcher transcribed the interviews verbatim. The

researcher ensured that all the categories and codes could be traced back to the transcribed interviews. The researcher also verified the findings with the participants. The transferability and reproducibility of the results cannot be guaranteed. This study focused on participants who had participated in a tailor-made training programme. Therefore, transferability is limited to the extent to which similar programmes may replicate the one studied in terms of purpose and content of the programme, and the type of participants.

3.8 RESEARCH ETHICS

Every effort was made to adhere to sound ethical principles in conducting the research. The first principle to consider is protection from harm. The researcher conducted in-depth interviews with the research subjects. The researcher ensured that none of the questions was designed to cause psychological harm to the participants. The researcher also informed participants that they had the right to refuse to answer any questions and withdraw from the process at any stage. None of the participants withdrew, and all interviews were completed. The researcher avoided asking intrusive questions. The researcher ensured that results of the analysis did not cause harm to the participants by guaranteeing confidentiality and anonymity.

The second factor to consider is informed consent. All the participants signed the consent form on the day they were interviewed.

In order to maintain the confidentiality of the participants, only the researcher has access to the transcripts. Each interview was number coded. The researcher did not make use of the participants' names in the analysis and discussion section of the paper. The researcher made use of the terms "hospital manager 1, 2, 3" and so on.

The next chapter will discuss the results of the research.

4 CHAPTER 4: FINDINGS

4.1 INTRODUCTION

Before sharing the data analysis, it is important to elaborate on the FMDP in more detail. Most of the information about the programme is based on the interview with the developer of the programme. The purpose of the programme, as well as the design, is discussed. The circumstances under which the candidates are placed will also be discussed. How the programme was evaluated and the feedback from the candidates is also discussed.

4.2 PURPOSE OF THE PROGRAMME

The company introduced the FMPD in 2004 to fast track individuals to occupy the role of hospital manager. The developer of the programme was the Training Manager for the private hospital group at the time of the study. Leadership development was part of his portfolio, which is why he was involved in the development of the programme.

The company introduced the programme because they considered the private health care industry to be quite specialised, and the company found it difficult to find suitably qualified people to manage their facilities. The company had decided to recruit people whom they would develop through their own programme. The developer stated that the company wanted to “build and grow our own leaders.” The company would then appoint these people into senior positions once they were ready.

The second reason why the company introduced this FMDP was because they wanted to be a truly “South African company.” In other words, they wanted their workforce to be more representative of the South African population. The programme allows the company to improve their EE representativeness on a more senior level.

The developer believed that the programme had achieved its desired purpose. Eleven people had completed the programme at the time of this study. Two candidates left the company after they had completed the programme. Six of them were still with the company, occupying senior positions for more than two years. These six participants were

interviewed by the researcher. However, as stated earlier, one of the participants left the company after the interviews were conducted. All of these hospital managers were performing well in their new roles. One of the candidates had been placed recently. Two participants in the programme were waiting to be placed.

The next section will discuss how the developer designed the FMDP.

4.3 DESIGN OF THE FMDP

The programme developer made use of a few resources in designing the programme. He first made use of the work profile of a hospital manager (see Appendix G). The work profile is basically a job description. It explains the key outputs and responsibilities of a job. The next step entailed building a competency model that describes the competencies needed to produce the necessary outputs. The last resource that the developer used was the knowledge he had acquired over the years through his interactions with various hospital managers. The developer stated: "I have a good understanding of what are the day-to-day challenges the hospital managers would typically have." The developer then used these resources collectively to develop the objectives of the programme. The FMDP is not aligned with an academic institution.

The FDMP is divided into four areas. The different areas start with a very broad focus and then narrows down to specifics (see Appendix G, which is a shortened version of the study guide for the FMDP). The first area focuses on the health industry and the company. The second focuses on leadership development. The last two areas focus on the hospital's operational environment and functional hospital management respectively.

The first two phases require the participants to complete assignments based on theoretical research. A lot of research is conducted using the Internet. The last two phases also require the participants to complete assignments, but also contain practical components. These assignments require the candidates to visit hospitals in the group and gather information from the hospital managers or other subject matter experts.

All the assignments are submitted to the programme developer. The developer then reads the assignments and discusses the findings with the participants. These discussions are often group discussions with all the participants of the programme and the developer present. The developer then gives feedback to the participants on their assignments. The developer does not give the participants feedback on the assignments in the form of a mark or symbol, but rather tells them whether they had understood the objective of the assignments.

The developer meets with the participants on a bi-weekly basis. The developer uses these meetings to give feedback on past assignments and facilitate group discussions. The participants therefore have two weeks to complete their assignments.

The programme developer informs the hospital managers or subject matter experts that the participants will interview them as part of their assignments. The developer aims to expose the participants to the managers who are currently using the methods of best practice. The developer stated that most of these managers had also attended the company's in-house mentorship programme.

Initially, the developer used to make all the arrangements for the participants to visit the hospital. The developer stated that he had started tasking the participants of the programme with arranging their own visits to the hospitals. Some of the participants had an opportunity to act or shadow a hospital manager after they had completed the four phases of the programme. However, this is not a standard part of the programme. These opportunities are dependent on the needs of the company at the time.

4.4 PLACEMENT AFTER COMPLETION OF THE FMPD

The minimum requirement to enter into the programme is a degree and some management experience. Hence, all the participants already had some management exposure. The developer stated that the company strives to place the participants after they have completed the programme. However, that has not always been possible. The company can only guarantee the participants continued employment. The participants' placement is also dependent on the vacancies in the hospital at the time the participant

completes the programme. When there is a vacancy for a hospital manager and all the relevant stakeholders are comfortable with appointing the participant as a hospital manager, then the participant will automatically be placed. However, there are instances where certain stakeholders are not comfortable with an automatic placement. The participant would then have to compete with external candidates for the position.

4.5 THE EVALUATION OF THE FMDP

The developer evaluates the effectiveness of the programme, based on two different aspects. He firstly evaluates the programme in terms of the pace of learning of the participants, the quality of assignments, and group discussions. The developer stated that he was able to judge quite quickly whether the participants had acquired the necessary knowledge from the assignments.

The second aspect that is evaluated occurs after the candidates have completed the programme and are occupying their new roles. The developer contacts the newly appointed hospital manager's regional COO to determine the level of the participants' performance. If participants require help in certain areas, it is incorporated into their development plan. This development plan is standard for all employees of the company.

The programme developer also receives feedback from the participants of the programme upon completion.

4.6 FEEDBACK FROM PARTICIPANTS

At the end of the programme, the developer asks the participants for feedback on how they can improve the programme. This feedback is incorporated into the design of the programme for the next group of participants. It is important to note though that the developer continuously asked the participants for feedback throughout the programme. Any factors that could be changed were immediately changed. This programme allows the participants to learn at their own pace. Hence, they can adjust the pace accordingly, when necessary.

The developer also stated that the nature of the programme allows it to be changed quite easily, because it is not based on an academic curriculum.

The company's decision to run the programme each year is dependent on the needs of the business at the time. The company was conducting an extensive review of the programme at the time. There may be some changes to the programme in the future as well as a possible expansion of the programme.

4.7 ANALYSIS OF PROGRAMME EXPERIENCES

4.7.1 Introduction

This section discusses the findings from the interviews conducted with the research participants. The findings are discussed within the context of the literature discussed in Chapter 2. The researcher used thematic analysis to analyse the data. The themes that were identified after analysing all the transcribed interviews are also discussed.

The researcher listened to the interviews and read through the transcribed interviews repeatedly in order to familiarise herself with the content. The researcher then engaged in line-by-line coding. These codes were then reduced to the most recurrent or significant codes. The researcher then compared the participants' different responses to the same questions in order to identify any similar codes. These codes were then used to identify emerging themes from the data. Some of the themes identified emerged directly from the participants' responses. There were other themes that were similar to some of the findings from previously conducted research, which were discussed in the literature review in Chapter 2.

The themes discussed in this chapter reflect the experiences of the participants in this FMDP. The themes are presented as sub-headings in this chapter. The researcher refers to some of the participants' verbatim responses to illustrate the identified theme. The six participants are referred to as Hospital Manager 1 to Hospital Manager 6 respectively, to maintain anonymity. The programme developer is referred to as such. The words in italics were added by the researcher for clarity.

The table below provides a summation of the themes that the researcher identified after analysing the data from the interviews conducted with the participants and the developer of the programme.

Table 3 : Summation of identified themes

IDENTIFIED THEMES	DESCRIPTION
Theme 1 – Need for FMDP	Perceived need for FMDP by participants
Theme 2 – Resistance from colleagues	Participants experienced resistance from their colleagues due to the FMPD.
Theme 3 – Valuable practical exposure	Participants' perception of practical exposure
Theme 4 – Learning experience	Participants' views of entire FMDP experience
Theme 5 – Limited practical exposure	Participants' common complaints regarding FMDP
Theme 6 – Inadequate mentorship	Participants' views of mentorship
Theme 7 – Acting with no transition period	Participants' experience when acting in positions
Theme 8 – Competence after completing FMPD	Participants' views of their competence after programme
Theme 9 – Preference for the fast-track programme	Participants' views of FMDP versus the traditional career path
Theme 10 – Stigmatisation	Participants' perceptions of how they are viewed after completing the FMDP
Theme 11 – Proof of competence	Participants' need to prove themselves after completing the FMDP
Theme 12 - Miasma	Participants' experience of miasma
Theme 13 – Combination of a qualification and the FMDP	Participants' views of FMDP versus formal qualification

4.7.2 Theme 1 – Need for FMPD

All the candidates supported the FMDP. They believed that there is a need for these types of programmes in light of South Africa's history of apartheid.

“There was limited opportunities for people, the designated people. So, the fast track is a good idea, but it needs to have good structure in place as well” (Hospital Manager 4).

“To get a person that has got the potential through a fast track to get to a senior level. Again because of the background we’re having” (Hospital Manager 6).

The participants believed that the right candidates need to be selected for these types of programmes. The candidates need to have potential and the right attitude. The participants were aware of the shortage being experienced in the market and were therefore in favour of using these types of programmes to address this need.

“We currently have a need where we need to push people quicker through the system on an accelerated... where we focus specifically on them and you giving them an opportunity to learn”(Hospital Manager 3).

The company in this study had views similar to that of the participants, and this was one of the reasons why they introduced the programme. As mentioned earlier, the company also wanted to be more representative in terms of its demographics reflecting the population of South Africa. Hence, both the company and the participants saw the need for this type of programme in the country. One of the participants of the programme, however, had a problem with EE-targeted programmes of this nature.

“The concern I’m always having is the EE story” (Hospital Manager 6).

The participant believed that programmes of this nature should ultimately be used to help participants to fulfil their new roles effectively. The participant did not believe that the individual’s equity status should determine their need for this type of programme. The participant also questioned why some white hospital managers with less qualifications and experience had been appointed without going through any type of development programme.

“So you have theory and you have the experience, but then you must still be put through an EE programme just because, what...? You’re EE or you’re black” (Hospital manager 6).

Hospital Manager 6 believed that these programmes ought to look at people's qualifications and experience to determine their need to go through a development programme. The colour of a person's skin should not be the deciding factor for joining the programme. Hospital Manager 6 said that the programme should be used to equip people to perform their jobs. The Hospital Manager in question believed that the programme was being used to improve the company's EE statistics. Hospital Manager 6 was the only participant who expressed such strong views. The other participants believed that the programme was good for EE candidates with potential who may lack the necessary qualification and experience.

4.7.3 Theme 2 – Resistance from colleagues

The participants in the programme were required to visit the hospitals in order to complete certain learning objectives. Some of the participants experienced resistance during those visits. It was therefore identified as the second theme. Resistance was experienced by the participants at various stages throughout the programme. The resistance manifested in different ways. Some of the participants perceived a lack of support for the programme.

“...majority of the hospitals were very excited and then there were others who..., that didn't want anything to do with the development candidates visiting them at all. Uhmm, for two reasons, I feel that.., and the feedback was that, firstly, some of them were very negative towards the programme and felt that, 'Why should certain people be given an advantage?' ... and others saw us as a threat” (Hospital Manager 5).

“I don't think the whole group had bought into the fast track” (Hospital Manager 4).

One of the candidates mentioned that they were only exposed to certain regions within the company. There were certain hospitals which they never visited, irrespective of their proximity to the candidates. Some of the hospitals were not willing to let the participants visit them as part of the programme. Furthermore, some of the hospital managers or subject matter experts the participants were exposed to, were unwilling to share information. This was the second area where the participants experienced resistance.

“...often you would realise that the person was just not going to share information with you...don't teach her so much. She may, you know, supersede you one day” (Hospital Manager 1).

“... not easy to get an appointment with somebody to come and tell you what he was doing (Hospital Manager 6).

It is clear from the above statements that some of the participants encountered resistance during the programme from some of the managers. The lack of support was a hindrance for them, but they still managed to successfully complete the programme. The company could not take disciplinary action against these unwilling hospital managers because participation in the programme was voluntary.

After the initial data analysis, the researcher asked the programme developer how much support he received regarding the programme. His response was as follows:

“Huge support from all levels of the company.”

As mentioned earlier, the developer stated that he initially contacted the hospitals personally to arrange the visits for the participants. The abovementioned statement indicates that he received initial support for the programme. However, the majority of the participants stated that they still experienced resistance when they visited some of the hospitals, even after the developer had contacted them. One explanation for this is that some of these hospitals may have shown support to the developer telephonically only because he works at the head office of the company. Yet, when they needed to display their support to the participants, they were unwilling. Another possibility comes from the data. The interview data suggest a positive view of the programme from top management, and the support problem appeared to be mainly at the ground level. Participants complained about experiencing resistance at “ground level.” This may also account for the developer having had a different perception of the support the programme received.

Although the participants experienced resistance during their practical exposure at the hospitals, they still considered it to be the most meaningful experience of the programme. Practical exposure was therefore identified as the next theme.

4.7.4 Theme 3 – Valuable practical exposure

As stated earlier, the first two phases of the FMPD consist of theoretical research. The last two phases require participants to visit the hospitals in order to complete their learning objectives. All of the participants appreciated that practical exposure. The hospital visits gave them the opportunity to see how hospitals are managed in practice. Furthermore, it gave them the opportunity to observe the required level of performance of hospital managers. Below are two of the participants' responses that capture what was stated in response to the question: "What was the most meaningful experience for you?"

"The first time I got to the hospital and actually saw what is being done..." (Hospital Manager 3).

"I think, spending time in the hospital..." (Hospital Manager 4).

During the hospital visits, the participants had an opportunity to interact with hospital managers and other managers. The participants enjoyed interacting with the managers and learning from their experiences. Furthermore, most of the participants had an opportunity to act as a hospital manager prior to being appointed permanently as a hospital manager. Some of the participants also had an opportunity to shadow a hospital manager for a period of time. The programme developer also considered this practical exposure to be of great importance.

"You know, the programme is great in terms of a foundation, but where does the real learning take place? The real learning takes place the day when you are responsible..." (Programme Developer).

It is evident that the participants and the programme developer saw the value of practical exposure. Practical exposure gives the participants the opportunity to implement the theoretical knowledge that they have gained.

“... actually be in an environment where I could apply that which I had read.”
(Hospital Manager 1).

“It is something that you can see and experience.” (Hospital Manager 3).

The above statements indicate that the FMDP has both a theoretical and a practical component that the candidates value. The entire FMDP was a learning experience for the participants. Hence, this was identified as the next theme.

4.7.5 Theme 4 - Learning experience

The programme developer stated that he informed the participants that they were appointed to the programme to learn.

“Their only responsibility was to learn” (Programme Developer).

The participants said that the programme taught them about the health industry, specifically focussing on the private health sector. Some of the participants said that the programme had challenged their way of thinking.

“It’s sort of tweaks your mind to think differently, right... it sort of forced you to think further than what we’re are doing or what you were doing at that point in time”
(Hospital Manager 2).

“Every day when you went to a hospital and came back you could actually say, 'I learned something new today.' ” (Hospital Manager 3).

“I enjoyed the opportunity to sit with people who have the expertise in terms of providing their knowledge (Hospital Manager 4).

The above statements indicate that the FMDP achieved what the developer had intended in terms of it being a learning experience. The participants learned from both the theoretical and the practical components of the programme. In spite of the fact that the

participants valued the practical exposure, they felt that it was not sufficient. Limited practical exposure was therefore identified as the next theme.

4.7.6 Theme 5 - Limited practical exposure

All of the participants wished that they had had more practical exposure to prepare them for their new role as hospital manager. Some of the participants shared the same sentiments as the programme developer regarding practical exposure. The programme developer considered the practical exposure to be the place where learning actually occurs.

“You are in the hot seat and that is where you learn most of it (Programme Developer).

“... practical environment that is actually the most important” (Hospital Manager 3).

Some of the assignments the participants were given required them to make recommendations regarding the improvement of certain processes within the hospital. Only two of the participants had the opportunity to implement some of their recommendations.

“... and if they (*management*) feel it is worthwhile, actually looking into these improvements that you’ve now set up, it gets implemented. And then you monitor it and you go back to see what the outcome is (Hospital Manager 5).

The remaining participants, however, did not have such an opportunity. Many of the participants complained that they did not have the opportunity to check whether their recommendations would be effective in practice.

“There isn’t actually an opportunity to go and physically implement that recommendation that you’ve come up with. So you therefore do not see whether that which you will have concluded is in fact, fact or fiction” (Hospital Manager 1).

“...but not practically, because you did a written assignment on the thing, which in reality probably gives you all the facts, but in the real world probably wouldn't have worked as well as it is says on paper” (Hospital Manager 3).

Although the participants' experiences differed regarding the opportunity to implement their recommendations, they all complained about insufficient practical exposure throughout the interviews.

As mentioned earlier, the participants were required to obtain answers from either the hospital managers or other subject matter experts. These individuals played a mentorship role during the programme. However, some of the participants complained about the mentorship that they received during the programme. Inadequate mentorship was identified as the next theme.

4.7.7 Theme 6 - Inadequate mentorship

The programme developer stated that he personally identified all the mentors for the programme, based on their level of expertise. He also stated that most of the mentors had attended the company's in-house mentorship programme. The programme developer stated that he initially briefed the managers about the outcomes the participants need to achieve by visiting the hospital:

“...I would say to them, in terms of best practice, where are you going to find the best practice for that, because of the fact I'm also fortunate to know, knowing which hospitals and which departments do things better than others.”

“They have a good understanding of what their mentorship role and relationship is all about.”

However, some of the participants complained that some of the hospital managers did not know what to do with them once they arrived. They also said that some of the hospital

managers referred them to their departmental managers instead of spending time with them.

“But those *hospital managers* who participated needed to have some kind of preparation...” (Hospital Manager 4).

“We met one or two hospital managers, but they always referred us to people that's doing the work, like the HR, go to the HR manager. Finance, go to finance. So, not at hospital management level or talking to him and seeing what he does every day” (Hospital Manager 6).

All the participants felt that they had insufficient guidance and mentorship from hospital managers. They did, however, appreciate the mentorship they received from the developer of the programme.

Two participants were fortunate enough to be mentored by hospital managers. Both of these individuals viewed that experience as being the most meaningful of entire FMDP.

“I had an opportunity to act at hospital X where I shadowed the hospital manager for a couple of weeks... I think that exposure was very valuable” (Hospital Manager 5).

“He mentored and taught me how to drill into things ... I walked away more confident than ever” (Hospital Manager 1).

It is clear from the above statements that good mentorship is critical to the success of development programmes. Mentoring should form part of the practical exposure in these programmes. Mentors are able to guide the participants in terms of how things work in practice. It is also clear from the above discussion that there was a difference in perception regarding the quality of mentorship received by the candidates. The participants' mentorship experiences also differed.

The opportunity to act as a hospital manager was a part of the practical exposure of some of the participants. However, some of the participants stated that there was no hand-over period during that time. This experience was therefore identified as the next theme.

4.7.8 Theme 7 - Acting with no transition period

Acting as a hospital manager or some other senior role is not an official part of the FMDP. The opportunity to act in one of these positions is dependent on the needs of the company at that time. The programme developer stated that there were times when the company experienced a crisis and he was asked to identify a participant who was ready to temporarily act in the role. Candidates had either completed the programme or were close to completing the four phases of the programme. These individuals would then act in those positions temporarily. In some instances, they were appointed permanently to those positions.

Two of the participants stated that there were instances where there was no official handover period when they were required to act as hospital managers.

“... moving into a business as the senior person and not having a person handing over to you, as in, no transition period. You walk into an office with whatever is there and now you’re the manager” (Hospital Manager 5).

“I went to be a stand-in hospital manager, but there was no one to learn from. So you basically left to do your own thing” (Hospital Manager 4).

These participants stated that they were expected to fulfil these roles effectively almost immediately. They felt frustrated because they were often not aware of the status of a hospital prior to their arrival. There was often no transition period. These participants became hospital managers overnight, and staff often expected them to be knowledgeable and provide guidance upon their arrival. These participants said that they would have preferred a transition period.

4.7.9 Theme 8 - Competence after completing FMDP

All of the candidates believed that the FMDP provides a good background for understanding hospital management. As mentioned earlier, the programme consists of a lot of theory during the initial stages. The programme seeks to provide the theoretical knowledge and practical exposure to equip participants to fulfil their role as hospital managers.

“It provided me with the knowledge to come here and know what is expected of a hospital manager” (Hospital Manager 3).

“I think it gave me the base for managing a health care facility” (Hospital Manager 2).

“...whole idea is to have a knowledgeable senior person...” (Hospital Manager 5).

It is clear from the above statements that the FMDP does provide the participants with the fundamentals needed to be hospital managers. The programme also provides the participants with general management skills. Some of the participants stated that the programme enhanced their people management skills as well as their diversity skills. Some participants said that their time management skills had also improved, and that they had learnt to be more assertive. The candidates’ delegation skills and financial acumen were also developed through the programme.

“My financial acumen has improved” (Hospital Manager 1).

“You have to learn to delegate” (Hospital Manager 5).

Some of the candidates said that the programme taught them how to manage these different departments collectively and how they affect each other.

“To consolidate all those disciplines...to consolidate them into one solid unit” (Hospital Manager 2).

“I’ve become very business aware and how different departments affect each other” (Hospital Manager 4).

“It’s taught me to actually look at: ‘Oh wow! I can actually run a business’” (Hospital Manager 1).

It is clear that the programme provides the participants with generic management skills as well as skills that are unique to the position of hospital manager. Most of the candidates stated that all the skills they acquired from the programme were useful. Some of the candidates said that, although they were not using some of those skills, it gave them a better understanding of the operations of different departments.

One of the participants did not believe that the programme had taught him anything new.

“The programme tried to teach me something which I already knew, which was management” (Hospital Manager 6).

The researcher made contact with Hospital Manager 6 after the initial interviews. The hospital manager later clarified that the FMDP was a good programme; it just did not add any value to him personally. It is therefore clear that all the participants thought that the FMDP was a good programme.

Several years' work experience in the right environment could also have prepared the participants to occupy the role of hospital manager. This can also be referred to as climbing the corporate ladder or following a traditional career path. However, all the candidates preferred the fast track. This was identified as the next theme.

4.7.10 Theme 9 – Preference for the fast track programme

Some of the participants stated that there were advantages and disadvantages to both the traditional career path and the fast track.

“Climbing up the corporate ladder step-by-step has its own positives... that exposure and experience from different levels, right, your know-how of the day to day issues of the different levels, you have them” (Hospital Manager 2).

“I think... that person will have years of experience no one else would have” (Hospital Manager 5).

However, some of the other candidates still preferred the FMDP due to the current skills shortage in South Africa. This type of programme enables people with potential to occupy senior roles in a shorter period of time.

“I think this kind of programme brings people with potential into the positions where they feel that they would thrive and mean more to the company in a much shorter period of time” (Hospital Manager 5).

“You just need the principles at the end of the day” (Hospital Manager 3).

Two of the candidates also preferred the programme because there is no fixed career path to becoming a hospital manager. The existing hospital managers within the company were from various backgrounds.

“But I don't know of any programme that's actually designed for hospital managers' training” (Hospital Manager 4).

The participants preferred the FMDP because it accelerated their careers. It enabled them to fulfil a more senior role in a shorter period of time. Although they did acknowledge the value of the traditional career path, they believed that the fast track can be just as effective.

The FMDP in this study is aimed at EE participants. It is also referred to as a single identity programme, as mentioned earlier in the study. Many times, participants of these types of programmes are viewed differently than the rest of the staff in a company. The

participants of the programme perceived that they were stigmatised as a result of their participation in the programme. This was therefore identified as the next theme.

4.7.11 Theme 10 – Stigmatisation

Most of the participants stated that they were stigmatised due to their participation in the programme. Some of the participants did, however, admit that it was difficult to assume what other people thought of them. They also stated that people are not always honest when sharing their thoughts and opinions. Most of the candidates said that they had experienced being viewed as a token in one way or another. Some of the participants viewed tokenism and window dressing as the same thing. However, the very nature of a FMDP makes it easy for the stigma of tokenism to be associated with it. In general, this is one of the challenges of single-identity group development programmes. Because the programme consists of participants who are all the same, others can easily assume there is something inherently defective about the group.

“If you've got 70 – 80% white Afrikaans employees, right, and you're coming in and you are an equity candidate, or you're EE, not even having gone through the FMDP... to a certain extent, of those guys will see you as a token (Hospital Manager 2).

“Despite how hard you work, however, there will always be a perception out there of people that you're a token appointment (Hospital Manager 1).

The view of Hospital Manager 2 regarding tokenism is consistent with Kanter's definition, mentioned earlier in the literature review. Two other participants, however, viewed tokenism as window dressing. Boikhutso (2004) states that window dressing entails appointing an EE candidate into a senior position with no real power or authority.

“... you've become a token, so they don't expect much from you. And I hate that, you getting paid a salary, but nobody utilises you as you should because they think you less effective” (Hospital Manager 4).

Although window dressing was viewed as tokenism by some of the candidates, it was not being practised by the company in terms of this programme. All the participants of the programme that were appointed were given the authority and accountability in their new roles as hospital managers, and their performance was measured by the key performance indicators (KPI) for hospital managers.

“.. and they do give you the authority and responsibility to run the place”(Hospital Manager 6).

“It’s not a free ride. You went through the course. ‘Oh, I got this position, so now I can sit and relax.’ It doesn’t work that way” (Hospital Manager 3).

The performance of the hospital managers who participated in this programme was not measured any differently than that of their white counterparts.

Two of the participants stated that some people had a perception that they required additional education and training.

“... but, what was interesting, is that everyone wants to teach you...” (Hospital Manager 2).

“...but as a non-white person, you always seem to need to learn” (Hospital Manager 6).

These negative views of other staff members resulted in many of the candidates needing to prove their competence. This was therefore identified as the next theme experienced by the participants.

4.7.12 Theme 11 - Proof of competence

All the participants stated that they had experienced some resistance from the management team that they were supposed to lead at the respective hospitals. Their

subordinates doubted their ability to manage a hospital. They therefore needed to prove themselves to their team in order to gain their trust.

“At the beginning, when I started here, that was the challenge, I think. ...because people look at you and said, 'Well... we don't know if you're a hospital manager. Can you do the work?' ...In the beginning, a problem, but as time goes, it got better” (Hospital Manager 6).

As stated above, the situation did improve over time for all the hospital managers. Most of the hospital managers had a management team that consisted of mostly non-equity employees. In addition, one of the participants stated that he was regularly questioned by subordinates who were previously disadvantaged. He constantly felt the need to reinforce his authority.

“With me, obviously, from the subordinates there is always questions, maybe it's because we look the same” (Hospital Manager 2).

The hospital managers in this study did not necessarily have to prove their competence to their managers and colleagues in the same way. Their fellow hospital managers tended to use the KPIs of hospital managers to measure the competence of their newly appointed colleagues.

The need to prove one's competence can lead to pressure to perform. This is one of the four areas of miasma, mentioned earlier the literature review, that black managers are affected by. Miasma was identified as the next theme.

4.7.13 Theme 12 – Miasma

Miasma affects black managers in four different areas, namely identity, responsibility, networking, and mentoring. The participants of the study experienced the four areas of miasma in different ways. The first area of miasma is identity, and refers to individuals feeling that they need to deny their culture in order to be successful. Only two of the

candidates said they felt that they needed to deny their culture to some extent in order to be successful or to be accepted.

“...that I had to adjust to, conform to the norm – the accepted norm in the community” (Hospital Manager 5).

“It is expected, you know, that your culture is being put on the side because you're coming into a family. ...70% of one race...” (Hospital Manager 2).

The other participants did not feel that they needed to deny their culture in order to be successful in their new roles. The female hospital managers, however, felt that they needed to conform to a male-dominated environment.

“... but as a woman in the business industry. Look, it's dominated by males, you kind of do, sometimes, just tend to stay quiet and accept what they say” (Hospital Manager 4).

The next area affected by miasma is responsibility. Responsibility can be experienced in two different ways. The one entails managers feeling responsible for younger black managers. The second entails feeling responsible to perform in order to keep the door open for other EE candidates (Liver & Caver, 2004). The participants in the current study did not feel responsibility for protecting other, younger EE candidates. They did, however, feel the need to perform for the benefit of future participants in the programme. Some of the participants put pressure on themselves because of the stigma associated with the programme's participants.

“For me it meant that if I could make this work, it would basically go against any perception that there may have been that we couldn't make it... there was a responsibility to make it work, to be good, to excel, to rise above the rest” (Hospital Manager 1).

“There was a lot of pressure after finishing the programme... And our failure would mean that, or rather that people of colour would be seen, not to be able to make a success of this position within the company” (Hospital Manager 5).

“But being in a fast track, I feel like the spotlight is constantly on me” (Hospital Manager 4).

It is clear from the above statements that some of the participants felt obligated to perform well, whilst others felt that they were being monitored closely due to their participation in the programme.

“... you're looking backwards to that and saying they were people prior to me in the programme and the people will still want to come into the programme, and we want one thing. Many of us in this environment, therefore, make sure that you perform” (Hospital Manager 2).

Half of the candidates felt pressure to perform because they wanted to disprove the negative perceptions of the competence of EE candidates. Some of the hospital managers therefore made a conscious effort to either maintain or enhance the performance of the hospitals they were managing.

“There is still that feeling of having to prove yourself, having to perform better than your white counterpart” (Hospital Manager 5).

“...but you as a black person, you don't want to fail in a white environment. You just can't fail” (Hospital Manager 2).

Networking is the third area affected by miasma. Only half of the participants had engaged in networking. Two of the participants established a network because they did not believe that they got support from their managers.

“... you sort of build up your, your circle of support. Where you can just pick up the call and say... “(Hospital Manager 2).

“A lot of support comes from our head office...” (Hospital Manager 5).

“... using the opportunity to build relationships and realising that you need those good relationships later on, when you become a hospital manager” (Hospital Manager 1).

It is clear from the above statements that these individuals had established relationships within the company that serve as a support structure. The last area affected by miasma is mentoring. It was stated that none of the participants had a dedicated mentor assigned to them. Only one of the participants was mentored by a hospital manager for a few months. Coincidentally, this same hospital manager that was mentored was later asked to mentor one of the participants in the programme. The hospital manager fulfilled an official mentorship role. One of the other hospital managers in the study was a mentor to two other aspiring hospital managers at the time of the interviews. One of them was within the company, whilst the other was external. This mentorship relationship was of a more informal nature. The rest of the hospital managers in the study acted in an advisory capacity on an ad hoc basis as mentors for the programme.

As stated in the previous section, all the participants had a formal qualification. Although this programme has a theoretical component to it, the researcher still wanted to establish what the participants' preferences were in terms of obtaining a qualification and climbing the corporate ladder, versus a FMDP only. This led to the final theme identified by the researcher.

4.7.14 Theme 13 - Combination of a qualification and the FMDP

All the participants in the programme had a formal qualification from a learning institution. Some of the participants had also attended management development programmes offered by these formal institutions. Although the participants believed that the FMDP prepared them to fulfil their new role, they still believed that a formal qualification is needed.

“Once you have a person or a candidate that got the fundamentals of management, for example, and you bring in such a person into such a programme, it just reinforces from a practical point of view” (Hospital Manager 2).

“I think there is grounds for both” (Hospital Manager 4).

“So having formal training is an advantage, but to give further exposure with regards to this kind of programme will give you a bigger advantage” (Hospital Manager 5).

The above statements indicate that the participants in the study valued formal theory as well as these types of programmes. Most of the candidates stated that this FMDP offered them practical exposure that one does not obtain when attending a formal course at an institution.

4.8 CONCLUSION

This chapter discussed the various themes that the researcher identified after analysing the transcripts of the interviews with the research participants. The researcher mostly made use of the words and descriptions of the participants to demonstrate the emerging themes. The researcher also referred to some of the themes identified from the literature.

It is important to note that the themes identified by the researcher are not the only way to analyse and interpret the data. The next chapter will discuss the final conclusions and recommendations of the study.

5 CHAPTER 5: DISCUSSION AND CONCLUSION

5.1 DISCUSSION OF FINDINGS

FMDPs have been introduced to companies in South Africa to fast-track EE candidates to more senior roles within companies. The purpose of this study was to explore the experiences of the participants of an EE-targeted FMDP. Specifically, the study sought to provide answers to the following research questions:

- What are the participants' perceptions about FMDPs?
- What challenges did they face during and after completing the programme?
- How do these individuals believe they are perceived by their colleagues and subordinates?
- What are the participants' perceptions of the effectiveness of the FMDP of which they were a part?
- What are the participants' perceptions of their level of competence after completing the programme?

The participants in this study believed that there is a need for programmes of this nature, due to South Africa's history of apartheid. In other words, participants saw the FMPD as a means of ensuring that previously disadvantaged groups have an opportunity to develop the skills required to assume management positions. They believed that this particular FMPD is a valuable programme in respect of their development and gaining access to management positions. It provided them with the necessary knowledge to understand the private health care sector and the management of a hospital. This finding concurs with the arguments offered by Ohlott (2002) that non-dominant group managers need targeted development programmes to allow them to address the particular challenges they encounter and to accelerate their ascendancy to managerial roles.

The participants in the current study, however, also experienced some of the negative consequences of affirmative action measures, such as those discussed earlier in the literature review. Unfortunately, as previous research suggests, single identity

programmes are often associated with stigmatisation (Ohlott, 2002, Debebe, 2011). The majority of the participants in the current study had similar experiences to those reported by participants in earlier research studies. The participants in the current research study also experienced resistance from colleagues, both during and after their participation in the programme. This was evident in the reported behaviours of some of the hospital managers and departmental managers who refused to share information with participants during the programme. The dominant view of the participants was that they had limited access to the incumbent hospital managers during their hospital visits. There appeared to be some instances of lip service support for the FMDP. While certain individuals may have communicated to head office or the developer of the programme that they supported the programme, they did not always do this in practice. There were displays of hostility towards the participants of the programme. This could explain the difference in perception between the developer's and the participants' level of support for the FMDP.

The resistance experienced by the some of the participants is similar to the experiences of the EE candidates in the study conducted by Cilliers and Stone (2005). The EE candidates from that study encountered managers who were unwilling to train them. Some of these managers also felt threatened by the EE candidates. The fact that some of the hospitals were not willing to allow the participants to visit, indicates that they view them as outsiders. This finding is also similar to the results of Kgapola's study (2004), as shown in Table 2.

Those designing development programmes must be more attentive to the contextual factors, and not just focus on the programme content. For example, more consideration must be given to making sure other parts of the company buy into and commit to their responsibilities in the programme. At a higher level, companies have to make a concerted effort to improve the representativeness of their company, in line with the requirements of employment equity. This will help to mitigate the tokenism effects exacerbated by low representation of non-dominant groups.

The hospital managers in the study also experienced the different effects of miasma in one way or another. Again, miasma, as noted by Livers and Caver (2004), refers to the incorrect perceptions that people from different race groups develop when working

together. As mentioned earlier, miasma affects black managers in four areas, namely identity, responsibility, networking, and mentoring, which was also evident in the present study. For instance, the participants felt they did not receive the level of mentoring they expected. While participants valued the theoretical and practical components of the programme, they would have preferred more practical exposure and formal mentorship.

The mentoring aspect of the programme was experienced as inconsistent and insufficient. Participants also wished that they had had a dedicated mentor to learn from and to shadow during the programme. This finding is consistent with that of the study by Rankhumise and Mello (2011), which found that mentorship, is critical to the success of any development programme. Rankhumise and Mello also found that having a trainer that has never occupied the role that participants will be required to fulfil is a disadvantage of some training programmes. Similarly, previous research has documented the challenging experiences blacks and racial minorities have with respect to mentoring (Blake-Beard, Murrell, & Thomas, 2007).

All the participants initially experienced their competency being questioned by their subordinates. Subordinates doubted their ability to perform their jobs. The hospital managers then had to prove their competence to their subordinates in different ways. However, their relationship with their staff improved over time. Research studies of the challenges faced by non-dominant groups in South African companies, such as those by Kgapola (2004), Boikhutso (2006), Motileng (2004), and Cilliers and Stone (2005) consistently report this phenomenon. Similar findings have been reported for black managers in other countries for example, Bell and Nkomo (2001).

Most hospital managers did not really feel the need to prove their competence to their fellow hospital managers after completing the programme. Their colleagues judged them based on the KPIs of a hospital manager, and the participants perceived that they were viewed as competent by their colleagues. According to the programme developer, all the hospital managers in the present study were performing well. The participants reported that their regional COOs also perceive them as competent, based on their KPIs.

The participants believed that there is a need for single-identity programmes. They believed that the programme helped to advance their careers in a short space of time. Most of the participants were aware of the valuable experience gained from following a traditional route to management. However, they still believed that the FMDP was able to equip them to fulfil a more senior role in the absence of several years' experience.

They also believed that programmes of this nature build on formal qualifications already acquired. FMPDs need not replace, but should be combined with, formal theoretical courses. The participants also believed that the programme provided them with the necessary management skills and competencies needed to manage a hospital effectively.

5.2 CONCLUSION

The researcher wanted to gain insight into the experiences of individuals who had completed the FMPD and were occupying their new roles. Previous research focussed on the experiences of EE candidates in different contexts. Some of the research focussed on their experiences and perceptions of AA measures and policies. This study focussed specifically on the participants of a single-identity development programme. The FMPD in this study was introduced by the company as an AA measure. There has been very little research conducted that focussed specifically on the experiences of participants of a single-identity accelerated management development programme within the South African context. This paper gained insight into the participants' experiences as well as their perceptions of the effectiveness of these types of programmes.

The FMPD in this study was implemented in a company that still had low EE representativeness at more senior levels. Research suggests that when non-dominant groups like blacks and/or women are either solos or present in small numbers, there is a greater likelihood that they will be viewed as tokens (Kanter, 1977; Bell & Nkomo, 2001). Participants' perceptions that they are viewed as tokens can be mitigated by changing the demographics of the company.

In sum, the results of this study suggest targeted programmes or, what is known in the literature as single-identity development programmes, are a double-edged sword. On the

one hand, participants may be stigmatised as tokens and have to work hard to prove otherwise. Yet, participants may also benefit from such programmes in terms of being exposed to theory and practice to be effective in management positions. All the participants in the present study felt that the programme had been worthwhile and had equipped them with valuable skills and insights into their new jobs. Similarly, as mentioned earlier, the participants in research by Debebe (2011) and Ohlott (2002) stated that single-identity programmes provide a safe environment in which to develop. They were able to experiment with new ideas and learn new skills.

Like all exploratory research, this study is not without limitations. The experiences of the participants of this programme may not be generalisable due to it being a tailor-made programme in the context of a specific company. Nevertheless, it does provide insight into how participants perceive their being part of a targeted group. At the very least, these insights could assist other companies to improve the design and implementation of these types of programmes.

Secondly, affirmative action or employment equity is always a very sensitive topic. Some of the participants may therefore have been cautious with their responses during the interviews, even though the researcher tried to establish rapport with all the candidates. A few of the candidates continuously checked with the researcher if they were providing the right kind of answers. The researcher assured participants that there were no right or wrong answers, and that they should answer based on their own experiences.

Future research should study targeted development programmes by increasing the sample to include more than one company. Efforts should be made to collect objective data on participant effectiveness in the managerial roles they assume after completion of the programme. In other words, future research should explore the higher levels of evaluation on the four-level Kirkpatrick model (Kirkpatrick, 1994). Given the cross-sectional and exploratory nature of the present study, future research should be conducted comparing the experiences of the participants of a single identity FMPD versus a generic FMPD. Such a comparative study would provide a more rigorous test of the effects of targeted FMPDs on affirmative action candidates.

Other research could focus on understanding why support is given or withheld at different levels of the organisation. The present study found that top management support is forthcoming, but that resistance is more likely to occur at the operational level. What indeed are the factors that account for the differences in resistance, and how might programme designers mitigate this resistance?

The findings from this study suggest several recommendations for the implementation of future targeted single-identity FMDPs. Designers of such programmes should consider the following:

1. Provide sufficient practical exposure for the participants to practise their newly gained skills and competencies.
2. Assign a willing, dedicated mentor to the protégé, who is able to effectively transfer his/her knowledge and skills. Mentors should be adequately trained and also periodically evaluated. Those who successfully mentor should be rewarded for their contributions.
3. Efforts should be made to mitigate the stigma of tokenism. Scholars have suggested that one effective strategy is to preview the credentials and selection criteria for programme participants to ensure that all recognise that the participants are not selected because of 'deficiencies,' but instead to accelerate their integration into the company.

Companies implementing an EE-targeted or single-group identity FMPD should engage in a formal transformation programme. Support for the programme should firstly be obtained from the highest management level. The executives in the company should communicate their support for transformation and the FMPD to all staff. The company should then implement diversity programmes at all the different levels to create a positive climate for the integration of graduates of the programme. The diversity programmes should educate staff about the need for transformation and gain their support. This will help to ensure that future participants of these programmes are accepted and provided with the necessary guidance and support.

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APPENDIX A

Interview grid of participants:

Topic: Participants	Questions
<p>Entry into the FMDP</p> <ul style="list-style-type: none"> • Their personal and career background • Prior employment history • Knowledge about the FMDP • Why they chose the FMDP • Expectations and views about such programmes 	<ol style="list-style-type: none"> 1) Where were you working before you entered the FMDP? 2) What did you study before entering the programme? 3) How did you come to know about the FMDP? 4) What do you think about FMDP? 5) Why did you apply to be a part of this FMDP?
<p>Learning Experiences in the FMDP</p> <ul style="list-style-type: none"> • What activities did they engage in; with whom? • Perceptions of the structure and design of the programme • Likes and dislikes about the FMDP • Most meaningful learning experiences and why • How have they changed? • Challenges experienced 	<ol style="list-style-type: none"> 1) What types of activities did you engage in during the programme? 2) What challenges did you experience during the programme? 3) What was the most meaningful experience for you, and why? 4) What did you enjoy about the programme? 5) What did you dislike about the programme? 6) What characteristics/activities make this programme effective or successful? 7) What characteristics/activities make the programme ineffective?
<p>Transfer of Learning</p> <ul style="list-style-type: none"> • What new competencies did they acquire • What learning have they been able to apply in their positions; how did they apply it and what were the outcomes? • Challenges/obstacles to applying the learning 	<ol style="list-style-type: none"> 1) How has the programme helped you to perform your new role as a hospital manager? 2) What competencies or skills did you acquire that have helped you in your new role? 3) Are there any skills/competencies that you have not been able to apply to your work situation? Why? 4) What is your perception of the effectiveness of this type of training versus formal theory-based training? 5) What is your perception of this type of programme versus following the traditional career path?
<p>Views and Attitudes of Peers and Subordinates</p> <ul style="list-style-type: none"> • Perceptions and attitudes of colleagues about their participation 	<ol style="list-style-type: none"> 1) How do you think you are viewed by your colleagues by being a participant of this programme? <ol style="list-style-type: none"> a. To what extent do you think you are perceived as a token?



<p>the programme</p> <ul style="list-style-type: none"> • Feedback received from peers • Subordinates' attitudes and views of them as participants in FMDP • Relationship with subordinates 	<p>b. To what extent do you think you are viewed as competent by colleagues/managers/subordinates?</p> <p>2) To what extent do you feel pressure to perform after completing this programme?</p> <ul style="list-style-type: none"> a. Self-inflicted pressure b. Actual pressure from management <p>3) To what extent do you feel you have to deny your culture (race/gender) and conform to the norm in order to be successful and accepted in your new role?</p>
<p>Support and mentorship</p> <ul style="list-style-type: none"> • Role models • Feedback received from supervisors • Support for participation received from supervisors 	<p>1) What type of feedback were you given during the programme (written/verbal)?</p> <p>2) Were you given any guidance about how to resolve any problems mentioned during feedback?</p> <p>3) How much support did you receive from your coach or mentors during the programme?</p> <p>4) Do you still get support from these same coaches/mentors after completing the programme?</p> <p>5) How much support do you get from your manager?</p> <p>6) Are you currently a coach or mentor to other PDI's within the company (officially/unofficially)?</p>
<p>Summation</p> <ul style="list-style-type: none"> • About the overall experience • Recommendations for an intervention for PDIs • Perceived impact on total career prospects 	<p>1) If you had to do it over again, would you participate in the programme?</p> <p>2) How have you grown after completing this programme?</p> <p>3) What would you do to improve the programme?</p> <p>4) To what extent do you think this FMDP helped to advance your career?</p> <p>5) Do you think you could have occupied this position or a similar position in the absence of completing this programme?</p>

APPENDIX B

Interview grid for developer:

Topic: Developer	Questions
<p>Background</p> <ul style="list-style-type: none"> • Why they chose the FMDP • Expectations and views about such programmes 	<ol style="list-style-type: none"> 1) Why did the company introduce the FMDP? 2) What were they trying to achieve? 3) How did you design the programme? 4) What sources were used to design the FMDP? 5) Who was involved in designing the programme? 6) Why did they choose to make an on-the-job-training programme (as opposed to including a formal theoretical component to it)? 7) Who chose the desired outcomes of the programme? 8) Who selected the different mentors or coaches? 9) How were they selected? 10) Did they undergo any type of mentorship or coaching skills training?
<p>Learning Experiences in the FMDP</p> <ul style="list-style-type: none"> • What activities did they engage in; with whom? • How have they changed? • Challenges experienced 	<ol style="list-style-type: none"> 1) What does this FMDP entail? <ol style="list-style-type: none"> a. Job rotation b. Shadowing c. Acting d. Special projects or initiatives (group/individual) activities. 2) What was challenging about designing a programme of this nature? 3) Has the programme achieved its desired purpose? 4) How do you evaluate the effectiveness of the programme? 5) To what extent do you perceive a difference in performance between the hospital managers who have participated in the programme versus those who have not? 6) Do you ask the participants of these programmes for feedback? What do you do with that feedback?

APPENDIX C

Interview schedule for the participants:

- 1) Tell me about your background before you entered the FMDP.
 - a. What did you study before entering the programme?
- 2) How did you come to know about the FMDP?
- 3) What do you think about FMDP?
- 4) Why did you apply to be a part of this FMDP?
- 5) Describe the activities you engaged in during the programme and what you learned from them.
 - a. What challenges did you experience during the programme?
 - b. What was the most meaningful experience for you and why?
 - c. What did you enjoy about the programme?
 - d. What did you dislike about the programme?
 - e. What characteristics/activities make this programme effective or successful?
 - f. What characteristics/activities make the programme ineffective?
- 6) How has the programme helped you to perform your new role as a hospital manager?
 - a. What competencies or skills did you acquire that have helped you in your new role?
 - b. Are there any skills/competencies that you have not been able to apply to your work situation? Why?
 - c. What is your perception of the effectiveness of this type training versus formal theory-based training?
 - d. What is your perception of this type of programme versus following the traditional career path?
- 7) How do you think were viewed by your colleagues after being a participant of this programme?
 - a. To what extent do you think you are perceived as a token?
 - b. To what extent do you think you are viewed as competent by colleagues/managers/subordinates?
- 8) To what extent do feel pressure to perform after completing this programme?
 - a. Self-inflicted pressure
 - b. Actual pressure from management

- 9) To what extent do you feel you have to deny your culture (race/gender) and conform to the norm in order to be successful and accepted in your new role?
- 10) What type of feedback and support were you given during the programme (written/verbal)?
- Were you given any guidance about how to resolve any problems mentioned during feedback? Specify.
 - Do you still get support after completing the programme? From whom?
 - How much support do you get from your manager?
 - Are you currently a coach or mentor to other PDI's within the company (officially/unofficially)?
- 11) If you had to do it over again, would you participate in the programme? Why or why not?
- How have you grown after completing this programme?
 - What would you do to improve the programme?
 - To what extent do you think this FMDP helped to advance your career?
 - Do you think you could have occupied this position or a similar position in the absence of completing this programme?

APPENDIX D

Interview schedule for the developer:

- 1) Why did the company introduce the FMDP?
 - a. What were they trying to achieve?
- 2) How did you design the programme?
 - a. What sources were used to design the FMDP?
 - b. Who was involved in designing the programme?
- 3) Why is the programme an on-the-job-training programme (as opposed to it including a formal theoretical component to it)?
- 4) Who chose the desired outcomes of the programme?
- 5) Who selected the different mentors or coaches?
- 6) How were they selected?
- 7) Did they undergo any type of mentorship or coaching skills training?
- 8) What does this FMDP entail?
 - a) Job rotation
 - b) Shadowing
 - c) Acting
 - d) Special projects or initiatives (group/individual) activities.
- 9) What was challenging about designing a programme of this nature?
- 10) Has the programme achieved its desired purpose?
- 11) How do you evaluate the effectiveness of the programme?
- 12) To what extent do you perceive a difference in performance between the hospital managers who have participated in the programme versus those who have not?
- 13) Do you ask the participants of these programmes for feedback? What do you do with that feedback?

**Informed consent for participation in an academic
research study
Dept. of Human Resource Management**

**A QUALITATIVE STUDY TO EXPLORE THE PERCEPTIONS REGARDING THE
EFFECTIVENESS OF A FAST-TRACK MANAGEMENT DEVELOPMENT PROGRAMME**

Research conducted by:

Mrs. K.E. Moalusi

Dear Respondent

You are invited to participate in an academic research study conducted by Kezia Moalusi, a Masters student from the Department Human Resource Management at the University of Pretoria.

The purpose of the study is to gain insight of the experiences of those who have participated in the fast-track management programme. More specifically, this study seeks to explore your perceptions and experiences of the programme.

Please note the following: (Adapt the bulleted points to reflect the specific data collection method used in the study.)

- This study involves an in-depth interview. Your name will not appear in the dissertation and the answers you give will be treated as strictly confidential. You will not be able to be identified in person based on the answers you give.
- Your participation in this study is very important to us. You may, however, choose not to participate and you may also stop participating at any time without any negative consequences.
- This interview should take about 60 minutes of your time.
- The interview will be recorded on a digital voice recorder to enhance the quality of the study.
- The results of the study will be used for academic purposes only and may be published in an academic journal. We will provide you with a summary of our findings on request.
- Please contact my supervisor, Prof Stella Nkomo on 012 420 4664 or e-mail her on stella.nkomo@up.ac.za if you have any questions or comments regarding the study.

Please sign the form to indicate that:

- You have read and understand the information provided above.
- You give your consent to participate in the study on a voluntary basis.

Respondent's signature

Date

APPENDIX F

Category	Management : Gauteng
Advertising reference number	OPD
Job Title	General Management Development positions
Location	Opportunities in Cape Town and Gauteng
Recruiter	C. Walters
Category	Management
Province / Region	Western Cape
Business Unit	Company X (Head Office)
On-line Closing Date	3/10/2007
Off-line Closing Date	3/10/2007
Requirements	<p>Applicants must be in possession of a three year tertiary qualification in a Commerce or Health Sciences related field and have a good understanding of basic business principles</p> <p>Proven experience in a financial or corporate environment will be a strong recommendation</p> <p>Sound conceptual reasoning ability</p> <p>Ability to scan information by utilising relevant information to achieve objectives</p> <p>Ability to be conceptually flexible in way of thinking and behaviour</p> <p>Excellent verbal expression, questioning and influencing skills</p> <p>Above average leadership potential</p> <p>Basic financial acumen</p> <p>Computer skills (MS Office)</p> <p>Applicants must be learning orientated and willing to travel in order to gain maximum exposure</p>
Key Outputs	<p>Active participation will be required in the development programme and progress will be evaluated continuously against the required competencies</p> <p>Candidates will be declared competent by the assigned mentors, before advancing to an appropriate position</p> <p>Candidates who successfully complete this programme must be willing to relocate anywhere in South Africa when an appropriate position becomes available</p>

Equity Policy

This development position is specifically earmarked for candidates of the designated groups in accordance with the Company X Head Office and Regional Offices' Employment Equity Plan.

Other Information

Your contribution to the company will be rewarded with a market-related remuneration package which includes membership of subsidised medical- and retirement funds, generous leave, a thirteenth cheque and participation in a special nursing or management bonus scheme for qualifying staff members.

Candidates, who are interested in applying for this position, can apply directly at [HTTP://CAREERS.COMPANY x.com](http://careers.companyx.com)

If you do not have internet access, you can apply through the Company X Career Centre. You can either obtain an application form from them or from your nearest Company X and fax it directly to one of the following fax numbers: X at the Career Centre. Telephone number for enquiries: X.

Applications will only be accepted if completed in full on the official application form. Kindly ensure that you indicate the vacancy reference number that you are applying for.

Close-ended Questions:

Question 1

Do you have a three year tertiary qualification in a Commerce or Health Sciences related field?

Question 2

Do you have experience in a financial or corporate environment?

Question 3

Are you willing to travel extensively during the programme to gain exposure?

Question 4

Are you willing to relocate anywhere in South Africa after successful completion of the programme?

Question 5

Are you proficient in MS Office packages with specific reference to Microsoft Word and Excel?

Question 6

Have you previously worked in the private healthcare industry?

Open-ended Questions:

Question 1

Why are you exploring this opportunity?

Administrator

karin.walters@companyx.co.za



Recruiters

therese.wilken@companyx.co.za

Released

no

APPENDIX G

Page 1 of 4 © company x limited training and development Issue Date: June 2004
Hospital Manager Revise Date: June 2006

Date:
Name:

Work Process: Hospital Management

Job Title: Hospital Manager

Job Code: 0221 *Signature of agreement:*

Work Profile

Organisation Culture

Exhibiting behaviour that supports client orientation, mutual trust and respect, high performance and a team approach

Maintaining ethical standards

Complying with environmental standards

Building a service culture

Human Capital

Establishing individual responsibility for learning and promoting a learning culture

Focusing on continuous improvement

Understanding the implications of the nursing shortage

Promoting knowledge sharing

Focusing on fairness and equity in recruitment and selection

Technology

Keeping abreast with developments in relevant medical technology

Ensuring optimal utilisation of medical technology

Legal and Regulatory Environment

Meeting the requirements of relevant legislation

Understanding the impact of legislation on the business

Implementing and maintaining Company x Policies and Procedures

- Patients
- Doctors
- Community



Work Profile

Continuous Performance and Quality Management

- The organisational values are reflected in management behaviour
- Goals, with performance standards, are set at organisational, process/functional and team/individual level
- Performance Management focuses on continuous improvement of systems and processes, with special emphasis on client needs
- Process/functional performance outcomes are measured against standards and corrective action is taken where necessary
- A written organisation-wide quality management and improvement programme is deployed
- All managers and their staff are aware of the quality management and improvement programme and are competent to participate in quality improvement (e.g. Red flag-system)
- Meetings are utilised as quality improvement opportunities
- Best practices are shared to the benefit of the group
- Accreditation standards are met and maintained (MQAT and COHSASA)
- An environmental management system programme is implemented
- Service Culture is actively promoted within the department and hospital

Sustainable profit and growth

- Capital, revenue, expense and personnel budgets are prepared and maintained
- Cost centre reports are analyzed and variances are clarified
- Performance indicators are identified, implemented and managed for all departments
- Expenses are authorized and allocated



Work Profile

Asset Management • Assets are maintained and available

- An asset replacement strategy is in place
- Utilisation is monitored to ensure optimize usage of assets
- Risks are determined, quantified and managed

Business Development • Strategic plans are developed and implemented

- New business opportunities in line with the organisation's mission are actively investigated
- Existing business is optimized
- Facility capacity utilisation is optimized
- Ad hoc projects (e.g. upgrading) are monitored
- Doctor mix and doctor recruitment is managed

Strategic People

Management

- Selection interviews take place based on work related behavioural indicators
- All new members to the hospital management team are orientated according to the guidelines
- Roles and responsibilities of all management personnel are specified
- Regular individual performance reviews and feedback take place, and development plans are established
- A system of continuous professional development is implemented and maintained
- A system of mentorship is implemented
- Policies and procedures are available, deployed and observed
- Company X Employee Relations guideline is followed
- Employment Equity plan targets are met



Work Profile

Relationship Management • Mutually beneficial partnership relationships are built with doctors

- Specialist and Doctor expectations are determined and quality service delivery is ensured
- Individual doctor profiles are maintained
- Doctor Advisory Board meetings are attended and addressed
- Relationships are built with General Practitioner Networks
- Opportunities to assist General Practitioners in optimizing practice management are investigated

Risk Management • Risks are identified and controls are implemented

- Audits are conducted to ensure that risk management is implemented
- A system of incident reporting and corrective action is implemented
- Corporate governance duties are observed

APPENDIX H

Study Guide for the:

Development Programme for the position of General Manager in Training
Company X Southern Africa -- Training and Development
May 2009

Content

- Definition and Purpose of the Development Programme
- Principles of Learning Objectives
- Outputs and Competencies required
- Learning Objectives supporting the Competencies

Definition and Purpose of the Development Programme

A Development Programme is a programme whereby an individual is put on a path of accelerated learning in, and exposure to, the industry, the organization as well as the job content. The programme has very specific outcomes as well as job responsibilities to enable the individual on the programme to go through the learning process in a well-structured manner.

Principles of Learning Objectives

Although this development programme is for a general management role, the learning objectives are linked to, and based on, the outputs and competencies required for the position of Hospital Manager. Competencies are identified for all positions in the organization. There are also learning objectives that support the general understanding of the private healthcare industry as well as Company X as an organization.

The underlying principle of learning objectives is that of learning by discovery at a pace comfortable to each individual learner. The nature and format of the learning objectives are such that they entice the asking of critical questions regarding the relevant competencies of the position. This leads to learning by discovery, dialogue and doing rather than just

listening. Learning objectives allows for self-paced learning because the individual learner is in control of the learning process.

Another important principle regarding the use of learning objectives is that it places the responsibility for achieving competence within the domain of the learner.

Learning material or other resources must support the learning objectives. These resources can take on various forms. They include procedure manuals, policy documents, mentors, industry and functional specialists, the company intranet, internet, etc. Learning opportunities facilitated by subject matter experts will also form an integral part of the learning experience.

The formal response to most of the learning objectives will be a completed assignment that will be handed in to the mentor. The value of the learning process is in the discovery, discussions and research that go into the preparation of the assignment. Learning should therefore not be reserved for the feedback sessions after the assignments, but it should take place continuously.

The learning objectives form a sound base for appropriate experience to be gained. Previous programmes have confirmed that a lot of the valuable learning happens in the practical hospital setting. These opportunities should be utilised continuously.

Competencies Required

The Outputs and Competencies identified for the position of Hospital Manager are:-

Outputs

Ensuring sustainable profit and growth

Management of Risk

Continuous Performance Improvement and Management

Management of Assets

New Business Development

Strategic People Management

Relationship Management

Competencies

Thinking Competencies

Information Scanning

Conceptual Reasoning

Conceptual Flexibility

Learning Orientation

Leading Competencies

Leadership

Pro-active Orientation

Coaching

Personal Competencies

Assertiveness

Integrity

Communication/Interacting Competencies

Verbal Communication and Questioning

Influencing

Learning Objectives supporting the Competencies

The learning objectives do not have to be completed in any specific order. In some cases it may be a more logical learning experience if one learning objective is done before another.

Industry Background and Company X Corporation related Learning Objectives: [IB Prefix]

- Describe the philosophy, vision and values of Company X and give a short explanation of the practical meaning and application of each.

- Draw an organogram of Company X Head Office.
- Describe the support role of each of the functions at head office.
- Describe the process of tariff negotiations as currently being practiced in South Africa, and describe the different tariff structures used in the company.
- Explain what Company X is doing to counteract the shortage of skilled nursing staff in South Africa. Propose more initiatives that you believe would be valuable in order to counteract the staff shortage.
- Suggest measures to ensure the long-term sustainability of the private health care industry in South Africa. Select your best suggestion and develop a business plan for possible implementation.

Leadership Development Learning Objectives [LD prefix]

- Perform a literature study on emotional intelligence as preparation for a discussion on the topic.
- Draw up an action plan on how you will create and communicate a clear vision for your business unit, as well as what you will do to get people to commit to achieving the vision.

Hospital Operational Environment - - Learning Objectives: [HOE prefix]

- Give a broad overview of the quality management process and evaluate the application of the principles at hospital level.
- Give an overview of the performance management system and determine how well it is being utilized at a specific hospital.
- Describe the organization and management of the Housekeeping and Laundry departments and suggest improvements to the work processes and draw up an implementation plan in order to implement the improvements.
- Conduct a process flow analysis and describe the process flow, as well as flow of documentation of a surgical patient as well as a medical patient from admission to discharge.

Functional Hospital Management Learning Objectives: [FHM prefix]

- Complete a case study on what a hospital can do to improve the turnover of that

hospital. Put your suggestions to the hospital manager and obtain approval to implement the suggestions.

- Assess all the different factors that you think may contribute to Company X's reputation risk. Provide a possible solution for each of the factors that you have identified, and discuss the implementation with a Regional COO.
- Explain the principles of performance improvement and apply to a performance problem in a hospital. Your answer should include before intervention and after intervention statistics, and comparisons should be drawn.
- Do a complete return on investment calculation for a new piece of equipment that the hospital must procure. Use the calculations to motivate the decision to purchase the equipment.
- Do a comprehensive assessment of all the dominant employers in the drainage area of a hospital. Determine whether there are any possible new business opportunities. After identifying the new business opportunities enter into negotiations with the employer, in conjunction with the hospital manager.