UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

**Gordon Institute
of Business Science**
University of Pretoria

Management training for professional leaders:

myth or reality

Chauke RF

13403062

A research project submitted to the Gordon Institute of Business Science,
University of Pretoria,
in partial fulfilment of the requirements for the degree of
Master of Business Administration.

10 November 2014

Abstract

"Attainment of competency in management and leadership is no longer an optional extra for doctors" (Clark & Armit, 2008).

Is management training recognised as necessary and important by professionals who ascend into leadership positions? Are professionals prepared to undertake management training or are their professional qualifications adequate to allow them to be effective managers as leaders? There are three concepts involved here, namely

- Management training.
- Professionals.
- Leadership.

The aim of the study was therefore to gain an in depth understanding of whether or not professional leaders need to be managerially trained. The study also attempted to establish the type/aspects of management training that the leaders should be trained in, and whether other factors such as experience influence the need for management training. Ultimately, the success or failure of management training for professional leaders needs to be assessed against the performance of their organisations and the self.

An in depth literature review of the concepts of the research was conducted. The Chief Executive Officers of various tertiary/central academic hospitals were selected to be interviewed for this qualitative study by means of the purposive, quota sampling technique. In depth semi-structured interviews were held with seven academic hospital CEOs, with interviews lasting on average 1 hour 36 minutes (see Appendix B). The CEOs were also requested to complete the long Minnesota Satisfaction Questionnaire. The information received was analysed using a mixture of content, constant comparative, phenomenological, narrative, and discourse analysis.

The key findings revealed that management training was necessary as an entity and should be attained regardless of professional training, leadership, or management experience. It was also noted, interestingly, that although the CEOs person-organisation fit was a high 71% and turnover intent a low 14%, job satisfaction was only average in the region of 60%. The sample number was too small to make meaningful conclusions. It is hoped that the findings of this

study will stir the need to include management training in the curriculum of professional trainings.
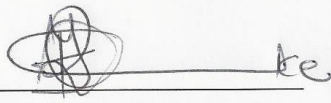
Keywords:

- Management training
- Leadership
- Professionals
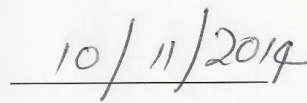- Performance
- Hybrid leadership

Declaration

I declare that this research project is my own work. It is submitted in partial fulfilment of the requirements for the degree of Master of Business Administration at the Gordon Institute of Business Science, University of Pretoria. It has not been submitted before for any degree or examination in any other University. I further declare that I have obtained the necessary authorization and consent to carry out this research.

_____   _____
Chauke RF   10 / 11 / 2014
                                                            Date

Acknowledgements

What a journey it has been. What remains of me is to emphasise my "Attitude of Gratitude".

First, to the Almighty God for having given me the strength to do this. I would also like to thank Naume, our secretary, for having undertaken an MBA with me. I would have more than struggled without her. I would also like to thank my family - my mother and younger brother, Tinyiko for their undying support. My kids (Khanyisa, Rhulani and Kgalalelo) - wow, I thank my kids for bearing with my absence whilst I was in their presence.

A big thank you to my supervisor, Karl (Prof Hofmeyr), for being a supervisor extraordinaire. Without him I would not have addressed the obvious.

Lastly, I pay tribute to all the CEOs of the academic hospitals that I interviewed. I thank them for having made themselves available and allocated time to answer the long questionnaire without complaining. To them I say "Big-ups".

I would also like to thank the editor extraordinaire, Melody Edwards, and friends and colleagues who have supported me on this project.

Your contributions have left a positive legacy in my life.

Definition of terms

Leadership: Shall mean a process of persuading people to act in a particular way or to a particular end (Blanchard & Donahue, 2008)

Leader: Shall mean any person in a leadership role, or a person whom people follow or guides and direct people (Naylor, 2006).

Manager: Shall mean a person who plans, directs and guides the work of people in a work place, monitor their work and takes corrective action if necessary (Naylor, 2006).

Management: Shall mean the function of a manager.

Profession: Shall refer to a type of job that requires special education, training and/or skill.

Professional: Shall refer to a highly educated, trained and skilled white-collar worker who has learnt to apply abstract, general or esoteric knowledge to specific, individual cases and problems (Noordegraaf, 2007). It shall also mean, in this study, to anybody who underwent training in a particular profession.

Managerialism: Shall mean management practices which include accountability, privatisation, down-sizing, budget diversification and performance monitoring as practiced by professionals with management qualifications like MBAs (Santiago, Carvallo, Amaral & Meek, 2006; Goodall, Kahn & Oswald, 2011).

Management training: Shall mean acquisition of skills, knowledge and competencies in managerialism.

Professional leader: Shall mean a leader with a professional qualification.

Managerial leader: Shall mean a leader with management qualification.

Hybrid leader: Shall mean a leader with both professional and management qualifications.

Performance: Shall mean the fulfilment of an obligation or the accomplishment of a task measured against given or agreed standards.

Table of contents

List of figures

List of tables

List of appendices

CHAPTER 1.   INTRODUCTION TO THE RESEARCH

The performance of any organisation is dependent upon the performance of the organisation's leader.   Professionals often ascend to leadership/management positions without any form of management training.

Is it necessary for professionals to be trained in tools and techniques of management to improve performance of their organisations?   This qualitative research seeks to address the first part of the question regarding management training for professional leaders.   This study also seeks to evaluate the personal performance of these professional leaders in terms of person-organisation fit, job satisfaction, and turnover intent.   It is recognised that the evaluation of the performance of the organisation as a whole requires more elaborative work and time; both of which were lacking for this study.

Professionals are trained to make professional decisions in terms of the profession in which they follow (for example doctors, engineers, lawyers).   These professionals follow a particular technical process in which they are trained to reach a conclusion or the diagnosis and/or management of a particular problem.   (Doctors follow a process of history taking, examination, investigation and then diagnosis before treatment can be undertaken.)

Managers, on the other hand, follow a particular sequence of models and management practices to reach the conclusion or management of a particular situation with which they are confronted.   These management practices use instruments like accountability, privatisation, down-sizing, outsourcing and budget diversification (Santiago *et al.*, 2006).   The main aim of managers is to achieve institutional goals.

Taylor (2010) defines managers as great scientists of an organisation.   He defines managers as having formulas, processes and systems that have been tried and tested to deliver predictable results.   Bennis (2009) on his book "On Becoming a Leader" states that leaders are not born, but are made.   Taylor (2010) distinguishes between a leader and a manager by describing a leader as an artist of an organisation.   He

1

goes on to say that leaders inspire through ideas to see new visions and perspectives, embrace paradox, and create a sense of kingship and belonging in the organisation that enables people to achieve what scientists have designed (Taylor, 2010).

Taylor (2010) goes on to agree with Bennis (2009) in that leaders are not born, and there is no such thing as a natural leader. A leader does not have to be charismatic to be a great leader. He calls the two concepts (i.e. born/natural leader and charismatic leader) myths of what characterises a leader.

This notion that leaders are not born is further emphasised by Downton (2004, as cited by Kabir *et al.*, 2008). In their article, it is stated that, "it has been assumed that doctors would be born leaders in their field, or that eminence in a medical field would automatically mean one would be a good leader". However, this notion has been proved wrong time and time again. If some form of management training is required, what form of management training is required?

Professionals like doctors, juggle the roles of physician, educator, manager and leader. Management has always been about how physicians (doctors) coped with the workload and managing their teams. Leadership was thrust on the medical profession as a consequence of medical training, and in some cases, excellence within chosen disciplines (Kabir *et al.,* 2008). Management and leadership are unfamiliar amongst professionals, especially outside of their chosen specialist field. The medical community is especially vulnerable (Kabir *et al.,* 2008).

Professional leaders are in a position of power. Being in a position of power entails executing tasks and achieving results (Scholtz, 2013). Executing tasks and achieving results is linked to the decisions which leaders make in their organisations, but these decisions are linked to how leaders persuade others in a non-coercive way to embrace new attitudes and behaviours to achieve the desired results. Therefore professional leaders' daily activities revolve around decision making. Decision making is regarded as a complex process (Scholtz, 2013).

It therefore stands to reason that leaders would need tools and techniques to assist them in decision making. The questions that follow, therefore, are, "Did professional leaders acquire these tools and techniques of decision making through their professional training or do professional leaders require some form of management or leadership training to assist in their daily decision making?" and "Does experience play a role, at all, in influencing the need for management training for these professional leaders?"

Extensive research has been made in the area of management and leadership. Tight (2000 as cited by in Santiago *et al.*, 2006) states that, "it has been estimated that in 1999 in the UK alone, around one hundred books on the topic of management and leadership in higher education were published". Further, this addresses higher education only, and not other institutions that involve political, economic, social, technological, environmental and legal spheres.

For institutions to be effective and efficient in their way of dealing with employees and client satisfaction and quality, new management techniques are adopted (Goldstein *et al.*, 2011). These techniques are called "new managerialism", "new public management" (Santiago *et al.*, 2006) and "new public sector" (Brignall & Model, 2000). The drive and implementation of these techniques is dependent upon leaders. Goodall *et al.* (2011) state that leaders affect the performance of their organisations.

Extensive research has been conducted on professionals as leaders, in what is referred to as traditional or collegial leadership (Santiago *et al.*, 2006; Van Ameijde *et al.*, 2009). Healthcare workers as professionals are an example of professionals who were once in leadership roles in healthcare facilities in the recent past, but are now replaced by managerial leaders who lead those healthcare institutions (Goodall, 2011). These health professionals are typically outside the purview of traditional human resource practices and leadership development initiatives (McALearney, 2006).

Blanchard and Donahue (2008) describe managerial leadership to be leadership that operates in an organisational context, focusing on influencing the behaviour or actions

3

of organisations to achieve specific goals. New forms of management practice called "New managerialism" have entered the public institutions (Santiago *et al.*, 2006). This form of management practice has adopted private sector management practices into the public sector. These practices include accountability, privatisation, down-sizing, outsourcing and budget diversification (Santiago *et al.*, 2006). It is these management practices that led to the recruitment of managerially trained leaders as head of institutions. A study conducted by Goodall in 2011 indicated that hospitals led by physicians were ranked higher than hospitals led by managerially trained leaders. This was based on an index of hospital quality (IHQ) as a measure of hospital performance.

The arguments above are in favour of and/or against either professional and/or managerial leaders. Fulton (2000, as cited by Santiago *et al.,* 2006) maintains that the United Kingdom evidence indicates "not a successful hybridisation" of the collegial and managerial knowledge workers.

This is a qualitative study undertaken at a South African tertiary hospital services by conducting in-depth interviews with seven South African tertiary/central hospital Chief Executive Officers (CEOs) linked to seven South African Medical Universities.

CHAPTER 2.   LITERATURE REVIEW

2.1   Leadership

Leadership is a function or position of a leader. Naylor, in his college lectures on leadership in academic medicine, published in Clinical Medicine Journal of 2006 in September/October writes, "leadership is often exerted by individuals who do not fit easily into organisational hierarchies and who may have limited formal authority".

Burns (1978, as cited by Blanchard & Donahue, 2008) defines leadership as one of the most observed and least understood phenomenon on earth. Ladkin (2006) argues that it is not known what leadership is and how it can be accomplished. Leadership is not just a role of public manager, but it's an obligation (Blanchard & Donahue, 2008).

The old aphorism states that "managers do things right, while leaders do the right thing" (Naylor 2006; Bennis & Nanus 1985; Fernandez, 2008). Table 2.1 below lists the differences between managers and leaders. However, the distinction between managerial and leadership behaviours is not clear-cut (Ladkin, 2006).   These contradicting facts are also brought forth by Nienaber's (2010) and McLean's (2005, as cited by Holt & Marques, 2012) studies on empathy in "Leadership: Appropriate or Misplaced". They argue that these two concepts (i.e. leadership and management) are interwoven, but divergence of opinions will linger for many years to come.

Both activities are essential to allow objectives and strategies to be achieved, business activities and human resources to be managed, change to be effectively achieved, and projected profits and organisational success to be achieved. (Holt & Marques, 2011)

© 2014 University of Pretoria. All rights reserved. The copyright in this work vests in the University of Pretoria.

Table 2:1   Leadership versus management (Naylor, 2006)

Managers	Leaders
Working in the system	Working on the system
React	Create opportunities
Control risks	Seize opportunities
Enforce organisational rules	Change organisational rules
Seek and follow direction	Develop shared vision
Guide people well	Align and motivate people
Coordinate efforts	Inspire and energise
Offer instructions	Coach and empower new leaders

See www.100ventures.com

Naylor (2006) argues that there is not one leadership genotype or phenotype that perfectly fits every circumstance, and that the theories about leadership and management will never capture the complexity of social reality.

The roles that leaders play include an ability to win loyalty and carry others with them through clarity of vision, generosity of spirit and people skills (Naylor, 2006). Leadership refers to a process of persuading people to act in a particular way or to a particular end (Blanchard & Donahue, 2008). Leaders need to be able to empower and motivate their workforce, define and articulate vision, build and foster trust and relationships, adhere to accepted values and standards, and inspire their followers to accept change and meet organisational goals on multiple levels (McALearnery, 2006). Leadership requires attributes such as intuition about the people being led, a sense of how to navigate subtle moral dilemmas, and an instinct about when and how to move beyond the bounds of formal authority to impel organisations to act in new ways (Blanchard & Donahue, 2008).

Multiple theories have been developed in an attempt to define and explain different leadership traits or leadership styles. There are multiple leadership styles which include transformational, public sector, attributional theory of charismatic leadership, (Blanchard & Donahue, 2008). Distributed or Participative (Van Ameijde; Nelson *et*

6

al., 2009; Huang *et al.*, 2010), bottom-up/top-down (Kezar, 2012), ethical leadership (Sama & Shoaf, 2008; Ladkin, 2006), and servant leadership (Greenlead, 1977 as cited by Ladkin, 2006).

There is a plethora of literature about leadership and leadership theories. These theories recognise that leaders do not hold all of the answers, and that much of the knowledge upon which effective decisions can be made is held collectively within the organisation, and thus ethical relations should be at the heart of leadership practice (Ladkin, 2006).

This study is, however, not about leadership, but about the influences of management training on professionals as leaders. The professions are based on trust, integrity, reciprocity, self-regulation, and public service. In this realm, professionals as leaders choose either ethical transformational or amoral transactional leadership styles (Sama & Shoaf, 2008).
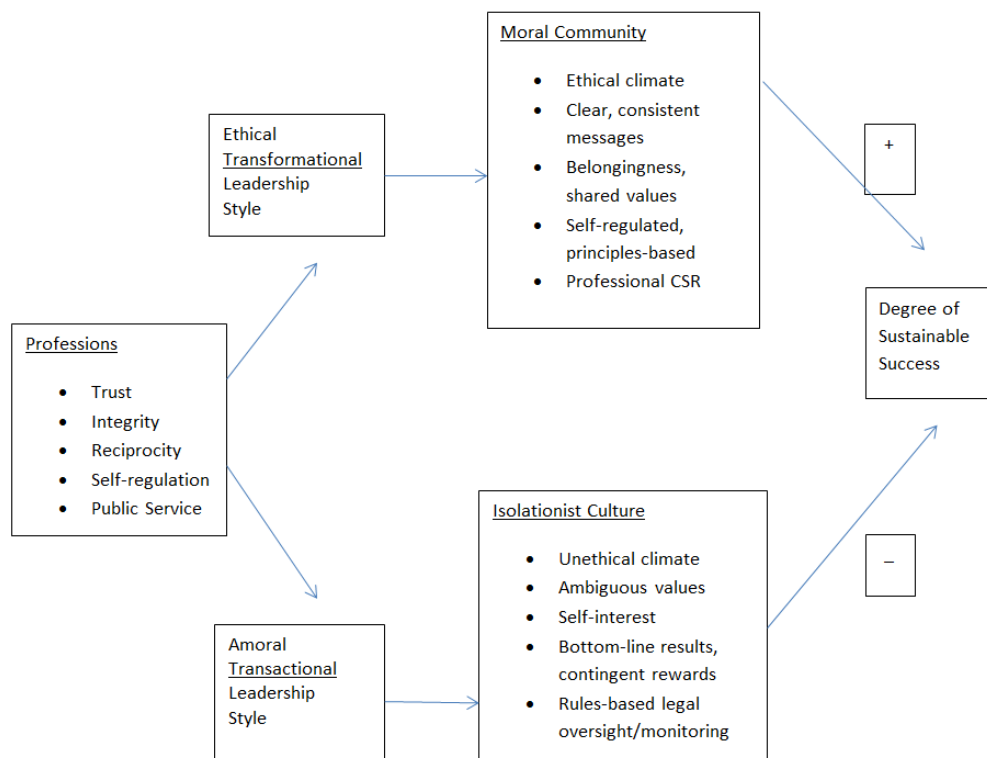
Figure 2:1:   Professional Ethical Leadership Model (Sama & Shoaf, 2008)

"Ethical transformational leadership gives a clear, consistent message that ethics and social responsibility are valued in the firm, this message results in the formation of a moral community, where workers share these values and principles.

Amoral transactional leadership, on the other hand, focuses on the business transactions and bottom-line results, isolating workers from one another as they compete for rewards contingent on performance results" (Sama & Shoaf, 2008).

An attempt was made to establish the leadership style that professionals with or without management training adopt (i.e. whether transformational or transactional).

2.2   Professional leaders

A profession traditionally is defined as being based on systematic, scientific knowledge (Dall'Alba & Sandberg, 2006). Pure professionalism is about content, which makes pure professionalism comprise educated and skilled white-collar workers who have learnt to apply abstract, general or esoteric knowledge to specific individual cases and problems. They also must belong to a professional association for control (Noordegraaf, 2007).

Dennison and Shento (1990) argue that leaders ought to be provided by the professional most appropriately equipped to lead, whether by experience, seniority, training or availability. Traditional forms of management are seen as collegial and based on consensus. The United Kingdom (UK) and the United States of America (USA) have moved from a collegial model of professors as administrators and leaders of higher education institutions (HEI) to more permanent administrators (Santiago *et al.,* 2006). In higher education institutions, the traditional paradigm of academic work (comprising autonomy, professionalism and collegiality) continues to guide the professional behaviour of those responsible for the management of departments/schools of faculties.   These professionals find themselves in

8

contradictory roles of expectations from the government policies and environmental pressures that expect them to change with the collegial interests of their colleagues.(Santiago, *et al.,* 2006). These questions also plague the political, environmental, social, technological, economic and legal institutions.

Professional skill refers to the skilfulness with which professionals engage in practice (Dall'Alba & Sandberg, 2006). Leadership was earlier defined as a function or position of a leader (Naylor, 2006). Professional leaders therefore need the skills to engage in practice and they also need to function as leaders. They therefore require what would be referred to as "professional leadership skills".

Public managers also have obligations to be a leaders (Blanchard & Donahue, 2008). The term "managerial leadership" refers to leadership that operates in an organisational context. It focuses on influencing the behaviour or actions of organisations to achieve specific goals (Blanchard & Donahue, 2008).

In the health sector, in the recent past, hospitals were routinely run by doctors, but that has changed. In the UK and the USA most hospital chief executive officers are non-physician managers (Goodall, 2011). Health care organisations are said to be slow in adopting best practices from other industries. Because the health care industry is complex, it creates special challenges for leadership and leadership development stemming from environmental and organisational factors (McALearnery, 2006). Socio-economic changes have also led to new and pressing demands on educational institutions, health institutions, and other organisations to become more efficient in promoting skills development.

Professionals usually go through stages of development, knowingly or unknowingly, until they reach the stage of leadership. These stages of development, in which skilful know-how is progressively acquired, are referred to as novice, competent, and expert (Dall'Alba & Sandberg, 2006). Professionals or aspiring professionals go through intense (university) schooling or training to learn how to treat cases. Once qualified and during actual practice, they become increasingly experienced and ultimately they

become experts (Noordegraaf, 2007). Professionals, therefore, go through stages of training, practice, and experience until they become experts.

Has the development of professional skills, traditionally as a process of accumulation and knowledge, promoted by practical experience or recently the skill know-how acquired through passing through development stages discussed above, positioned professionals to be effective leaders? (Dall'Alba & Sandberg, 2006). Or do professionals need/require some form of management training to improve their skills as leaders? How do these professional leaders compare to other professional leaders who are also managerially trained in terms of performance and job satisfaction as leaders? Put differently, the question is, "Does experience matter?"

2.3   Managerial leaders

The market has entered institutions, be they political, economic, social, technological, environment or legal institutions (Santiago *et al.*, 2006). This form of new management is called "new managerialism" or "new public management – NPM" or "new public sector". This new form of management practice include accountability, privatisation, down-sizing and outsourcing, and budget diversification as used in the corporate sector (Santiago *et al.*, 2006; Bezes, Demaziere, Le Bianic, Paradeise, Normand,……., Evetts, 2012; Berman and Pitman, 2010). It is this form of management practice that leads to the recruitment of managerially qualified professionals to run or lead the different institutions. The managerially trained leaders improve performance of institutions.

Bertrand and Schoar's (2003) study (as cited by Goodall *et al.*, 2011) shows that MBA-trained managers seem particularly productive in the sense that they improve corporate returns. The argument for stronger and more professional management practices, certainly for Higher Education Institutions (HEI), is supported by (Santiago *et al.*, 2006):

- Technical arguments – based on the idea that efficiency can only be attained by using highly specialised management instruments that can only be used by

10

professionals or others specifically trained for the job (e.g. strategic planning and financial control).

- Political arguments – based upon the legitimisation of centralised power and strong leadership necessary for institutions to efficiently engage with the market and modern management practices.

- Instrumental arguments – based upon the idea that the central governance bodies need support from specialised management unit in order to achieve institutional goals.

There is a significant body of literature examining the impact of managerialism on professional work in health bureaucracies, particularly on medicine and nursing, with an emerging consensus that the work of health professionals (to greater or lesser degrees) is subject to enhanced rationalisation and intensification (Germov, 2005). Studies have found that budgetary concerns, performance pay, and perceptions of nepotism in performance ratings of staff have undermined staff morale and team work (Germov, 2005). Managerial reforms have been associated with increased levels of stress and work intensification among health professionals (Germov, 2005). These new managerialisms do not automatically improve output.

Noordegraaf (2007) argues that classic professionals, such as medical doctors, are especially subjected to non-professional and outside control. This then weakens the autonomy of doctors at the coal-faces. Farrel and Morris (2003) argue that classic or traditional professionals have become persecuted professionals. Anecdotal evidence within the South African context suggests that the health institutions during the era of President Thabo Mbeki and Health Minister Manto Tshabalala-Msimang, professional health institution leaders were replaced by managerially trained leaders. These institutions performed badly during this period. From 2009, when President Zuma and Health Minister Motsoaledi took over, the managerial CEOs were replaced by professional CEOs within the health sector and conditions appear to have improved.

The next factor this research tries to establish is the type of management training that is necessary to render a professional leader effective (achieving institutional goals) and efficient (achieving more outputs with less inputs) in discharging their duties.

11

2.4   Hybridisation

Because of the complexity of some sectors like health, stakeholders may pursue their own interests, resulting in power struggles between professional and organisational actors that can lead to "new organisations forms" (Germov, 2005). Soft bureaucracy is used to convey how professional autonomy is regulated through a hybrid of decentralised and bureaucratic authority structures (Courpasson, 2000 as cited by Germov, 2005).

Hybrid professionals, and therefore leaders, do not constitute professional and organisational controllers (that is traditional and new managerialism), but are about controlling the meaning of control, organising, and professionalism (Noordegraaf, 2007). Hybrid leadership (professionalism) offers an ambivalent understanding of professionals who become managerial professionals (leaders) and public managers who become professional managers (leaders) (Noordegraaf, 2007).

Organisations or sectors like teaching hospitals, higher education institutions, professional colleges, societies, and indeed countries and nations, are long-term organisations with a rich history. Therefore, leaders in these institutions demand stewardship of tradition along with the pursuit of change required to ensure that these institutions evolve successfully (Naylor, 2006).

Naylor (2006) also argues that excellent leadership is needed in all spheres of human activity. The changes that are referred to by Naylor (2006) above are those of "new managerialism". However, evidence from the United Kingdom does not indicate a successful hybridisation of the collegial (professional) and managerial knowledge workers (Santiago *et al*., 2006). A leader who has acquired both management skills and professional leadership skills would be regarded as a hybrid leader.

This research attempts to establish if management training is essential for professional leaders to execute their leadership role effectively.

2.5 Performance

Leaders affect the performance of their organisations (Goodall *et al.*, 2011). Growth in general is higher when leaders are more highly education (Besley *et al.*, 2011). Schlesinger and Heskett (1991) developed a service profit chain, which suggests a series of relationships linking employee outcomes to customers and business outcomes (as cited by Voss *et al.*, 2005) (Figure 2.2). This chain leads to increased organisational performance and overall competitive advantage.
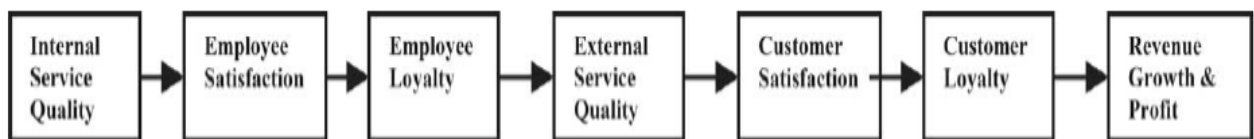
Figure 2:2:   Service profit chain (Voss *et al.,* 2005)

Because of time constraints, the performance of leaders is evaluated in this study by probing these leaders about their job satisfaction, person-organisation fit, and turnover intent.

2.5.1 Person-organisation fit

Person-organisation fit is defined as the compatibility between people and the organisation that occurs when at least one entity provides what the other needs or when they share similar fundamental characteristics, or both (Kristoff ,1996; Kasimati, 2011). There are different levels of possible fit, and amongst them are supplementary congruence and complementary congruence. Supplementary congruence occurs when characteristics of an individual and the organisation supplement each other, and complementary congruence is when characteristics complement each other (Kristof, 1996; Kasimati, 2011). When congruence increases, job satisfaction increases and turnover intent decreases.

13

2.5.2 *Job satisfaction*

Job satisfaction improves organisation effectiveness or performance (Caillier, 2011). Job satisfaction is an affective or emotional response toward various facets of one's job (Kasimati, 2011).

Factors that have the most influence on job satisfaction are autonomy, professional status, pay and working conditions (Kasimati, 2011; Singh & Loncar, 2010). Job satisfaction is also influenced by intrinsic factors (working conditions, advancement opportunities, professional development, and recognition) and extrinsic factors (such as pay) (Kasimati, 2011). Models that explain job satisfaction, among others, are the need fulfilment model, the discrepancies model, the value attainment model, the equity model, and the genetic model (Kasimati, 2011).

The nine items that the literature recognises as most important for high level management consultants or leaders are activity, advancement, company policies and practices, independence, security, social status, variety, working conditions and general satisfaction (Minnesota Satisfaction Questionnaire).

- Activity: Being able to keep busy all the time.
- Advancement: The chances for advancement on this job.
- Company policies and practices: The way company policies are put into practice.
- Independence: The chance to work alone on the job.
- Security: The way my job provides for steady employment.
- Social status: The chance to be "somebody" in the community.
- Variety: The chance to do different things from time to time.
- Working conditions: The working conditions.

A Minnesota Satisfaction Questionnaire was distributed to the leaders that were interviewed and the responses were analysed to assess if they are comparable with the above items.

14

2.5.3 Turnover intent

High turnover has a direct impact on organisational performance (Waldman *et al.*, 2004; Singh & Loucar, 2010). Research shows that behavioural intentions of turnover are strongly related to actual turnover (Irvine & Evans, 1995). Turnover intent is, therefore, widely accepted as an outcome measure (Hart, 2005). The following items were used to measure turnover intent:

- If leaders thought of seriously looking for another job at another institution.
- Seriously thought of looking for a non-leadership job.
- Taking everything into consideration, how likely is it that leaders will make a serious effort to find a new job within the next year?

2.6 CONCLUSION

The literature review has demonstrated the relationships between leadership and management and how these concepts may be viewed as similar or dissimilar. The roles of leaders in decision making and styles of leadership were also explored.

The relationship of leadership to professional leaders, management leaders, and hybrid leaders was also explored. Each of these three types of leaders focuses on influencing the performance of their staff to better achieve the organisation specific goals (Blanchard & Donahue, 2008; McALearnery, 2006). But each of these leaders may also negatively affect the performance of their organisations (Germov, 2005; Santiago *et al.*, 2006).

The evidence from the United Kingdom does not indicate a successful hybridisation of the collegial (professional) and managerial knowledge workers (Santiago *et al.*, 2006). Little to no theory was found dealing with hybridisation of a leader as an individual. The necessity of professional leaders to possess some form of management training is the question that this research seeks to clarify (Figure 2.3). Future studies in the

field will also need to explore the performance of organisations and staff led by hybrid leaders (Figure 2.3).
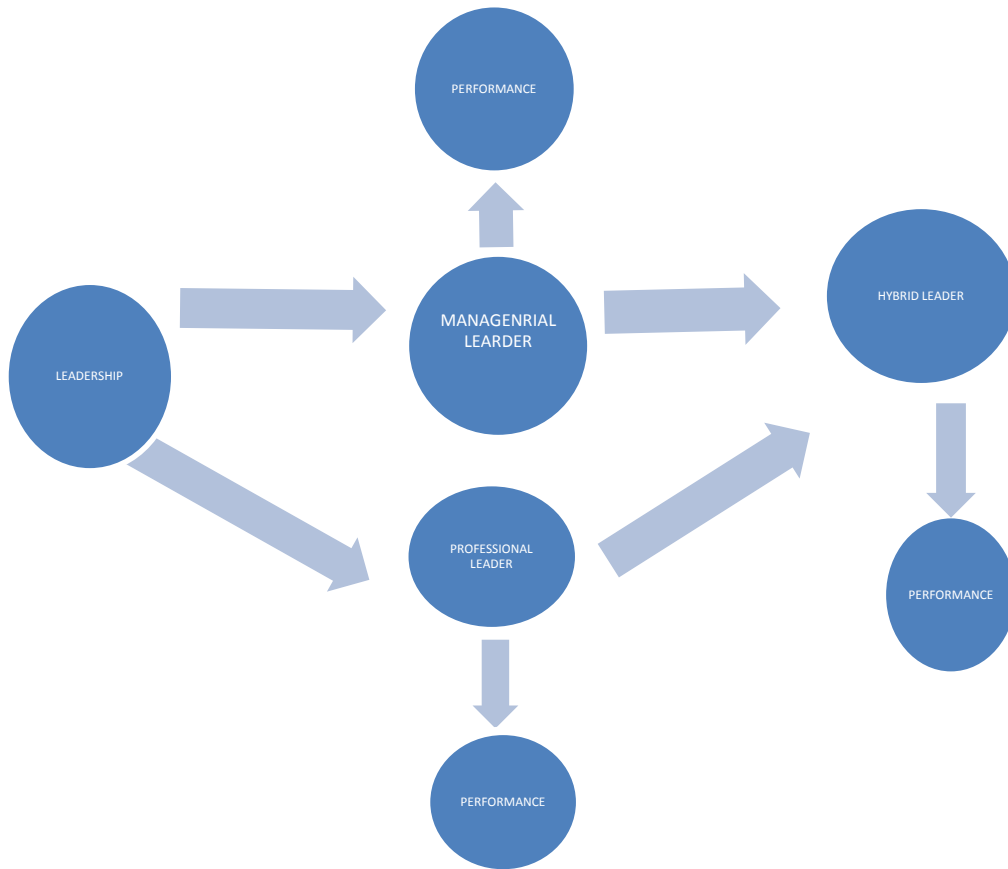
Figure 2:3: Relationship of leadership to managerial, professional and hybrid leader and resultant performances

CHAPTER 3. RESEARCH QUESTIONS

3.1 Is there a necessity for management training for professional leaders?

The issue of training for professional leaders has been addressed more often in the recent past. Dennison and Shenton (1990) argue that leadership ought to be provided by the professional most appropriately equipped to lead; whether by experience, seniority, training, or (perhaps) availability, while administrative chores normally are performed by a secretary, clerk, or administrative assistant. They go on to argue that a group of professionals should not require managing (Dennison & Shenton, 1990).

Most of the training for professionals is geared toward leadership. This is evidenced by leadership competency frameworks developed by many professions and professional bodies (Reeves *et al.*, 1988; Traynor *et al.*, 2013; Clack & Armit – 2008). Although the word "management" is mentioned, most of the emphasis is on leadership.

This pre-occupation with leadership has seen the emergence of a new form of management called "new managerialism" (Santiago *et al.*, 2006). This form of management practice has seen the recruitment of managerially qualified professionals to run the different professional institutions. The differences between management and leadership have been outlined in the literature review.

Coltart *et al.* (2013) argue that never before has the need for fluency and integration across the languages and cultures of both medicine and management been so apparent. This would apply for other professions such as engineers, teachers, accountants and so on. Although management is mentioned in this article, the article was entitled, "Leadership development for early career doctors", as is in many other articles (Kabir *et al.*, 2008; Klaber *et al.*, 2008; Traynor *et al.*, 2013; Reeves, 1998; Palmer *et al.*, 2008; Gregor, 2006; Jamian *et al.*, 2005; Ham, 2008; Sonnino, 2013).

This research endeavours to discover whether or not management training on its own is necessary.

3.2 What type of management training is necessary?

There has been a positive correlation between the scholarly quality of presidents and the academic excellence of their institutions (Goodall *et al.*, 2011; Kahn & Oswald, 2011). Besley *et al.* (2011) also find a direct correlation between the level of growth and education attainment of leaders. They find that growth is higher when the leader is highly educated. Would the type of management training influence the performance of the organisation and staff?

In their article in 1990, Dennison and Shenton state that as the move towards more management training continues to gather momentum, numerous questions arise. How should it be organised, what form should it take, what is the most appropriate role for courses, what should be their content, what ought to be their objectives, and who should be involved, etc.?

Klaber *et al.* (2008) note that if management and leadership skills are being integrated into the curriculum, in the way we teach everything else, it does not then become all about box ticking. Coltart *et al.* in the Lancet (2012) argue that improved financial and strategic awareness will help to implement change and enable understanding of the organisation and the pressures it faces. In the medical profession, Clark and Armit (2008) argue that to be deemed an effective and safe doctor in the future, competence in both clinical and wider non-clinical competencies, including management and leadership skills, will be required. It is argued that a manager must first be a good decision maker before he or she can be a good planner, organiser, staffer, leader and controller (regardless of the organisation). Thus, training in managerial decision making styles is relevant and highly recommended (Jamian *et al.*, 2013).

Detmer and Ford (2001, as cited by Willcocks, 2005) argue that future leaders with the behavioural capacity but without clinical expertise are likely to lack focus. Leaders equipped solely with clinical skills and lacking the necessary behavioural and emotional competencies are likely to be impotent when it comes to getting things done. Sonnino (2013) argues that leadership training opportunities for physicians, surgeons and scientists have gradually appeared over the past 15-20 years, but information

© 2014 University of Pretoria. All rights reserved. The copyright in this work vests in the University of Pretoria.

about them has been scant, with few comprehensive reviews made available to the community at large.

The above (leadership training opportunities) can be extrapolated to refer to management training opportunities as well.

The questions raised by Dennison and Shenton (1990) remain as relevant today regarding management training. How should it be organised, what form should it take, what is the most appropriate role for courses, what should be their content, what ought to be their objective, who should be involved, etc.? This research attempts to answer some of these questions.

3.3   Does experience influence the need for management training of a professional leader?

Dennison and Shenton (1990) argue that the experience of "doing" is the outstanding foundation for further training. Professionals go through stages of development (Dall'Alba and Sandberg, 2006; Noordegraaf, 2007). Most frameworks for professional development take experience into consideration (Reeves *et al.*, 1998, Clark & Armit, 2008, Ireri *et al.*, 2011). Reeves *et al.* (1998:193) developed a framework of interrogating experience (Fig 3.1) using three questions:

- What did I do?
- How did I do it?
- Why did I do it?
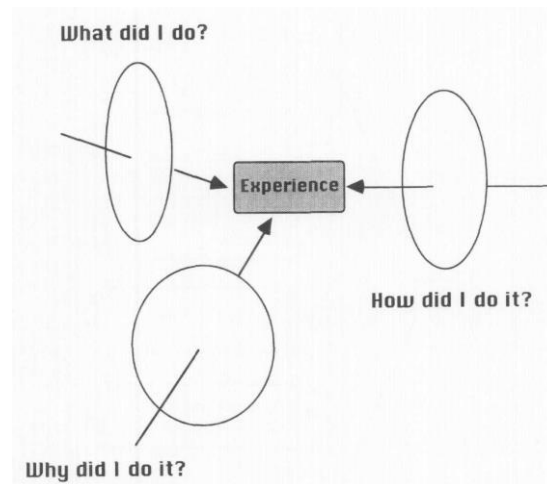
Figure 3:1:   The three ways of interrogating experience (Reeves *et al.*, 1998)

They argue that the processes of management are on-going, dynamic, and invariably concerned with change of some kind (Reeves *et al.*, 1998). This research attempts to establish whether experience influences professionals in their decision **not** to undertake management training.

3.4   What leadership styles do professional leaders with or without management training adopt?

The subject of leadership and leadership style is dealt with extensively in the literature. Yet this subject remains topical. This research attempts to determine the leadership style that professional leaders adopt, with or without management training.

- How do leaders rate their performance in the organisation/institution in terms of job-satisfaction, person-organisational fit, and turnover intent?
- Would management training have made a difference, or is it making a difference, in their performances as organisational leaders?

Ultimately, how good or bad a leader is would be determined by the performance of their organisations which they lead. Goodall *et al.* (2011) argue that leaders affect the performance of their organisation. Because of time and budget constraints, these

professional leaders were requested to self-evaluate their performance in terms of person-organisation fit, job satisfaction, and turnover intent.

CHAPTER 4.   METHODOLOGY

4.1   Research design

There are three common approaches to conducting research; namely quantitative, qualitative and mixed (Williams, 2007). This is based on the type of data needed to respond to the research question (Williams, 2007).

- Quantitative approach – this is used to respond to the research question requiring numerical data.
- Qualitative approach – this is used to respond to the research question requiring textural data. Saunders and Lewis (2012) refer to this type of study as "exploratory" because it explores new phenomenon or researches a problem that is uncertain or requires exploration.
- Mixed approach – this is used to respond to research questions requiring both numerical and textural data.

4.1.1 Qualitative research

The effect of management training on professionals is uncertain and requires exploration as there is not much theory in the literature examining this phenomenon. Since qualitative research is a holistic approach that involves discovery (Williams, 2007), it appears that this would be the most appropriate technique to explore this phenomenon. This technique appears appropriate to address three other questions raised in this research, namely:

- Type of management training.
- The role and influence of experience on requirement for management training.
- The leadership style that professional leaders adopt (managerially trained or not).

4.1.2 Phenomenological study

Williams (2007) describes several different methods of conducting qualitative research. Leedy and Ormrod (2001) recommend five methods; viz. case studies, grounded theory, ethnography, content analysis, and phenomenology.

Since the research questions are on management training and professional leaders, and their perceptions and experience, the phenomenological study appeared to be the most appropriate in conducting this qualitative research. This is so because the researcher also has some connection, experience and possible future stake in the situation.

Data collecting methods in phenomenological studies are lengthy, and in-depth interviews lasting one to two hours are needed in order to understand and interpret the professional perception regarding the meaning of management training to their profession (Williams, 2007). Creswell (1994) suggests four steps in conducting a phenomenological study:

- Write research question that explore the meaning of the phenomenon.
- Conduct interviews.
- Analyse data to find clusters of meaning.
- Write a report that furthers the reader's understanding of the essential structure of the phenomenon is the result.

This is consistent with the induction approach to research since it is aimed at deriving theory from data to be collected (Saunders & Lewis, 2012).

4.1.3 Generating primary data

Primary data were generated through direct in-depth interviews with participants. The research was conducted in the participant's natural setting, without intentionally manipulating the environment (Savenye & Robinson, 2005).

4.2 Data collection

Williams (2007) submits that data collection in a phenomenological study comprises lengthy interviews lasting one to two hours. Semi-structured interviews are conducted by the researcher asking about a set of themes using predetermined questions. The order of the questions may be varied and new themes added if appropriate (Saunders & Lewis, 2012).

Given the reasons above, this research was qualitative and phenomenological, and conducted through in-depth semi-structured face-to-face interviews with the participants. The interviews were conducted with the aid of questionnaires. A questionnaire is described as a formalised set of questions used for obtaining information from participants (Maholtra, 2004).

4.2.1 Pre-testing (pilot study)

This is a process of trying out a data collection tool (questionnaire, interview schedule, or any form of data collection) with a small group of respondents similar to those who will be used in the actual research to see if the data collection tool works. Problems arising in pre-testing can be sorted out before the research is undertaken (Saunders & Lewis, 2012). Pre-testing was undertaken with three heads of departments at the University of Limpopo- Medunsa campus. The necessary adjustments were then made to the semi-structured interview questionnaire.

4.3 Universe / population

The population comprises all public health institutions' Chief Executive Officers (CEOs) in South Africa as leaders of those institutions. Public health institutions are divided into primary, district / regional, tertiary and central health institutions. These institutions are led by professionals with a health qualification of one form or the other. They are referred to as leaders because they have decision making powers within their institutions and control day-to-day operations. They are also expected to persuade, empower, motivate and inspire their employees to meet organisational

goals, accept change, and act in new ways (Naylor, 2006; Blanchard & Donahue, 2008; McALearnery, 2006).

The areas which these public health CEOs are responsible for include (but are not limited to) human resource (professional and non-professional employees), finance, supply chain, patients (clients), and communities. McALearnery (2007) states that,

> *"Competing organisational priorities create constant challenges for health care leaders charged to direct and appropriately utilise financial and human resources to best serve patients, communities and other stakeholders and constituents. The needs of multiple internal and external stakeholders' conflict".*

Hence the question of management training as a requirement for professional leaders is being asked.

An attempt was made to contact all hospital CEOs within the Republic of South Africa to conduct this research through the office of the Minister of Health, the Deputy Minister, or the Director General of the Ministry of Health. With the highest office of health in the land giving the go-ahead, it was relatively easy to gain access to those institutions.

4.4 Sampling

Tertiary hospital CEOs were selected because tertiary hospitals represent the highest level of public hospital care. These are health facilities that deal with complex health issues requiring specialist and/or super specialists. These facilities are also engaged in research.

Tertiary hospitals are usually also linked to medical universities' teaching faculties where undergraduate and post-graduate offerings of medical students take place. This adds complexity to the already complex health institution structure. Leadership of such institutions are thus expected to have superior leadership skills.

The non-probability sampling technique combines quota and purposive sampling and was employed in this study. Quota sampling ensures that the sample selected represents certain characteristics in the population that the researcher has chosen (Saunders & Lewis, 2012). Purposive sampling requires the researcher's judgement to select the sample of the target population based on a range of possible reasons and premises (Saunders & Lewis, 2012) - in this case, the CEOs of complex tertiary and central hospital institutions within the Republic of South Africa.

In-depth, semi-structured interviews with seven CEOs of tertiary/central hospital institutions were conducted. These interviews lasted for an hour and half to two hours (Williams, 2007). There are eight tertiary hospitals linked to medical teaching universities within the Republic of South Africa:

- Dr George Mukhari Academic Hospital.
- Steve Biko Academic Hospital.
- Charlotte Maxeke Academic Hospital.
- Inkosi Albert Luthuli Hospital.
- Groote Schuur Hospital.
- Tygerberg Hospital.
- Walter Sisulu Hospital.
- Bloemfontein Universitas Hospital.

4.5   Unit of analysis

The unit of analysis is the need for management training.

4.6   Data analysis

Data analysis in a qualitative phenomenological study includes open coding, axial coding, selective coding, and developing theory (Creswell, 1998; Leedy & Ormrod, 2001; Williams, 2007). Saunders and Lewis (2012) recommend analysing qualitative data by following the three steps: (a) developing meaningful categories or codes, (b)

26

deciding on the appropriate unit of data to attach relevant categories, and (3) attaching relevant categories to unit of data.

In this context, data regarding the necessity (or lack thereof) of management training for tertiary / central hospital CEOs in the form of interview transcripts, notes, and other data collected during interaction with participants were analysed.

4.7   Validity and reliability

Validity is concerned with whether the findings are really about what they profess to be about (Saunders & Lewis, 2012). Reliability refers to the consistency in findings (Saunders & Lewis, 2012; McDowell, 2006).

To ensure reliability and validity, full and precise details of the study are provided in order to convince the reader that the study makes sense (Flagan, 1954; Merriam, 1998); however, subjectivity of the interview process is accepted.

4.8   Research limitations

The limitations of the research methodology are the following:

4.8.1   Budget constraints

The research was financed by the researcher. The costs of flying, accommodation and car rental to Mthatha's Nelson Mandela Academic Hospital, in the Eastern Cape, Inkosi Albert Luthuli Academic Hospital in Kwa-Zulu Natal, Universitas Academic Hospital in Bloemfontein, Free State Province and Chris Barnaard Academic Hospital (Groote Schuur) in Cape Town, Western Cape, amounted to R15 562.65. This excluded travel in and around Gauteng where the researcher resides and where he held interviews with CEOs from Charlotte Maxeke Academic Hospital, Dr George Mukhari Academic Hospital, and Steve Biko Academic Hospital. The total estimate for the research is approximately R19 000 – R25 000 including the editor's fees.

4.8.2   Other constraints

- A qualitative study is exploratory in nature and therefore subjectivity of the interview process is unavoidable. A quantitative study may need to be undertaken in future (Saunders & Lewis, 2012).

- The non-probability sampling technique using quota and purposive sampling implies that not all members of the population are equally represented and therefore the study cannot be generalised to the population as a whole (Saunders & Lewis, 2012).

- The length of time required for the interviews may have discouraged prospective participants from participating in the study, since CEOs are generally busy and may not have had sufficient time to spare for the interviews.

- The study is biased towards health professionals. The participants interviewed were leaders of medical institutions.

- All the participants were managerially trained. A need for professional leaders who are not managerially trained may bring a different perspective to the study, although the magnitude of the organisation they lead may be a factor (e.g. complex health institutions versus a district hospital establishment).

- Evaluation of performance of the organisation depended on self-evaluation by the participants. Customers and employees were not interviewed or asked to participate in the study to evaluate the performance of their specific institution.

- Time was a serious issue in that the study had to be completed in a period of less than 12 months.

- Linked to time constraints was the budget constraint, in that the study needed to be conducted in all the provinces of South Africa. The dynamics of the participants differ even within the same province. For the different provinces, the dynamics are even farther apart.

- The provinces that were visited were the following:

  - Gauteng – 3 participants
  - Free State – 1 participant
  - Kwa-Zulu Natal – 1 participant
  - Western Cape – 1 participant

28

- Eastern Cape – 1 participant

- Provinces not visited were the following:

  - Limpopo
  - Mpumalanga
  - Northern Cape
  - North West

29

CHAPTER 5.   RESULTS

5.1   Sample description

In depth interviews were held with the seven Chief Executive Officers of the tertiary/central hospitals. A table on the participant, the name of the institution which the participant manages/leads, the population size which each institution serves, the socio-economic divide of the population served, and the CEO's qualifications, gender, race and age are indicated in Appendix A.

The interviews were conducted using a semi-structured questionnaire. The interview schedule is attached as Appendix B. This schedule indicates the date of the interview, the time the interview was conducted, the length of the interview in terms of time, time used to fill-in the (Minnesota Satisfaction Questionnaire) MSQ, the hospital, Province and the total time for the entire interview and the filling in of the MSQ. The estimated average time for the interview was estimated at 1 hour 40 minutes and 44 seconds. But two MSQs were not received from the two CEOs and the average interview time was adjusted to 1 hour 36 minutes and 14 seconds.

The participants shared information freely and shared in-depth analysis of the phenomenon being researched, as summed up by one of the participants as follows when asked if professional qualification contribution to the participant's experience as a leader, "*No I think medical profession doesn't prepare you to be a leader … You just know how to treat patients. That's all.*"

There were four male and three female participants, and according to the South African classification of race, all of them were Black (with six Africans and one of Asian descent, which makes 57% male and 43% females. Some 42.9% of the participants were in the age range of 40-49 years, 42.9% in the age range of 50-59 years, and 14.3% in the age range of 60-65 years.

The interviews were conducted mainly during late morning or late afternoon, in the offices of the participants. However, there was one interview that was conducted after

hours at 17h30. This interview lasted 38 minutes and 41 seconds. This was the shortest of all the interviews conducted. It is not clear whether the time of the interview may have contributed to the interview being short. However, the relevant information required for the study was obtained.

The interview questionnaire and the Minnesota Satisfaction Questionnaire are attached as Appendix C(i) and C(ii).

5.2 Data analysis

Each interview was recorded, and each recorded interview was listened to twice to capture the meaning based on semantics and use of language. A case in point here would be when the participant answers a question by saying "*No*" but actually meaning "*Yes*" or agreeing to the question being asked. For example, one participant was asked, "*Do you think that management training influenced the way in which you execute your duties?*" and the answer was, "*No, I think it does, because you can relate to proven methods of doing things*".

The recorded interviews were then captured into an MSWord document. These were then saved as Word documents and PDF documents. The interview PDF documents were then transferred to the Atlas.ti system for coding.

Creswell (1994) suggests four steps in conducting a phenomenological study:

- Write research questions that explore the meaning of the phenomenon.
- Conduct interviews.
- Analyse data to find clusters of meaning.
- Write a report that furthers the reader's understanding of the essential structure of the phenomenon.

The questionnaire was divided into three parts and Part I was further divided into four sections. Each section was coded into themes. Section A was coded using nine

themes, Section B was coded into 12 themes, Section C had seven themes and Section D also had seven themes. The total number of themes were 35. Part I inquired about basic information, Part II was about classification of information, and Part III was about identification information (Maholtra, 2005).

The analysis was based on the assumption that there is no such thing as a "pure and perfect way of analysing quantitative research" (Silverman, 1993). Silverman (1993) also suggests that all data are mediated by the researcher's reasoning and the reasoning of the participants. There is, therefore, no perfect or correct answer for the questions being asked, although a questionnaire was used in an attempt to ensure standardisation and comparability of the data across participants and also facilitated data processing (Maholtra, 2004). The questionnaire contained as many open-ended questions as possible.

5.2.1 Research question 1

Research questions 1 and 2 were captured in Section B of Part I of the questionnaire. Question 1 was about the necessity for management training for professional leaders. This is captured under Theme 2 (A; B; C; D; E; F; G; H; K and L) in Appendix D. When asked if professional leaders should undergo management training, all seven participants agreed that they should (Theme 2L). Some of the participants responded said the following:

> *"We're dealing with conflicts. How do you deal with conflicts? You've got a dysfunctional unit where there are issues of egos. How do you deal with that, to bring those people to work together?"*

> *"Yes, absolutely … you can have your leadership, but you need to complement it with management skill"*

> *"Definitely. I think definitely, yes. They all have some management aspects of their jobs. I mean, even if you are a clinician or a specialist, you are responsible*

<div align="center">32</div>

for the registrars and the MO's under you and you have got to manage them as if you're a manager."

All the participants also agreed that the leadership experience does not negate the necessity for management training (Theme 2K, Appendix D). Participants also agreed management training is not a once-off thing, so that professionals need to engage in continuous learning as captured by these quotes:

"… so it's never enough training but it's the pitch and the context that is important."

"I think this becomes even more pertinent, because things are changing. Things are changing and this is what always scares me and gets me going. No, it doesn't scare me and I get paralysed, it gets me going".

"Things are constantly changing you know. You always need to keep up to date with what's happening around you. So, I think to keep the momentum going, to keep yourself stimulated and inspired, you gotta keep learning."

Some 57% of the participants underwent management training when they were already in leadership positions. The reasons given for undertaking management training already in management/leadership positions were, "*you can't manage what you don't know"*, management training was to assist with prioritisation of duties, to assist in doing things in a systematic way, and to assist in addressing short-falls in management skills like finance, human resource management, labour relations, etc.

Some 43% of the participants underwent management training before they were appointed to management positions. One of the participants, a doctor by profession, argued that doctors are operational and they tend to be pushed into operational issues and management is then left to non-health qualified persons. The other two participants were trained as nurses and there is an undergraduate management training module in their training, although they also underwent post-graduate management training degrees later in their careers (see Appendix A).

33

All the participants agreed that management training influences the way they execute their duties as leaders in their various positions (Theme 2F, Appendix D). This is captured by the following quotations:

"There's always a value to management training, because you always learn something, but a person, at the end of the workshop, should be coming to me and be saying, you know, CEO, I learned this one and this one I'm going to implement.

"… management training will give you maybe 50% of what you need to do, but some things you have to think out of the box."

"The basic principles of management are planning, organizing, leading and control".

"… because you can relate to proven methods of doing things".

One can deduce from the above that management training assists with execution and implementation at work.

The participants also agreed that lack of management training would have a detrimental result in executing duties. However, one participant indicated that one can be self-trained in management issues as there are enough prescripts, laws, acts and circulars available for self-study (Theme 2G – Appendix D).

When asked if management training was essential for their leadership roles, five of the participants responded that it was essential, one participant responded that it was partly essential and partly not essential, and the last participant responded that it is necessary, but not essential (Theme 2H, Appendix D).

5.2.2 Research question 2: What type of management training is necessary?

All participants were managerially trained (Theme 2A, Appendix D). The types of management training that participants undertook are indicated in Theme 2B (Appendix D). The training ranges from long courses of up to five years to short courses which include daily courses. These courses range from MBA, Masters of Public Health, Bachelor of Commerce to Masters of Commerce and a myriad of other courses. MPH appears in 71% of the participants, although in 40% of the 71% cases, the degree had not yet been completed (Theme 2B, Appendix D). These courses cover aspects like finance, human resource management, project management, labour relations, etc.

When asked about the aspects of management that are essential (or not essential) (Theme 2I and 2J, Appendix D), a myriad of aspects were given, but general aspects were deemed essential.

5.2.3 Research question 3: Does experience influence (or not) the need of management training of a professional leader?

Theme 2K, Appendix D emphatically gives a resounding "Yes" for management training for professional leaders. The participants agree that, even though they have experience in leadership and some experience in management, they should still undergo management training.

Part I, Section A of the questionnaire addressed the concepts of experience in general, whether professional qualification contributes to experience gained by these participants as leaders, and whether professional/technical, management and leadership experience contribute to the execution of their daily duties as leaders. The research revealed that the average length of time that these CEOs were in those positions was three years two months, with the longest time in the position being 156 months and the shortest being nine months (Theme 1A, Appendix D). But Theme 1B, Appendix D reveals that these participants functioned or played leadership roles in various portfolios in public or private practice for various periods of time before they were appointed to their present positions as CEOs.

Two participants were in private practice and assumed leadership roles immediately after qualifying. All the participants started working as CEOs in public service after an average period of 7.5 years after qualifying. The earliest time of assuming this position was 1.5 years and the longest was 20 years.

When asked as to when a professional should assume a leadership or management position, the answers were varied. Three of the participants argued that the leadership position should be assumed early because professionals should be trained at undergraduate level about management/leadership principles.

> *"… I think it should start very early at undergraduate informally … they should have been exposed to formal training in management".*

> *"To me, as soon as you qualify… But I always believe that there should always be a guidance of, you know, you learn from people that have travelled the road, you know."*

> *"Yes; if it is possible to introduce a module on skills to prepare the doctor in leadership, if it is possible and I think there's nothing which could make it impossible it should be introduced".*

Two participants could not prescribe when leadership position should be assumed. Both participants argued that it depends on the sector or the environment one is at, but both were leaning toward early training for health managers/leaders in particular:

> *"So my take is somehow, somewhere in training a doctor, based on reality, there should be a bit of preparing them for leadership positions".*

> *"So I can't say what should be the number of years to me. In the first place, well, I take it everybody is a leader where she is".*

One participant argued that professionals should be allowed 2-3 years before they assume a leadership position to allow for a cooling-off period and to consolidate their professional skills and competency. The last participant argued for five years before the assumption of a leadership position to allow the professional "to know what's like to be in the service" (Theme 1D, Appendix D).

The participants were of the opinion that their professional qualifications contributed to their experience as far as clinical leadership is concerned; in other words, in the technical side of doing things like teaching and training and producing professionals. But in terms of non-clinical leadership (in areas like human resource management, financing, budgeting, value-chain management, etc.) 43% of the participants indicated that a professional qualification had no contribution. Some 29% argued that professional qualifications had contributed, but both these participants were trained as nurses. In nursing, there is a module on management at the undergraduate level; hence the participants agreed that their professional qualification contributed. The last 29% of participants did not distinguish between clinical leadership and non-clinical leadership except to say that their professional qualifications contributed to their experience as leaders (Theme 1C, Appendix D).

The next question, as far as experience was concerned, was to probe the participants in establishing whether they regarded their leadership roles they had assumed before as having contributed to their experience as current leaders.

Theme 1E, Appendix D indicates that 71% of the participants regarded their previous leadership roles as having contributed to their experience as leaders and the reasons given included that any leadership experience contributes, previous roles assist in the growth as a leader, there is never been a dull moment as one grows as a leader, the more exposed, the more one learns to handle different situations as a leader, and that leadership experience is cumulative.

However, 29% of the participants argued that previous roles in leadership do not add to their experience. The reasons given here included making a distinction between real leadership as a leadership role to which one is born where the followers tend to

© 2014 University of Pretoria. All rights reserved. The copyright in this work vests in the University of Pretoria.

follow no matter what. President Zuma was given as an example of a real leader. And this real leader was contrasted with authoritative leadership, which was regarded as leadership that is given to one by virtue of one's position, which could be taken away at any moment. A participant agreed that previous leadership roles assist a leader going forward, but do not necessarily contribute to the experience.

The participants were asked if technical/professional experience, management experience, leadership experience, individually or any combination of the three entities, contributed to their daily execution of their duties (Themes F(i); F(ii); G and H, Appendix D). All participants but one agreed that technical/professional experience does contribute. All the participants were of one voice in that the management experience contributes and all of them were in agreement that the leadership experience contributes to their success. All agreed except one, that from time to time, one needs to use a combination of the three in the execution of their daily duties. The one participant still viewed professional experience as not making a contribution.

Professional experience should not be confused with professional qualifications in this regard (Theme K versus Theme 1F(i) and Theme H). Although all the participants agreed that professional qualifications contributed to their clinical experience as leaders (Theme 1C), this one participant argued that professional experience does not contribute to the daily execution of his/her duties as a leader (Theme F(ii) and H).

5.2.4   Research question 4:   What leadership style do professional leaders with or without management training adopt?

All the participants were managerially trained by means of various management courses as reflected in Themes 2A and 2B.

The participants started off in Section 3, Part I by listing the different leadership styles (Theme 3A). Participants then all agreed that they use a combination of the leadership styles and are not necessarily devoted to one. They argued that in one meeting they may use a combination of the leadership styles. The reasons for the adoption of the leadership styles are given in Theme 3C, Appendix D.

When asked if the leadership styles were influenced by professional training, management training, leadership experience individually or as entities, or a combination of any of the entities, all participants agreed that professional training and leadership experience did influence their choice of leadership style. All but one participant agreed that their leadership styles were influenced by management training. This one participant argued that management training is mainly theory and therefore could not have influenced his/her leadership style.

The concept of coaching and mentoring was raised by at least two of the participants as one of the methods to be used for aspiring leaders as it bridges the gap between practice, experience, and training.

5.2.5   Research question 5

The researcher was interested in evaluating the performance of the organisations which the participants led in terms of employee satisfaction, client satisfaction, and financial performance. But constraints in terms of time (as this research was to be completed within a year), finance (the researcher already spent close to R25 000 in terms of flights, transport in general and accommodation), influence from the national, provincial and local government in providing support for the institutions, and the influence of medical schools linked to these organisations, it was not possible to evaluate this performance.

However, the participants were requested to evaluate their performance in terms of person-organisation fit and job-satisfaction using the Minnesota Satisfaction Questionnaire, and their turnover intent.

5.2.5.1 Person-organisation fit

Some 71% of the participants regarded their values to be compatible or congruent with the values of the organisation at which they are employed. One participant quoted the provincial acronym CCAIRR, which resonated very well with the participant's values.

39

"So, it's caring, so I do my job in a caring way, I do it with the competency that I have, the A is for accountability, the I is for integrity, and then I'm responsive, the one R, to the patient's needs and I treat everybody with respect. So CCAIRR, those are the values of the department of health … They, definitely. You know my basic principle is treat others the way you would want to be treated and be respectful at all times. So those are my basic values and I think it kind of encompasses with that."

Some 29% responded that the values were either partly congruent or not congruent at all. The reasons given were that the provincial values to participant values were at 50% of congruency, compared to the participants versus the national values which were at 80% of congruency, which pushed the average down to about 70% of congruency. This was because the Minister of Health could not bypass the Premier of the Province in ascertaining that the targets are reached. So the provincial leadership was not moving at the same speed as the national government in deliverables. The other reasons given were that there was no congruence between the institutions and the Head Office, and that the resources were not provided to allow the congruency (Theme 4A(i), Appendix D).

Again, 71% versus 29% of participants said there was compatibility of the participant's goals to that of the organisation. The reasons forwarded for compatibility were that people can be treated equitably, but not equally, goals and values must overlap to have an effective organisation, and there must be goals of being passionate in helping people. Reasons for incompatibility included that the national government is not responding appropriately and that priorities are not the same (organisation and participant's goals).

Theme 4 A(ii): Theme 4 A(ii) captures the preferences and needs of participants to organisational systems and structures. Some 43% of the participants said there was compatibility between their preferences and needs with the organisational systems and structures, whilst 57% indicated that there was no compatibility.

When asked about sharing similar fundamental characteristics with the organisation, all the participants indicated that they did. The results indicate that, on average, there is a 71% congruence and a 29% incongruence when the overall person-organisation fit is assessed. This is in considering the four questions asked for person-organisation fit.

5.2.5.2 Job satisfaction

To assess job satisfaction, the Minnesota Satisfaction Questionnaire was distributed during the interviews. The Minnesota Satisfaction Questionnaire is an instrument that measures satisfaction with different aspects of the work environment. It takes 15-20 minutes to administer the long form and it meets the accepted standards for reliability and shows evidence of validity (Maholtra, 2004).

> *"The most meaningful scores to use in interpreting the MSQ are the percentile scores for each scale obtained from the most appropriate norm group for the individual. Ordinarily, a percentile score of 75 or higher would be taken to represent a high degree of satisfaction, a percentile score of 25 or lower would indicate a low level of satisfaction, and scores in the middle range of percentiles indicate average satisfaction" (Maholtra, 2004).*

Of the seven MSQs distributed, five were returned, which indicates a response rate of 71%. The norm group selected for this research was that of managers. The job description for managers includes top executives from the company president through to personnel managers, division managers and department heads (Maholtra, 2004). The nine items that are recognised as most important for high level consultants were examined were as follows.

i)   Activity: Being able to keep busy all the time
     Appendix E(i). Some 20% of the participants indicated a high degree of satisfaction and 80 % showed average satisfaction.

ii) Advancement: The chance for advancement on this job

41

Appendix E(ii). Some 40% showed a high degree of satisfaction regarding advancement, and 60% showed average satisfaction.

iii)   Company policies and practices: The way company policies are put into practice.

20% of the participants were highly satisfied, 60% had average satisfaction and 20% showed low satisfaction (Appendix E(iii)).

iv)   Independence: The chance to work alone on the job.

40% were highly satisfied and 60% showed low satisfaction (Appendix E(iv).

v)   Security: The way my job provides for steady employment.

20% were highly satisfied, 60% showed average satisfaction and 20% showed low satisfaction (Appendix E(v)).

vi)   Social status: The chance to be "somebody" in the community.

40% showed high satisfaction and 60% demonstrated average satisfaction (Appendix E(vi)).

vii)   Variety: The chance to do different things from time to time.

40% were highly satisfied, 20% were of average satisfaction and 40% were of low satisfaction (Appendix E(vii)).

viii)   Working conditions

40% were highly satisfied and 60% were of average satisfaction (Appendix E(viii)).

ix)   General satisfaction

40% were highly satisfied and 60% were of average satisfaction (Appendix E (ix)).

5.2.5.3 Turnover intent

Behavioural intentions of turnover are strongly related to actual turnover. The turnover intentions are captured in Appendix 4 C(i)-(iii). Some 86% of the participants had no intention of looking for a job at another institution. Some 14% of those who thought of looking for a job in another institution said it was because of frustration at being given the responsibility, but not the tools to fulfil that mandate (Ireri *et al.*, 2011)

42

Some 86% had not thought of looking for a job where the participants would not be leaders and 14% thought they could because their contribution to the organisation was more important than their leadership role. Again, 86% had no intention of finding a new job within the next year and 14% had those intentions, and this was because of frustration.

CHAPTER 6.   DISCUSSION

6.1 Introduction

There is a tight link (web) amongst management, leadership, decision making, and experience to influence performance of organisations. As one area is researched and improved, the other areas, within the web, also have to improve, so that performance is improved.   In other words, these entities have to collaborate to improve performance.

Professionals constitute an increasingly important occupational category (Alder *et al.*, 2008). These authors also argue that professionals are key actors in knowledge-intensive organisations and play a central role in the accelerating generation and diffusion of innovations within and among organisations (Alder *et al.*, 2008). They also argue that market and hierarchy principles have become more salient in professional work (Alder *et al.*, 2008). It is also argued that the professional community is moving towards a new collaborative form of doing things. The move towards a form of professionalism based on a collaborative community is a difficult one and the results are far from certain (Adler *et al.*, 2008; Kwon *et al*, 2008).

Graen (2009) argues that graduating students of management are at a disadvantage relative to those in applied science, medicine, engineering applied psychology and the above functional areas of business. The reason that the graduating students of management are at a disadvantage is because they have too little exposure to either the scientific method or evidence-based management (Graen, 2009). Graen (2009) argues that the professionals (engineers, doctors, psychologists, etc.) are future competitors to management graduates because they learn evidence-based professional practices and understand how to use them along with professional libraries and the Internet search engines that can re-enforce evidence-based practice.

Could it be, whilst the outcome of collaboration are some distance off - this point already pointed out by Santiago *et al.* in 2006 who showed that evidence from the United Kingdom indicated an unsuccessful hybridisation of the collegial (professional)

44

and managerial knowledge worker – that hybrid professionals could be trained and developed to improve performance?

Wallace and Marchant (2009) argue in their article that research assumes that women in academia have qualifications, experience and skills to assume management roles. But it has been identified that the leadership attitudes, performance, and development needs of women middle-managers in universities have been neglected (Wallace & Marchant, 2009). The above can be assumed to be true for professionals in general. This same notion was raised by Griffiths (1983, as cited by Willcocks, 2005) when he referred to doctors as "natural leaders". This same notion was again raised by Dowton (2004, as cited by Kabir *et al.*, 2008) when it is argued that it has always been assumed that doctors would be born leaders in their field, or that eminence in a medical field would automatically mean one would be a good leader. However, that notion has been proven wrong time and time again.

Professionals need to accept that management can be taught like medicine, law, and engineering. The Indian government discovered that management can be taught in the 1960s and proceeded to open business schools (Srinivas, 2008). The impact of managerial training interventions on business performance have been assessed by several studies and the results are positive (Suzuki *et al.*, 2014; Bloom, Eifert *et al.*, 2011; Karlan & Valdida, 2011; Mano *et al.*, 2012). A specific management training programme was given to top hospital managers in Serbia related to strategic management. It was found that managerial competencies increased, which are important source of competitive advantage for organisations (Supic *et al.*, 2010).

The aim or objective of this study was to explore the need for management training for professional leasers to produce what would be called a hybrid leader. A hybrid leader would mean a leader with both professional and management qualification. The study was undertaken within tertiary and/or central hospitals and the CEOs of these organisations were chosen as samples. Within this chosen sample the study sought to discover what type/aspects of management training were deemed necessary. This discussion therefore focuses on the research questions posed in the study.

- The necessity of management training for professional leaders.
- The type (aspects) of management training.
- The influence of experience on management training.
- The leadership style used.
- Performance.

An interpretation of the findings in relation to these questions is given in this chapter.

6.2   Research question 1

Is there a necessity of management training for professional leaders?

Ireri *et al.* (2011) state in their article that,

> *"… health-care systems need strong leadership if they are to be sustainable and responsive to the health needs of the future. There is little empirical and theoretical literature about how medical managers conceptualise management or undertake management roles".*

Coltart *et al.* (2012) note that, "*Never before has the need for fluency and integration across the languages and cultures of both medicine and management been so apparent". In an article titled "Team and leadership styles of junior doctors*". Palmer *et al.* (2008) acknowledge that leaders of all specialities in medicine recognise the importance of management and leadership as core subjects in the curriculum for medical training.

The subject of management, leadership and professional development has been topical among professionals like teachers (Reeves *et al.*, 1998; Black & Wolf 1990; Reeves & Wright 1995). Pharmacists (Traynor *et al.*, 2013; Janke, Traynor & Sorensen 2011; Boyle *et al.*, 2004) and certainly the medical profession has also entered the fray (Clark & Armit, 2008; Dowton, 2004; Klaber *et al.*, 2008; Tooke, 2008; Kabir *et al.*, 2008; Wilkie & Spurgeon, 2013). This research confirmed, albeit from a

small sample of leaders, the necessity of management training for professional leaders. All the participants agreed that management training is essential (Theme 2H).

Doctors often take on management jobs because they believe the job needs to be done by a competent clinician. This often leads doctors combining clinical, managerial, teaching and training roles as part of their duties. These doctors then find the mixed roles extremely stressful and difficult and they therefore need some support in the form of more training and development in management (Ireri *et al.*, 2011).

The literature reveals the current opportunities in leadership and management skills development and this adds to the argument for further integration of this into medical training. There are relatively few undergraduate and postgraduate medical courses that offer combined medical training and a Masters in Business Administration (MBA), but an increasing number of institutions are providing an MBA to physicians in the USA (Kabir *et al.*, 2008).

Participant Number 3 said:

> *"And so I always had this question, what are these managers all about? So, one got into that (management) and one had to understand that no, no, no, the patient is just one dimension of things. You're actually dealing with managing an organisation and dealing with people, because we're not in the business of printing, we're in the business of seeing people and people seeing those people which are patients which makes it also a little bit more complex if you like".*

When Participant 4 was asked why he did a degree in management, he replied:

> *"My driving force was that doctors as in doctors when you look at health in general, they are mostly operational and they've been pushed to be operational and management is left for somebody else".*

47

This view is supported by Kabir *et al.* (2008) where they argue that the medical community seems to be happy to focus attention on treating patients, and to allow other support staff to take over the management and leadership roles. Kabir *et al.* (2008) also argue that general unfamiliarity with topics outside their specialist field and a lack of time, support, and training opportunities in leadership and management skills have left the medical community vulnerable. This vulnerability is in the loss of control over decision making, clinical goal setting, and financial and management independence. If this vulnerability is to be mitigated, physicians have to learn new skills in management and leadership (Kabir *et al.*, 2008).

The literature seems to indicate that leadership and management training should be offered earlier in the professional's training, even at undergraduate level. The examples are student leadership development programmes for pharmacists (Traylor *et al*, 2013), designing a framework for the professional development of school leaders and managers (Reeves *et al.*, 1998), and a medical competency framework (Kabir *et al.*, 2008; Klaber et al., 2008; Coltart *et al.*, 2012; Wilkie & Spurgeon, 2013). Professions like engineers, accountants, psychologists and others have their own leadership and management development framework.

6.3   Research question 2

What type of management training is necessary?

Put differently, the question should ask about the aspects of management training which are essential. Clark and Armit (2008) argue that whilst some management and leadership is included within the current curriculum of medical training in the United Kingdom, it is highly variable both in terms of its coverage and relevance. When the participants were asked about the aspects of management training that were essential, a variety of answers were given (Theme 2L, Appendix D). The participants themselves were qualified in a variety of management courses (Theme 2C, Appendix D).

General aspects or principles of management geared for the profession appear to be the correct way of doing things. The medical profession in the UK and the USA have

the medical leadership competency framework (MLCF) which is constantly being adapted and developed (Ireri *et al.*; Clark & Armit, 2008; Klaber *et al.*, 2008; Wilkie & Spurgeon, 2013). The UK has a national framework for professional development in school leadership and management which focuses on specific aspects within the teachers' profession (Reeves *et al.*, 1998) and pharmacists have their own framework too that focuses on specific aspects (Traynor *et al.*, 2013). This re-enforces the argument that each profession needs to develop a framework that focuses on specific aspects of management training. At the end, general management training for all professions may be a common denominator, with a few aspects geared towards the profession itself. This may be easy to achieve, especially if professions are geared at developing hybrid leaders within their ranks.

The participants in this research had various health qualifications as professionals, and had different management qualifications, but the need for management training was unanimous. It is therefore essential to concretise the aspects of management training and also the level in training where these aspects should be offered, much like the MLCF.

These two participants sum it appropriately. Participant 4:

"So obviously, I'm trying to say, there's always a value to management training",

Participant 2 said:

"… the time I was here managing a department, I probably was managing processes more than, but when I'm here, I'm managing people more than…"

This means that at the professional level one manages processes more than people, and at the CEO level, one manages people more than processes. This is when the participants were asked about the aspects of management training.

49

6.4 Research question 3

Does experience influence (or not) the need of management training of a professional leader?

Even when experienced, the participants all agreed that management training was still necessary (Theme 2K, Appendix D). These participants had an average of three years and two months as CEOs of their institutions, with the shortest serving CEO at nine months and the longest serving at 13 years; yet they all agreed that management training is required.

Dennison and Shento (1990) argue that leadership ought to be provided by the professional most appropriately equipped to lead, whether by experience, seniority, training or availability. Professionals go through intense training and they learn how to treat cases, and as they treat cases, they become experienced. During actual practice, they become increasingly experienced and ultimately they may become experts (Noordegraaf, 2007). But Clark and Armit (2008) argue that medical profession has not particularly encouraged doctors to attain competence in management and leadership, although this stance is rapidly changing (Kabir *et al.*, 2008).

Evidence from the research undertaken by the author indicates that professionals need to be managerially trained, and institutions should not base the management or leadership skills purely on experience. This is also evidenced in a study by Wilkie and Spurgeon (2013) that "*there needs to be some training for the trainers in leadership education*", and possibly management education as well, as this cannot be acquired by experience only.

6.5 Research question 4

What leadership style do professional leaders with or without management training adopt?

It was established in the study that all participants were managerially trained (Theme 2A, Appendix D). The participants also indicated unanimously that they had not adopted a single style of leadership, but from time to time used a combination of leadership styles (Theme 3B, Appendix D).

Participant 2:

"I think you have to use all of them. If something happens now and an Ebola patient comes in, you just have to be autocratic. Things must be done. I'm not going to ask you if you want to do it, but there are times where, if you want buy-in, you get consensus and you try to hear all views and what a view. And at times you need to be a bit laissez faire. I mean you can't, if people have worked hard for three days and on Friday they want to leave at 1 o'clock, you know, it's ok".

Participant 5:

"So, I kind of use a combination of those. And I suppose I'm becoming more of a participation and transformation leader, I think. But I think there's an element of each of those".

This is in contrast to Sama and Shoaf's findings in 2008 that stated that professionals as leaders choose either transformational or amoral transactional styles. However, the findings by the researcher are based on a qualitative study of a small number of participants and one cannot therefore make a meaningful conclusion.

6.6 Research question 5

- How do leaders rate their performance in the organisation/institution in terms of job-satisfaction, person-organisational fit and turnover-intent
- Would management training have made a difference, or is it making a difference/or not in their performances as organisational leaders?

The participants were all managerially trained, and all participants admitted that management training was essential. Participants rated their own performance in terms of person-organisation fit, job satisfaction, and turnover intent. Time constraints and financial resources did not allow the evaluation of participants by their employees or by the clients they serve.

Goodall *et al.* (2011) argue that leaders affect the performance of their organisation. Compatibility between people and organisation, which is called person-organisation fit, increases job satisfaction and decreases turnover intent (Kristoff, 1996; Kasimati, 2011) and when job satisfaction increases and turnover intent decreases, organisation performance and effectiveness are improved (Cailler, 2011; Waldman *et al.*, 2004; Singh & Loucar, 2010). The study revealed a high person-organisation fit (71%), average job satisfaction (60%), and relatively low turnover intent (14%). Again, the number of participants was too small to make any meaningful conclusion.

CHAPTER 7.   CONCLUSION

The purpose of this study was to determine whether or not management training was necessary for professional leaders. Related to management training, an attempt was made to establish the type/aspects of management training that are necessary, if experience plays a role in determination of management training, the leadership style adopted by professional leaders with or without management training, and whether or not management training affects the performance of professional leaders.

7.1   Management training

This research clearly identified management training as necessary (Theme 2K, Appendix D). The research also established the need of management training regardless of the period in which the professional leader has been in a leadership position. Although the literature advocates early exposure to management training, it also does not negate the need for it for those already in senior positions.

It was also established that management training influences the way in which the participants execute their daily duties. There was unanimous agreement on this point, thus validating the argument that there is always value in management training. Asked if management training is essential for the leadership role, the participants all agreed, stating that training is for the future. The participants unanimously concluded that professional leaders should undergo management training (Theme 2L, Appendix D).

7.2   Type/aspects of management training

The questions raised by Dennison and Shenton (1990) still remain relevant today. There was no clear consensus on the type/aspects of management training. All participants were trained in various aspects as far as management is concerned. All had some training extending for a period of 2-3 years or so, and had taken multiple short courses extending for a period of days to up to two years. The distinction between short and long courses is arbitrary here and according to the researcher may not necessarily be correct.

53

Management and management training is mentioned in the literature, but many a time it is mentioned with leadership development, with the emphasis on leadership. The concept of management training for professional leaders to produce hybrid professionals cannot be over emphasised. Equally important would be identifying the aspects of management training for the specific profession and identifying when to implement which aspects during the training of a specific professional. Coltart *et al.* (2012) argue that one solution might be to uncouple leadership and clinical development, and provide career doctors with the opportunity to gain management and leadership experience earlier in their careers.

This production of hybrid professional leaders would go a long way in addressing what Palmer *et al.* (2008) refer to as a long history of suspicion between the disciplines of medicine and management, with the autonomy of the medical (and it is supposed that this exists in other professions as well) profession being eroded by increased involvement of managers from the 1980s onwards. Involvement of "managers" here would refer to what is known as managerial leaders.

7.3 Experience

Experience, according to the literature, was identified as a catalyst required to inspire further training. The participants identified two types of experiences; viz. clinical experience and non-clinical experience. All participants agreed that their professional qualification contributed to the clinical leadership experience, but there was mixed reaction concerning professional qualifications contributing to non-clinical leadership experience - non-clinical here refers to a managerial aspects of leadership, such as finances, human resource management, project management, strategy and the like.

Participants agreed that management experience and leadership experience contribute to their daily execution of duties, but one participant did not view professional qualifications as contributing to execution of daily duties. Some 71% of participants viewed their previous leadership roles as adding to their experience as leaders, but 29% viewed their previous leadership roles as not contributing to their leadership experience.

7.4 Leadership style

The participants adopted a situational leadership style or a combination of leadership styles. This leadership style was influenced by their professional training, leadership experience, and management training, except for one participant who stated that management training had no influence on the adoption of a leadership style. The participants all agreed that the leadership style assists in the daily execution of their duties.

7.5 Self-evaluation of performance within their organisations

- Person-organisation fit. There was a 71% congruence and a 29% incongruence between the participants and the organisation.
- Job satisfaction. In general, some 40% of participants were highly satisfied and 60% were of average satisfaction.
- Turn-over intent. Some 86% of participants had no turnover intent versus 14% who had.

There seems to be a misfit where there is high person-organisation fit, low turnover intent, but just average job satisfaction.

7.6 Highlights

The purpose of this study was to determine whether management training was necessary for professional leaders and if it is, what type of management training is necessary. From the findings it was established that management training is necessary. The majority of the participants underwent management training when already in positions of leadership. This was upon realising the need to be managerially trained. Management training had an impact on the way the participants executed their daily duties.

55

Finance, human resource management, strategy and the like, were general aspects of management which were recognised as needed in management training. There was no direction as to the type of management training within the sample of participants chosen, but the general principles of management were recognised as essential. (See the discussion on Research Question 2.)

It is the opinion of the researcher that although many professional bodies develop frameworks for the development of their own leaders and managers in their specific professions, and although the word "manager" and "management" is mentioned in these frameworks, most of it is about leadership, rather than management. But this may need to be interrogated further. Hence, there was no clear indication or consensus on the aspects of management training in the health profession except for the above general aspects. These general aspects may need to be clearly defined.

The other key learning areas from the study are the following:

- Although experience is important for professional leaders in positions of leadership, it (experience) does not replace the need for management training. Management training still remains key.
- The leadership style adopted by professional leaders is not influenced by management training, professional training, or leadership experience. These leaders adopted a style that was relevant to the situation which they came across; - what is commonly referred to as situation leadership style (Rathacker & Haver, 2013).
- Finally, the influence of management training on the personal performance of the participants was mixed. There was a high personal-organisation fit and low turnover intent, but job satisfaction, as measured by the Minnesota Satisfaction Questionnaire, was average. One would have expected a high level of job satisfaction judging by the high percentage of person-organisation fit and the low percentage of those with turnover intent.

Although the numbers are small to make any meaningful conclusion, the trend is more towards satisfactory performance.

CHAPTER 8.   RECOMMENDATIONS

These recommendations are aimed at the professional bodies as a whole (such as engineers, doctors, nurses, accountants, lawyers, etc.) but more specifically health professionals and the Department of Health of the South African government in particular. The most practical outcome of the study is that for better management of our facilities, better service delivery, and better health outcomes, managers and leaders of our institutions need to be managerially trained.

8.1   Management training

Management training should be incorporated into the curriculum of training medical students at the undergraduate and post-graduate levels, with the intensity increasing as the student progress through post-graduate studies.

The study conducted by Goodall in 2011 indicated that hospitals led by physicians were ranked higher than hospitals led by managerially trained leaders. The effects of hybrid physicians still remain to be seen.

8.2   Types/aspects of management training

A task team need to be established to interrogate the aspects of management training. This task team needs to establish which aspects should be incorporated, and at what level, in the curriculum for medical students. Lessons can be learnt from the UK and the USA Medical Leadership Competency Framework, adapted to management training issues and implemented. Care should be taken not to neglect leadership as it is also an integral part of management. Detmer and Ford (2001) wrote,

> *"… future leaders with the behavioural capacity but without clinical expertise are likely to lack focus. Leaders equipped solely with clinical skills and lacking the necessary behaviours and emotional competencies are likely to be impotent when it comes to getting things done".*

58

8.3 Experience

Reeves *et al.* (1998) in the article, "Developing a model of practice: Designing a framework for the professional development of school leaders and managers", state that,

> *"… heads have become managers of a service to consumers who have a right to question and complain about the provision they receive and the ability, in theory, to take their custom elsewhere".*

They are referring to the basis of the head teacher's relationship with pupils and parents (Reeves *et al.*, 1998). The same could be said about the relationship of medical leaders and their employees with the patients.

The support for the provision for early good quality management development cannot be over emphasised. Experience begets quality and the professional qualities of a manager result in the good performance of the organisation.

8.4 Leadership style

Leadership style influences the decision making style. A decision making style is the way a person uses information to formulate a decision (Jamain *et al.*, 2013). Jones (2005) notes that decisions and decision making processes are explicitly fundamental to all leadership and management processes. It was pointed out above that leadership is an integral part of management. Decision making is regarded as a complex process (Scholtz, 2013).

It is therefore recommended that leadership and leadership training be incorporated into the curriculum for management training.

8.5 Performance

The misalignment of person-organisation fit, turnover intent and level job satisfaction need to be addressed. How well organisations perform depend on how satisfied the managers are. When managers are satisfied, and employees are satisfied as well, then most likely the customers will also be satisfied (Voss *et al.*, 2005).

Participants spoke of them not being supported, and them being on duty and not being given the tools to do the work. Participants also spoke of a disconnect between the national and provincial governments, and sometimes even municipal government policies. This creates the frustration that the participants revealed and their deficiencies in managing such conflict. This may well explain the average job satisfaction. The area of performance need to be addressed with the urgency it deserves.

8.6 Future research

- Quantitative study regarding the need for management training may need to be conducted.
- Participants with and without management training need to be interviewed.
- The performance of hybrid participants compared to professional only participants needs to be evaluated (self-evaluation versus organisational evaluation).
- Aspects of management training are serious issues that require serious engagement.

REFERENCES

Adler, P. S., Kwon, S., & Heckscher, C. (2008). Professional work: The emergence of collaborative community. *Perspective Organization Science, 19*(2), 359-376. doi:10.1287/orsc.1070.0293

Bennis, W. (1989). *On becoming a leader*. Reading: Addison-Wesley Publishing.

Bennis, W. G., & Nanus, B. (1985). *Leaders: The strategies for taking charge*. New York: Harper & Row.

Berman, J. E., & Pitman, T. (2010). Occupying a 'third space": Research trained professional staff in australian universities. *Higher Education, 60*, 157-169. doi:10.1007/s10734-009-9292-z

Besley, T., Montalvo, J. G. & Reynal-Querol, M. (2011). Do educated leaders matter? *The Economic Journal,* 121(554, FEATURES), F205-F227.

Bezes, P., Demaziere, D., Le Bianic, T., Paradeise, C., Normand, R., Benamouzig, D., & Evetts, J. (2012). New public management and professionals in the public sector: What new patterns beyond opposition? *Sociologie Du Travail, 54*, e1-e52. doi:10.1016/j.soctra.2012.07.001

Blanchard, L. A. & Donahue, A. K. (2008). Teaching leadership in public administration. *Journal of Public Affairs Education,* 13(3/4), 461-485.

Bloom, N., Eifert, B., Mahajan, A., McKenzie, D., & Roberts, J. (2010). Does management matter? evidence from india. *Working Paper 10/0873,* International Growth Centre-United Kingdom.

Brignall, S., Modell, S., (2000). An institutional perspective on performance measurement and management in the "new public sector". *Management Accounting Research,* 11(3), 281-306.

Caillier, J.G. (2011). Are state government workers satisfied with their jobs when the organisation is effective? *Public Administration Quarterly,* 35(1), 93-127.

Cialdini, R.B. (2014). Chapter 7: Compliance principles of compliance professionals: Psychologists of necessity. *Social influence: The Ontario Symposium,* vol. 5, 165-184. New York: Psychology Press.

Clark, J. & Armit, K. (2008). Attainment of competency in management and leadership-no longer an optional extra for doctors. *Clinical Governance: An International Journal,* 13(1), 35-42.

Coltart, C.E.M., Cheung, R., Ardolino, A., Bray, B., Rocos, B., Bailey, A. & Donaldson, L. (2012). Leadership development for early career doctors. *Lancet,* 379, 1847-1849.

Creswell, J.W. (1994). *Qualitative inquiry and research design: Choosing among five approaches.* London: Sage Publications Inc.

Cummings, G. & Worley, C. G. (2009). *Organization development and change.* (9th ed.). Mason, USA: South-Western Cengage Learning.

Dall'Alba, G, & Sandberg, J. (2006). Unveiling professional development: A critical review of stage models. *Review of Educational Research,* 76(3), 383-412.

Dansereau, F., Seitz, S.R., Chiu, C., Shaughnessy, B. & Yammarino, F.J. (2013). What makes leadership, leadership? Using self-expansion theory to integrate traditional and contemporary approaches. *The Leadership Quarterly,* 24, 798-821.

Dean, K.L., Beggs, J.M., & Keane, T.P. (2010). *Mid-level managers, organizational context, and (un)ethical encounters.* USA: Springer.

Dennison, W. & Shenton, K. (1990). Training professional leaders: The new school managers. *Oxford Review of Education,* 16(3), 311-320.

Douglas, R., & Sutherland, M. (2009). An organisational change model for successful HIV/AIDS workplace intervention. *South African Journal of Labour Relations*, 33(2), 54.

Evans, R.G. (2003). A professor 'honorarius': An |Australian experiment in medical administration 1939-64. *Health and History*, 5(1), 115-138.

Fernandez, S. (2008). Examining the effects of leadership behaviour on employee perception of performance and job satisfaction. *Public Performance and Management Review*, 32(2), 175-205.

Flanagan, J.C. (1954). The critical incident technique. *Psychological Bulletin*, 51(4), 327-357.

Fleßa, S. (2005). Hospital development plans: A new tool to break ground for strategic thinking in Tanzanian hospitals. *The European Journal of Health Economics,* 6(4), 322-326, 328-333.

Germov, G. (2005). Managerialism in the Australian public health sector: Towards the hyper-rationalisation of professional bureaucracies. *Sociology of Health and Illness,* 27(6), 738-758.

Goldstein, S.M., Naor, M. (2005). Linking publicness to operations management practices: a study of quality management practices in hospitals. *Journal of Operations Management*, 23(2), 209-228.

Goodall, A.H. (2011). Physician-Leaders and Hospital Performance: Is there an Association? *Social Science & Medicine*, 73(4), 535-539).

Goodall, A.H., Kahn, L.M. & Oswald, A.J. (2011). Why do leaders matter? A study of expert knowledge in a superstar setting. *Journal of Economic Behavior & Organization*, 77(3), 265-284.

Graen, G. B. (2009). Educating new management specialists from an evidence-based perspective: A proposal. *Academy of Management Learning and Education, 8*(2), 255-258.

Gregor, A. (2006). Doctors as leaders in the NHS. *Clinician in Management,* 14, 163-166.

Groves, M.G., Cialdini, R.B. & Couper, M.P. (1992). Understanding the decision to participate in a survey. *Public Opinion Quarterly*, 56, 475-495.

Ham, C. (2008). Doctors in leadership: Learning from international experience. *The International Journal of Clinical Leadership*, 16, 11-16.

Holt, S., & Marques, J. (2012). Empathy in leadership: Appropriate or misplaced? An empirical study on a topic that is asking for attention. *Journal of Business Ethics*, 105, 95-105.

Huang, X., Lun, J., Liu, A. & Gong, Y. (2010). Does participative leadership enhance work performance by inducing empowerment or trust? The differential effects on managerial and non-managerial subordinates. *Journal of Organizational Behaviour,* 31, 122-143.

Ireri, I., Walshe, K., Benson, L. & Mwanthi, M. (2011). A qualitative and quantitative study of medical leadership and management: Experiences, competencies, and development needs of doctor managers in the United Kingdom. *Journal of Management and Marketing in Healthcare*, 4(1), 16-29.

Jamian, L.S., Sidhu, G.K. & Aperapar, P.S. (2013). Managerial decision styles of deans in institutions of higher learning. *Procedia-Social and Behavioral Sciences*, 90, 278-287.

Janke, K. K., Traynor, A. P., & Sorenson, T. D. (2011). Refinement of strengths intruction in a pharmacy curriculum over eight years. *American Journal of Pharmaceutical Education*, 75(3), 45.

Kabir, C., Potty, A. & Sharma, R. (2008). Current opportunities for the development of leadership skills for doctors. *The International Journal of Clinical Leadership*, 16, 115-119.

Karlan, D. S., & Valdivia, M. (2011). Teaching entrepreneurship: Impact of business training on microfinance clients and institutions. *Review of Economics and Statistics, 93*(2), 510-527.

Kasimati, M. (2011). Job satisfaction and turnover under the effect of person-organization fit in Albanian public organizations. *Journal for East European Management Studies*, 16(4), 315-337.

Kezar, A. (2012). Bottom-up/ Top- down leadership: contradiction or hidden phenomenon. *The Journal of Higher Education*, 83(5), 725-760.

Klaber, R.E., Roueche, A., Hodgkinson, R. & Dawn, H. (2008). A structured approach to planning a work-based leadership development programme for doctors in training. *The International Journal of Clinical Leadership*, 16, 121-129.

Ladkin, D. (2006). When deontology and utilitarianism aren't enough: How Heidegger's notion of "dwelling" might help organisational leaders resolve ethical issues. *Journal of Business Ethics,* 65(1), 87-98.

Leedy, P., & Ormrod, J. E. (2001). *Practical Research: Planning and Design.* (7th Ed.) New Jersey: Prentice-Hall Inc.

Maholtra, N.K. (2004). *Marketing research: An applied orientation.* (4th Ed.) New Jersey: Prentice Hall.

Mano, Y., Iddrisu, A., Yoshino, Y., & Sonobe, T. (2012). How can micro and small enterprises in sub-saharan africa become more productive? the impacts of experimental basic managerial training. *World Development, 40*(3), 458-468.

McAlearney, A.S. (2006). Leadership development in healthcare: A qualitative study. *Journal of Organizational Development,* 27(7), 967-982.

McDowell, I. (2006). Measuring health: A guide to rating scales and questionnaires. (3rd Ed.) New York: Oxford University Press.

Merriam, S.B. (1998). *Qualitative research and case study applications in education.* San Francisco: Josey-Bass Inc.

Messina, A. (2007). Public relations, the public interest and persuasion: An ethical approach. *Journal of Communication Management*, 11(1), 29-52.

Naylor, C.D. (2006). Leadership in academic medicine: Reflections from administrative exile. *Clinical Medicine*, 6, 488-492.

Noordegraaf, M. (2007). From "pure" to "hybrid" professionalism: Present -day professionalism in ambiguous public domains. *Administration and Society*, 39, 761-784.

Palmer, R., Cragg, R., Wall, D. & Wilkie, V. (2008). Team and leadership styles of junior doctors. *The International Journal of Clinical Leadership,* 16, 131-135.

Reeves, J., Forde, C., Casteel, V., & Lynas, R. (1998). Developing a model of practice: Designing a framework for the professional development of school leaders and managers. *School Leadership and Management,* 18(2), 185-196.

Robbins, S.P., & Judge, T.A. (2013). *Organizational behavior.* (15th Ed.) Edinburgh: Pearson Education.

Rothacker, A. & Hauer, G. (2014). Leadership in multinational management-A behavior-set to motivate multicultural teams. *Procedia-Social and Behavioral Sciences*, 130, 226-236.

Salkind, N.J. (2010). In Habib L., Larson L. (Eds.) *Statistics for people who (think they) hate statistics.* (3rd Ed.) California: Sage.

Sama, L. M. & Shoaf, V. (2008). Ethical leadership for the professions: Fostering a moral community. *Journal of Business Ethics,* 78(1/2), 39-46.

Santiago, R. Carvalho, T. Amaral, A. & Meek, V.L. (2006). Changing patterns in the middle management of higher education institutions: The case of Portugal. *Higher Education*, 52(2), 215-250.

Sauer, S.J., Thomas-Hunt, M.C. & Morris, P.A. (2010). Too good to be true? the unintended signaling effects of educational prestige on external expectations of team performance. *Organization Science,* 21(5), 1108-1120.

Saunders, M. & Lewis, P. (2012). *Doing research in business and management: An essential guide to planning your project.* (1st Ed.) England: Pearson Education Limited.

Savenye, W.C., & Robinson, R.S. (2005). Qualitative research issues and methods: An introduction for educational technologists. *Journal of Computing in Higher Education*, vol. 16 (2), 65-95

Scholtz, G.T. (2013). In Richter-Herbert R. (Ed.) *The keys to persuasion: Mastering the 10 keys to changing the mind*. Cape Town: Zebra Press.

Silverman,D. (2000). *Doing Qualitative Research: A practical Handbook.* SAGE Publications: London

Singh, P. & Loncar, N. (2010). Pay satisfaction, job satisfaction and turnover intent. *Relations Industrielles/ Industrial Relations*, 65(3), 470-490.

Sonnino, R.E. (2013). Association of women surgeons: Career development resources professional development and leadership training opportunities for healthcare professionals. *The American Journal of Surgery,* 206(5), 727-731.

Spears, L.C. (2010). Character and servant leadership: Ten characteristics of effective, caring leaders. *The Journal of Virtues and Leadership*, 1(1), 25-30.

Srinivas, N. (2008). Mimicry and revival- the transfer and transformation of management knowledge to india,1959-1990. *International Studies of Management and Organization, 38*(4), 38-57.

Supic, Z. T., Bjegovic, V., Marinkovic, J., Milicevic, M. S., & Vasic, V. (2010). Hospital management training and improvement in managerial skills: Serbian experience. *Health Policy, 96*, 80-89. doi:10.1016/j.healthpol.2010.01.002

Suzuki, A., Vu, H. N., & Sonobe, T. (2014). Willingness to pay for managerial training: A case from the knitwear industry in northern vietnam. *Journal of Comparative Economics, 42*, 693-707. doi:10.1016/j.jce.2013.07.001

Taylor, T. (2010). *Leadership.* [Video]. Available from www.gibs.co.za/videos/.

Tooke, J. (2008). *Aspiring to excellence: Findings and recommendations of the independent inquiry into modernising medical careers.* London: Aldridge Press.

Traynor, A.P., Boyle, C.J. & Janke, K.K. (2013). Guiding principles for student leadership development in the doctor of pharmacy program to assist administrators and faculty members in implementing or refining curricula. *American Journal of Pharmaceutical Education,* 77(10), 1-10.

Van Ameijde, J.D.J., Nelson, P.C., Billsberry, J. & van Meurs, N. (2009). Improving leadership in higher education institutions: A distributed perspective. *Higher Education*, 58(6), 763-779.

Wallace, M., & Marchant, T. (2009). Developing female middle-managers in australian universities. *Higher Education, 58*(6), 781-797.

Weiss, D.J., Dawis, R.V., England, G.W., & Lofquist, L.H. (1967). *Manual for the Minnesota satisfaction questionnaire.* (120th Ed.) University of Minnesota: Minnesota Studies in Vocational Rehabilitation, Volume 22.

Wilkie, V., & Spurgeon, P. (2013). Translation of the medical leadership competency framework into a multisource feedback form for doctors in training using a verbal protocol technique. *Education for Primary Care,* 24, 36-44.

Willcocks, S. (2005). Doctors and leadership in the UK national health service. *Clinician in Management*, 13, 11-21.

Williams, C. (2007). Research methods. *Journal of Business and Economic Research*, 5(3), 65-72.

Williams, D. W. (2002). Before performance measurement. *Administrative Theory & Praxis*, 24(3), 457-486.

APPENDICES

Appendix A

	Name of Institution	Population size serves by Institution	Socio-Economic divide	Racial Divides People served	CEO's Qualification	Gender	Race	Age of CEO
P2	CMAH	6 million	Mixed (Poor and rich)	70 % Black 30 % White	BSc (Physio), MSc (Physio), MPH, Executive Leadership, Short courses	F	A	50-55yrs
P3	Universitas	≤ 2 million – N. Cape 2,7 million – F. State 0,5 million – E. Cape 2,7 million - Lesotho	Mixed	Mixed	MBChB, MPH (Outstanding), Short Courses	M	A	40-50yrs
P4	King Albert Luthuli Hosp.	11 million	Mixed	Mixed	MBChB, APM, Health Economics, MBA, Short Courses	M	A	40-50yrs
P5	Groote Schuur Hosp.	5 million	Mixed	Mixed	BSc, MBChB, MFam Med, FCFP, FCPHM, MSc Med (Bioethics & Health Law)	F		50-60yrs
P7	Nelson Mandela Academic	2,6 million	Mainly poor	Mainly Black	BCur, MPH, Short Courses	F		50-60yrs
P8	Dr George Mukhari Academic	1,3 million	Mainly poor (90 %)	Mainly Black	BCur, BCom, MCom, Short Courses	M	A	40-50yrs
P9	Steve Biko Academic	2 – 2,5 million	Mainly poor	65 % Black	MBChB, DTM&H, Certificate in Advanced Health Management, MPH (Candidate)	M	A	60-65yrs

Appendix B

INTERVIEW SCHEDULE							
Date	Time	Lengh of interview	Question	Hospital	Province	Total time	
15/07/2014	12h30pm	02h10min35sec	15min	Nelson Mandela Academic Hospital	EC; Mthata	145min35sec	
17/07/2014	11h30am	01h24min37sec	15min	Inkosi Albert Luthuli Academic Hospital	KZN;Durban	99min37sec	
18/07/2014	10h30	02h08min41sec	15min	Universitas Academic Hospital	FS;Bloemfontein	143min41sec	
31/07/2014	12h00pm	01h42min	0min	Dr George Mukhari Academic Hospital	Gauteng;Ga-Rankuwa	102min	
12/08/2014	05h30pm	38min41sec	15min	Charllotte Maxeke Academic Hospital	Gauteng; Jhb	53min41sec	
19/08/2014	12h30pm	53min16sec	15min	Cape Town Academic Hospital	WC; Cape Town	68min16sec	
25/08/2014	13h00pm	01h01min11sec	0min	Steve Biko Academic Hospital	Gauteng; Pretoria	61min11sec	
						673min	
					AVERAGE TIME	96min14sec	
						01H36min14sec	

71

QUESTIONNAIRE:

PART I: BASIC INFORMATION

Section A- Experience

This section attempts to gain understanding and influence of experience on a leader.

    a) How long have you been working as a leader of the institution(s)?
    b) When did you start assuming a leadership position after qualifying as a professional?

    c) i)   Do you think that your professional qualification contributed to your experience as a leader?

ii)   If yes/no-How did your professional qualification (not) contribute?

    d) i)   Given your experience, when do you think a professionally trained individual should start assuming a position of leadership?

ii)   Please elaborate

    e) i)   Do you think that the leadership role contributed to your experience as a leader?

ii)   Please elaborate

    f) i)   Does your experience as a professional contribute to your execution of daily duties as a leader?

ii)   How does it (not) contribute

    g) i)   Does your leadership experience contribute to your execution of daily duties as a leader?

ii)   How does it (not) contribute

    h) Does a combination of your professional training and leadership experience contribute to your daily execution of your duties as a leader? Please elaborate

Section B- Management training

This section attempts to establish the relevance and role of management training and type of management training on professional leaders

    a) Are you managerially trained?
    b) What type of management training have you undertaken?
    c) How long did your management training take?
    d) i)   Did you undertake management training before you were in a leadership position?
       ii)   Why was management training done before a leadership position was assumed?
    e) i)   Did you under take management training when you were already in a leadership position?

ii)   Why was it undertaken when in a leadership position already?

    f) i)   Do you think that management training influence the way in which you execute your duties as a leader?

ii)   How does it influence the execution of your duties?

iii)   Why does it influence the execution of your duties?

    g) i)   Do you think that the lack of management training influence(d) the execution of your duties as a leader?

ii)   How did it influence the execution of your duties?

iii)   Why did it influence the execution of your duties

h) i)   Do you think that management training is essential for your leadership role?

ii)   Why is it essential?

iii)   How is it essential?

i) What aspects of management training are essential for your leadership role?
j) What aspects of management training are not essential for your leadership role?

k) Given your leadership experience, do you think that management training would still be necessary?
l) Do you think that professional leaders should undergo management training?

Section C-Leadership style

This section attempts to establish the style of leadership and its influence on leadership.

a) Are you aware of leadership styles?   Please elaborate

b) What leadership style have you adopted?

c) How does this leadership style assist you in your daily execution of your duties?

d) i)   Was this leadership style influenced by your professional training

   ii)   How

   iii)   Why

e) i)   Was this leadership style influenced by your management training?

   ii)   How

   iii)   Why

f) i)   Was this leadership style influenced by your leadership experience?

ii)   How

iii)   Why

g) i)   Was this leadership style influenced by any combination of professional training, management training and leadership experience?

ii)   Which combination was it?

iii)   How did it influence the leadership style?

75

iv)   Why did it influence the leadership style?

Section D

a) Person-Organisation fit

   Do you think there is

   i.   Compatibility/congruence between your values and organisational values
   ii.   Your goals and organisation goals
   iii. Your preferences and needs and organisational systems and structures
   iv.   Do you think you share similar fundamental characteristics with the organisation

b) Job satisfaction
   i.   Minnesota satisfaction questionnaire
c) Turn over intent
   i.   Have you seriously thought of looking for another job in another institution or organisation
   ii.   Have you seriously thought of looking for a job where you shall not be a leader
   iii. How likely is it that you will make a serious effort to find a new job within the next year

PART II: CLASSIFICATION INFORMATION

a) Name of institution

b) Location of institution (Province/ Urban/ Rural)

c) Population size served by the institution

d) Socio-economic divide (status) of institution

e) Racial divide of institution (employees and clients)

PART III: IDENTIFICATION INFORMATION

Name of Chief Executive Officer

CEO'S Qualifications

Gender

Race

Age

minnesota satisfaction questionnaire

The purpose of this questionnaire is to give you a chance to tell **how you feel about your present job,** what things you are **satisfied** with and what things you are **not satisfied** with.

On the basis of your answers and those of people like you, we hope to get a better understanding of the things people **like and dislike about their jobs.**

On the following pages you will find statements about your present job.

• Read each statement carefully.

• Decide **how satisfied you feel about the aspect of your job** described by the statement.

Keeping the statement in mind:

— if you feel that your job gives you **more than you expected,** check the box under **"Very Sat."** (Very Satisfied);

— if you feel that your job gives you **what you expected,** check the box under **"Sat."** (Satisfied);

— if you **cannot make up your mind** whether or not the job gives you what you expected, check the box under **"N"** (Neither Satisfied nor Dissatisfied);

— If you feel that your job gives you **less than you expected,** check the box under **"Dissat."** (Dissatisfied);

— if you feel that your job gives you **much less than you expected,** check the box under **"Very Dissat."** (Very Dissatisfied).

• Remember: Keep the statement in mind when deciding **how satisfied you feel about that aspect of your job.**

• Do this for **all** statements. Please answer **every** item.

Be frank and honest. Give a true picture of your feelings about your **present job.**

31

78

*Ask yourself: How **satisfied** am I with this aspect of my job?*

> ***Very Sat.** means I am very satisfied with this aspect of my job.*
>
> ***Sat.** means I am satisfied with this aspect of my job.*
>
> ***N** means I can't decide whether I am satisfied or not with this aspect of my job.*
>
> ***Dissat.** means I am dissatisfied with this aspect of my job.*
>
> ***Very Dissat.** means I am very dissatisfied with this aspect of my job.*

On my present job, this is how I feel about . . .	Very Dissat.	Dissat.	N	Sat.	Very Sat.
1. The chance to be of service to others.	□	□	□	□	□
2. The chance to try out some of my own ideas.	□	□	□	□	□
3. Being able to do the job without feeling it is morally wrong.	□	□	□	□	□
4. The chance to work by myself.	□	□	□	□	□
5. The variety in my work.	□	□	□	□	□
6. The chance to have other workers look to me for direction.	□	□	□	□	□
7. The chance to do the kind of work that I do best.	□	□	□	□	□
8. The social position in the community that goes with the job.	□	□	□	□	□
9. The policies and practices toward employees of this company.	□	□	□	□	□
10. The way my supervisor and I understand each other.	□	□	□	□	□
11. My job security.	□	□	□	□	□
12. The amount of pay for the work I do.	□	□	□	□	□
13. The working conditions (heating, lighting, ventilation, etc.) on this job.	□	□	□	□	□
14. The opportunities for advancement on this job.	□	□	□	□	□
15. The technical "know-how" of my supervisor.	□	□	□	□	□
16. The spirit of cooperation among my co-workers.	□	□	□	□	□
17. The chance to be responsible for planning my work.	□	□	□	□	□
18. The way I am noticed when I do a good job.	□	□	□	□	□
19. Being able to see the results of the work I do.	□	□	□	□	□
20. The chance to be active much of the time.	□	□	□	□	□
21. The chance to be of service to people.	□	□	□	□	□
22. The chance to do new and original things on my own.	□	□	□	□	□
23. Being able to do things that don't go against my religious beliefs.	□	□	□	□	□
24. The chance to work alone on the job.	□	□	□	□	□
25. The chance to do different things from time to time.	□	□	□	□	□
	Very Dissat.	Dissat.	N	Sat.	Very Sat.

32

Ask yourself: How **satisfied** am I with this aspect of my job?

Very Sat. means I am very satisfied with this aspect of my job.

Sat. means I am satisfied with this aspect of my job.

N means I can't decide whether I am satisfied or not with this aspect of my job.

Dissat. means I am dissatisfied with this aspect of my job.

Very Dissat. means I am very dissatisfied with this aspect of my job.

On my present job, this is how I feel about . . .	Very Dissat.	Dissat.	N	Sat.	Very Sat.
26. The chance to tell other workers how to do things.	☐	☐	☐	☐	☐
27. The chance to do work that is well suited to my abilities.	☐	☐	☐	☐	☐
28. The chance to be "somebody" in the community.	☐	☐	☐	☐	☐
29. Company policies and the way in which they are administered.	☐	☐	☐	☐	☐
30. The way my boss handles his/her employees.	☐	☐	☐	☐	☐
31. The way my job provides for a secure future.	☐	☐	☐	☐	☐
32. The chance to make as much money as my friends.	☐	☐	☐	☐	☐
33. The physical surroundings where I work.	☐	☐	☐	☐	☐
34. The chances of getting ahead on this job.	☐	☐	☐	☐	☐
35. The competence of my supervisor in making decisions.	☐	☐	☐	☐	☐
36. The chance to develop close friendships with my co-workers.	☐	☐	☐	☐	☐
37. The chance to make decisions on my own.	☐	☐	☐	☐	☐
38. The way I get full credit for the work I do.	☐	☐	☐	☐	☐
39. Being able to take pride in a job well done.	☐	☐	☐	☐	☐
40. Being able to do something much of the time.	☐	☐	☐	☐	☐
41. The chance to help people.	☐	☐	☐	☐	☐
42. The chance to try something different.	☐	☐	☐	☐	☐
43. Being able to do things that don't go against my conscience.	☐	☐	☐	☐	☐
44. The chance to be alone on the job.	☐	☐	☐	☐	☐
45. The routine in my work.	☐	☐	☐	☐	☐
46. The chance to supervise other people.	☐	☐	☐	☐	☐
47. The chance to make use of my best abilities.	☐	☐	☐	☐	☐
48. The chance to "rub elbows" with important people.	☐	☐	☐	☐	☐
49. The way employees are informed about company policies.	☐	☐	☐	☐	☐
50. The way my boss backs up his/her employees (with top management).	☐	☐	☐	☐	☐
	Very Dissat.	Dissat.	N	Sat.	Very Sat.

33

80

Ask yourself: How **satisfied** am I with this aspect of my job?

Very Sat. means I am very satisfied with this aspect of my job.

Sat. means I am satisfied with this aspect of my job.

N means I can't decide whether I am satisfied or not with this aspect of my job.

Dissat. means I am dissatisfied with this aspect of my job.

Very Dissat. means I am very dissatisfied with this aspect of my job.

On my present job, this is how I feel about . . .	Very Dissat.	Dissat.	N	Sat.	Very Sat.
51. The way my job provides for steady employment.	☐	☐	☐	☐	☐
52. How my pay compares with that for similar jobs in other companies.	☐	☐	☐	☐	☐
53. The pleasantness of the working conditions.	☐	☐	☐	☐	☐
54. The way promotions are given out on this job.	☐	☐	☐	☐	☐
55. The way my boss delegates work to others.	☐	☐	☐	☐	☐
56. The friendliness of my co-workers.	☐	☐	☐	☐	☐
57. The chance to be responsible for the work of others.	☐	☐	☐	☐	☐
58. The recognition I get for the work I do.	☐	☐	☐	☐	☐
59. Being able to do something worthwhile.	☐	☐	☐	☐	☐
60. Being able to stay busy.	☐	☐	☐	☐	☐
61. The chance to do things for other people.	☐	☐	☐	☐	☐
62. The chance to develop new and better ways to do the job.	☐	☐	☐	☐	☐
63. The chance to do things that don't harm other people.	☐	☐	☐	☐	☐
64. The chance to work independently of others.	☐	☐	☐	☐	☐
65. The chance to do something different every day.	☐	☐	☐	☐	☐
66. The chance to tell people what to do.	☐	☐	☐	☐	☐
67. The chance to do something that makes use of my abilities.	☐	☐	☐	☐	☐
68. The chance to be important in the eyes of others.	☐	☐	☐	☐	☐
69. The way company policies are put into practice.	☐	☐	☐	☐	☐
70. The way my boss takes care of the complaints of his/her employees.	☐	☐	☐	☐	☐
71. How steady my job is.	☐	☐	☐	☐	☐
72. My pay and the amount of work I do.	☐	☐	☐	☐	☐
73. The physical working conditions of the job.	☐	☐	☐	☐	☐
74. The chances for advancement on this job.	☐	☐	☐	☐	☐
75. The way my boss provides help on hard problems.	☐	☐	☐	☐	☐
	Very Dissat.	Dissat.	N	Sat.	Very Sat.

34

81

*Ask yourself: How **satisfied** am I with this aspect of my job?*

Very Sat. means I am very satisfied with this aspect of my job.

Sat. means I am satisfied with this aspect of my job.

N means I can't decide whether I am satisfied or not with this aspect of my job.

Dissat. means I am dissatisfied with this aspect of my job.

Very Dissat. means I am very dissatisfied with this aspect of my job.

On my present job, this is how I feel about . . .	Very Dissat.	Dissat.	N	Sat.	Very Sat.
76. The way my co-workers are easy to make friends with.	☐	☐	☐	☐	☐
77. The freedom to use my own judgment.	☐	☐	☐	☐	☐
78. The way they usually tell me when I do my job well.	☐	☐	☐	☐	☐
79. The chance to do my best at all times.	☐	☐	☐	☐	☐
80. The chance to be "on the go" all the time.	☐	☐	☐	☐	☐
81. The chance to be of some small service to other people.	☐	☐	☐	☐	☐
82. The chance to try my own methods of doing the job.	☐	☐	☐	☐	☐
83. The chance to do the job without feeling I am cheating anyone.	☐	☐	☐	☐	☐
84. The chance to work away from others.	☐	☐	☐	☐	☐
85. The chance to do many different things on the job.	☐	☐	☐	☐	☐
86. The chance to tell others what to do.	☐	☐	☐	☐	☐
87. The chance to make use of my abilities and skills.	☐	☐	☐	☐	☐
88. The chance to have a definite place in the community.	☐	☐	☐	☐	☐
89. The way the company treats its employees.	☐	☐	☐	☐	☐
90. The personal relationship between my boss and his/her employees.	☐	☐	☐	☐	☐
91. The way layoffs and transfers are avoided in my job.	☐	☐	☐	☐	☐
92. How my pay compares with that of other workers.	☐	☐	☐	☐	☐
93. The working conditions.	☐	☐	☐	☐	☐
94. My chances for advancement.	☐	☐	☐	☐	☐
95. The way my boss trains his/her employees.	☐	☐	☐	☐	☐
96. The way my co-workers get along with each other.	☐	☐	☐	☐	☐
97. The responsibility of my job.	☐	☐	☐	☐	☐
98. The praise I get for doing a good job.	☐	☐	☐	☐	☐
99. The feeling of accomplishment I get from the job.	☐	☐	☐	☐	☐
100. Being able to keep busy all the time.	☐	☐	☐	☐	☐
	Very Dissat.	Dissat.	N	Sat.	Very Sat.

35

Supplies of the initial printing of the Manual for the Minnesota Satisfaction Questionnaire have been exhausted. A new manual is in preparation. Rather than asking users to pay the exorbitant costs of a limited re-printing of the current manual, we will supply photocopies of this manual until its successor becomes available.

All computations reported in this monograph were performed at the University Computer Center, University of Minnesota.

Appendix D

<u>Theme 1A</u>

"Youngest"   -   9 months

"Oldest"   -   156 months

"Average"   -   38.43 months

          3 years 2 months

P2   -   18 months

P3   -   9 months

P4   -   38 months

P5   -   12 months

P7   -   17 months

P8   -   19 months

P9   -   156 months

85

Private Practice after 6 years since qualification

AFTER QUALIFICATION

	Private Practice	Public Service
P9	6 years	3 years
P2	-	9 years
P3	-	1, 5 Acting
P4	2 years	
P5	Immediately	12 years
P7	-	20 years
P8	-	3 years

Theatre 1C

Participant	Clinical	Non-clinical
P2	Yes	No
P3	Yes	No
P4	Yes	Yes ?? No mention of non-clinical
P5	Yes	No
P7	Yes	Yes (Nursing)
P8	Yes	Yes (Nursing)
P9	Yes	Yes ??

Theme 1D

	Period	Why
P2	2 – 3 years	Cooling off period consolidate prof-skills competency
P3	Early	Should known management principles during underground training
P4	No Prescription	Depends on understanding the sector
P5	5 years	To know what's like to be in the service
P7	No Prescription	Depends on environment one is at
P8	Early	With guidance from senior
P9	Early	Part of decision making team

Managing relationship with core workers |

Theme 1E

	Contribute	Reason
P2	Yes	Never a dull moment as you grow
P3	Yes	Growth
P4	No	"Real" leadership vs "leadership given to you"
P5	Yes	Any leadership experience contribute
P7	No	Help you going forward but No
P8	Yes	The more exposed, the more one learns to handle different situations and mature
P9	Yes	Leadership experience is cumulative

Theme 1F(i)

	Technical Exp.	Reason
P2	Yes	Helps you make decisions at the right time
P3	No	Except community health ethics
P4	Yes	Depends on leadership position one is at Long service may contribute positively – contrary to common belief
P5	Yes	One need to understand the daily activities of people
P7	Yes	Depends on the field and profession that the person is leading
P8	Yes	Depends on profession and assist in quick decision making
P9	Yes	Again – depends on the profession

Theme 1F(ii)

	Technical Exp.	Reason
P2	Yes	Without it, one may be in trouble
P3	Yes	Help one deal with difficult situations
P4	Yes	Helps one's analysis & perspectives to change with time
P5	Yes	People management is 80-90 % of the CEOs job
P7	Yes	One needs to be exposed
P8	Yes	One needs management experience to be a good leader
P9	Yes	Assists in decision making

	Leadership Exp.	Reason
P2	Yes	Related to emotional maturity
P3	Yes	Leader needs to be exemplary, transparent, bring people on board. Trust. Accommodative
P4	Yes	Leader/manager – constantly developing and being developed. Leadership and management are ongoing
P5	Yes	Learning on a daily basis and use what you can
P7	Yes	Ongoing learning
P8	Yes	Needs to lead through difficult situations
P9	Yes	Improves confidence

Theme 1H

	Combination	Reason
P2	Yes	All three
P3	No	Leadership and management. More leadership. Team work, behind closed doors. Management with people. Leadership
P4	Yes	No one size fits all principle Sometimes there should be mal-alignment between the leaders priorities to that of followers
P5	Yes	Use management training in leadership position Use all three Relevant to the profession
P7	Yes	All three Depending on the situation
P8	Yes	All three Situational leadership dominates

P9	Yes	All three. Situational
		There is no point in being a leader, but not knowing how things must be done

Theme 2A

Are you managerially trained?	
P2	Yes
P3	Yes
P4	Yes
P5	Yes
P7	Yes
P8	Yes
P9	Yes

Theme 2B

Types of Management Training	
P2	Masters in Public Health
	Executive Leadership
	Presiding Officer
	Orientation of staff
	How to implement the Labour Relations
	The Legislation in Health
	Treasury Regulations
	SCM
	Finance Demands
	Project Management

P3	MPH (Incomplete) Health Systems
P4	MBA Advanced Management Programme (AMP) Health Economics (Coaching and Mentoring)
P5	Masters in Family Medicine (module on Business Management) Masters in Public Health (trainees are placed on management positions) Oliver Tambo Fellowship – 1-yr module – HR, Finance Newly appointed manager to attend J&J Training & Leadership Program (week course) Other short courses Theme for the year (leadership; innovation and change) for HOD, Heads of Divisions and anybody interested. (To instil belief of ownership and loyalty in value – especially in clinicians) (Lean management) – IT, Flow process, DC planning
P7	MPH Module in Nursing for management Oliver Tambo Fellowship (Leadership)
P8	Management module in Nursing B.Com (Business Management, Management Accounting, Audit, HR Management Health should run as a business Honours and then M.Com Can't take it for granted (I'm a natural leader) that one is a natural leader. Management skill (training) is required to be able to manage different situations
P9	Advanced certificate in Health Management Project Management Cerficate Short courses MPH (Expected)

How long		
P2	Short Courses	Long courses 3 yrs – MPH 1 yr – Executive Leader 6/12 - Leadership
P3	Short Courses	Long courses MPH (Outstanding candidate)
P4	No Short Courses – Might not have desirable results	MBA (+ 2-3 yrs) AMP – 1 yr Health Economics Coaching and Mentoring
P5	Short Courses	M Fam Med – 3 years MPH – 3 years OTF – 1 yr
P7	Short Courses	Undergraduate (Nursing) – 1 yr MPH – 3 yrs OTF – 1 yr
P8	Short Courses	Undergraduate (Nursing) – 1 yr B.Com – 3 yrs Hons – 1 yr Masters – 1 yrs
P9	Short Courses	Advanced Certicificate Health Management – 1 yr MPH (Candidate)

Theme 2D

	Before	On Leadership Position
P2		Yes
P3		Yes
P4	Yes	
P5		Yes
P7	Yes (Undergraduate training)	
P8	Yes (Undergraduate training)	
P9		Yes

Theme 2E

	Before	On Leader Position
P2		Yes. You can't manage what you don't know
P3		Yes. (CT-scan) Prioritisation (what and what not to have)
P4	Yes. Dr operational and pushed to be operational and management left to somebody	
P5		Yes. To address shortfalls in management skills (finances, Human Resources, Labour Relations, etc.
P7	Yes. But needs to be updated in management principles now and then	
P8	Yes. Born and made/ trained leader need management training	
P9		Yes. Transformation. Doing things in a systematic way

Theme 2F

	Influence	No Influence
P2	Yes. Implementation	
P3	Yes.	
P4	Yes. There's always value to management training (implementation)	
P5	Yes. Implementation	
P7	Partly yes. Management gives 50 % of what needs to be done, the other 50 % needs thinking out of the box (needs innovation)	
P8	Yes. In planning, organizing, leading and control.	
P9	Yes. Can relate to proven methods of doing things.	

Theme 2G

	Influence	No Influence
P2	Yes.	
P3	Yes. Management training before leadership training	
P4	Yes.	
P5	Yes.	
P7	Partly, there are people with management training but still fail.	
P8	Wine glass analogy	
P9		No. A person can self-train themselves in management issues

94

<u>Theme 2H</u>

	Essential	Not Essential
P2	Yes.	
P3	Yes.	
P4	Yes. Don't train on things I may never execute, authority lies above me (General)	Training is for the future
P5	Yes. Structure job a lot much better (General)	
P7	Partly	Partly
P8	Yes. It helps on the how to do things	
P9	Partly (helpful)	But not essential

<u>Theme 2I</u>

<u>Essential</u>

Aspects of management training	
P2	Policy, Health systems, processes, how to execute your work, recognize talent, budgeting, HR
P3	Health systems, Health economics, HR – 75 % of costs goes to HR HR Development HR Management Budgeting
P4	All aspects (General)
P5	Strategy – Thinking Planning Lean management

	Systems thinking General	
	Change management All aspects	
	Finance	
	Managing FBU	
	IT systems	
P7	General Principles (all aspects)	
P8	Planning, organizing, leading and control – communication, finance	
	Basic management principles	
P9	HR	
	Finance	

Theme 2J

Not essential	
P2	All essential; emphasis and extent increase the higher in hierarchy one becomes "At professional level, one manages processes, at CEO level, one manages people * ? Not necessarily true person
P3	All essential
P4	All essential
P5	All essential
P7	All essential
P8	Depends on area of management. Some aspects are not essential at certain positions and are at certain positions (hierarchical)
P9	All essential

Theme 2K

P2	Yes. Need to continuously learn (pitch and extent important) (NHI)
P3	Yes. Things change and necessitates the need to learn more and continue learning (NHI)
P4	Yes
P5	Things are constantly changing and one needs to be constantly learning (Yes)
P7	Yes. (Partly – basic principles)
P8	Yes
P9	Yes – (helpful – streamline one's thoughts)

Theme 2L

Management training	
P2	Yes
P3	Yes
P4	Yes (conflicts)
P5	Yes
P7	Yes
P8	Yes
P9	Yes

Leadership styles	
P2	Autocratic, democratic, laissez fair
P3	Situational (open-door policy)
P4	Accommodative but firm Open door policy vs accessibility
P5	Listed
P7	Autocratic, democratic
P8	Autocratic, democratic, laissez fair, situational
P9	Autocratic, democratic

Theme 3B

Style	
P2	Combination (situational)
P3	Situational
P4	Accommodative (situational)
P5	Combination (situational)
P7	Combination (pusher, consultative) (situational)
P8	Situational
P9	Democratic (open-door policy) (situational)

Theme 3C

How	
P2	Subordinates know you mean business
P3	Assist in being diplomat
P4	Assist in being responsive, subordinates take ownership of the organization
P5	You are not in the journey on your own as a leader, you need the support of others. It's about listening skills
P7	Hands on
P8	Assist in allowing learning from others and being firm
P9	Using strengths and weakness of subordinates to improve the organization

Theme 3D

Professional training		
	Yes	No
P2	Partly	
P3	Yes. Medicine is both science and art	
P4	Yes. Part personality has a big role as well	
P5	Yes	
P7	Yes	
P8	Yes	
P9	Yes	

99

Theme 3E

Management training		
	Yes	No
P2	Yes	
P3		No
P4	Yes	
P5	Yes	
P7	Yes	
P8	Yes	
P9	Yes	

Theme 3F

	Yes	No
P2	Yes	
P3	Yes. (Personality)	
P4	Yes. (Personality)	
P5	Yes. (Training more NB)	
P7	Yes.	
P8	Yes. (More profession)	
P9	Yes. (Experience more)	

Theme 3G

P2	Leadership experience
P3	Experience (training is mainly books) (personality) Coaching and mentoring – bridges the gap between practice, experience and training
P4	Combination (personality plays a bigger role)
P5	Combination (*training = experience)
P7	Combination
P8	Combination
P9	Combination

Theme 4Ai

Compatibility values		
P2	Yes. Values mentioned	
P3	Yes. (Average 70 % (80 % National, 50 % Province)	Partly No.
P4	Yes.	
P5	Yes. (CCAIRR)	
P7	Yes.	
P8		No. Resources not provided
P9	Partly	No. No congruence with Head Office

101

Theme 4Aii

Compatibility Goals		
P2	Yes. Passionate, helping people	
P3	Yes. You can't treat everybody equally, cat treat them equitably	
P4	Yes. Goals & values must overlap to have an effective organization	
P5		No. Change things that you can. National not responding appropriately
P7	Yes. Produce quality	
P8		No. Priorities not same
P9	Yes	

Theme 4Aiii

Preferences		
P2	Partly (sometimes can't help everybody because of lack of resources	
P3		Not. Preferences and practices foreign
P4	Yes. PPP exposure good for spring boarding career	
P5		No. IT and infrastructure lagging behind
P7		No. IT also lagging behind
P8		No. Processes (eg disciplinary) are frustrating
P9	Yes	

<u>Theme 4Aiv</u>

P2	Yes. Multimillionaire
P3	Yes. 3rd World – 1st World
P4	Yes. To be the best
P5	Yes. One dream – and all moving towards it
P7	Yes.
P8	Partly (Yes)
P9	Yes

<u>Theme 4Ci</u>

P2		No
P3		No
P4		No
P5		No
P7		No
P8	Yes. (Frustration) Given the responsibility but not the tools	
P9		No

Theme 4Cii

	YES	NO
P2		No
P3	Yes. Contribution to the organisation is more important	
P4		No. It creates conflict unless mind-set is changed
P5		No
P7		No
P8	With difficultly	No
P9		No

Theme 4Aiii

	Likely	Unlikely
P2		No
P3		No
P4		No
P5		No
P7		No
P8		No
P9	Very likely (Yes)	

Appendix E

i)   Item: Activity

Degree of Satisfaction (Percentile)				
		High	Medium	Low
	P2		60th	
	P3		60th	
	P4	99th		
	P5		40th	
	P7		55th	
% Satisfaction		20%	80%	
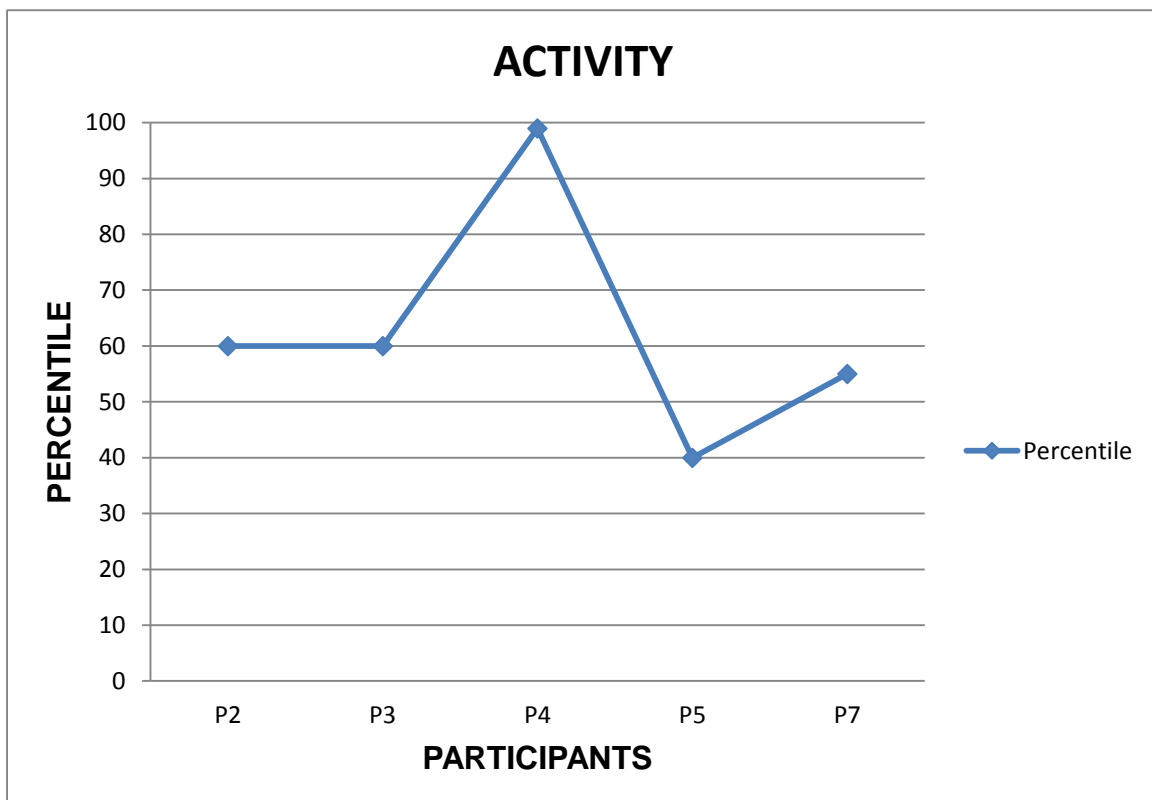
ii)   Item: Advancement

Degree of Satisfaction (Percentile)				
		High	Medium	Low
	P2	75th		
	P3		70th	
	P4	90th		
	P5		40th	
	P7		30th	
% Satisfaction		40%	60%	

ADVANCEMENT
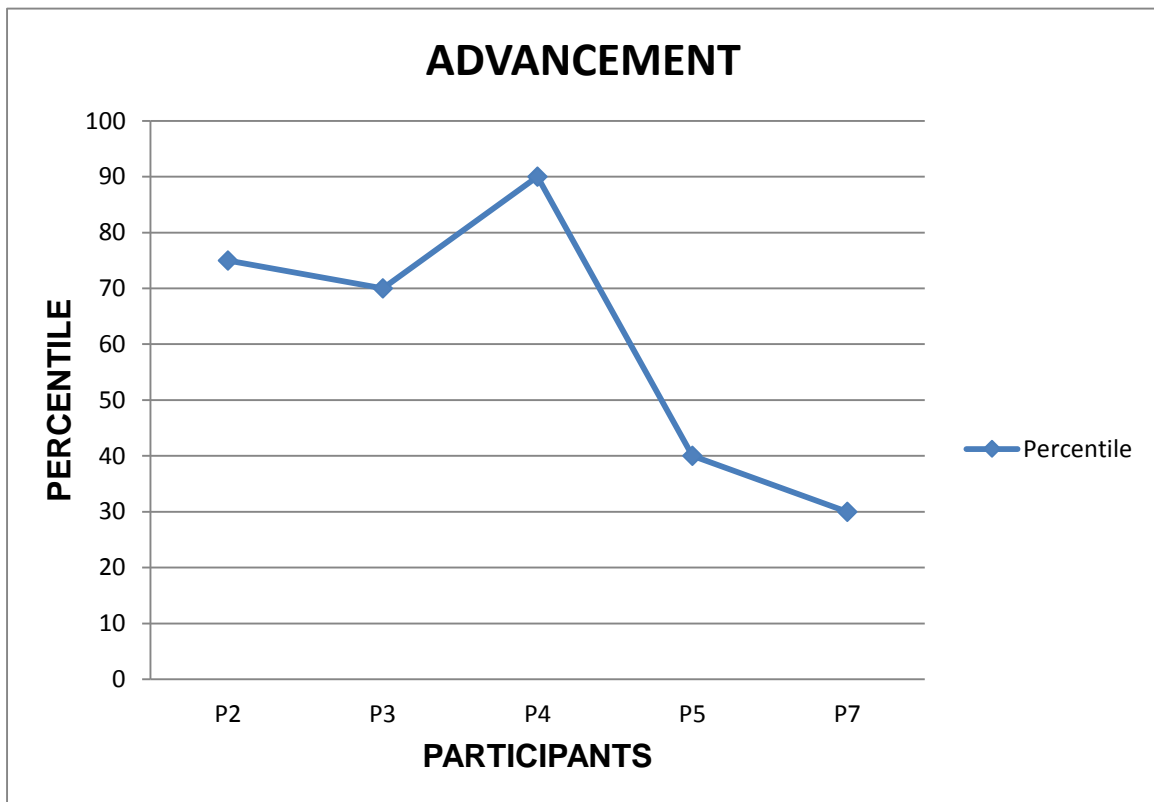
iii)   Item: Company Policies and Practices

Degree of Satisfaction (Percentile)				
		High	Medium	Low
	P2		40th	
	P3			15,5th
	P4	75th		
	P5		30th	
	P7		70th	
% Satisfaction		20%	60%	20%

COMPANY POLICIES AND PRACTICES
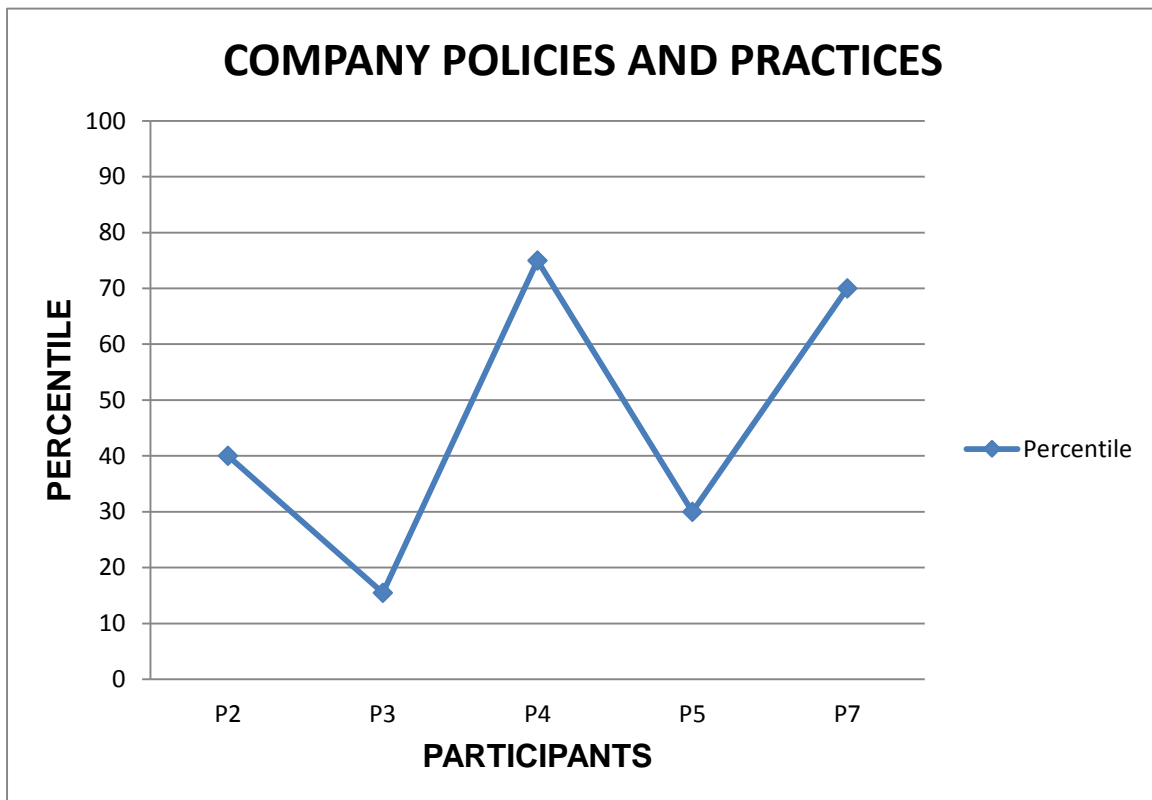
iv)   Item: Independence

Degree of Satisfaction (Percentile)				
		High	Medium	Low
	P2	90th		
	P3			10th
	P4	90th		
	P5			5th
	P7			5th
% Satisfaction		40%		60%

INDEPENDENCE

(Line chart — X-axis: PARTICIPANTS (P2, P3, P4, P5, P7); Y-axis: PERCENTILE (0–100); Legend: Percentile)

108
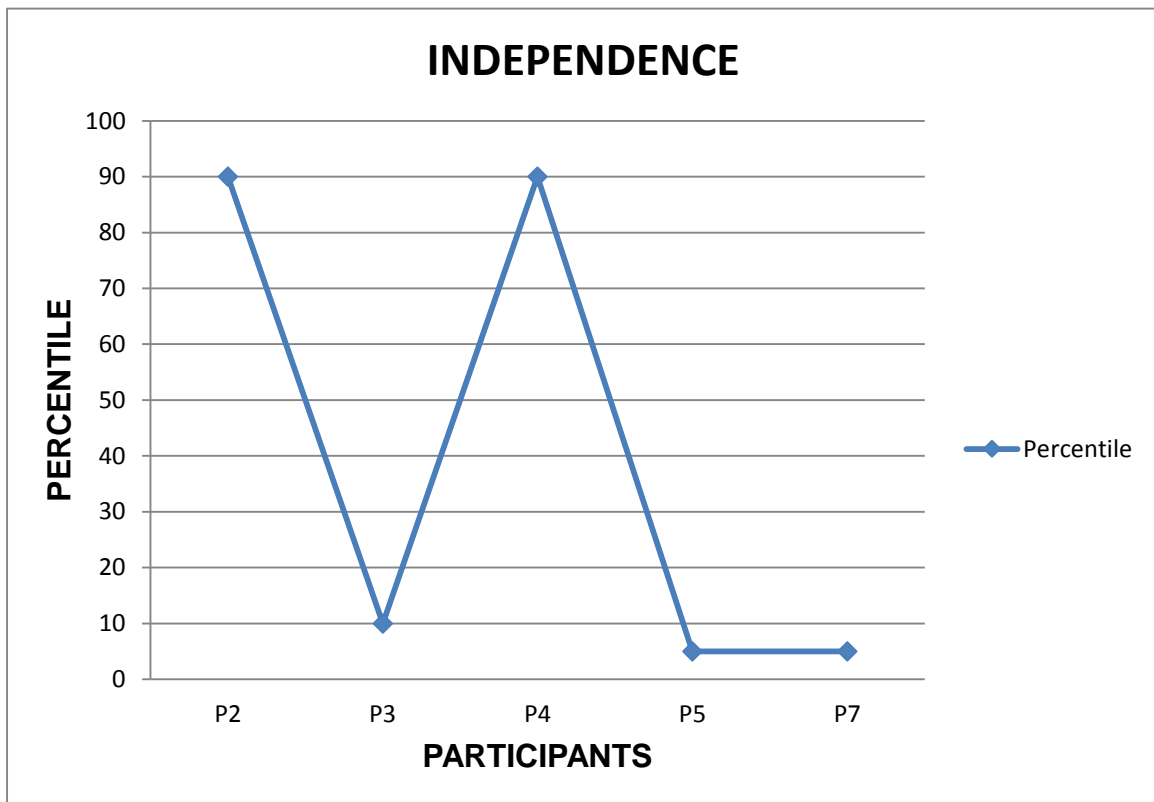
v)   Item: Security

Degree of Satisfaction (Percentile)				
		High	Medium	Low
	P2		35th	
	P3			5th
	P4	85th		
	P5		35th	
	P7		55th	
% Satisfaction		20%	60%	20%
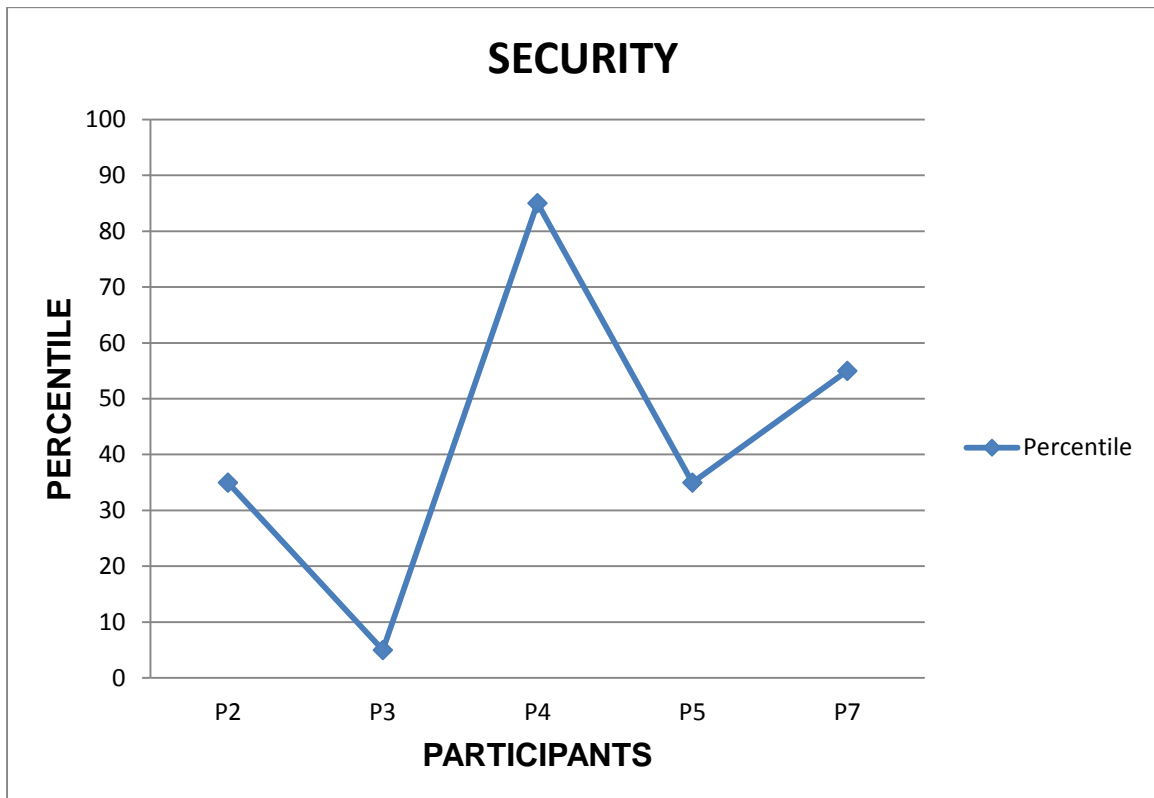
vi)   Item: Social Status

Degree of Satisfaction (Percentile)			High	Medium	Low
		P2	85th		
		P3		40th	
		P4	99th		
		P5		65th	
		P7		40th	
% Satisfaction			40%	60%	

SOCIAL STATUS
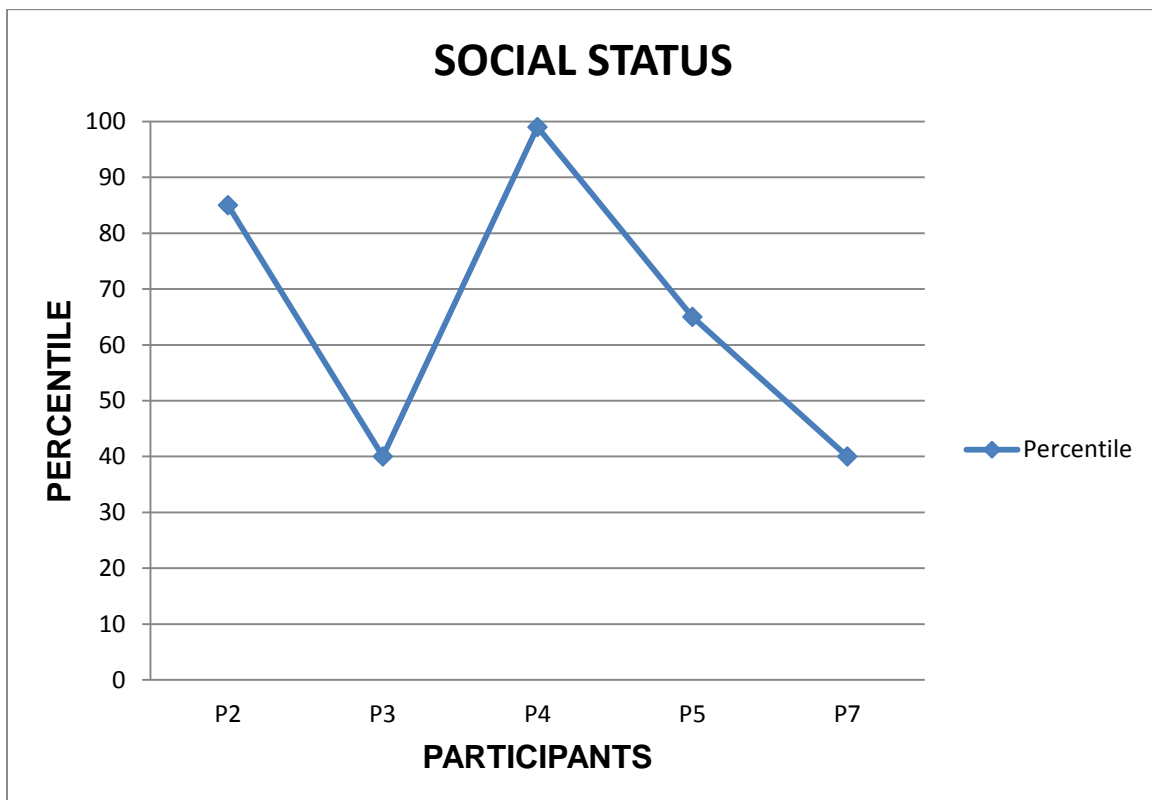
vii)   Item: Variety

Degree of Satisfaction (Percentile)		High	Medium	Low
	P2	80th		
	P3			15th
	P4	99th		
	P5			15th
	P7		40th	
% Satisfaction		40%	20%	40%
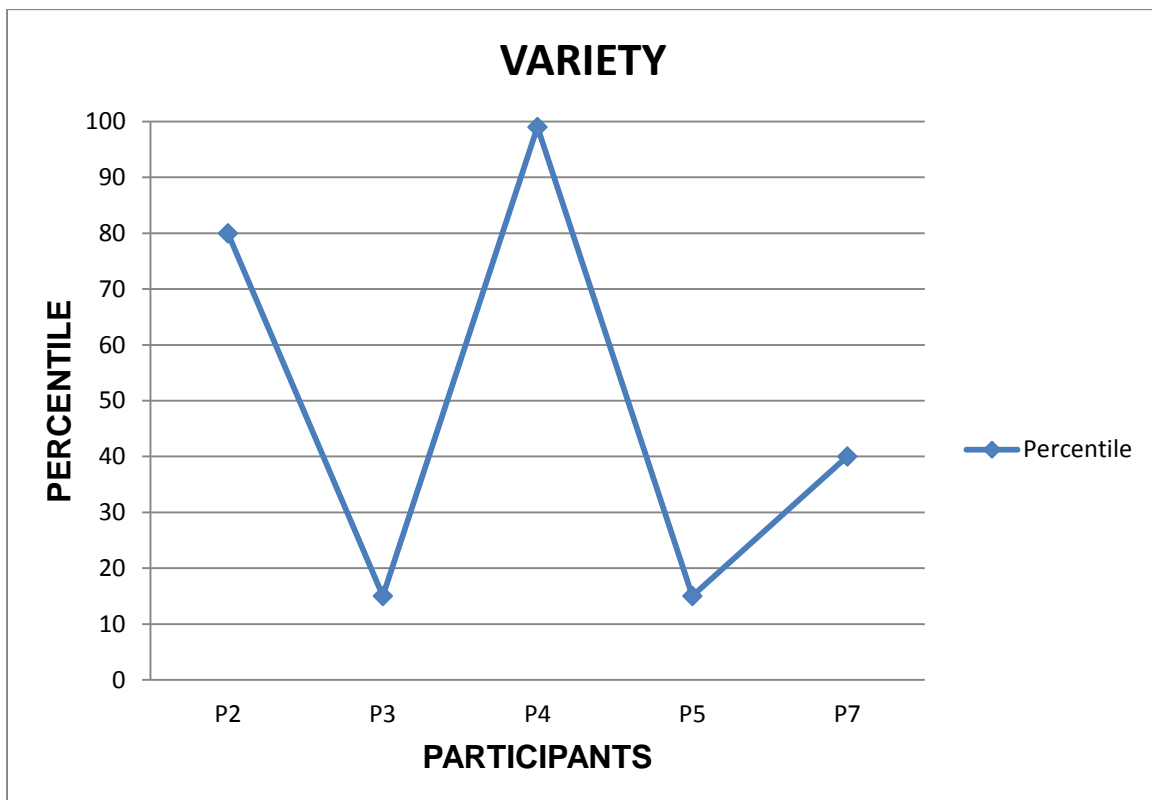
viii)   Item: Working Conditions

Degree of Satisfaction (Percentile)				
		High	Medium	Low
	P2		55th	
	P3		60th	
	P4	99th		
	P5	75th		
	P7		55th	
% Satisfaction		40%	60%	

WORKING CONDITIONS
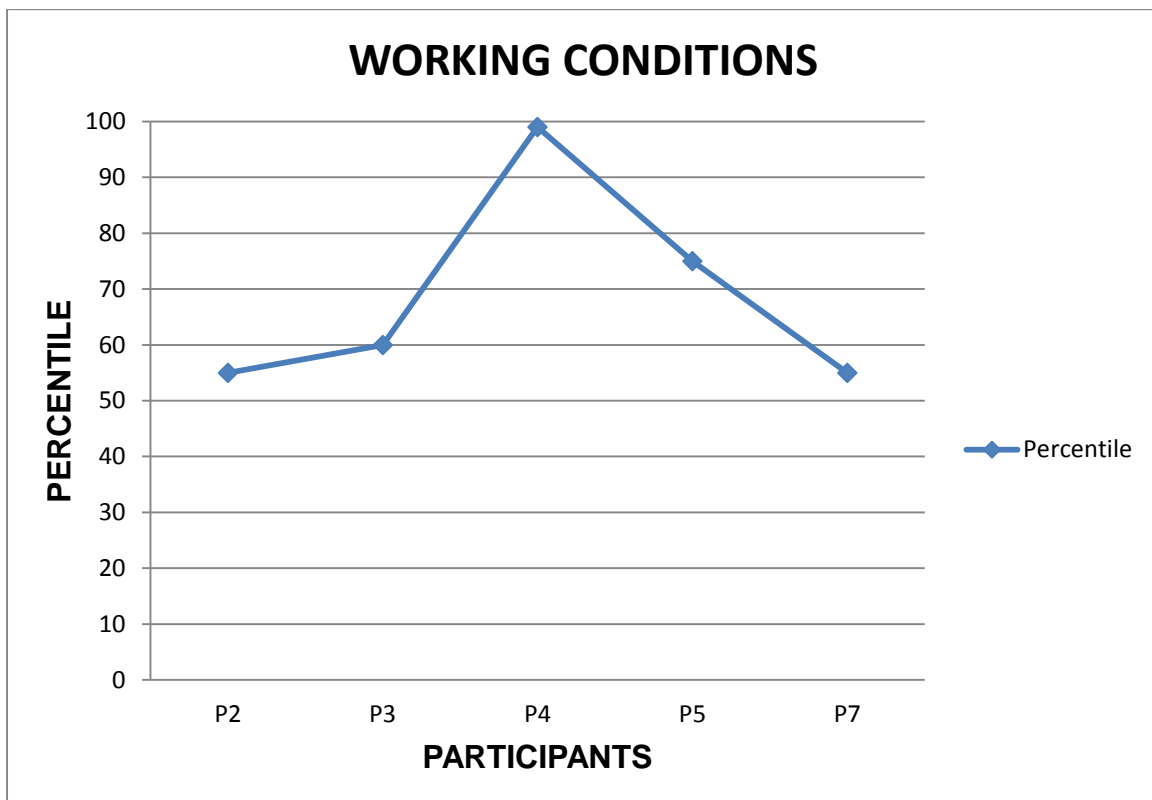
ix)   Item: General Satisfaction

Degree of Satisfaction (Percentile)		High	Medium	Low
	P2	75th		
	P3		30th	
	P4	80,5th		
	P5		35th	
	P7		35th	
% Satisfaction		40%	60%	
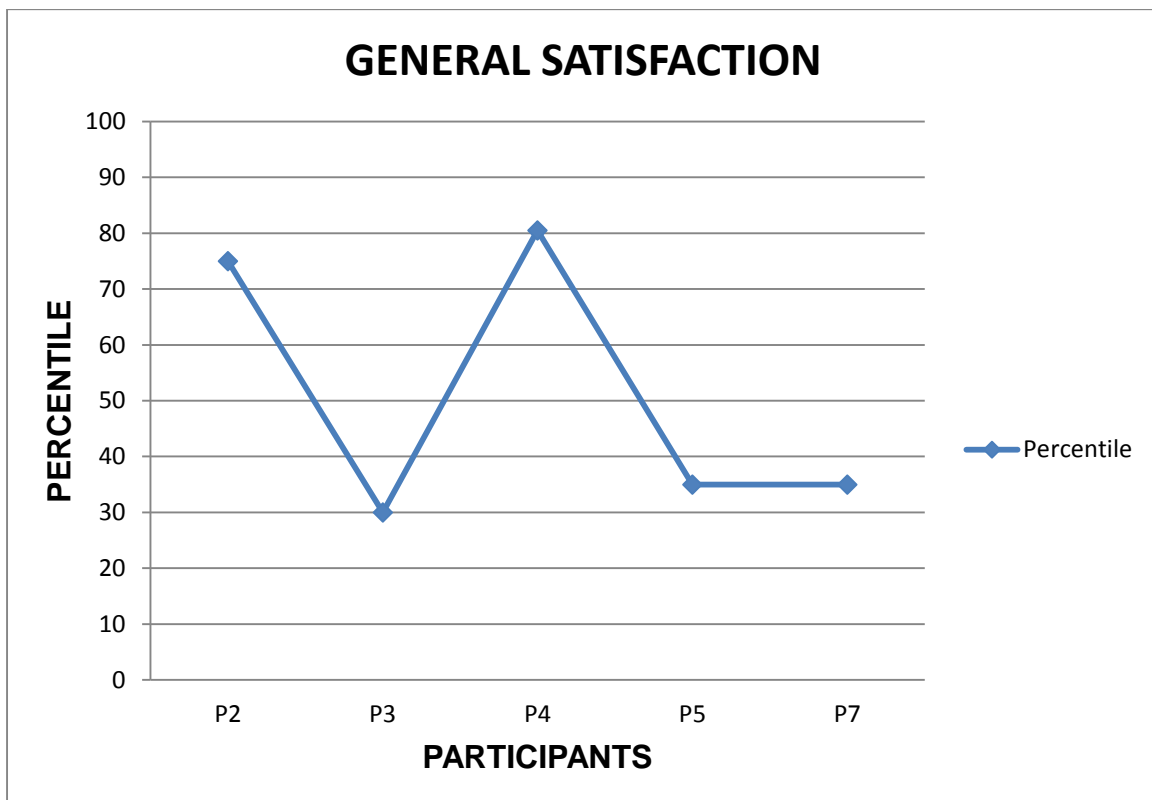
Appendix F

CONSISTENCY MATRIX

Title: Management training for professional leadership: Myth or Reality

Research Questions	Literature Review	Data Collection Tool	Analysis
Research Question 1: Is there a necessity of management training for professional leaders?	Dall'Alba and Sandberg 2006	In-depth semi-structured interviews	Usage of the words-knowledge management, management training, qualification in management
Research Question 2: What type of management training is necessary?	Goodall, Kahn and Oswald 2011 Germov 2005	In-depth semi-structured interviews	Public health, finance certificate,HR management, supply chain management qualification or such in the interview
Research Question 3: Does experience influence (or not) the need of management training of a professional leader?	Dennison and Shento 1990 Dall'Alba and Sandberg 2006	In-depth semi-structured interviews	In-house training, long-service
Research Question 4: What leadership style do professional leaders with or without management training adopt?	Sama and Shoaf 2008	In-depth semi-structured interviews	Give instructions or accommodative to others's ideas
Research Question 5.a: How do leaders rate their individual performance	Kasimati 2011	In-depth semi structured interviews	Person-organisation fit
Research Question 5.b: Does management training or lack thereof affect performance	Singh & Loncar 2010	Minnesota satisfaction questionnaire	Job satisfaction Turnover intent