

**LEADERSHIP PRACTICES OF NURSE UNIT MANAGERS
AT A SELECTED PRIVATE HOSPITAL GROUP IN
ETHEKWINI DISTRICT, KWAZULU-NATAL**

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Declaration

This is to certify that the work is entirely my own and not of any other person, unless explicitly acknowledged (including citation of published and unpublished sources). The work has not previously been submitted in any form to the Durban University of Technology or to any other institution for assessment or for any other purpose.

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Abstract

Background

Leadership has become an important aspect of management practice in the changing health care environment. As health care organisations restructure to meet the demands for accessible, efficient, safe and affordable health care, nurses in management roles are under constant pressure to develop new skills and strategies to meet the challenges that accompany system change. Research has shown links between leadership styles in nursing and nurses' job satisfaction, job retention, quality of care, and hospital costs. Nurse Unit Managers (NUMs) as first-line leaders have a responsibility to induce changes in the clinical or work environment, calling for their active participation in the development of healthcare policies and strategies.

Aim of the study

The aim of the study was to explore the leadership practices of NUMs that allow them to achieve success in their leadership roles.

Methodology

A qualitative design guided the study and data was gathered through one-on-one, in-depth interviews from NUMs based at a private hospital group in the eThekweni District in KwaZulu-Natal.

Findings

Exploring this topic provided an understanding of the current gaps in leadership in the nursing sector; in particular, to the private healthcare industry. The understanding of the challenges makes it possible for the suggestion of strategies to assist and meet the needs of future NUMs with regard to leadership roles.

Conclusion

Research findings showed links between leadership styles in nursing and nurses' job satisfaction, job retention, quality of care, and hospital costs. Whilst, NUMs as

first-line leaders have a responsibility to induce changes in the clinical or work environment, their roles and functions have been somewhat stifled as they have had to function with limited resources and constraints. This has led to decreased levels of job satisfaction, further limiting growth or enhanced professional roles.

Key words: Nurse Unit Managers; Leadership; Management; Healthcare environment.

Dedication

This study is dedicated to all young male and female NUMs who work tirelessly trying to prove their capabilities without any assistance and recognition, but remain committed to service delivery of high quality in an extremely challenging environment.

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Glossary of terms

Nurse Unit Manager (NUM)/Registered Nurse (RN) is a nurse who has graduated from a nursing programme and met the requirements outlined by a country, state, province or similar licensing body to obtain a nursing license. A RN's scope of practice is determined by legislation and is regulated by a professional body or council. They are responsible for supervising care delivered by other healthcare workers, including enrolled nurses, enrolled nursing auxiliaries and student nurses (South African National Department of Health 2013: 7).

Leadership: is the art of motivating a group of people to add towards achieving a common goal. The leader comes with the strategy to meet the company's needs, by means of directing workers and colleagues. According to Kaiser, McGinnis and Overfield (2012: 119), the essence of leadership is a social influence, where a leader uses interpersonal behavior to motivate employees to commit and give their best to contribute to group goals.

Healthcare: is the maintenance or improvement of health through the prevention, diagnosis, treatment, recovery or cure of disease, illness, injury and other physical and mental impairments in people. According to the World Health Organisation (2014:1), a well-functioning healthcare system requires a financial mechanism, a well-trained and adequately paid workforce, reliable and well-based decisions and policies and well-maintained health facilities to deliver quality service.

Acronyms

Acronym	Full word/sentence
CINAHL	Cumulative Index to Nursing and Allied Health literature
ICU	Intensive Care Unit
KZN	KwaZulu-Natal
NSM	Nursing Standard Manager
NUM	Nurse Unit Manager
SA	South Africa
SANC	South African Nursing Council
WHO	World Health Organisation

CHAPTER 1: ORIENTATION TO THE STUDY

1.1 INTRODUCTION AND BACKGROUND

Leadership is a process of social influence which maximises the effort of others towards the achievement of a goal (Kruse 2013: 1). Ferguson and Cioffi (2017: 1-10) add that leadership is a kind of power where one person can influence or change the value, belief, behavior and attitudes of another person. They further state that the philosophy of the leader is to inspire others using the skill of leadership to drive the vision towards a common goal. Leadership is an art of motivation in a group of people acting to achieve a common goal. Mtimkulu, Naranjee and Karodia (2014: 10-41) found that global health care system constraints such as economic, increased burden of chronic diseases and access to quality care warranted effective leadership. Ferguson and Cioffi (2017: 1) concur that leadership is a process in which a person influences others to accomplish objectives and goals, giving guide to ensure cohesive and coherent directions.

Daft (2014: 4) provides clarity that leadership influences relationships among the leader and the followers with the intentions of making the real change and ensuring that the outcome reflects the shared purpose. The author further outlines that leadership also involves influence, personal responsibility, intention and integrity. It involves the creation of change and challenges the status quo (Daft 2014: 4). According to McIntyre, Bloom, Doherty and Brijlal (2015: 8), leadership is succinctly summed up as the act of influencing others, engaging a set of people or followers towards a joint course of action.

1.2 LEADERSHIP IN A HEALTHCARE ENVIRONMENT

Leadership has become an important aspect of management practice in the changing healthcare environment. As healthcare organisations restructure to meet

the demands for accessible, efficient, safe and affordable health care, nurses in management roles are under constant pressure to develop new skills and strategies to meet the challenges that accompany system change (McIntyre *et al.* 2015: 8). All healthcare professionals, including nurses, may be held responsible if the health professional does not function with the appropriate level of skill, knowledge and competence (Rispel 2015: 1-4). Nursing Unit Managers (NUMs) are expected to have management and leadership skills to function effectively in their roles allowing them to become part of the country's health system's reform (Mtimkulu, Naranjee and Karodia 2014: 10-41). According to the World Health Organisation (WHO), management and leadership are important for effective service delivery, especially in a dynamic environment of a healthcare organisation (WHO 2014:1). Management and leadership are key components for the delivery of such health services and although the two are similar in some respects, they may involve different types of outlook, skills, and behaviors by different people managing and leading a nursing unit (Robinson 2013: 42-43).

1.3 THE ROLE OF THE NURSE UNIT MANAGER

Nursing emphasises humanism because it is a people-centred profession, which globally, has influenced leadership in this area. NUMs function in middle management and frontline management positions. In view of South Africa's changing health economy, and responses to the challenges that emerge as a consequence of current health care systems reform, NUMs are well placed to put into effect the changes currently required by health care organisations. Research has shown links between leadership styles in nursing and nurses' job satisfaction, job retention, quality of care and hospital costs. NUMs, as first-line leaders, have a responsibility to induce changes in the clinical or work environment (Mtimkulu, Naranjee and Karodia 2014: 10-41). Recently, this responsibility of nurse managers has become more important than ever due to demands for rationalisation, cost cutting, advancements in medical technology and reduced

lengths of hospital stay and has called for active participation of NUMs in the development of healthcare policies and strategies.

The role of a NUM, being in a frontline management position, allows him/her to effect changes that are stipulated by health care organisations to improve the quality of health care rendered (Robinson 2013: 42-43). Ferguson and Cioffi (2017: 1) agree that ,while the aim of good leadership and management in any health care service delivery organisation is to provide services to the community that are appropriate, efficient and equitable, the nursing unit is an independent unit operated by the NUM. This allows the NUM to be mindful of complex factors such as the environment of each unit, diversity of staff members, resources and organisational policies and protocols when practicing management or leadership roles. These factors can also affect the functioning of the nursing team's effectiveness, as good managers should strive to be good leaders, and good leaders need management skills to be effective in the nursing unit (Duffield *et al.* 2011: 251). The other aspect of leadership is to be influential whilst inspiring others to come together in achieving a common vision. This also means being considerate of other people's influence to bring about change towards desirable future outcomes (Daft 2014: 6). In doing all this, the NUM requires intrinsic leadership skills and good support from the organisation. NUMs have sufficient influence to challenge the the status quo and bring about positive change (Naidoo 2017: 1). For a NUM to take an active leadership role, he or she will have to lead by example and exercise autonomy, control and have good decision-making skills. Marquis and Huston (2015: 146) agree that effective leadership can improve the quality of patient care, ensure a safe working environment, increase staff satisfaction and lower staff turnover in a nursing unit. According to Naidoo (2017: 1), the lack of leadership in any healthcare system creates limited innovation needed to create solutions to new and complex problems of unit management.

1.4 THE NURSE UNIT MANAGER AND THE SOUTH AFRICAN HEALTH CARE ENVIRONMENT

In the context of this study NUMs are professional nurses guided by the South African Nursing Council (SANC) Scope of Practice, Regulation 2598 of as amended, and is employed as a manager to ensure that the quality care of a patient is achieved (South African Nursing Council 1984). The NUM is also responsible for the operational management of the nursing unit and plays a significant role in coordinating different activities such as ensuring safety and quality patient care and providing resources associated with nursing care in the hospital. This includes education, mentoring the staff, quality care improvement, improving the clinical effectiveness and financial aspects of the business.

Muller, Bezuidenhout and Jooste (2006:45) mention that previously, NUMs' duties were based on clinical management, in contrast with today's functions of NUMs which include the responsibility to manage and lead the overall business of the unit. Naidoo (2017:5) adds that the NUM oversees all operational aspects in the unit within the health care facility. Matlakala, Bezuidenhout and Botha (2014: 1) point out at the challenges that the NUM encounters in the hospital include the shortage of staff and the lack of clarity on their role and responsibilities. There is no proper orientation for their roles and no financial training or education provided.

An understanding of the challenges encountered by NUMs will assist in the development of strategies to assist and meet the needs of NUMs with regard to their leadership roles. The importance of nurses to the success of health sector reforms in South Africa is unquestionable. There is evidence of the benefits to the health care system, patients and the nursing profession when nurses are involved in health policy development. Nurses' participation in the development of policies and strategies also enhance their job satisfaction and retention in the health sector. Exploring this topic will provide an understanding of the current gaps in leadership in the nursing sector, particularly, in the private healthcare industry.

1.5 RESEARCH PROBLEM

It has been noted that the role of the NUM is becoming more complex in the constantly changing health care environment. Whilst NUMs in their role cannot rely solely on traditional management skills, they have to lead people by working alongside and building effective relationships with them (Rispel 2015: 1-4). The current evolving South African health system presents major opportunities for nurses to influence and direct policies that affect them. Although, this will require a combination of proactive leadership, health policy capacity, and skills development among nurses, it also requires strong support from hospital or organisational management. In the resource- constrained and difficult environment of many low- to middle-income countries such as South Africa, a nurse manager, must embrace leadership qualities to achieve optimum results in the workplace (Naidoo 2017: 16). Therefore, if nursing leadership is seen as an important factor in improving health care service delivery, it is important to understand the impact of such leadership on staff recruitment, retention and staff satisfaction. It also makes this study timeous in trying to ascertain, the importance of the South African NUM leadership role in influencing staff perceptions of change and staff productivity as well as the barriers and facilitators to effective leadership in a health care organisation. Although there is considerable literature that focuses on other aspects of healthcare service delivery, it has been noted that insufficient research has been conducted in respect of leadership amongst NUMs, specifically in the private hospital sector in the KwaZulu Natal (KZN) province.

1.6 AIM OF THE STUDY

The aim of the study was to explore leadership practices of NUMs that allow them to achieve success in their leadership roles.

1.7 RESEARCH OBJECTIVES

The objectives of the study were to:

- Explore current practices of the NUMs related to their leadership roles.
- Identify and describe the factors that influence a NUMs leadership role.
- Identify support strategies for NUMs to achieve success in their leadership roles.

1.8 RESEARCH QUESTIONS

- What are the current practices of the NUMs related to their leadership roles?
- What are the factors that influence NUMs' leadership roles?
- What are the support strategies for NUMs' to achieve success in their leadership roles?

1.9 SIGNIFICANCE OF THE STUDY

Exploring this topic will provide an understanding to the current gaps in leadership in the nursing sector, in particular to the private healthcare industry. The understanding of the challenges experienced by NUMs will also make it possible for the suggestion of strategies to assist and meet their needs, allowing them to operationalise their roles as leaders.

The importance of nurses to the success of health sector reforms in South Africa is indisputable and there is evidence of the benefits to the health care system, patients, and the nursing profession when nurses are involved in health policy development. It therefore becomes imperative that those in positions of power, such as NUMs, are tasked with making decisions, controlling and leading nursing teams in a health care delivery system. It becomes incumbent that these individuals should do so by integrating new and relevant information to make strategic decisions, whilst igniting commitment from every member of the organisation or team.

This study provides evidence that leaders do not need predefined response plans, but behaviours and approaches that will assist them to effectively respond and improvise in navigating situations and challenges in the day-to-day operations of a health care unit or organisation. Although, this may entail not only adjusting current practices or strategies, the adoption of proposed recommendations can prove beneficial to enhance the vision and mission of the healthcare unit and organisation.

The findings therefore share insight into the leadership skills that nurse leaders require in the face of adversity, whilst having to deal with the challenges of colleagues, fellow staff members, and multidisciplinary team members. It also proposes within the context of this study, that the need for transformational leaders who display confidence and are able to inspire others are seen as collaborative and inclusive to the success of any organisation.

1.10. STRUCTURE OF THE DISSERTATION

Table 1.1 outlines the structure of the dissertation.

Table 1.1: Structure of the dissertation

CHAPTER	TITLE	OUTLINE
Chapter 1	Orientation to the study.	Introduces and provides an overview of the study by identifying the topic of inquiry, research questions, study aims, objectives and the significance of study.
Chapter 2	Literature review and theoretical framework	This is an analysis of the existing literature and evidence serves to inform the study's focus and design. The literature review also highlights and compares the issues of leadership from global, African and South African contexts. The chapter also presents the theoretical framework that guided the study.
Chapter 3	Research design and methodology	Provides a detailed description of the study methodology with the rationale for the research design and methodological selection, implementation strategies and ethical consideration. The study population, sample, data analysis methods are described for the reader to appreciate the intricacies of the study design and research findings.
Chapter 4	Presentation of findings	A thematic analysis was used to analyse the qualitative results. This includes findings regarding the study in relation to the leadership practices and an elaboration on the themes and the Sub-themes.
Chapter 5	Summary, limitations, conclusion and recommendations	Conclusions drawn from the findings are presented and limitations of the study are identified in this chapter. The recommendations are made in relation to the key findings of the study.

1.11 SUMMARY OF THE STUDY

Chapter 1 provided an overview of the study by identifying the topic of inquiry, research questions, study aims and objectives, significance of study and the structure of the dissertation. Background information was also provided to highlight the importance of the topic under study. The following chapter will provide a review of scholarly literature that highlights and compares the issues of leadership from global, African and South African contexts.

CHAPTER 2: LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 INTRODUCTION

Literature review is a critical evaluation of the existing knowledge on the topic of interest by accredited scholars and researchers (Polit and Beck 2008: 757). These authors also agree that the literature is used as part of an introduction to frame the problem in the study. According to Brink, Van der Walt and Van Rensburg (2012: 71), a literature search is a way for authors to source scholarly information that is relevant to the topic of interest. It is conducted to identify the topic of inquiry and address the researcher's questions, and the study aims. According to Klopper (2008: 64), the basis for the development of a theoretical framework that guides any research study is also provided and controlled by literature.

2.2 SOURCES OF LITERATURE

The review included findings from journal articles that were accessed within an international, national and local context and searches were conducted in the English language using the following keywords leadership, nursing unit, management, and nursing managers. Literature sources consisted of books and published material identified in electronic databases, namely; MEDILINE, Cumulative Index to Nursing and Allied Health literature (CINAHL), Ebscohost, ProQuest, Web of Science and Cochrane Library, PubMed, Wiley, Sciences Direct and Google Scholar.

2.3 LEADERSHIP

According to a study by Armstrong, Rispel and Penn- Kekana (2015: 24-26), leadership is considered a process of social influence, which maximises the effort of others, towards the achievement of a goal. It was evident from the findings of the same study that very little time was invested in mentoring leaders and encouraging the culture of leadership, for example, 13.4% of time was spent on support and communication and 11% spent on staff management. The author also agreed that to provide quality care, it is imperative that the concept of leadership practice be prioritised. Another study recognised leadership as setting the tone of an organisation and driving the broad objectives and long-term goals towards goal achievement (Lloyd 2002: 1-3). It also means delegating tasks to subordinates in an attempt to execute these plans to attain the set goals. The same author noted that leadership is not necessarily being caught up in all the details but rather setting the plan and inspiring people to follow them. Slater (2015: 1-5) notes that the key characteristics of leadership are as follows:

- Strategic focus on the organisation's needs.
- Establishing goals in the strategic direction.
- Establishing principles for strategic planning.
- Empowering and mentoring the team and lead them to their goals.
- Risk engagement and overall identification of risk management strategies.
- Long-term planning of goal management.

2.3.1 Transactional versus Transformational leadership

Armstrong, Rispel and Penn- Kekana (2015: 24-26) agree that people can inherit certain qualities that make them better suited to leadership. Whilst certain theories such as the transactional and transformational theories enable the differentiation between management and leadership, healthcare organisations need to have the right kind of leadership to cope with the complexities and competitiveness that prevail in such an environment. The current combined clinical and organisational

challenges that appear to inundate health care organisations daily require strong leaders in all spheres. Rispel (2015: 1-4) emphasises that effective leadership is a determining factor towards the modernisation of today's health care services because better leadership can contribute to improved patient care and effective work practices for all staff. The author also agrees that whilst a transactional type of leader is someone who values order and structure and works well in a directed environment, he or she will seek to motivate and inspire workers, choosing to influence rather than to direct others. Transactional leaders generally focus on the role of supervision, organisation and group performance, and are concerned about the day-to-day progress toward goals (Armstrong, Rispel and Penn- Kekana 2015: 24-26). A transactional leadership style entails team members agreeing to obey their leader when they accept a job. The transaction usually involves the organisation paying team members in return for their effort and compliance and the leader has a right to punish team members if their work does not meet an appropriate standard. The minimalistic working relationships that result between staff and managers or leaders are based on this transaction (Hughes 2018: 3-5).

Transformational leaders, on the other hand, work to enhance the motivation and engagement of followers by directing their behaviour towards a shared vision. It was emphasised that transformational leaders are able to motivate and empower their followers. They can also articulate the organisational vision, conform to values and norms, build trust and motivate other staff members to achieve organisational goals (Al Khajeh 2018: 5). This type of leadership is defined as a leadership approach that causes change in individuals and social systems, creating a valuable and positive change in the followers with the end goal of developing such followers into leaders. This kind of leadership also enhances the motivation, morale, and performance of followers allowing them to connect themselves to the mission and identity of the organisation, and the application of these theories depends on the situation at hand (Hughes 2018: 4).

2.3.2 Leadership styles related to nursing

Autocratic leadership is an extreme form of transactional leadership, where leaders have complete power over staff. In this instance, an autocratic nursing leader allows staff and other team members little opportunity to make suggestions, even if these are in the best interest of the team or organisation (Amanchukwu, Stanley and Ololube 2015: 3). However, the benefit of this type of leadership, which is often best used in crises situations, is the efficient way decisions are made and work is implemented (Al Khajeh 2018: 5).

Bureaucratic leadership style leaders follow rules rigorously and ensure that their staff also follow procedures precisely and is useful in organisations where employees do routine tasks (Al Khajeh 2018:1-10). The drawback of this type of leadership is that it is ineffective in nursing teams and organisations that rely on flexibility, creativity or innovation (Amanchukwu, Stanley and Ololube 2015: 4).

Al Khajeh (2018:1-10) notes that Charismatic leadership is a leadership style that is identifiable, but may be perceived with less tangibility than other leadership styles. Often called a transformational leadership style, charismatic nurse leaders inspire eagerness in their teams and are energetic in motivating employees to move forward.

According to Rashid and Singh-Yadav (2020: 340-343), Democratic or Participative leadership style leaders make the final decisions but include team members in a collective decision-making process. They encourage creativity and team members are often highly engaged in projects and decisions. The same authors affirm that with this type of leadership style, nursing team members tend to have high job satisfaction and are productive because they are more involved. Armstrong, Rispel and Penn-Kekana (2015: 24-26) opine that this style also helps develop employees' skills and employees feel a part of something larger and meaningful and are motivated by more than just financial rewards The same

authors caution that this type of leadership style can falter in situations where speed or efficiency is essential.

The Laissez-faire leadership style may be the best or the worst of leadership styles as these leaders abdicate responsibilities and avoid making decisions; they may give nursing teams complete freedom to do their work and set their own deadlines. Whilst the main advantage of the Laissez-faire leadership is that it allows team members autonomy, leading to high job satisfaction and increased productivity, it can be damaging if team members do not manage their time well or do not have the knowledge, skills, or motivation to do their work effectively. This type of leadership can also occur when managers do not have sufficient control over their staff (Armstrong, Rispel and Penn- Kekana 2015: 24-26).

2.4 GLOBAL VIEW OF NURSING LEADERSHIP

According to Hao and Yazdanifard (2015: 2), leadership is a kind of power where one person has the ability to change how people view things. NUMs require different kinds of skills to fulfil their roles. They are expected to oversee all aspects of operations in their nursing units in their organisations, supervise the staff, monitor patient care and coordinate the multidisciplinary team. The authors conclude that a strong influence on quality and stability of the work environment of a NUM has increasingly become more important in the retention of nurses worldwide. Roussel and Swansburg (2009: 622) note that various perspectives and theories should be explored to determine the essential qualities and the skills required for effective nursing management. According to Giltinane (2013: 35), the essence of clinical leadership is to motivate, inspire and promote the values of the national health services, empower and create a consistent focus on the needs of patients that are being attended. Marquis and Huston (2015: 5) describe decision-making, problem-solving and critical thinking as learned skills and improve with consistency and practice. The quality of the decision that a NUM makes, is the factor that often weighs more heavily in their success or failure.

2.4.1 Nursing leadership in an African context

Leadership empowerment of nurses in African countries is utilised as a tool to better the outcome amongst employees, thereby promoting job satisfaction (Amanchukwu, Stanley and Ololube 2015: 4). There appears to be a lack of autonomy in terms of decision making, involvement in the policy-making and review, both in Africa and in South Africa. The author also states that this could be due to the centralised decision-making model that is being adopted in such countries. According to Thompson (2012 21-24), the major challenge in the 21st century is the transformation of nursing. This makes it imperative that this form of leadership requires active participation in leadership practice, education, research, policy making and political arenas.

2.4.2 Nursing leadership in the South African context

Naidoo (2017: 6) notes that the South African hierarchical systems can also have their own challenges. NUMs are given the responsibility with leadership limitations or authority to achieve the prescribed goals. The high turnover of staff, restrictions on resources, budget constraints, lack of skills and competencies within the ailing South African health system make the achievement of such goals fraught with challenges. The South African Nursing Council (SANC) empowers the NUM as a professional nurse to act within the scope of practice. Yet, within the reporting structure, it is not clear whether the NUM is given autonomy to lead their unit successfully without any interference (Naidoo 2017: 6).

Matlakala, Bezuidenhout and Botha (2014:1) argue that it is also not clear if the NUM, who is involved in formulating the policies, has a clear understanding of her roles and responsibilities. The same study which looked at the critical care NUMs challenges, revealed leadership and management shortcomings that included, a shortage of Intensive Care Unit (ICU) trained nurses and the lack of clarity in terms of role and responsibilities of the NUM. This was further found to negatively impact

and compromise the quality of care rendered by the health service. Leadership is a talent that is nurtured by experience that an individual gains through exposure and education. Naidoo (2017: 16) describes leaders as those individuals who are out in the frontline, using their interpersonal behaviour to motivate employees to commit and give their best effort to contribute to the group goals. Naidoo (2017: 16) further outlines the key elements for leadership as the following:

- *Direction*: Creation of a vision and strategise to maximise opportunity.
- *Alignment*: Creation of a shared culture, value and learning opportunities. Encouraging networking and flexibility.
- *Relationship*: Investing in people, using personal influence, inspiring with purpose and trust.
- *Personal qualities*: Using emotional connections (heart), open mind (mindfulness) listening (communication), non-conformity (courage) and insight into self (character).
- *Outcome*: Creating change and having a culture of agility and integrity.

2.5 LEADERSHIP AND PEOPLE MANAGEMENT

Leadership is the kind of power where one person has the ability to influence or change the value, beliefs, behaviour and attitudes of another person (Hao and Yazdanifard 2015: 2). The same authors noted that nurse leadership effectiveness is displayed based on the staff motivation, productivity and the ability to develop and nurture fellow staff members. Using good communication skills, an effective leadership involves having a clear vision and clear plan of action of how to turn it into reality, whilst dealing with industrial relations in order to minimise friction among the staff (Hao and Yazdanifard 2015: 1-7). A study done by Amanchukwu, Stanley and Ololube (2015: 4) noted that leadership empowerment of nurses can be utilised as a tool to get a better outcome amongst employees and thereby promote job satisfaction. Baqutayan, Jamaluddin, Hazizi Omar and Parvez (2018: 33-49) add that empowerment means delegating the responsibility and people delegated should also understand that responsibility goes hand in hand with

accountability. Therefore, the strength of every organisation lies with leadership empowerment.

2.6 QUALITIES OF AN EFFECTIVE NURSE UNIT MANAGER

According to Cathcart, Greenspan and Quin (2010: 440-447), nursing managers at all levels should work together to address emerging trends, adopt innovative ideas and work toward the shared goals of quality, efficiency and excellence in health service management. They guide and lead frontline nurses while contributing to an organisation's success. According to Kukreja and Bollinger (2020: 1-4), an excellent manager can tap into talents and resources of other employees to support and bring out the best in them. The author also stated that qualities of the manager that enhance leadership qualities, are ones that propel a project forward capturing people's attention and separates competence from excellence. Baqutayan *et al.* (2018:33-49) note that a manager is someone who understands that everyone has a different perspective, but is able to come together to create a cohesive team. The same author also states that an organisational manager with good leadership practices is someone who is able to provide objectivity in order for a team to achieve their goals.

2.7 ROLES OF THE NURSE UNIT MANAGER AS A NURSE LEADER

A NUM has responsibilities in his or her position; not only to make vital decisions to assist the patients, but also to carry out defined duties, These include staff management and recruitment, scheduling, execution of policies, enforcing the utilisation of treatment plans, discharge plans, mentoring and developing educational plans, budgeting skills development and strike the balance to be in line with the nurse's scope of practice. Nurse Managers need strong communication and leadership skills. They should be adept at coordinating resources and personnel and meeting goals and objectives. They must be effective leaders who

can strike a balance between working with the nursing staff and the healthcare facility administrators (Kukreja and Bollinger 2020: 1-4).

Taher (2018: 1) reports that a good unit manager needs to be a good listener, learn how different personality styles react when it comes to problem solving and finding opportunities in hidden places. Management may be defined as the art of securing maximum results with a minimum of effort so as to secure maximum prosperity and happiness for both employer and employee and give the public the best possible service (Amanchukwu, Stanley and Ololube 2015: 4). Functions of an effective NUM would be planning, organising, directing, coordinating, and control, reporting, recording, and budgeting for the unit that he or she is held accountable and responsible for. Apart from being first-line leaders who have a responsibility to induce changes in their clinical environment and amongst their staff, nurse managers handle all supervisory duties for the unit, overseeing registered and licensed practice nurses, nursing aides, medical clerks and support staff. They also establish standards of nursing care for the unit, applying evidence-based standards and health care research, while monitoring patient care to ensure it meets the organisation's standards, ensuring and overseeing budgets for the unit, including personnel, supplies and other expenses (Cathcart, Greenspan and Quin 2010: 440-447). Thus, the responsibilities of nurse managers have become more important than ever due to demands for justification of patient length of hospitalisation, cost cuttings and changes and advancements in medical technology. Nurse Managers are change agents and leaders for their units who recommend changes and improvements, and represent the unit's opinions regarding proposed changes or decisions under consideration by the facility's management.

The private healthcare system is monopolised and the decisions are centred in the higher authorities. The decision on admitting the patient lies with financial teams and if the patient has no medical aid, he/she may be not given treatment, but

transferred to a public facility instead. This is ambiguous to the nursing tradition that is guided by SANC regulations and a nurse's Scope of Practice, and the Nursing Pledge, which states that a patient would be the first consideration for a nurse (SANC 2021:1). Compounding issues, such as private healthcare being business and profit-driven, add stress to the NUM. She must be able to strike a balance between the monopoly and the right to life without compromising care, whilst not losing profit for the company. The fast-growing evolution in the private healthcare forces the NUM to adapt quicker in order to balance between the leadership role, educational empowerment of staff, customer care responsibilities, and making sound fiscal decisions without compromising quality care (Lloyd 2002: 1-3).

In South Africa, the degree of autonomy given to NUMs to successfully lead their units is unclear, as they directly report to Nursing Service Managers (Giltinane 2013: 39). Findings from the above study revealed, that due to the difficult situations that the NUM is facing every day, he or she needs to be flexible to any situation and be able to adapt to different leadership styles and theories. Matlakala, Bezuidenhout and Botha (2014: 39) agree that NUMs are exposed to the demands of fulfilling many role expectations. Rolfe (2011: 54) adds that it is imperative that NUMs possess various leadership styles and apply to nursing practice. He adds that this will assist to close the gap and address the need for proper training regarding leadership and management skills to all the frontline managers or those acting in a supervisory capacity.

The role of a NUM is critical and is confirmed to be a major factor in the success of the private healthcare, as well as in the intention of a nurse either to remain or to leave the current workplace (Duffield *et al.* 2014: 42-48). The quality of a NUM has been associated with the greater job satisfaction. In order for a NUM to succeed in the position, he/she requires support from the higher structures in organisational management.

Rambur (2015: 3) speaks about the NUM as a person who should be knowledgeable in business, financial skills and understand the need of pursuing positions to better serve patients, families and lead society. NUMS should also be talented in bringing diversity, be visionaries, forward thinkers and must have short- and long-term plans. The same author revealed that it was equally important for a NUM to be updated continuously amidst the dynamic changes that are currently occurring within the South African nursing landscape. According to Naidoo (2017: 29), the NUM should be given autonomy to also participate in the financial matters of the organisation.

2. 8 THEORETICAL FRAMEWORK USED TO GUIDE THE STUDY

Vinz (2015:1) defines a theoretical framework as a structure that can hold or support a theory of a research study. The author further explains it as defining the key concepts in the research, proposes relations between them and discusses relevant theories based on the literature review. It also assists to answer the research questions and draw a link between the topic of inquiry and the study's objectives (Burns and Grove 2011: 126).

Burn's Transformational Leadership Framework guided this study. The framework also served as a guide in the development and organisation of the study and a frame of reference to deepen the understanding of the topic under inquiry. Those in positions of leadership roles have an ongoing task to consider the ways beyond being just a manager, in which the strategic discussion and relevant unit issues are meaningfully discussed and to ensure that shared knowledge, experience and wisdom are implemented. Therefore, the Burn's Transformational Leadership Framework, challenges leaders to take ownership for their work and understand the strengths and weaknesses of followers, so the leader can align followers with tasks that optimise their performance (Hughes 2018: 4). This theoretical framework has provided insight into various leadership characteristics and is aligned to the research findings that are presented in the literature review chapter.

Therefore, the framework below (Figure 2.1) also emphasises the importance and support of governance structures in any institution.



Figure 2.1: Burn's Transformational Leadership Framework (Hughes 2018: 4)

2.9 APPLICATION OF BURNS' TRANSFORMATIONAL FRAMEWORK TO THE STUDY

Transformational leaders transform the personal values of followers to support the vision and goals of the organisation by promoting an environment where relationships can be formed and by establishing a climate of trust in which visions and goals can be shared with fellow employees. The following are the four established primary behaviours that constitute transformational leadership:

- 1) Idealised influence (or charismatic influence)
- 2) Inspirational motivation
- 3) Intellectual stimulation
- 4) Individualised consideration

The following discussion summarises these areas and identifies the characteristics and the application that accompanies each of them.

2.9.1 Idealised influence

This implies that a leader should serve as a role model for persons that they are responsible or accountable for and should therefore be respectable and trustworthy. Subordinates or followers should be able to emulate this individual and internalise his or her ideals. In the context of the proposed study, this component will ensure that all NUMs are seen as role models to their team members and lead by example (Hughes 2018: 4).

2.9.2 Inspirational motivation

Transformational leadership is the promotion of the vision, mission and a set of values to the members of the team. This component serves to guide its followers by providing them with a sense of meaning. This allows for teamwork and commitment is therefore guaranteed because of enthusiasm and optimism. Thus, this type of leader can inspire and motivate his/her team by their behaviours and actions and steer them towards their goals successfully. Within the context of the proposed study, a NUM who inspires her team, will positively influence her staff and thereby increase job satisfaction and productivity (Hughes 2018: 4).

2.9.3 Intellectual stimulation

Transformational leaders do not only challenge the status quo, but also encourage creativity among followers as they allow the team to explore new ways of doing things and new opportunities to learn (Boamah, Laschinger, Wong and Clarke 2018: 180-189). This component can be applied to the proposed study, whereby all new NUMs will be encouraged to work toward bringing new ideas to the team, thereby embracing change and promoting a culture of ongoing learning and

teaching and nurturing and developing their fellow nurses, thereby creating a positive practice environment.

2.9.4 Individual consideration

Transformational leaders offer support and encouragement to their team and the lines of communication is kept open at all time in order to foster the supportive relationship. In the context of this study, all NUMs should be able to employ the principle of transparency, working together as a unit and be able to support one another. This will not only encourage effective communication between the unit manager and staff but will establish a trust relationship amongst staff members (Boamah *et al* . 2018:180-189).

Figure 2.2 illustrates the proposed outcomes on a nursing unit utilising and applying the principles of a Transformational leadership style and implies that transformational leadership behaviours in the workplace might have a positive impact on the overall outcomes of nurses allowing them to perform beyond expectations.



Figure 2.2: Application of Burn’s Transformational Leadership Framework to the proposed study (Boamah *et al* . 2018:180-189)

2.10 SUMMARY OF THE CHAPTER

This chapter discussed the existing literature regarding leadership as a concept and in the context of nursing practice. The reviewed literature has revealed that nursing is a dynamic profession that warrants effective, creative and astute leadership for the nurse leader to effect quality organisational outcomes. The next chapter will discuss the research design and methodology that was used to attain the study's objectives.

CHAPTER 3: DESIGN AND RESEARCH METHODOLOGY

3.1 INTRODUCTION

This chapter discusses the method that was used to conduct this study. Brink, Van der Walt and van Rensburg (2012: 17) explain that research methodology includes research design, the setting, study population, sampling process, recruitment of research sample, data collection process, data analysis, research rigor and trustworthiness and ethical considerations. This chapter also explains the research design and the method applied to the study. The researcher clarified how a qualitative, explorative and contextual research design was used to facilitate a qualitative and naturalistic inquiry. This method was used to pursue, explore and describe the experiences of the NUMs regarding their leadership practice in private health care. Details of the population and sampling, data collection, data collection and data analysis and methods to ensure trustworthiness of the research are presented. The ethical principles that were applied throughout this study are also outlined.

3.2 RESEARCH DESIGN

According to Grove, Burns and Gray (2013: 692), a research design is a blueprint for the study which exploits factors that influence the desired outcome of the study. This study was guided by a qualitative, exploratory, descriptive, contextual design to explore leadership practices of NUMs that allow them to achieve success in their leadership roles. Creswell (2014: 12) describes research design as types of inquiries within research approaches that provide specific direction for the procedures to be followed. Creswell and Creswell (2018: 180) assert that the research design flows from the research problem with the intention of conducting the study in such a way that the trustworthiness of the result is maximised.

3.2.1 Qualitative research

Creswell (2014: 224) explain qualitative research as a person-centred form of social enquiry that focuses on the way people make sense of their experience and in which they live. Polit and Beck (2012: 221) also define qualitative research as social research carried out in the field or natural setting and analysed largely in non-statistical ways. The researchers use qualitative approaches to explore people's behaviour, feelings and experiences to build a complex, holistic picture, formed from the participants' word, reports and detailed views in a natural setting (Creswell 2014: 224) . In this context, the physical, socio-cultural and psychological environment influences the behaviour of the NUM, since meaning will be made from their experiences during their interaction with all aspects of their environment. The research approach of the researcher enabled completion of this qualitative study within generally accepted elements of qualitative research designs with trustworthiness.

3.2.2 Exploratory research

Polit and Beck (2012:640) state that exploratory research sheds light on the various ways in which a phenomenon is manifested and on underlying processes. Grove, Burns and Gray (2013: 25) define exploratory research as designed to increase the knowledge of a field of study In this study, the researcher used an exploratory design to better understand leadership practices of NUMs at the selected private hospital group in eThekweni district in KwaZulu-Natal.

3.2.3 Descriptive research

The aims of descriptive research are to explore and analyse a particular phenomenon (Grove, Burns and Gray 2013: 1). The purpose of a qualitative research is to provide a detailed account or description of the phenomenon under study in order to understand the meaning of an experience. Polit and Beck (2013: 379) also agree that a descriptive research design aims for accurate portrayal of a picture of people's characteristics or circumstances within certain situations.

3.3 SETTING

According to Brink, Van Der Walt and Van Rensburg (2012: 59), a study setting refers to the specific area or place that the research will be conducted in. The study was conducted at a private hospital group in eThekweni District. Two private hospitals, one being a large and one a medium sized hospital, that has general and specialised units were utilised in this study. These hospitals have units such as critical care units, operating theatres, medical, surgical, neurosurgical, cardiac and neonatal units and were chosen because of the staffing skills mix and types of patients that these hospitals service. For the purposes of confidentiality, Hospital A represented the large, approximately 300-bedded hospital that offered both general and specialist services. Hospital B represented the medium - sized hospital, which was approximately a 200-bedded hospital that offered general services. Each hospital serves the greater community of the eThekweni district. These hospitals were chosen because of their high patient acuity and the increased occupancy. Therefore, it best represents all the hospitals in the private healthcare group and notably the findings can be generalised to all private hospitals within the group.

3.4 STUDY POPULATION

A population refers to a set of individuals with common characteristics that the researcher wishes to study (Polit and Beck 2014: 61). The population in this study consisted of 11 NUMs working in their positions at the selected private health hospitals in the eThekweni District in the province of KZN for 12 months and more.

3.5 SAMPLING PROCESS

Sampling refers to a method that is used to select a sample that represents the full population and meets the inclusion criteria. Sampling can be classified as probability sampling or non-probability sampling (Polit and Beck 2014: 742). A non-probability, purposive sampling method was used to select the research sample. This sampling method was used for the identification and selection of information-rich cases and is deemed appropriate when the chosen sample is a group of people that have the required knowledge or experiences to answer the research questions.

This study therefore sought to interview NUMs from the participating hospitals to obtain data related to the topic of inquiry. Apart from being cost-effective, this method does not interfere with the participants' time within the health facility.

3.6 RECRUITMENT OF RESEARCH SAMPLE

The researcher obtained permission from the direct line managers and the hospital managers of the selected hospitals to approach NUMS during normal working hours to participate in the study. They were provided with a letter that explained the purpose, the aims and the significance of the study (Appendix 3). A consent form was signed by all participants prior to participating in the study (Appendix 4). Once informed consent was obtained, individual interviews with the NUMs were scheduled at a time that was convenient for the participants and the hospitals. The following inclusion and exclusion criteria were used to determine the choice of sample.

3.6.1 Inclusion criteria

- NUMs who were in their positions for a period of 12 months or more .
- NUMs who consented to participate in the study more than

3.6.2 Exclusion criteria

- NUMs who were in their positions for less than a period of 12 months.
- NUMs who did not consent to participate in the study

3.7 DATA COLLECTION PROCESS

The data collection process included all participants who met the desired inclusion criteria for the study. The researcher used the one-to-one interview method of data collection to gain in-depth information of the individual's personal experiences about the topic of inquiry (Burns and Grove 2017: 493). All interviews were planned to last for 30-40 minutes a session. Data was collected by means of in-depth , semi structured interviews, using an interview guide that entailed a grand tour question and probing or guided tour questions structured to facilitate the discussion. The

meetings for interviews for nursing unit managers were conducted by the researcher in a private room, telephonically or via an online medium such as Microsoft Teams, Skype, WhatsApp or Zoom. All interviews occurred at a time suitable and convenient to the participant. Participants were informed about the study and given an opportunity to read the information letter and provide written consent to participate in the study prior to commencement of the interview. All participants were told that they have a right to withdraw from the study at any time and the number of participants interviewed will be guided by data saturation. The researcher ensured privacy and an environment that was conducive to the researcher/participant interaction. Prior to the conduction of the interviews, permission was obtained from all participants to either audio-record or video-record the sessions. All the interviews were video recorded or audio-recorded to provide a precise record of all the participants' comments.

3.8 DATA ANALYSIS

Data was analysed using thematic analysis. There are six phases in thematic analysis that the researcher followed when analysing the data (Creswell 2014:185).

3.8.1 Phase 1: Organising and preparing data

The researcher analysed the collected data by transcribing the interviews and scanning the material to arrange and sort the data.

3.8.2 Phase 2: Read through all the data

The researcher acquired a general sense of the information and reflected on its meaning and general ideas of what the participants were saying. Notes were made on the side of the margins. The researcher commenced recording thoughts about the data.

3.8.3 Phase 3: Coding the data

Once the researcher was acquainted with the data, the coding commenced and a list of codes was generated. The codes were used to identify a component of the data of particular interest to the researcher by adding labels. Manual coding was used whereby notes were written on the printed transcripts.

3.8.4 Phase 4: Description involves detailed information

The themes were consolidated to generate a small number of themes or categories and the themes refined the findings. These constitute the headings and subheadings in the data analysis chapter.

3.8.5 Phase 5: Interrelate themes

The core of each theme was identified from the data and conveyed through the narrative findings. A detailed description was completed through identified themes, categories and subcategories.

3.8.6 Phase 6: Constructing the report

The data findings were combined into a concise, logical and non-repetitive report, which was justified and supported by the relevant literature. This allowed for a deeper understanding of the meaning and descriptions.

3.9 TRUSTWORTHINESS

As qualitative research has an element of subjectivity and is open to criticism, it is important that the study and the findings provide evidence of validity and reliability (Polit and Beck 2012:174). Trustworthiness is used to determine the researcher's confidence in the truthfulness of the findings within the context of the study (Botma, Greeff, Malaudzi and Wright 2010: 233). Trustworthiness was implemented as the nature of research study was qualitative. The four principles, credibility, dependability, transferability and confirmability were used (Lincoln and Guba 1985: 290-294).

3.9.1 Credibility

Credibility is truthfulness of the data collected and the understanding thereof (Polit and Beck 2014: 239). To ensure credibility of the data collected, notes were written during the interview. Thereafter, a summary was written immediately after each interview to clarify the obtained data. Audio recordings and video recordings were used to assist the researcher when reviewing data. To ensure confidence in the truth of the findings, during report writing, audio recordings were replayed repeatedly to ensure that all the information was transcribed.

3.9.2 Dependability

Dependability is the provision of evidence such that if it were to be repeated with the same or similar participants in the same or similar context, its findings would be similar (Polit and Beck 2014: 239). An audit trail was maintained through safe keeping of raw data of each interview for future reference.

3.9.3 Transferability

Transferability refers to generalisability of the data, which the findings could be transferred to have applicability in other group or settings (Polit and Beck 2014: 239). The researcher ensured transferability of the findings of the study by providing a thick description of the research setting and research processes. This confirmed the transferability and authenticity of the study, making it possible to build on findings on further research. The researcher provided a detailed , comprehensive description of the research setting and data process for other researchers to make a comparison.

3.9.4 Confirmability

Confirmability refers to the degree to which the researcher can demonstrate neutrality of the research interpretations (Polit and Beck 2014: 240). In qualitative research, confirmability focuses on the characteristics of the data gathered in the study and by utilising an audit trail. The researcher developed and maintained an audit trail in ensuring the confirmability of the data through reporting, unfolding the

process of the research and that the data would be strongly stored for the availability. Audio recordings were done to reflect the participant's voice. The researcher's interpretations were scrutinised by the research supervisor who acted as an independent coder.

3.10 ETHICAL CONSIDERATIONS

According to Polit and Beck (2014: 150-151), the researcher follows the processes of ethics by meeting the professional, legal and social requirements when conducting an inquiry. The identity of the participants was protected by using a coding system and no financial compensation was received or given by the researcher when conducting the study.

3.10.1 Permission to conduct the study

Ethical clearance was obtained from the Durban University of Technology Institutional Research Ethics Committee (Appendix 1). Permission to conduct the study was obtained from the Ethics Board of the participating hospital group (Appendix 2b). Permission to conduct the study was also obtained from the Hospital Managers of the selected private hospitals where data was collected.

3.10.2 Respect for human dignity

The principle of human dignity encompasses the right to autonomy and the right to full disclosure by the researcher (Polit and Beck 2012: 154-155). During data collection, participants were assured that the data they provided to the researcher was confidential and that they had the right to speak freely without any coercion from the researcher.

3.10.3 Informed consent

According to Polit and Beck (2014: 13), participants must be given a written consent form that highlights the purpose of the study, participant's expectations, time and any costs or benefits. Participants were given adequate information regarding the study that was undertaken prior to them signing consent (Appendix 3). The

researcher ensured that the information given to the participants was understood and participation was voluntary (Appendix 4).

3.10.4 Confidentiality

Measures taken by the researcher to ensure that confidentiality was maintained included using a coding system instead of using participant's names, thereby ensuring that the identity of the participants is kept confidential (Polit and Beck 2014: 13). The participants' names were exposed only to the researcher by codes that was used to identify them. The list of participants and their codes were kept under lock and key. Records of the recoded interviews were kept in a computer locked with a password only known to the researcher. No healthcare worker or any parties had access to the raw data to prevent breach of confidentiality.

3.10.5 Beneficence

The principle of beneficence and non-maleficence obligates the researcher to act for the benefit of others and therefore, the researcher has to ensure that participants are protected from harm (Burns and Grove 2013: 162). The nature of the study, its importance and the manner it was going to be conducted was explained to the potential participants. The information about the purpose of the study, the process of data collection and analysis and how the results will be disseminated was also discussed with the participants. The participants were given an opportunity to ask questions about the research procedure and the purpose before giving consent to be part of the research study. During the interviews, the researcher ensured privacy by ensuring that the interview was conducted in a private room or a quiet space, whereby the discussion could take place between the researcher and participant and no interruptions could be expected.

3.11 SUMMARY OF THE CHAPTER

The research design and methodology has been explained in this chapter. The rigour of the study and ethical considerations were also explained and applied in the context of the study. The next chapter focuses on the presentation of findings.

CHAPTER 4: PRESENTATION OF RESULTS

4.1 INTRODUCTION

Chapter three outlined the methodology that was used in conducting the study. This chapter will present the findings of the study , highlighting the themes and sub-themes that emerged from the interviews with NUMs, regarding their leadership practices at the selected private hospitals in the eThekweni District in the province of KZN. This chapter will present the demographic profiles of participants followed by the themes and sub-themes that emanated from the interviews.

4.2 DEMOGRAPHIC DETAILS OF PARTICIPANTS

The participants were given the opportunity to accept or decline the interviews and details were explained to them as outlined in Appendices 1-4. The participants were also identified through predetermined eligibility criteria. The collection of data was done in two phases from January 2021 to February 2021 in two different hospitals within the same hospital group. The NUMs that participated in the study were from different hospital units such as the Surgical ICU, General ICU, Surgical ward, Medical ward, Medical ICU, Trauma unit, Neonatal ICU, Gynaecology ward, Cardiac ward, Cardiac ICU and Paediatric units. The average age group of the participants ranged between 40-60 years. Table 4.1 illustrates the demographic data of the participants in the study.

Table 4.1 Demographic data of NUMs

Study site	Participant(P) code	Gender	Age in years	Race	Number of Years as a UM	Discipline currently managing
B	P1	Female	44	African	5-10	Neonatal ICU
B	P2	Male	43	African	1-5	Trauma Unit
A	P3	Female	62	Indian	>20	Medical ICU
B	P4	Female	42	African	>10	Gynaecology
A	P5	Female	30	Indian	1-5	Surgical Ward
A	P6	Female	47	Indian	16-20	Gynecology
A	P7	Female	56	Indian	1-5	Surgical ICU
A	P8	Female	38	Indian	1-5	Cardiac ICU
A	P9	Female	47	Indian	16-20	Medical Ward
A	P10	Female	56	Indian	6-10	Trauma Unit
A	P11	Female	42	Indian	6-10	Medical ICU

4.3 OVERVIEW OF THEMES AND SUB-THEMES

The four main empirical themes that emerged after data analysis are:

1. Role conflicts.
2. Support structure.
3. Lack of communication.
4. Leadership styles.

These main themes were further categorised into sub-themes. The summary of the four main emerged themes and related sub-themes are outlined in Table 4.2 and will be discussed in detail with supporting quotations and actual excerpts from participant interviews.

Table 4.2 Themes and sub- themes

Theme No	Theme	Sub- themes
1.	Role conflict	1.1 Unrealistic expectations
		1.2 Supervision experience
2.	Support structure.	2.1 Lack of resources
		2.2 Lack of autonomy
3.	Communication challenges.	3.1. Centralised decision making
		3.2 Lack of interpersonal skills
4.	Leadership style.	4.1 Adaptation of leadership style
		4.2 Deficiency in management and organisational skills

4.4 PRESENTATION OF FINDINGS

4.4.1 Theme 1: Role conflict

The findings indicated that the unrealistic demands placed upon the NUM whilst they assumed their positions made it difficult to manage and achieve the set goals of the unit. Additionally, no clear explanations of what was expected, added to the NUMs frustration and increased workload stress and fatigue Very often NUMs found that they were key role-players when it came to staff shortages and had to step in and become part of the workforce. Being ultimately accountable for patient and staffing issues in the department, the NUM attended to ward, administrative and patient complaints whilst still meeting managerial deadlines. Thus, they found their roles very conflicted.

4.4.1.1 Sub-theme 1.1 : Unrealistic expectations

Role expectations for unit managers of the various departments or units in a health care organisation are demanding. Very often, a private healthcare service delivery institution is very business orientated and target driven. The target that is aimed for,

is maximum patient occupancy that will boost the overall patient turnover and profit margin of the hospital. This sometimes negatively impacts on the functioning of the nursing unit where nursing staff have no choice but to compromise with limited resources leading to adverse patient events and poor-quality patient outcome. After engaging with NUMs, during the interviews, it was found that role expectations were high with unrealistic goal-setting laid down by higher management structures. The top-down support was very minimal especially when there is a lack of understanding on how specialised units like Operating Theatres and ICUs worked. No guidance was offered, and stringent budgets affected the proper day to day functioning of the unit. Other concerns, such as unattainable goals and deadlines, often led to demotivated and dissatisfied staff. The following excerpts provide evidence in this respect:

“.... No.... there was definitely no orientation given to me in my role as a UM and I was just thrown into the deep-end and expected to function....and sometimes you don't even know whether you are “Arthur or Martha...you are so confused...” (#P1; Female; Neonatal ICU).

“Yes, I did have a vague idea, but I soon found myself doing more administration than supervising and checking on my staff.....it was reports ...reports !...” (#P7; Female; Surgical ICU).

“....No, I only understood the clinical part because I have been a nurse on a floor for many years before I became a unit manager....the administrative part was difficult ... I had to find my feet...” (#P5: Female; Surgical Ward).

4.4.1.2 Sub-theme 1.2 : Supervision experience

Being new in the role with no proper guidance makes it difficult for the NUM to balance responsibilities of functioning as a supervisor, mentor, teacher and manager. The participants indicated that NUMs' responsibilities and roles have significantly increased, and in the case of a private health care facility, they seem to have the added role of customer liaisons officers. The fact that very young and

inexperienced unit managers appear to be promoted to a supervisory role questions their expertise and knowledge abilities. Older experienced NUMs voiced their concern about having to contend with inexperienced staff members. These sentiments are evident from the following quotations:

“I have to manage more than one unit with inexperienced staff.... And its taking a toll on me. I seemed to get blamed by management and its no fault of mine ...”. (#P4; Female; Gynaecology).

“.... it is frustrating that the lack of resources such as experienced staff leads to us having no choice and hiring staff that do not have much experience or are not competent. There just is not enough permanent staff who we can count on” (#P8; Female; Cardiac ICU).

“Lack of competent and efficient staff leads to high usage of agency staff that are not consistent, cannot use and control equipment and stock.... our costs go up because the staff we hire are so inexperienced, that they themselves cannot manage to supervise junior staff” (#P5; Female; Surgical ward).

4.4.2 Theme 2: Support structure

Having an efficient support structure appeared to be very important to all participants. Support from their line managers or their subordinates gave them the drive to function to their optimum. The findings during the interviews indicated participants did not enjoy support from top management. It was a common trend to have an autocratic style of top management at the helm of the organisation that was very profit - driven. Staff complaints and concerns appeared to fall on deaf ears and NUMs had to learn on their own and utilise their own experiences when it came to matters such as financial management, recruitment and training of ward staff, procurement and hospital billings complaint management. This is not part of the NUM package and there was certainly no proper orientation or unit manager training in this respect.

4.4.2.1 Sub-theme 2.1 : Lack of resources

Having a well-resourced nursing unit is a luxury to many NUMs. The burden of disease, together with staff shortages in the contemporary times has left many health care facilities in a major crisis. This has been more visible in the specialised units such as the maternity and neonatal wards, who have not been providing training on specialised needs of the units. Regulated budgets by senior management have seen NUMs always cutting costs, straining a resource limited unit, compromising patient care and staff satisfaction. The following statements by the participants underpin their disillusionment with lack of support in the workplace:

“No support in terms of speciality but resources are provided in order to carry on with my duties. Staffing challenges, recruitment, equipment..... Because it involves budget that is regulated by senior management.....” (#P9; Female, Medical ward).

“As UMs there is no exercising of our authority or any support to help you with decisions.... Yes, there is high expectations to fulfil my role such as staffing, equipment ...but when it is requestedit’s not given to me.....” (#P2; Male; Trauma Unit).

The role of management is to support and guide the NUMs, whilst being able to listen and advise accordingly in order to achieve the goals of the company. The following participant had this to state:

“Staff are the pillars of supportBut the lack of resources such as competent staff, not enough permanent staff is another story.....” (#P5; Female; Surgical Ward).

4.4.2.2 Sub-theme 2.2 : Lack of autonomy

Every NUM should have the autonomy or professional right to make decisions concerning her staff or patients. In order for them to be effective, the NUM need to have enough information that is cascaded to her from top management. In the interviews, the participants indicated that the lack of autonomy in terms of decision-making impacts negatively on the progress or growth of the NUM and other staff in

general. It also contributed to the complaints from the clients and patients and made staff feel very vulnerable and insecure at times. The following statements allude to this:

“Being unable to take decisions on my own, also carrying out my nursing duties and other non-clinical duties of which by right should be handled by Human resources....” (#P2; Male; Trauma Unit).

“No autonomy in making decisions around my roles staff is expected to read and follow policies without questioning whether it’s right or wrong.... I feel as cannot answer when I handle my staff.” (#P3; Female; Medical ICU).

“Staff may be qualified for the positions but cannot even decide about what is required in your unit... and this makes us feel so inadequate” (#P8; Female; Cardiac ICU).

4.4.3 Theme 3: Communication challenges

Communication is a pivotal tool in health care in ensuring the smooth running of the business and ensuring quality care of the patients. The participants indicated that communication is always instructional and there is very minimal participation in decision- making.

4.4.3.1 Sub-theme 3.1 : Centralised decision making

The participants indicated that most of the communication are directives from top management. At times staff are unaware of the day-to-day happenings of the healthcare facility. They are expected to agree with any and all decisions made without any participative management. All participants concurred that no consultation in terms of communication of information from top management occurred and at times it became an autocratic way of functioning.

“We are told to just email, print, discuss read and sign.... that’s all...” (#P6; Female; Gynaecology).

“To date, no feedback mechanism is in place. Staff are expected to read and know the policy.....” (#P2; Male; Trauma Unit).

“UMs are never involved Downward commands are given from senior manager and left up to you without any proper discussion or involvement in planning phases.....” (#P5; Female; Surgical Ward).

4.4.3.2 Sub-theme 3.2 : Lack of interpersonal skills

The findings indicate that interpersonal skills was lacking and this posed a huge problem for unit managers as they had to bow to pressures from persons higher up in the hierarchical framework. The manner in which they were spoken to at times undermined their authority as a NUM or specialist in their field. This alluded to definite gaps in communication between the NUM and the senior management. Poor mechanisms were in place for cascading of policies and protocols and senior management appeared to employ an autocratic role when communicating to middle management or NUMs. Participants noted the following:

“....no feedback mechanism in place, staff is expected to read and sign policies and were not allowed to question....” (#P11Female; Medical ICU).

“.... we get emails, print it and get staff to sign because we are ordered to do so and cannot question....and then the ward staff get angry with us....” (#P8; Female; Cardiac ICU).

“We are never involved - downward commands are given from senior manager and left up to you without any proper discussion involvement in planning phases....” (#P5; Female; Surgical ward).

4.4.4 Theme 4: Leadership styles

Leadership style plays a significant role in nursing processes and it is often a challenge to collaborate the appropriate style to achieve the expected goal. During interviews, the findings from all participants was that the communication is one-

sided. It was indicated that top management have no interest in providing feedback to NUMs.

4.4.4.1 Sub-theme 4.1 : Adaptation of leadership style

NUMs indicated that as much as they were aware that leading a team of nurses required effective organisational, managerial and interpersonal skills, they had to adapt their leadership styles. Given the situation they often found themselves in with staff shortages and limited resources, they too had to adopt an autocratic style of leadership in the unit. This had to be done as they often found themselves working with inexperienced or incompetent staff and had to be directing and supervising all the time. Although, those that were interviewed noted that a participative leader was one who motivated and increased staff morale, sometimes they found themselves making all the decisions for the benefit of the patient. Junior staff then viewed this in a negative light, which placed the NUM in a precarious position. Participants noted the following:

“.... I find it hard to communicate without being firmI know my staff do not like it but the fact that we have no support from the topI do not have a choice” (#P9;Female;Medical Ward).

“.... let me tell you, when you are a NUM in the ward ...it's the real worldnot like what the text book teaches youits like people see you as a big bad wolf” (#P2;Male;Trauma Unit).

“.... you know as much as we want to lead by example ...its hard when you run a specialist unit with not enough staffyou automatically step in and do what you think is right for your staff and patientYes.... you are not liked for that” (#P3; Female; Medical ICU).

4.4.4.2 Sub-theme 4.2 : Deficiency in management and organisational skills

Participants in this study revealed that they were sometimes guilty of poor managerial and organisational skills and blamed it on their lack of autonomy, training and development. The organisational skills that were expected from NUMs were fundamentally to drive profit for the private healthcare facility. Those interviewed agreed that they were under pressure and often poorly delegated duties to subordinates due to lack of resources. They were aware of their accountability role, but often had to make decisions that were guided by organisational policy. This was evident in the excerpts below:

“When leadership or management is not right...I mean from top-down, it creates resistance from subordinates, bad practices ... which ends up with lot of challenges. It encourages the status quo which delays the growth....” (#P3; Female; Medical ICU).

“.....the clarity from leadership provides the influential relationship among leaders and the followers with intension of making the real change...but sometimes we do what we consider is in the best interest of our unit....and yes we then face the music from disgruntled staff...” (#P10; Female; Trauma Unit).

“We know that NUMs are expected to have management and leadership skills in order to function effectively in their roles.....this being said, the newly appointed UM are not getting a proper orientation to their rolesso how do they function?” (#P11; Female, Medical ICU).

4.5 CHAPTER SUMMARY

In Chapter 4, the results of qualitative data using thematic analysis were presented. Creswell’s (2014) method was utilised to analyse the information gathered from the interviews leading to the identification of themes and sub-themes. In the next chapter, the findings of the study in relation to the leadership practices of the NUM will be discussed by reviewing and interpreting the data that was obtained.

CHAPTER 5: DISCUSSION OF FINDINGS

5.1 INTRODUCTION

The previous chapter highlighted the themes and sub-themes that emerged from the interviews with the study participants. This chapter presents a discussion of the findings of the study, which were obtained from the in-depth interviews with NUMs of different nursing units at the participating private hospitals. The qualitative data obtained in this study aimed to achieve the three objectives and research questions as outlined in Chapter 1 and will be further discussed for its relevance to the findings of this study later on in this chapter.

5.2 OVERVIEW OF THE DISCUSSION OF FINDINGS

The findings of the study will be discussed as follows:

- Demographic information of participants in relation to the current study.
- The discussion of themes in relation to objectives of the study.

5.3 DEMOGRAPHIC INFORMATION IN RELATION TO THE CURRENT STUDY

The participants were selected from various nursing departments from the two study sites, which further assisted the researcher to maintain the principle of triangulation. The demographic data that was collected from participants included age, gender, ethnic group, number of years that the participant was qualified and number of years of nursing unit manager experience. It was noted that the ages of unit managers ranged between 30 to 65 years and there were only two male participants amongst the 11 participants.

5.4 DISCUSSION OF FINDINGS BASED ON THE THEMES AND SUB-THEMES THAT EMERGED FROM THE FINDINGS

The four themes and corresponding sub-themes are discussed in depth in this section, supported with references from the relevant literature. As presented in the previous chapter, the following four main themes emerged:

- Role conflict
- Support structure
- Communication challenges
- Leadership style

5.4.1 Theme 1: Role conflict

Based on the analysis of the findings, the first theme that emerged was the role conflict in the practice of the NUM. There appeared to be no role clarification or understanding of the scope of practice of a NUM. According to Rispel (2015: 4), it was emphasised that all NUMs are expected to have management and leadership skills in order to be competent in their roles. The findings of this study noted that the lack of proper orientation to the role and functioning of the NUM has allowed nurse managers to lead as they saw fit. Havaei (2016: 15-22) states that nurses in management positions are required to work beyond their clinical training and become experts in the fundamentals of unit management. This will require specialised training to develop the skills and models to support the development of their leadership skills. However, the findings in this study have revealed that very little time was invested in mentoring them as managers and they tended to find their own feet with respect to financial management and control of their units. The conflict was also observed when NUMs are appointed into the roles and left to learn on their own. Armstrong, Rispel and Penn- Kekana (2015: 24-26) note that leadership should be considered as a process of social influence, which maximise the effort of others. The participants clearly outlined that they were unsure of their role expectations and what is expected of them. Two sub-themes emerged from this theme namely, unrealistic expectations and supervision experience.

5.4.1.1 Sub-theme 1. 1: Unrealistic expectations

All participants interviewed highlighted that the amount of work expected from them as unrealistic. The lack of socialisation of their roles and functions had a direct impact on challenges encountered whilst fulfilling their leadership and management roles. According to Matlakala, Bezuidenhout and Botha (2014: 39), NUMs appear to wear many “hats” and often have conflicting roles to play in the interest of their patients and staff. Literature findings agree and state that for these NUMs to clearly understand their role functions, it is imperative that they possess various leadership styles and adopt relevant theories to nursing practice (Rolfe 2011: 54). The author further points out that this, will require consultant training and ongoing orientation for the newly appointed unit manager. Balancing between clinical demands of the organisation and administrative duties added to the role conflict. Participants also indicated the difficulty in planning the day due to shortage of staff. Their plans were often altered due to other time-consuming tasks such as trying to secure emergency staff to work in the units, assisting members of the multidisciplinary teams, conducting in- service trainings and attending meetings.

5.4.1.2 Sub-theme 1. 2: Supervision experience

The findings noted that some NUMs were in a role of management or leadership and they themselves were devoid of any training or nursing education skills. According to (Catton 2020: 1-3), training and development opportunities are essential for a well-motivated and successful work force. Although, all registered nurses have the authority to supervise and teach junior staff, ongoing and relevant in-service education by experienced professionals was important. Havaei (2016: 15-22) notes that while new NUMs may be clinical experts, they are actually novice managers and require development in the field of leadership and management. He sees the lack of supervision experience as an alarming concern for such a pivotal position that is so high on the organisational hierarchy. The same author noted that inadequate training of the NUM leads to further inherent unit conflicts when subordinates are ranked higher in professional or academic qualifications than the NUM.

5.4.2 Theme 2: Support structure

After analysis of this finding, it was noted that there were no formal support structures to guide, mentor or direct the NUM whilst doing their jobs because the roles and expectations were not clearly defined at the time of being appointed. It was also evident that the NUM had to depend on their fellow counter parts. Senior Nurse Managers are not given enough time to ensure that continuous training and in-service take place. Cathcart, Greenspan and Quin (2010: 4) concur that the broad scope of responsibility and accountability often takes its toll on the NUM and lead to emotional and physical exhaustion. A lack of leadership and support structures in health care systems has limited the innovation need to create solutions for the new and complex problems that are evident in the contemporary society (Marquis and Huston 2015: 146). It is evident that the NUM did not enjoy support from top management and decision making was centralised, leaving very little room for the NUM to exercise her autonomy and authority.

5.4.2.1 Sub-theme 2.1: Lack of resources

All NUMs interviewed, highlighted that the lack of resources was a challenge they encountered in their everyday role. This was even more evident or visible in the specialised units such as ICU, Theatre, Maternity and Trauma. To compound matters, the already struggling NUMs, experiencing a staff shortages, had to deal with budgetary constraints that was regulated by senior management together with financial standard operating procedures. Concerns such as shortage of equipment and lack of training budgets placed a huge burden on the shoulders of the NUM who furthermore, had no clear policies to guide decision-making. In support, Catton (2020: 1-3) states that unit managers or those nurses in positions of leadership, need basic business management skills such as financial management and experience in areas such as human resources, strategic planning and systems thinking. This will allow them to develop financial and budgeting responsibilities and manage a budget for a nursing unit or department.

5.4.2.2 Sub-theme 2. 2: Lack of autonomy

The findings highlighted that NUMs have been deprived the professional angle to make decisions concerning the running of their units. This had led to lack of confidence and interest in what they are doing. According to Naidoo (2017: 6), the observation is that NUMs seem to be unable to perform their leadership roles effectively, because they are not fully empowered to function independently in their roles. The author further alluded that it was not clear if NUMs were even given autonomy to successfully lead their units. The general feeling during the interviews in this study are in keeping with the abovementioned author and noted that top management did not express any interest in knowing what occurred at the bottom of the hierarchical structures and due to the health organisation being a private one, decision-making appeared to be profit -driven.

5.4.3 Theme 3 : Communication

The role of the NUM has changed to require greater communication skills as he or she often interacts with many stakeholders and customers such as doctors, nurses, business officials and patients (Catton 2020: 1-3). Another gap identified in this study is that ,although the current nursing education or organisational systems prepare nurses to be custodians of care and display sound interpersonal skills, very little attention was given to empower and communicate with the NUM regarding the functioning of the healthcare organisation. Although all participants viewed sound interpersonal skills as a key to sorting out structural and unit concerns, they verbalised that their queries and concerns remained unanswered and they were not involved in decision-making. They also felt that the lack of structured training on management skills such as communications skills had the potential to cause a lot of dissatisfaction among the multi-disciplinary team and the delivery of health care services. These findings are similar to that of Naidoo (2017: 45), where impaired communication between NUMs and the hospital management posed a challenge that added to the role-conflict they already experienced. Another similar finding of this study to that of Naidoo's (2017:45) study, was that clinical leadership in nursing requires effective communication skills, which enables the development of effective working relationships with others. Ineffective communication leads to demotivated

staff, negative outcomes for clients and patients and reflects poorly on the nursing profession.

5.4.3.1 Sub-theme 3.1: Centralised decision- making

Centralised decision- making and control continued to pose a problem according to Hughes (2018:3-5). Whilst it was noted that rules and policy adherence were significant in the functioning of an organisation, poor communication and decentralisation was a critical problem both within the group as well as between the leaders in the group , and it often leads to errors and create conflict. During the interviews, it was evident that the top management only give directives and there were no mechanisms in place to check the effectiveness of communication. The centralisation of power has its own advantages and disadvantages. It is perceived as good, if you have more junior staff and sometimes regarded as authoritative to others (Hughes 2018: 3-5). Other benefits include giving sense or a clear chain of communication. On the other hand, it does not give room for growth and creates a lot of dependency.

5.4.3.2 Sub-theme 3.2: Lack of interpersonal skills

During the interviews it was discovered that interpersonal skills were lacking. This has posed a huge problem and contributed to NUMs bowing to the pressure of the hierarchical framework. They were sometimes disrespected in the presence of their subordinates or had their authority undermined as managers in their units. These issues with ineffective interpersonal skills appeared to emanate from having members in top management themselves devoid of managerial and leadership skills. According to Choi, Kim, Ullah and Kang (2016: 459-479), communication and interpersonal skills are considered as the two highly essential competencies to be mastered by every individual and the findings of this study are evidently in contrast. These findings allude to NUMs working in isolation with no collaboration, verbal or non-verbal communication from top management.

5.4.4 Theme 4: Leadership style

Giltinane (2013: 35) noted that the essence of clinical leadership was to inspire and promote the values of the health care service delivery, empower and create a consistent focus on the need of patients that are being attended to. According to Rolfe (2011: 54), nursing has matured into an increasingly advanced, sophisticated, specialised and independent profession. The nurse's role in providing patient care has also expanded allowing him/her to practice independently. The participants who were interviewed highlighted that the top management is only applying one type of leadership style, which is the autocratic leadership style. They would prefer to work together with management and be included in decision-making as they are central to patient care and staff management. Duffield *et al.* (2015: 5) agree with this view and note that working as a team, and using a multidisciplinary team approach, is an option for improved communication and quality of care for patients especially in a health care setting. The same author posits that physicians, nurses, managers, social workers, respiratory therapists and other team members should work together in the interest of the patient. The advantages of the multi-professional team are better service, easier workload management and collegial support. Arguably, this is also in keeping with Burn's Transformational Leadership Model that the researcher had chosen to inform and guide the current study. Therefore, the findings of this study are significant in showing that a fusion of power and purpose from all stakeholders is preferable in allowing a transformation of power and leadership to support the vision and goals of the organisation. This is done by promoting an environment where relationships can be formed and by establishing a climate of trust in which visions and goals can be shared with fellow employees (Boamah *et al.* 2018: 180-189).

5.4.4.1 Sub-theme 1: Adaptation of leadership style

All NUMs that were interviewed indicated the importance of adapting to different leadership styles in different situations to fulfil their roles (Matlakala, Bezuidenhout and Botha 2014: 2). They also indicated that sometimes it was difficult to achieve goals because rigidity of the system. According to Rambur (2015: 3), NUMs should be knowledgeable in business and understand the importance of pursuing

leadership positions. They emphasised the need to be included in decision-making and be given an opportunity to participate at executive meetings to discuss matters related to his or her unit.

5.4.4.2 Sub-theme 2: Management deficiency

It is arguable that essential nursing management knowledge and training should have started or been in place long before the NUM was appointed to the role. This could have been better achieved if the proper structured induction was in place. Armstrong, Rispel and Penn-Kekana (2015: 24-26) state that leadership is a process that encompasses sound management skills that need to be learned. The author also adds that teaching nurses about the planned changes impacts on the facility and dealing with organisational change. In addition, offering management training allows them to successfully navigate the change. It also encourages them to take a hands-on role in the transition. In the study, the findings identify that the deficiency is caused by inadequate managerial exposure and lack of leadership training prior to being appointed to the role. In most cases it is when the NUM either resigns or retires, the incumbent leaves the office and there is no one to succeed.

5.5 RELEVANCE OF STUDY FINDINGS TO STUDY OBJECTIVES AND RESEARCH QUESTIONS

The researcher had specifically chosen to utilise a qualitative approach to invite rich descriptions of the topic of inquiry from the participants. This had also entailed using open-ended questions and a probing technique during the semi-structured interview method of data gathering. The qualitative data that was obtained had aimed to achieve the following three objectives and research questions of the study:

Objectives of the study

- Explore current practices of the NUMs related to their leadership roles.
- Identify and describe the factors that influence the NUMs' leadership roles.
- Identify support strategies for NUMs to achieve success in their leadership roles.

Research questions

Within the context of this study, the following research questions had to be answered to achieve the study objectives:

- What are the current practices of the NUMs related to their leadership roles?
- What are the factors that influence NUMs' leadership roles?
- What are the NUMs' support strategies to achieve success in their leadership roles?

Practices of Nurse Unit Managers

A detailed analysis of the emerging themes and its sub-themes was compared to literature findings. A conclusion was drawn that nursing unit managers play a vital role in healthcare delivery systems but sound measures of management practices that are grounded in empirical practice is needed. Core nursing functions may be within the NUMs capacity to perform job responsibilities; or his or her ability to perform skills-based activities to a prescribed standard, but they should also be able to transfer skills and knowledge to new situations. Leadership roles entail a significant number of managerial functions, but findings noted that NUMs are often less prepared to handle management activities than clinical activities as reflected by the apparent workplace realities. The performance of a NUM consists of many aspects of practice, including cognitive, affective and psychomotor skills. To perform effectively, an array of skills such as communication, interpersonal skills and mentoring are required and are inferred by performance across all hierarchies of the organisation.

Factors that influenced nurse unit managers' leadership roles

The main issue in effective nurse management and leadership appeared to be dictated by the kind of behaviour that senior managers exhibited and how this behaviour influenced the outcome of the organisation. Although the correlation between managerial experience, personality traits and the ability to lead remains inconclusive, it can be agreed as evidenced by the findings of this study that personality traits such as being controlling, managerial inexperience and lack of

training and education cannot be excluded from effective leadership and management. These factors have direct implications for the way people are managed and the way people in leadership roles lead. This alludes to effective managers and leaders understanding the individual or staff, knowing the drivers to staff motivation and using this to build and foster good working relationships, especially if they are to manage and lead others effectively. All participants agreed that staff can be motivated to give their best by respect and recognition, leading to more consultative and participative management styles.

Strategies to achieve success in their leadership roles

If NUMs are to be effective in their role, it is important for them to think consciously about how they manage and lead their nursing units. They need to deliberate on the kind of leadership or management style that suits them best and one that can ensure teamwork and participation by all staff. The findings recommend that adopting an appropriate leadership strategy will help managers to establish rapport, trust and respect, engage their team members and build good working relationships. It was further suggested that a good nurse manager or leader will be able to judge the capabilities of the team and move between points on the continuum accordingly. Conversely, adopting an inappropriate style such as an autocratic style of leadership as evidenced in the findings of this study, leads to employees becoming disengaged or demotivated. It was apparent that a leader needed to find a style which is authentic for them and one that they could adjust their style according to the context and culture of the organisation, the nature of the tasks to be completed and the characteristics and expectations of their staff members.

5.6 RELEVANCE OF STUDY FINDINGS TO BURN'S TRANSFORMATIONAL LEADERSHIP FRAMEWORK

As outlined and detailed in Chapter 2, this study was guided by Burn's Transformational Leadership Framework. The following are four established primary behaviours that constitute to a transformational leadership framework and

were used as a backdrop for the evaluation of this research and its findings. They are as follows:

- 1) Idealised influence (or charismatic influence),
- 2) Inspirational motivation,
- 3) Intellectual stimulation, and
- 4) Individualised consideration.

Idealised influence

Transformational leadership embraces a mutually supportive relationship between leaders and followers (Hughes 2018: 4). Within the context of this study, a leader or those in positions of power should serve as role models for persons that they are responsible or accountable for. However, there was a strong consensus in this study from all participants that the absence of role-clarity for NUMs posed enormous strain on working relationships and created unnecessary tension and role conflict.

Inspirational motivation

As a basic characteristic of transformational leadership, it was noted organisational hierarchy neglected to inspire and empower subordinates (Boamah *et al.* 2018: 180-189). The use of an autocratic leadership style serves to decrease morale of staff, whilst the lack of communication and interpersonal skills between top management and middle management decreased rapport. This served to filter down the staffing ranks and led to staff disharmony and discontent. It was also noted that having a manager who was visible and collaborative would be important for staff to perceive active and appropriate leadership.

Intellectual stimulation

Intellectual stimulation is provided by a leader who asks for and values staff input (Hughes 2018: 4). Evidence from this study alluded to staff not being provided with growth and development opportunities. There was no conditions for intellectual stimulation or times allocated for ongoing in-service education as the poor

interpersonal skills, lack of resources and staff shortages increased job demands and workload on staff. The lack of autonomy of NUMs saw them being unable to voice their own ideas about improving patient care and pave the way for innovations to be tested and incorporated into the nursing culture.

Individualised consideration

The Transformational leadership theory argues for the need to engage with all members of the team and work towards a common goal, ensuring that the process is an authentic, shared, mutual, collective and democratic one. Individualised consideration refers to the commitment of the leader to coaching and mentoring, and the leader's awareness of, and concern for the needs of nursing staff (Boamah *et al.* 2018: 180-189). A transformational leader knows individual staff members' career aspirations and is often in a position to guide subordinates to invaluable mentoring opportunities. Additionally, the leadership styles of nurse managers have a critical impact on staff performance and staff retention. The findings of this study reflected that the autocratic leadership style of top management served to demotivate and decrease staff morale.

5.7 SUMMARY OF THE CHAPTER

In this chapter, a discussion of the findings of this study, the perspectives of NUMs, were presented. The discussion was also guided by the theoretical framework and supported by the relevant literature. The discussion also focused on the related themes and sub-themes aligned to the objectives of the study. Chapter 6 will present a summary of the study findings and its conclusions, limitations and recommendations of the study.

CHAPTER 6: CONCLUSION, LIMITATIONS AND RECOMMENDATIONS OF THE STUDY

6.1 INTRODUCTION

In the previous chapter, the study findings were discussed in relation to the theoretical framework of the study. In this final chapter the conclusions, limitations and recommendations will be presented.

6.2 OVERVIEW OF THE STUDY FINDINGS

The four broad themes and eight sub-themes that have emerged from data analysis in this study, as discussed in Chapter 5, assisted the researcher to analyse the concept of leadership within the current context of the NUMs roles and functions. Stemming from the emerging themes and guided by the chosen theoretical framework, the researcher proposes recommendations that may positively contribute to improving their roles.

Harding *et al.*; (2013: 252) emphasise that the aim of any healthcare facility is to provide quality patient care, amidst global challenges and limited human resources. Robinson (2013: 42) defines healthcare quality as the degree to which health care services increase the likelihood of desired health outcomes. Amidst these growing challenges and rising cost of healthcare, NUMs are tasked with not only providing quality patient care, but working and managing a team of trained professionals who should be functioning for the overall goal of bringing a positive change to the nursing fraternity. Notably, the WHO (2014: 2) recognises six significant concepts that define quality care and is linked directly to the findings of this study. They are as follows:

An effective service must be provided

This service must be based on evidence, which means that scientific evidence must be used to deliver high quality, cost effective nursing care. In order to achieve this,

an effective and efficient NUM is required , who is well orientated and confident of the responsibilities given in her role.

Care that is provided must be efficient

This translates into care that uses resources effectively with minimal wastage. Care must be delivered within the framework of resources that need to be utilised to provide the necessary service.

Healthcare must be accessible to all those who require it

This is not limited to geographical settings only, but to ensuring that skills and resources are adequate to provide the service. To achieve this, the NUM requires resource and support from top management.

Care that is provided must be patient centred.

This translates to the NUM being acceptable and accepted by the patient. The patient should be the first concern and effective leadership and management should always note that the patient is the first customer in healthcare service delivery.

Care that is delivered must be equitable

This means that, irrespective of who is providing the care and to whom the care is being provided, it should be of the highest quality patient care. Under the leadership of the NUM, no race, colour or creed of any staff or patient should be considered.

Care that is delivered must be safe

This means that the NUM should ensure that all care that is delivered should be safe, and staff and patient should be free from harm.

Armstrong, Rispel and Penn- Kekana (2015: 32) agree that the above-mentioned concepts apply to quality healthcare on a global level. NUMs play a vital role in ensuring quality, by setting goals and objectives that will directly improve the quality of care delivered. Leadership is crucial in ensuring that quality is a key focus in healthcare. They drive the processes that lead to improved quality (Armstrong,

Rispel and Penn- Kekana 2015: 32). According to Armstrong, Rispel, and Penn- Kekana (2015: 24-26), the nursing team is directly responsible for the quality of nursing care. The study indicated that there is a lack of communication between NUMs and the top management which impacted negatively on the service rendered to the patient. Together, they complement the service that is rendered. However, the Colorado Institute of Nurses (2011: 1) has expressed concerns about the quality of nursing care delivered. The study found that, if the NUM was not being properly prepared for the position, the care of the patient was compromised, as much time was then taken by administrative responsibilities. They added that the newly appointed NUMs required clear definition on their role and functioning to lead and manage their units. It was noted that nurses of all categories do not possess a shared understanding of quality care, and they rely on senior staff, warranting supervision from them. This further overwhelms the NUM in her role and lead to the goals of unit improvement and management not being achieved (Colorado Institute of Nurses 2011: 3). This is in keeping with Harding *et al.*, (2013: 254), who stress that positive work environments enhanced staff morale and quality of care, whereby negative work environments demotivated staff and decreased the quality of care.

The study and its findings therefore, identified the critical aspect of leadership related to the topic of inquiry. The aim and the objectives of the study was to explore leadership practices of NUM at selected private healthcare hospitals in the eThekweni District in the province of KZN .Tesch's eight-step open coding approach was used to successfully analyse the data as evidenced by the themes that emerged (Creswell 2013: 234).

6.3 LIMITATIONS OF THE STUDY

According to Botma *et al.* (2010: 107), limitations are barriers or constraints that weaken or decrease the credibility of the study results and these could be the research design, sample of the study or research methods. The sample in this study was limited to two hospitals in one private healthcare group, and therefore, the findings need to be interpreted with caution and not be generalised to the whole

population of private health care facilities. Therefore, the findings cannot be generalised to all private health care groups.

6.4 RECOMMENDATIONS OF THE STUDY

Based on the findings of this study, the following recommendations are made with special reference to institutional management and practice, policy development and implementation and further research.

6.4.1 Institutional management and practice

- The NUM's appointed for the position should have a post- basic qualification in Health Services Management. It should be a requirement for the job on commencement and essential for current NUMs to complete this whilst in the position of management.
- Implementation of a structured induction programme for nursing unit managers or those in leadership positions.
- The succession planning for a NUM should begin early in the career pathway and individual professional development for the NUM should be continued, so that advanced management and leadership skills and knowledge pertaining to the role can be acquired.
- There should be ongoing management development and leadership programmes that include key aspects related to the role such as communication skills, human resource, finance, public relations and conflict management.
- There should be a focus on an ongoing learning for leadership development that emphasises lifelong learning. This would guarantee the confidence and knowledge and give an opportunity to learn leadership behaviour rather than rely on role models that may not be effective.
- The organisation should implement a method of measurement or assessment of competencies such as performance management systems that has unit specific criteria rather than generalising to all departments of the organisation.

- There should be clear policies and guidelines devolved to the NUM to ensure good practice guidelines.

6.4.2 Legislation, development and implementation of policy

A post-apartheid South Africa has laid a firm foundation for various laudable acts, policies, procedures and processes for the health sector. These legislative and policy frameworks are not limited to the Constitution of Republic of South Africa. The SANC and the Nurses' Scope of Practice (R2598) governs all categories of nursing. This study proposes that references should be made to the Nurses' Scope of Practice (R2598) in terms of formulation of legislation and policies by any health organisation that will be inclusive of the the role and leadership functions of the NUM.

6.4.3 Areas for further research

The researcher suggests that further research on this topic be conducted on a wider scale. The limitations identified in the study alluded to a small sample size which gave a general overview of the perspectives of NUMs in a private health care organisation. Therefore, the researcher recommends that similar studies be carried out in other similar context in the region using the larger sample size to establish a more general view.

6.5 CONCLUSION

This study revealed that the working environment of the NUM is both challenging and sometimes overwhelming as the NUM fills other roles that are not directly related to management, leadership, organisation and control of his or her unit. Their work is viewed as unimportant by senior members of the management as their duties are often interrupted and they are asked to perform tasks that belie their autonomous function as NUM. Furthermore, the findings from the current study revealed that the role and functions of the NUM in private healthcare institutions did not foster safe clinical practice. They receive minimal to no supervision in their roles and cannot they effectively mentor or supervise their subordinates due to limited

resources and constraints. Their levels of job satisfaction are low, which has led to low morale in the workplace. The lack of training and developmental opportunities has further limited growth or enhanced their professional role.

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APPENDICES

Appendix 1: DUT Ethics clearance



15 December 2020

Mr T P Ngcobo
25 Seven Street
Mount Vernon
4094

Dear Mr Ngcobo

Leadership practices of nurse unit managers at a selected private hospital group in eThekweni District, KwaZulu-Natal
Ethical Clearance number IREC 086/20

The Institutional Research Ethics Committee acknowledges receipt of your gatekeeper permission letter.

Please note that FULL APPROVAL is granted to your research proposal. You may proceed with data collection.

Any adverse events [serious or minor] which occur in connection with this study and/or which may alter its ethical consideration must be reported to the IREC according to the IREC Standard Operating Procedures (SOP's).

Please note that any deviations from the approved proposal require the approval of the IREC as outlined in the IREC SOP's.

Yours Sincerely

Professor J K Adam
Chairperson: IREC



Appendix 2a: Letter of request for gatekeeper permission from the Ethics Board

25 Seventh Street
Mount Vernon
Hillary
4094
[Date]

The Chairperson of the Ethics Board
JMH Hospital Group
83 Ismail C Meer Street
Durban Central
Durban
4000
Dear Sir / Madam

Request for Permission to Conduct Research

My name is Thobani Ngcobo, a Master's degree student at the Durban University of Technology. The research I wish to conduct involves: **Leadership practices of nurse unit managers at a selected private hospital group in eThekweni District, KwaZulu-Natal.**

I hereby request for permission to conduct the study at City and Isipingo Hospitals in the eThekweni District by means of interviews with nurse unit managers involved in the leadership practices in the selected private hospitals in the eThekweni District.

I have provided you with a copy of my proposal, which includes the proposed data collection method and relevant appendices, as well as a copy of the provisional ethics clearance from the Institutional Research Ethics Committee (IREC).

Thank you for your time and consideration in this matter.

Yours sincerely,

Mr Thobani P. Ngcobo
Durban University of Technology
083 335 1989
thobane.ngcobo@lifehealthcare.co.za

Appendix 2b: Approval letter from the Ethics Board

	JOINT MEDICAL HOLDINGS PROPRIETARY LIMITED
	Registration No. 2011/010448/07
83 Ismail C Meer Street Durban, 4001 P O Box 48143 Qualbert, 4078 Fax : (031) 309 1401 (Management) Tel : (031) 314 3010 (Management)	Subsidiaries: City Hospital (031) 3143000 Durdoc Hospital (031) 3275100 Isipingo Hospital (031) 9137000 Maxwell Clinic (031) 3143000 Ascot Park Hospital (031) 3748000 Richards Bay Medical Institute (035) 7800240 Gandhi Mandela Nursing Academy (031) 3093094 Citi-Med Ambulance (031) 3091524 Toll Free 0800 333 911

Mr Thobani Ngcobo
25 Seventh Street
Mount Vernon
Hillary
4094

9th December 2020

Study for Master's Degree in Nursing at the Durban University of Technology

Leadership practices of nurse unit managers at selected private health care organization in the eThekweni District in the province of KwaZulu-Natal

Dear Mr Thobani

Thank you for providing the IREC letter.

You may proceed with your study.

Would you kindly provide a progress report on your study by mid-2021 to the Medical Manager.

Kind regards and best wishes for a successful study

PROFESSOR M ADHIKARI
CHAIRPERSON ETHICS COMMITTEE

Member of

Appendix 3: Letter of information for the interview participants



Title of the Research Study: Leadership practices of nurse unit managers at a selected private hospital group in eThekweni District, KwaZulu-Natal.

Principal Investigator/s/researcher: Mr Thobani Patrick Ngcobo, (Master of Health Sciences Candidate).

Supervisor/co supervisor: Prof M.N. Sibiyi, D Tech: Nursing (Supervisor); Dr V Naidoo, D Nursing: (Co-supervisor).

Brief Introduction and Purpose of the Study: Leadership has become an important aspect of management practice in the changing health care environment. As health care organisations restructure to meet the demands for accessible, efficient, safe and affordable health care, nurses in management roles are under constant pressure to develop new skills and strategies to meet the challenges that accompany system change. The proposed study aims at exploring the leadership practices of nurse unit managers at selected private health care organisations in the province of KwaZulu-Natal.

Hello. Good Day. How are you?

I am a master's student at DUT doing research for my Master's Degree in Health Sciences.

I would like to invite you to participate in the research study that aims to explore the leadership practices of nursing unit managers, employed at a private hospital group that allows them to achieve success in their leadership roles. These two private hospitals are inclusive of a large and medium sized hospital that has general and specialised units will be utilised in this study. These hospitals were chosen because of their high patient acuity and the increased occupancy.

Research is a systematic search or enquiry for generalized new knowledge.

Outline of the Procedures: Interviews will be conducted by the researcher in a private room in the hospital setting. However due to hospital protocols related to the COVID-19 pandemic and precautions thereof, the researcher envisages that interviews may have to be conducted telephonically or via an online medium such as TEAMS, Skype, and WhatsApp or Zoom interview method. All interviews will also occur at a time suitable and convenient to

you. The interview session will take between 20-30 minutes. Permission is sought to record the interview for record purposes.

Risks or Discomforts to the Participant: There is no anticipated risk or discomfort for participating in this study. However, if face-to-face interviews are conducted, there is a possibility of COVID-19 infection. However, measures will be put in place to ensure prevention of infection e.g. wearing of mask throughout the interview session, maintaining of social distancing and sanitising hands.

Benefits: Exploring this topic will provide an understanding to the current gaps in leadership in the private healthcare industry. The understanding of the challenges will also make it possible for the suggestion of strategies to assist and meet the needs of unit managers with regards to leadership roles.

Reason/s why the Participant May Be Withdrawn from the Study: You are free to withdraw from the study and there is no penalty for withdrawing from the study.

Remuneration: You will not receive any remuneration from participating in this study.

Costs of the Study: You will not be expected to cover any costs towards this study.

Confidentiality: The information provided will be kept strictly confidential. Research material will not comprise names nor any personal identification details; instead, codes will be used.

Research-related Injury: There are no identified or foreseen risks and discomforts related to you in this study, nevertheless, if so, no compensation will be presented.

Storage of all electronic and hard copies including tape recordings: Data collected during the study will be kept in a safe locked cupboard in the researcher's home and after five years will be discarded. Electronic data will be kept in a password protected computer and will be deleted after 5 years. Only the researcher and supervisors will have access to the data.

Persons to Contact in the Event of Any Problems or Queries: Please contact the researcher, Mr Thobani Ngcobo on 083 335 1989, my supervisor, Prof. M.N. Sibiyi, telephone number: 031-373 2284 or the Institutional Research Ethics Administrator on 031-373 2375. Complaints can be reported to the Director: Research and Postgraduate Support Dr L. Langaniso on 031-373 2577 or researchdirector@dut.ac.za

Appendix 4: Consent



Statement of Agreement to Participate in the Research Study:

- I hereby confirm that I have been informed by the researcher, Mr T.P. Ngcobo about the nature, conduct, benefits and risks of this study - Research Ethics Clearance Number: _____,
- I have also received, read and understood the above written information (Participant Letter of Information) regarding the study.
- I am aware that the results of the study, including personal details regarding my sex, age, date of birth, initials and diagnosis will be anonymously processed into a study report.
- In view of the requirements of research, I agree that the data collected during this study can be processed in a computerised system by the researcher.
- I may, at any stage, without prejudice, withdraw my consent and participation in the study.
- I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.
- I understand that significant new findings developed during the course of this research which may relate to my participation will be made available to me.

_____	_____	_____	_____
Full Name of Participant	Date	Time	Signature / Right Thumbprint

I, Thobani P. Ngcobo herewith confirm that the above participant has been fully informed about the nature, conduct and risks of the above study.

_____	_____	_____
Full Name of Researcher	Date	Signature

_____	_____	_____
Full Name of Witness (If applicable)	Date	Signature

_____	_____	_____
Full Name of Legal Guardian (If applicable)	Date	Signature

Appendix 5a: Demographic data for the interview participants

SECTION A: DEMOGRAPHIC DATA

Participant code:

Hospital code:

Date of interview:

1. Age _____

2. Gender _____

3. Race _____

4. Number of years as a nursing unit manager _____

5. Discipline currently managing _____

Appendix 5b: Interview guide

1. What are your roles and responsibilities as a nursing unit manager?
2. Do you get adequate support and resources to fulfil your role? Please explain.
3. What are the challenges you experience as a nursing unit manager during your managerial/leadership role?
4. How often are you involved in the discussion of formulation, implementation and improvement of organisational policy upgrade?
5. How involved are you in organisational decision-making and does the hospital management share reasons for making changes in your institution?
6. Please share with me the succession planning processes you have in place to ensure continuous leadership in your organisation.
7. What are the mechanisms you have in place for feedback from the hospital management to unit managers related to the implementation of new policies?
8. How would you describe the leadership styles used by your institution?

Thank you for your participation

Appendix 6: Sample of transcripts

Transcript 1

Interviewer: My name is Thobani, I am a student at DUT, I am doing masters. My topic is exploring leadership practices of a nurse unit manager at selected private health care organisation in the eThekweni district in the province of KZN. The main aim of the study to see how we can assist to improve the nurse unit managers in terms of leading, improving the junior staff to find the interest of managers and also to assist on how to improve the life of NUM in their field. So, are you allowing me to, to take your voice recording? Just say your name and where you work and your consent.

Interviewee: I am sister X.... I work at JMH as a maternity unit manager and yes, I am giving consent.

Interviewer: Thank you very much. Shall we start as a nurse unit manager. When you started as a unit manager. Not only when you started here, did you get an understanding of what is expected of you, considering the clinical and administrative part. In order to fulfil your role well was it explained, you will and manager came to tell you what is expected of you.

Interviewee: Yes, it was.

Interviewer: Okay. In terms of the support on your role.

Interviewee: The support around my role, basically, that it has its limitations,like if a staff member is off sick...you as the in charge will have to fill in. So, the support is like hey know, you just have to learn to be on your own person and fight your own battles....

Interviewer: Be on your own? So, It's very little of a support? So, when you say it was explained what was explained. was it exactly the same as what you found in the position?

Interviewee: Not really, what was explained was, I think, a form of paperwork and on practical part of it, was not what exactly is happening because the issues that are theoretically assumed by the manager are not the daily life of a unit manager, because at some point, when the ward is short you need to dive in, you know, sometimes you end up working late hours it's just lots of things that are not explained that you find once you taken the post.

Interviewer: So, your answer now is also touching on the challenges that you've experienced in terms of the shortage, what other challenges you can you can think that you have encounter as a nurse unit manager?

Interviewee: As a nurse unit manager the challenges, would be for like staffing challenges, you know, Staff absenteeism you find that the word is busy, like I am working in the labour word. So labour word you can open the day with two patients, middays but five patients in labour, and you know in the hospital that I worked in, sometimes the patients just come, they walk in, we don't book patients you know, and then we have to dive in, you don't take your lunch breaks, I don't take lunch breaks I don't go out. If I happen to go out, I must make sure that I take my phone which is my personal phone with me. And the challenge is dealing with different doctors as well, because you get a lot of different doctors, different attitudes and everything that you need to handle on your own besides involving your manager.

Interviewer: In terms of decision making, how often are you involved in decision or formulating implementation, and also the improving of the policies in the hospital. Do you do get involved in the formulation of the policy discussion, formulation and implementation, obviously as a nurse unit manager implementation is a given, but in terms of from the starting of the policies do you get involved?

Interviewee: Not really, unless they involve my department. Because I formulate like is it. Like, as a group we'll sit around the unit managers for that department will sit around and formulate policies but for the hospital I don't really get involved in formulation of policies, but as a manager, the you'll have to implement your policies.

Interviewer: Okay, so irrespective of whether it is working or not.

Interviewee: whether it's working with not, you find out later you can see sometimes that this is not working but since it's a policy than you just have to implement it.

Interviewer: Hmm... decision making now in general, do they involve you in making those decision top management of the institution?

Interviewee: Decision making I will say no, definitely no.

Interviewer: But... also it is expected of you to perform in your role because decisions obviously when you make decision, its impact on the department you are working in.

Interviewee: You know with the decision making. I think that should be a very broad aspect because basically you given this title of being a manager, okay, but some of the things that you don't feel that way.

Interviewer: You don't feel like a manager.... what make you feel that way?

Interviewee: You feel like you just a stuff, things are just, you know, given to you and so decision making is not.... Ya.

Interviewer: So, in terms of autonomy. What can you say there is no autonomy of?

Interviewee: No, at all.

Interviewer: Despite the succession plan does the company have a succession plan in terms of leadership, maybe, booklets or I know you are a nurse unit manager now, the junior staff, does the company has the people that are eying to take over should others are resigning or in case people are retiring all those things, do we have that plan?

Interviewee: Actually, how it works here, each NUM manager does his or her own succession planning of this stuff. So, I do for my department. So, there is no booklets per say... there is a form that we all follow. So, then you can just go according to it. So, you do plan for your department so there is a structure for it.

Interviewer: While we are still on the structure, as the line manager you've got two big aspects, I am not counting the teaching part, but I'm talking about the clinical which is a bigger aspect kind and then the administrators' side, the administrative side is also includes the financials, human resource, you name it, the procurement and accountability of the financing, and so on. People who are junior to the NUM do they have the access of balancing both before they become unit managers?

Interviewee: They don't have access of balancing both before becoming unit managers number one because they would not have access to the computer for instance.

Interviewer: Computer in general?

Interviewee: Computer in general, you know, so, like, only my team has got access to the computer. So, she won't have access to doing some of the things, like kronos or our time schedule .

Interviewer: It's just for google.

Interviewee: Basically, for my team leader she would not have Kronos, you know she would not have most of the staff so it's only the things that you tell them it's a theory than practical.

Interviewer: So, can you say, that means, yes, as much as you make an afford to train your person in the succession. But it's not enough, that is done for me say tomorrow, you decide not to be here and Yeah, is jumping in there would be no smooth sailing, because there's a lot of things that is not accessible for that person.

Interviewee: Most definitely.

Interviewer: All right. In terms of feedback mechanism can you elaborate on the feedback mechanism whether it is in take place in the company. Say for instance they just brought a new policy or just a take that policy because its just something that you will understand. The new policy brought to you and you got to implement. Do we have a mechanism of getting a feedback whether does this thing beneficial to the company, does it work, do you get that kind of a platform?

Interviewee: No.

Interviewer: Not? why would you say that?

Interviewee: Nope, once it is given, it is given, it has to be taken and practiced.

Interviewer: So, what can you say about leadership? What kind of leadership style that is used.

Interviewee: I think it's a more.... I wouldn't say it's a autocratic, because it just that things are just given to you, your participation is not needed, you just have to run with it. Sometimes.... You can't even answer when the staff is asking you question because you were not involved. It's up to you. We'll give it a name, and it will depend like I'm saying was no, because if I'm giving you something,

and maybe I haven't even investigated the thing properly and I'm saying to you implement the things, you know, andthat's how it goes....

Interviewer: So.... what you are saying is that, your participation is not needed here, you've just been told that this is what we've implemented?

Interviewee: And literally if the staff are asking you questions, you can't even answer because you don't have enough information about what they asking you.

Interviewer: So, in the book of management what can you call this leadership style? I am talking in the book of management?

Interviewer: NUM be assured that this conversation is not going anywhere but to improve.

Interviewee: I don't mind where it goes. I think the reason we are having this research is to get facts and to improve, so where it goes I really don't mind.

Interviewer: So what leadership style is used?

Interviewee: The leadership style. Going back with the same question. depends, because if I'm giving you this paper I'm saying to you, Thobani please, not please, Implement this. What leadership style is it so you can decide.

Interviewer: So, it is going back to what where I started, that there is no autonomy in the, in the role that has been given to the NUM?

Interviewee: No.

Interviewer: So, you mean You just have to do it?

Interviewee: Yes.... You just have to do something that sometimes you don't even understand and like you said.

Interviewer: Like you saying, you are a manager in paper but.....

Interviewee: But in practicality you know, in your family last born and the first one is taking decisions for you, things like that.

Interviewer: If you were to be given a managerial position of senior management, how would you change that kind of a line manager? I'm asking this question because the line manager is a link between being a manager and

also from the working force. So, you see, I know sometimes the staff would always think that you are doing nothing to fight for us, they always come to push what management to say.

Interviewee: So, you find yourself being caught in between.

Interviewer: So now, everything is a friction, everybody is annoyed by you, and you still have to go home and deal with your husband. So, what can we change to make their life better in terms of communication?

Interviewee: In terms of communication I think the people that experience. You know, if you want to know how it feels to stay in the street, you will have to ask the people in the street, so you'll have to involve them in whatever decision.

Interviewer: So, you said it in a very diplomatic way, but it's very mouthful, are you a politician? (laughing).

Interviewee: My husband.

Interviewer: Discuss nurse unit manager performance evaluation that should be a JPM according to our language, how do you find the performance related to the change management of healthcare, how do you find your JPM, what can you say about it, does it assist to improve you, does it assist to enrich your knowledge, how do you find it?

Interviewee: Basically, the JPM I will take it as just a tool.

Interviewer: It's a formality?

Interviewee: It is just a formality because it does not say anything about the individual staff member. So is it a tool that is designed for compliant purposes. So, it does not even, you cannot rate a person, according to that tool because that is not a true reflection of the individual.

Interviewer: So, in terms of in terms of time building this unit managers, do you think it is fair to the junior staff to be thrown in a difficult position? Why I am asking that, it goes to whether in a succession plan, does the fairness come to play, don't think of you alone just look across in the layer, is it on merit? Does people pushed to the succession because of merit or If you just like me and you can just push this one so that is going to be promoted early, what can you say.

Interviewee: Okay, Can I answer that very honest because I am a very straight forwards person, with me, when I do succession planning for an individual, I don't care whether I like you or I don't like you, because some people might have all the qualities but don't have leadership qualities. So, I do succession planning staff that I can see that they can stay in the kitchen and take the heat. Because it is very hot being a manager. So, sometimes to answer the question basically some people will do succession planning according to the people they like.... for an example ...So I'll choose the best candidates for the position looking at the qualities on daily basis without even her knowing that I'm looking at her qualities and the qualities that she is presenting on a daily basis.

Interviewer: Thank you very much. Appreciate, especially those who come after us. Unfortunately, we are where we are. COVID is taking us back in time coping. But for those who are just putting the foundation for them to, to have a better understanding, and a better service to people. I really appreciate your time thank you very much. Thank you.

Transcript 2

Interviewer: Good morning Mr X, my name is Thobani Ngcobo, I am a student at Durban doing masters, my topic is Exploring leadership practice of nurse unit manager at selective private health care organisation in the eThekweni District in the province of KwaZulu-Natal, I chose your institution as my specimen group. I am just checking if you will allow me to record our interview?

If that is ok then all you have to do is ...just introduce yourself, your name, the position you are currently working in and the name of the hospital. I would also like to give you an assurance that the information that is here is guaranteed to be confidential. It's not for any other reason except for the study.

Interviewee: Okay, I am Mr X, working at Durdoc Hospital Trauma Unit....and it's okay as I am giving you the permission to record the interview.

Interviewer: Thank you very much. May I ask you to also sign the two forms (consent, statement of agreement). In our interview there is no right or wrong answer.

Interviewer: Shall we start?

Interviewee: Yes.

Interviewer: Please tell me...how long have you been a unit manager?

Interviewee: Not very long. I came here from the government institution in 2015. As a senior professional nurse. I work here from 2015 to 2019, where I was promoted in February.

Interviewer: Okay. So... from where you are, was the role of a nurse unit manager explained to you when they put you in the position? Did you understand what was in the role? Did you know what was going on in the role? I know as a professional person you know your clinical aspect, did you know the administrative part, did your line manager come and orientate you around expectations?

Interviewee: Right..... On my case, when I arrived here, there was a unit manager who resigned in 2019. Initially I did not want to take the post, so I took over before she left. I was handed over most of the things. The culture here is to be a succession plan for our junior staff, everybody has to know everything, because at times we have shortages of staff. Sometimes if we, because it

already unit managers are doing hospital admin, like doing this because now and then, but it tells us use junior staff, that's a fairly old age we train in house training.....and....

Interviewer: Go on....

Interviewee: Okay.... We use them to run the hospital in putting our essential trust them before they actually give them proper... proper guidance, I was working in one of the busiest institutions as well... And I gained a lot of experience. So, I came here well prepared.

Interviewer: So, you came with a you more or less what is expected?

Interviewee: Initiative initially it was a bit difficult I didn't want to take the post. But I was lucky to be guided our nurse manager gave me like an orientation. And placed in a mentorship program, while I was still on probation, because they wanted to see me deliver. Eventually they wanted me to take position permanently because they could see that I was managing.

Interviewer: So, that means you also had a formal guidance?

Interviewee: Yes....from the management, and sometimes from other managers because I was given somebody to buddy me

Interviewer: So, what is your experience in your role as a leader and maybe a manager.

Interviewee: To be honest, I've never worked in a private institution before. Besides this one. So what I've discovered is that if I am a nurse manager Still there are those elements of being unable to take decision, completely on my own. Prior to like today. For example, I had some staff that resigned, and I needed to replace them. Now, it was not up to me. How do I help my unit?

Interviewer: So, what you are saying is that ...in terms of decision making, you seldom get involved in formulation of policy and implementation.

Interviewee: We don't get involved unless it is a departmental policy.... other than that we don't get involved. Policy comes from the top and for you is to implement.

Interviewer: Okay, so I probably it's, it's something across private healthcare.

Interviewee: With this institution in particular. It comes from the top. That is the department time. They usually do a draft, and then give it to me to have an input on an extract some other things. For instance, currently in COVID. The policies came from the senior management class they brought it to me to us as a team in the unit because I've got doctors next to me to look at and inputs as subjects whatever we think is not necessary. Then push it back. Right, so we can work together, so they just, they don't tell you to cut the sneaker head off. And they drafted on their side.

Interviewer: So, you can, in other words you get told this is what you do you change it to suit you.

Interviewee: Okay. Organisational decision I think we touched on that decision making. I think we spoke about. When we can take a decision that is this and they said something to take decisions on your own.

Interviewer: In terms of the succession plan.

Interviewee: Every nurse unit manager, does her own succession plan.

Interviewer: What can you say about performance evaluation?

Interviewee: I don't even remember doing that in the institution, I think it is just a formality.

Interviewer: What is your take of the autonomy of the NUM?

Interviewee: There is no autonomy, decisions are taken for the top and your is to follow the suit.

Interviewer: Thank you very much for your time Mr X, I really appreciate it. I also hope that the findings of this study will assist to better our roles. Thank You.

Appendix 7: Certificate from the professional editor

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EDITING / PROOFREADING CERTIFICATE

Re: **Student Thobani Patrick Ngcobo (220663662)**

Masters/Doctoral thesis: **Leadership Practices of Nurse Unit Managers at a selected Private Hospital Group in Ethekwini District, Kwazulu-Natal**

I confirm that I have edited this thesis for writing style, clarity, language, sentence structure and layout. The document is formatted according to the prescribed guidelines. I returned the document to the author with track changes. The author remains responsible for the correct application of the changes in the text and references.

I am a freelance editor specialising in proofreading and editing of academic documents. I have a Doctorate Degree in Nursing from Durban University of Technology. I have a Master's Degree in Business Administration (Public Health) and a Master's Degree in Health Sciences. I have a Diploma in Proofreading and Copy Editing with Distinction from the Blackford Institute, UK. I have supervised numerous Master's degree dissertations.

I wish the student all the best.

DR NELLIE NARANJEE

21 April 2021

DATE

Appendix 8: Turnitin report

The screenshot shows the Turnitin Feedback Studio interface. The main document area displays the title and author of the submitted work. On the right, a 'Match Overview' panel shows a 3% similarity score and a list of matches, including 'uir.unisa.ac.za' at 3%. The bottom status bar provides page and word count information.

**LEADERSHIP PRACTICES OF NURSE UNIT MANAGERS
AT A SELECTED PRIVATE HOSPITAL GROUP IN
ETHEKWINI DISTRICT, KWAZULU-NATAL**

Thobani Patrick Ngcobo (220663662)

Page: 1 of 104 Word Count: 24305 Text-only Report High Resolution On

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