CULTURAL VALUES AND LEADERSHIP STYLES OF MIDDLE LEVEL MANAGERS IN A PRIVATE SECTOR HOSPITAL IN THE EASTERN CAPE

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ABSTRACT

In recent years, South Africa has seen increasing cultural diversification with regard to the appointment of managers in private healthcare facilities. However, research conducted in this area remains extremely limited. The aim of the present study was to explore and describe cultural values and leadership styles of middle managers at a private sector hospital in the Eastern Cape. Hofstede’s (1980, a) model of cultural values served as a theoretical framework to conceptualise this study.

The study was qualitative in nature and made use of in-depth research interviews conducted with a diverse sample of middle managers. The researcher made use of homogeneous and convenience sampling and utilised five participants. The qualitative data was analysed using Tesch’s (1990, in De Vos, 2002) method of analysis. Results revealed that despite the differences in personal culture, most of the managers are similar in their leadership styles and are also affected by the organizational culture. The results of the study contribute to a better understanding of the influence of cultural values and leadership styles in South Africa and will thereby benefit health institutions in their dealings with their modern day multi-cultural management staff.

Key Words: Culture; values; leadership; middle managers; hospital.
CHAPTER ONE

ORIENTATION TO THE STUDY

1.1. Introduction

South Africa is a country of diversity and multiracialism. The end of the apartheid system yielded many changes in this country and many members of the Black, Coloured and Indian cultures are currently employed and are influential in the workplace, such as private sector organizations. In the old South Africa, hospital management personnel consisted predominantly of White English and Afrikaans-speaking managers. However, since 1994, there has been widespread diversification with regard to the ethnic status of managers in private hospitals. The face of South African leadership is gradually becoming more diverse and inclusive of all race groups—a situation which may pose a challenge to the previous dominant management and leadership styles (Booysen, 2001).

The concept of culture is a broad topic that has been explored from different perspectives over the years. Culture is not a definite concept but is an abstract and blurred concept and the “best way to think of culture is in relative terms” (Hellriegel, Jackson, Slocum & Staude, 2001, p.357). The current research study will focus on the exploration and description of cultural influences and the values and leadership styles of middle level managers. According to Hellriegel et al. (2001, p.355), “culture is the unique pattern of shared assumptions, values, and norms that shape the socialization activities, language, rites and ceremonies of a group of people”. In light of the complexity of the concept of culture, it is important to investigate the influence of cultures on individuals’ styles as “organizational cultures are influenced by larger societal and industrial cultures and smaller employee group subcultures” (Hellriegel et al., 2001, p.355). These authors write that culture relates to personality in that culture
influences in knowable ways people’s behaviour when they are not told what to do.

According to Hellriegel et al., (2001), effective managers are essential to any organization’s overall success, regardless of the type of organization. A private sector healthcare facility can be considered a large organization and thus a number of levels of management are needed. Middle managers need to focus on coordinating employee activities; appraising the work plans of various groups; developing evaluation criteria for performance and transforming top management’s general goals into specific operational plans, programs and procedures. Cartwright (1999, p. 9) states “managers and staff who together create a successful ‘holistic’ quality culture make work more enjoyable as well as more efficient”. According to Cartwright (1999), when varying cultures come into contact, an understanding and acceptance of cultural differences is vital for cultural harmony.

Culture gives guidance about what is expected of the leaders and how leaders should behave (Brislin, 2000). According to Ivancevich, Konopaske and Matteson (2005), work organizations reflect a multi-cultural scene, but a dominant social culture may determine the leadership and management style of such an organization. Before 1994, management and leadership cadres in South Africa were dominated by white males whose management styles were predictably of colonial or European origin. The cultural dynamics of multi-cultural management styles in a new South African dispensation are unknown. Cultural studies are helpful in that they can educate people on cultures that are not their own, for example, the concept of 'Ubuntu' can help Westerners to become less selfish (Bate, 2002). The proposed research study aims to explore and describe the cultural values and leadership styles of the middle level managers at a private sector hospital in the Eastern Cape.
1.2 Concept Clarification

In order to clarify some of the key concepts used in this proposal, a list of definitions is presented below:

- Culture: “The beliefs or views human beings form about the meaning and significance of human life and its activities and relationships” (Parekh, 2000, p. 142).
- Values: “Locally unquestioned standards about relative importance or desirability, and how people should therefore act” (Van der Elst, 1999, p. 172).
- Leadership: “Leadership is social influence in an organizational setting, the effects of which are relevant to, or have an impact on, the achievement of organizational goals” (Brislin, 2000, p. 299).
- Manager: “A person who plans, organizes, directs, and controls the allocation of human, material, financial and information resources in pursuit of the organization’s goals” (Hellriegel et al., 2001, p.7).

1.3 Problem Formulation

The Eastern Cape hospital at the focus of this study, was opened in 1984. The original purpose of the hospital was to cater as a private sector hospital for the Black, Coloured and Indian communities. Over the years the hospital has grown in size and in the number of staff and doctors employed at the hospital. Currently, this hospital contains 172 beds, 5 theatres, a state of the art maternity unit, a paediatric ward, and an accident and emergency unit. The hospital is managed by a diverse team of senior and middle level managers who interact with doctors, staff and patients from diverse communities. The diversity of these groups presents many challenges in that one may commonly find Indian, Coloured or Black managers managing White employees as
opposed to the former tradition of White managers overseeing Indian, Coloured and Black employees.

Cross-cultural leadership studies indicate that cultural differences tend to influence individual expectations about management (Booysen, 2001). It therefore becomes imperative to explore the influence of the managers' cultural values on their leadership styles and managerial processes. It will also be beneficial for the various managers to obtain greater insight into and awareness of their management styles and the aspects of their culture which impact upon the way in which they manage their departments, their colleagues and their employees.

Lowman (2002) wrote that since the healthcare industry internationally is heterogeneous, “the cultures of the various organizational entities compromising it are also quite diverse” (p. 572). This can be illustrated by the cultures of not-for-profit organizations in comparison to the cultures of for-profit organizations. The former tend to be more mission focused while the latter are more results orientated (Lowman, 2002). A major consequence of the “strong humanistic and relationship orientation of healthcare organizational cultures…is that most decision-making processes in healthcare organizations tend to be consensus driven, and the preferred healthcare managerial styles, highly participative” (Lowman, 2002, p. 575).

1.4 Aims of the study

The general aim of the research study is to explore and describe the cultural values and leadership styles of middle level managers at a private sector hospital in the Eastern Cape. The objectives derived from this aim are:

- To explore and describe the cultural values of middle level managers in a private sector hospital in the Eastern Cape.
To explore and describe the leadership styles of middle level managers in a private sector hospital in the Eastern Cape.

1.5 Outline of the study

The final report of this study will be structured as follows:

- Chapter 1: Orientation to the study which describes the approach to the study
- Chapter 2: Literature review of culture and Hofstede's (1980) model as the framework for the study
- Chapter 3: Literature review of leadership and leadership styles
- Chapter 4: Research methodology and ethical considerations
- Chapter 5: Results and discussion of the findings
- Chapter 6: Conclusion, limitations and recommendations of the study

1.6 Research Design

In the current study, the researcher will explore and describe the influence of the cultural values and leadership styles of middle managers and their functioning at work using a qualitative, exploratory, descriptive and contextual approach. According to Jamesick, (www.2ku.edu), a qualitative design is focused on understanding a given social setting, not essentially on making predictions about that setting. Qualitative research design is characterized by several aspects; namely, the researcher as the key instrument of data collection, data is collected as words, use is made of expressive language, and the outcome is a process rather than a product. This type of research can be described as “descriptive and naturalistic, with natural settings as the sources of data” (Bailey, 1997, p.39). This means that qualitative research aims at providing rich description of the
participants, the phenomenon and the experiences of the participants. Qualitative research design tends to be exploratory.

1.7 Research methodology

This sub-section will describe the strategies used during the study.

1.7.1 Research population

A research population is a collection of items of interest in research. The population represents a group that can be generalized to the research. Populations are often defined in terms of demography, geography, occupation, time, care requirements, diagnosis, or some combination of the above (www.childrens-mercy.org/stats/).

The research population consists of middle level managers at a healthcare institution. There is 5 middle level managers who will be interviewed and the inclusion criteria consists of middle level managers who have been in that post for at least 2 years and who are employed at a healthcare institution.

1.7.2 Research sample

The sampling strategy that will be used is homogeneous and convenient sampling, as the focus will be on a specific subgroup, namely the middle managers at the hospital. Homogeneous refers to the similarity of the participants in that they are all employed in managerial positions and they are all working at the same healthcare institution. As there were only five middle level managers at the healthcare institution the sample was 100 percent of the population.
1.7.3 Data collection

The qualitative approach was implemented through the use of semi-structured interviews. The researcher initially met the Chief Executive Officer of the specific private sector hospital in order to explain the nature of the study and obtain permission for this study to be conducted at the hospital.

It was decided that the interviews were to be conducted within work hours at the specific hospital in order for the research participants to be familiar with the setting. The researcher was advised to contact the selected participants by telephone or e-mail in order to schedule suitable time slots.

In order to ensure credibility of this research study, the researcher will try to minimize bias by utilising triangulation methods, interviewing all the middle managers, and ensuring that the researcher understands the importance of obtaining a deeper understanding of the topic through various sources of information (books, articles and newspapers) and using literature control.

The study aimed to be as trustworthy as possible as the researcher committed to present herself at the highest possible level of good conduct. In order to ensure trustworthiness, the research study will be measured against the criteria of the Lincoln and Guba Model (Lincoln & Guba, 1985). These researchers suggest that research must be measured against the following four criteria: Credibility, Applicability, Consistency and Confirmability. In order to ensure internal validity (credibility), the researcher will use triangulation, peer examination and will be rehearsed in her interview technique. Interviewing and observation of the participants allow for greater internal validity (David & Sutton, 2004). External validity (applicability) will be demonstrated by a dense description of the data and findings. The supervisor will be able to confirm the findings based on the data obtained. Reliability (consistency) of
the proposed research study is ensured by a solid description of the research methodology and thorough data analysis using Tesch’s method.

1.7.4 Data analysis

The qualitative data will be analysed using Tesch’s eight-step model as cited in Tesch (Cresswell, 1994):

- Obtain sense of whole interview.
- Closely examine the interview as a whole and determine underlying meanings.
- List all emerging themes or topics, cluster them together.
- Assign codes to appropriate sections of the text, find new emerging categories.
- Identify the most descriptive wording for the topics found and form categories.
- Develop abbreviations for each category in order to help in writing analysis.
- Assemble data material in one place for each category, perform preliminary analysis.
- Recode data if necessary.

1.8 Ethical considerations

When undertaking research, it is of utmost importance to be aware of ethical considerations. The researcher obtained permission from the Advanced Degrees Committee of the Faculty of Health Science and the Research Ethics Committee (Human) of the Nelson Mandela Metropolitan University, and from the Chief Executive Officer of the private sector hospital for the research study. The purpose of the study was explained to the managers prior to obtaining informed consent. The necessity for and the value of the research study was also be explained to the subjects, as well as its proposed benefits. The researcher obtained informed consent from the participants prior to conducting the interviews.
The researcher assured the participants that their interview responses will be anonymous, all of this will be kept confidential at all times. Confidentiality can be defined as an “active attempt to remove from the research records any elements that might indicate the subjects’ identities” (Berg, 1995, p. 213) while anonymity means that the subjects remain nameless. Only the researcher and the research supervisor will have access to the collected data.

The main proposed benefit for the participants is that the findings could be incorporated into future managerial training sessions. According to Breslin (2000) there are a number of benefits that stem from good training programs such as the rejection of stereotypes, the ability of employees to understand problematic encounters in a manner similar to individuals in other cultures, and the respectful interactions between employees in an organization. These would all benefit the managers should the findings be included as part of future managerial training sessions.

1.9 Chapter summary

Since 1994, there has been widespread diversification with regard to the managers at private sector hospitals. The face of South Africa's leadership has changed to encompass all race groups and this may present a challenge to the previous leadership and management styles. The present study aims to explore and describe the cultural values and leadership styles of middle level managers at a private sector hospital. The outline of the study was provided in this chapter as well as the research procedure utilized by the researcher. The exploration of the topic of culture and Hofstede's (1980) cultural values model is described in the following chapter.
2.1 Introduction

There is little agreement on the definition of culture as the concept is “so rich-welcoming newcomers, alternative angles, and varied connotations” (Jablin & Putnam, 2001). Jahoda (in Mauer & Retief, 1987) writes that “culture is arguably the most elusive term in the generally rather fluid vocabulary of the social sciences” (p.1). Thus in order to explore the concept of culture as pertaining to the current research, a suitable definition will need to be chosen in line with Hofstede's (1980) framework of cultural values at work that will be used.

2.2 What is culture?

In the following sections attention will be given to culture as a concept and as a definition of societal versus organizational culture.

2.2.1 Concept of Culture

The most influential and “empirically best supported work on international differences in culture is that of Hofstede” (Tylecote, 1996, p. 142). Hofstede (1980) defined culture “as the collective mental programming of the people in an environment” (p. 43) and he emphasized that culture encompasses a number of people who are accustomed by the same education and life experience.

Parekh (2000) uses the term culture to refer to “the beliefs or views human beings form about the meaning and significance of human life and its activities and relationships” (p. 142). Harris’s (1999) view on culture describes it as “socially learned ways of living found in human societies and that it embraces all aspects of
social life, including both thought and behaviour” (p. 19). Sperber (1996) discussed the concept of culture as being made up of contagious ideas that determine people’s behaviour.

According to Bate (2002) the word culture is also used to refer to a certain group of people. In this way various multicultural countries are viewed as comprising a number of cultural groups. One of these multicultural countries is South Africa. In South Africa some of the cultural groups are the Zulus, the Afrikaners and the Indians amongst others. In South Africa the concept 'culture' is often associated with the notion of ethnic origin. Thus it is important to find a suitable definition of culture that is relevant to the exploration of cultural values of middle managers in South Africa.

2.2.2 Definition of culture relevant to the study

Kidd (2002) defined culture simply as “the way of life of a group of people” (p.5). This definition would need to include the following aspects in order to describe ‘the way of life of a group’ (summarized from Kidd, 2002, p. 9):

- The dominant values of a society
- A shared language
- Religious beliefs
- Day-to-day behaviour
- Formal behavioural traditions and rituals
- Fundamental patterns of living

The above dimensions of culture are explored in the current research in view of the values, daily behaviour, religious beliefs and rituals that middle managers exhibit in the workplace. According to Kidd (2002) societal culture can be viewed as a way of life of a group of people and plays an influence in their behaviour. A similar situation exists in an organization as the employees of an organization are influenced
by the organizational culture and are bound together by working towards the same organizational goals. The concepts of societal and organizational culture will be differentiated and explained in the following section.

2.2.3 Societal versus organizational culture

Culture is a way of life and thus provides us with a plan for living (Bate, 2002). Van der Elst (1999) differentiates the various levels of culture: familial, societal and individual. The level that is relevant to this study is societal culture. Societal culture refers to the notion that every society has some identifying cultural profile and that people behave in a distinctive manner as result of being conditioned to that culture. According to Parekh (2000) societal culture is expressed at several levels. The most basic level is the language spoken by each differing cultural group. According to Jablin and Putnam (2001) each instance of communication is a potential trial for culture, with the historical weight of language on the one side and the potential for innovation and originality on the other. The culture of a society is also “embodied in its proverbs, myths, rituals, symbols, collective memories, jokes, body language…customs, traditions and manners of greeting” (Parekh, 2000, p. 143).

People tend to organize their lives in conformity with culturally patterned rules, plans and goals (Harris, 1999). Sheldrake (2003, p.221) provides a definition of culture that refers to the “collective mental programming of the people in an environment…[culture] encompasses a number of people who are conditioned by the same education and life experience”. This implies that a manager’s culture can be explored and explained from various perspectives, such as his or her level and type of education, social environment and general life experiences.

Cartwright (1999) depicted the organization as being the outer shell and within it are the cultural values and beliefs that motivate the employees in the organization to
achieve the goals of the organization. The division of work and workers into different
groups and levels gives rise to cultural division within organizations (Sackman, 1997).
Employees with a common position or in the same office will interact frequently and
thus form a group that will lead to a distinctive group culture. Therefore culture in an
organization is tied to a workplace or a department (Sackman, 1997). Thus
organizational culture can be perceived as being similar to societal culture in the sense
that each one has a language, rituals, material symbols, and a shared meaning.
Similarly, employees in the organization are influenced by organizational values and
beliefs (in contrast to societal values and beliefs) and speak the language (jargon) of
the organization when discussing organizational goals or strategies. The following
section will further explain the meaning of cultural values in relation to Hofstede's
(1980) framework of cultural values that operate in the workplace.

2.3 Cultural values

According to Holliday (2002) a conceptual framework covers the main
features of the research design and their supposed relationship between them. In this
research study, the two main features include Hofstede's (1980) model of cultural
values that affect behaviour in the workplace, and the influence of these values on the
organizational behaviour of managers such as on their leadership styles.

Societal Values can be defined as being “locally unquestioned standards about
relative importance or desirability, and how people should therefore act” (Van der
Elst, 1999, p. 172). Values play an integral role in the new quality culture. There has
been a move towards a more ‘holistic’ management style and thus it is important for
managers to balance their attributes such as logic and rationality with creativity and
sensitivity (Cartwright, 1999). Values that characterize what is desirable are a vital
and important part of culture (Kabagarama, 1997). People’s values influence many
aspects of their lives and affect the way that individuals pursue goals that are important to them (Lonner & Malpass, 1994). Value systems differ across groups and various segments of a culture (Lonner & Malpass, 1994).

Hofstede's (1980) cultural values differ to the above societal values as they encompass four dimensions that play a role when exploring a manager's culture and leadership style in the workplace. Over the course of their lives, people spend more time working than doing anything else with the possible exception of sleep. In the workplace, people will encounter cultural differences. The four cultural values that affect behaviour in the workplace were identified by Hofstede (1998, in Brislin, 2000) as ecological concepts that assist in understanding intercultural interactions in the working environment. The four values all involve generalizations about culture and cultural differences. Brislin (2000) explained the four values in their relation to the influence they have on a person’s behaviour in the working environment. The four values are:

1. Individualism versus collectivism
2. Power distance
3. Uncertainty avoidance
4. Masculinity versus femininity

Hofstede's (1980) model of cultural values in the workplace serves as a framework for this study and the diagram below illustrates this model:

Table 2.1

Hofstede's (1980) model of cultural work values

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<th>Cultural values that influence behaviour in the workplace</th>
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<td>Power distance</td>
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<td></td>
<td>Uncertainty avoidance</td>
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<td></td>
<td>Masculinity versus femininity</td>
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(Hofstede, 1980).
The above model will be discussed in-depth but prior to this discussion the concept of culture and cultural values needs to be explored.

2.3.1 Individualism versus collectivism

Individualism implies a type of social framework in which people are supposed to take care of themselves and of their immediate families. Collectivism is characterized by a closely knit social framework in which people are looked after by the community (Sadler, 2003). In individualist cultures, people set and work toward their own goals. The emphasis is on individual initiative and individual accomplishments (Brett, Janssens, & Smith, 1995). Thus people find it easier to accomplish their goals independent of long-term commitments to a group and place more importance on their own goals rather than those of the organization.

On the collectivist side, there are societies and cultures in which, from birth onward, people are integrated into sturdy, cohesive groups (Brett, Janssens, & Smith, 1995), where people tend to “downplay their own goals in favour of the goals of a valued group sets” (Brislin, 2000, p. 53). Collectivism also reflects the degree to which individuals express pride, loyalty and cohesiveness in their organizations’ events (Dorfman et. al, 1996)). Thus people in these types of cultures acquire much of their identity as members of a collective. In regard to this aspect of culture, Bleichrodt and Drenth (1991) write, “the dimension of cultural difference which has gained the most acceptance among cross-cultural psychologists is Individualism versus Collectivism” (p. 17). Charoux (1986) found that even though Black managers cherished a few individualistic values such as challenge, competition and achievement, they were still influenced by ‘ubuntu’. This can be defined as “the ability to provide sympathy and help to those in need, and to respect the dignity of all people” (Charoux, 1986, p. 135) and is an African cultural concept.
2.3.2 Power distance

Conger and Pearce (2003) write that power-distance represents “the degree to which members of a culture accept and expect that power in a society be distributed unequally” (p. 295). The authors emphasize that people in cultures low in power-distance will favour less autocratic leadership while people in cultures high in power-distance will favour centralization of authority and autocratic leaders. According to Booysen (2001) a high power distance represents cultures that maintain inequality amongst its members by a greater acceptance of these inequalities, favouring of autocratic leadership and centralization of authority. Booysen (2001), in the study of cultural influences among white and black managers in South Africa, made the following four findings (p. 32):

- South African black managers are more collectivistic than South African white managers who are more individualistic
- White managers have a higher intolerance for uncertainty than black managers
- White managers show a higher future orientation than black managers
- White managers show a higher power distance than black managers

Another distinction between low and high power distance cultures is the notion of whether supervisors and employees can become friends. Low power cultures are open to and accept that employees can be on first name basis with their bosses and that they can even spend time together after work. High power cultures are in direct opposition to that as people are less likely to entertain the possibility of such familiarity between employer and employee (Brislin, 2000).
2.3.3 Uncertainty avoidance

According to Hofstede (1980, in Brislin, 2000) uncertainty about the future is a great concern for people (in the workplace, people will encounter cultural differences) and is a universal concern. This uncertainty about the future can be reduced to some extent through the use of rules, which over the years become part of a culture. Uncertainty avoidance is defined as the extent to which members of an organization or society attempt to avoid uncertainty by reliance on social norms, rituals, and bureaucratic practices to alleviate the changeability of future (Dorfman, et al., 1996). Thus the cultural value of uncertainty avoidance focuses on the degree to which different cultures accept uncertainty and find it easier to take risks, or favour structured organizations and feel more secure with rules and regulations (Booysen, 2001).

2.3.4 Masculinity versus femininity

According to Hofstede (1980, a ) various social role divisions vary from one culture to another. The masculinity-femininity cultural work value refers to goals traditionally preferred by males such as advancement and their salaries versus goals traditionally preferred by females such as friendly atmosphere, job security and amiable working relationships (Brislin & Cushner, 1996). The masculinity-femininity dimension of a culture can be explored by looking at people’s concerns and preferences in the workplace. It is important to note though that 'masculinity-femininity' represents a continuum rather than a statement of opposite concepts. In masculine cultures, people emphasize salaries and job advancement, while in feminine cultures people tend to prefer a pleasant atmosphere in the workplace, and supportive relationships with co-workers (Brislin, 2000). In masculine societies, employees strive towards assertiveness, ambition and competition. In feminine
cultures, there is a preference for determining conflicts through compromise and negotiation (Liu, 2000). Potgieter (1998) wrote that in some cultures being assertive is not encouraged or allowed. Cultures that emphasize family loyalty are less assertive than cultures that emphasize authority. Black people in South Africa have lower levels of assertiveness due to their collective type of culture (Potgieter, 1998). These findings correlate with Hofstede’s (1980) dimension of Masculinity and measurements of this dimension illustrate the values in a society that are ‘masculine’, i.e. assertiveness.

2.4 Cultural attributes

Townsend (2004) centered his research study on the exploration of the management culture within the leisure industry and the employees’ subsequent reaction to this particular culture. In this study, the author compared two different organizations and based the study on the prediction that “where managerial style differed, the organizational culture that developed would impact upon the actions of employee in the workplace” (Townsend, 2004, p.47).

A different view is presented by Barry (2001). This author describes the concept of the person’s particular lifestyle as something that may demand some sort of recognition from others and, “is indicative of a society in which the consumer ethic has spread beyond its original home” (p. 19). Morality and culture can also be viewed as inter-related concepts and in many Protestant cultures; there is an emphasis on the “internal dimension of morality” (Parekh, 2000, p.144). Other cultures such as the Chinese, Hindu and various African societies entrench morality in a system of rituals and social principles (Parekh, 2000). But Parekh (2000) states that people are deeply shaped by their culture and tend to find it morally and emotionally difficult to incorporate the practices and beliefs of other mainstream cultures. It is also important
to note the effect of a technologically advanced culture on its members in contrast to members of a non-technologically advanced culture (Cocking & Greenfield, 1994). The members of the latter group are not going to possess technological intelligence as a result of their cultural influences. This notion can be compared to that of Hofmeyr and Human (1985) who observed that the black population has its roots in a rural culture and that the black employee’s degree of urbanization can play a role in affecting his outlook and behaviour in a business setting.

2.5 Cultural influences in healthcare

It is important to note that, “transcultural health care requires a holistic and culturally relativistic approach” (Galanti, 1991, p. 118). According to Mateo and Smith (2001, p. 8) “diversity in healthcare, seen at all organizational levels, includes people from differing cultures, races, religions, gender, physical ability, backgrounds, and values”. Thus in an increasingly diversified society, health care leaders are responsible for ensuring a harmonious working environment for diverse staff members (Mateo & Smith, 2003). These authors write that organizations that accomplish this state of harmony and attend to the needs of a diverse workforce position themselves to be competitive.

Lowman (2002) writes that since the healthcare industry is heterogeneous, “the cultures of the various organizational entities compromising it are also quite diverse” (p. 572). This can be illustrated by the cultures of not-for-profit organizations in comparison with cultures of for-profit organizations. The former tend to be more mission focused while the latter more results orientated (Lowman, 2002). A major consequence of “strong humanistic and relationship orientation of healthcare organizational cultures…is that most decision-making processes in healthcare
organizations tends to be consensus driven, and the preferred healthcare managerial styles, are highly participative” (Lowman, 2002, p. 575).

Kruger (1999) analysed the effect of multi-culturality on nursing management. The aim of the research study was to determine if there was a link between multi-culturality and the problems that the nurse managers experienced. Kruger (1999) found that there was no direct relationship between the quality care problems facing nursing management and multi-culturality. Some of the problems could rather be attributed to ethical dilemmas in management and cultural aspects. In another study by Davies, Mannion, and Marshall (2005), it is important to note that the level of performance of a hospital can be associated with the organisational culture of that hospital.

Another study by Gifford, Goodman, and Zammuto (2002) also centred around exploring the relationship between hospital culture and the nursing staffs' quality of work life. At a time of cultural change and amidst the various challenges facing healthcare organizations, sustaining healthy work environments is vitally important (Baker, Beglinger, Salyards, & Thompson, 2000). This study could be viewed as beneficial for managers at hospitals since various health institutions have different hierarchical structures, rules and regulations. Thus the bureaucratic cultural norms of hospitals are not always conducive to providing a satisfactory working environment for the staff. Researchers (Baker et al., 2002) found that cultural values can be positively linked to organizational commitment, job satisfaction and thus improving the quality of working environment for the hospital staff.

Naturally there are times when the sensitively charged issue of diversity is neglected “considering the pressure healthcare leaders are under to meet mandatory regulatory, financial, and human resource imperatives” (Mateo & Smith, 2003, p. 145). But awareness of the need to provide health services that are culturally sensitive has been gaining momentum in culturally diverse societies (Brislin & Yoshida, 1994),
thus healthcare service providers must become skilled at developing strategies that are adaptable and flexible.

2.6 Culture and management

A health professional involved in management should not only have an understanding for the general philosophy and background to management, but should also have a deep understanding and appreciation of the culture and various issues involved in managing professionally qualified staff in a healthcare institution (Nelson, 1989).

The goal of the medical system is to provide the finest care for all patients (Galanti, 1991). In a multicultural society this can be achieved if health care providers understand issues such as how their culture influences their approach to their medical treatments and to their patients. The South African government has a responsibility of satisfying the needs of the community by delivering efficient and effective services to the community (Holtzhausen, 2000). Holtzhausen’s (2000) study revolved around the role of public managers in the development of organisational culture. Even though the current research focuses on managers in a private hospital, it is important to note the way public managers deal with organisational culture in their institutions. Managers should always try to uphold high ethical norms, honour the cultural values of the institution and be aware of their accountability and responsibility in the workplace.

Due to the implementation of affirmative action and equal opportunity programmes, there have been a number of changes in the workplace that have an influence on the level and style of management (Booysen, 2001). This has led to the emergence of diverse management styles and behaviours. If these diverse styles are not understood and properly accepted they may lead to conflict within organizations. According to Van Niekerk (1994) the cultural diversity in the workplace results in complicated interpersonal relationships and creates the potential for conflict.
According to Liu (2000, p. 78) “managers are the children of culture” and the kinds of management approaches they use reflect the cultural roots in their minds. Thus managers should understand the interactions between employees of different cultural background and the effect of their own culture on their leadership styles.

According to Galanti (1991), most people are ethnocentric. Ethnocentrism can be defined as “the view that one’s culture’s way of doing things is the right and natural way” (p. 8). Thus for most managers it is natural to think that one’s own culture and the way of doing things is the best and this could have an influence on their leadership styles and organizational behaviour.

Due to the recent political transformation in South Africa, managers are now required to manage across cultural borders. In order for the company’s affirmation action policy to be effectively utilized, a number of employees of colour are chosen to become managers (Potgieter, 1998). This can lead to potential conflict situations, as the managers may not always have the skills to deal with these changes.

According to Potgieter (1998) the Black manager in the work environment is split between two cultures: “he is partially accepted and rejected by many White business people…and he is often rejected by those of his own culture because he might be doing better than them” (p. 11).

2.7 Chapter summary

Even though culture is an elusive concept to define, there are a number of definitions that have been provided to describe culture. The term culture has origins derived from the Latin language and can be viewed as a historically created system of meaning and significance. Cultural values also have a significant influence on behaviour in the workplace and the four values involve generalizations about culture and cultural differences. Managers need to have an understanding of the culture and other aspects of working in a healthcare facility. Various studies have been
implemented to determine the influence of culture in healthcare and the best approach is viewed to be a holistic and relativistic approach. The exploration of leadership and leadership styles will be outlined in Chapter 3.
CHAPTER THREE
LEADERSHIP

3.1 Introduction

One of the most important aspects of behaviour in the workplace is leadership (Brislin, 2000). The success of any organization depends on the quality of leaders in that organization (Van Niekerk, 1994). Due to diverse backgrounds, managers have varied styles of leadership and organizational behaviour. The following chapter provides a definition of leadership, describes various leadership styles, culture’s influence on leadership and individual personality. The chapter will be concluded with a chapter summary.

3.2 What is leadership?

Saal and Knight (1988, in Brislin, 2000) proposed the following definition of leadership: “Leadership is social influence in an organizational setting, the effects of which are relevant to, or have an impact on, the achievement of organizational goals” (p. 299). A similar definition according to Robbins (2003) is that leadership can be viewed as an ability to persuade a group toward the achievement of goals. In some cases this type of influence may be formal, “such as that provided by the possession of managerial rank in an organization” (Robbins, 2003, p. 130). Crosby (1996) simply defines leadership as intentionally causing people-driven actions in an organized manner for the purpose of accomplishing the leader’s plan. Sadler (2003) writes that leadership is an activity and also an influential process, in which the leader gains the trust and commitment of others and moves the group towards the accomplishment of goals. According to Koopman (1991) leadership is “born from walking amongst the people and assessing mood shift, gauging the organizational climate, observing
behaviours” (p. 27) and having the ability to solicit the creativity of employees. Leadership includes “attributes and skills that determine not only the nature of the enterprise, in all its manifestations, but the overall nature of society and the world” (Densten, Gray, & Sarros, 2002, p. 2). Van Niekerk (1994) described leadership as an influencing process including the interactions of the variables such as the leader, the followers and the nature of the situation.

The following definition by Covey (1992) will be the focus of the research in the exploration of leadership styles of middle managers. According to Covey (1992) the concept of leadership can be divided into two parts. One aspect of leadership deals with vision and direction, values and purposes and the other aspect focuses on inspiring and motivating people who work together with a common vision. A leader should be able to bring to the surface, review and change if needed some of the basic cultural assumptions that his employees might have (Schein, 1985). This definition is relevant to the current research as it encompasses aspects such as cultural values and leadership styles.

3.3 Leadership styles

The authors Brousseau, Driver and Hunsaker (1993) wrote that the term ‘style’ means learned habits. Thus due to diverse backgrounds, managers will have varied styles of leadership and organizational behaviour. Byrne (2005) writes that the most effective leaders are the ones that can use a range of leadership styles depending on the occasion.

Schultz and Schultz (1994) stated that leaders, such as middle managers, “operate on a basis of some personal theory of human behaviour” (p. 218). In the light of this, various leadership theories have been developed over the years. In order to be able to explore the leadership styles of middle level managers, this researcher has
used a theory (Brislin, 2000) on leadership in conjunction with the theory of cultural values as the conceptual framework for the study. According to Brislin (2000) the two leadership styles that are culturally influenced and are in contrast to each other are:

- paternal authoritativeness
- impersonal-other family orientation

These two leadership styles will serve as a framework for the exploration description of the leadership styles of middle level managers.

### 3.3.1 Paternal authoritativeness

Culture provides guidance about the expectations that are placed on leaders and one of the main differences among cultures is the degree to which supervisors become involved in the personal lives of their employees (Brislin, 2000). ‘Paternal authoritativeness’ leadership style is characterized by leaders treating workers like family members, nurturing employees and exhibiting concern for the employees (Brislin, 2000). This style originates from Asia and is applicable within the South African context as there are a number of Asians in South Africa.

### 3.3.2 Impersonal-other family orientation

In sharp contrast to the paternal-authoritativeness leadership style is the ‘impersonal-other family orientation’ leadership style. Leaders act “according to rules, to written and widely available guidelines, and to laws” (Brislin, 2000, p. 308). This latter type of leadership style would often display task-orientation. This style is more common in industrialized countries where the leaders of large companies find it difficult to discover and deal with the personal needs of each employee.
3.4 Leadership and culture

Culture provides guidance about the expectations of leaders and about how leaders should behave in the work environment (Brislin, 2000). South African leadership has become more diverse and inclusive of all race groups and this poses a challenge to the dominant management values and practices (Booysen, 2001). Booysen (2001) clearly indicates cultural differences’ influence on individual expectations and assumptions about management. This author writes, “it is also claimed that management philosophies typically evolve in harmony with the cultures within which they function” (Booysen, 2001, p. 32). There is indisputable evidence that strong organizational cultures are connected with strong and effective leadership (Densten, Gray, & Sarros, 2002). Cultural transformation within the organization (such as the emergence of various cultures in management positions in SA hospitals) significantly alters the relationship between an employer and an employee. In accordance with these cultural changes, ‘the traditional formal remote and autocratic styles of leadership are giving way to more informal, participative and caring leadership styles” (Cartwright, 1999, p. 178). Cartwright (1999) perceives that the alteration in the culture of leadership will influence the transfer of authority to self-directed individuals and small groups or teams. Gibson (2001, cited in Conger & Pearce, 2003) states that in various teams or organizations, cultural values shape perceptions, cognitions and preferences. Wijnbeek (2000) found that managers/leaders commit themselves to practices where they accept individual differences; set challenging goals for the employees and most importantly, create a working environment with emphasis on core values, commitment and assistance to employees.
Cartwright (1999) focuses on the concept that culture adds value to the individual so the individual develops leadership qualities through cultural values and these leadership qualities should correlate with the organizational purpose. This is important to note as an effective manager should be in possession of leadership qualities that affect his or her leadership styles and thus culture could have an influence on his or her general functioning in the workplace. Since leaders have a strong influence on any organizational venture, it follows that the first step in diversity management would be to recruit and retain a culturally diverse leadership team (Mateo & Smith, 2001).

In his study on leadership, decision-making and corporate culture, Gigerenzer (2006) focused on how leaders influence the corporate culture. Gigerenzer (2006) discussed the concept of leaders being influenced by their personal attributes (heuristics) when they are in the process of making quick decisions. These heuristic rules are followed by a number of the employees and that leads to a modification in the corporate culture.

In a study carried out by Densten, Gray and Sarros (2002), culture was revealed to be more responsive to leadership dimensions than leadership was to culture. The researchers Densten, Gray and Sarros (2002) outlined the dimensions of organizational culture and these can be implemented in this research study in order to explore the influence of culture on managers’ leadership styles. Table 3.1 (on page 28) illustrates these dimensions (as adapted from Densten, Gray, & Sarros, 2002, p. 14).
Table 3.1

**Organizational culture dimensions**

<table>
<thead>
<tr>
<th>Organizational Culture Dimensions</th>
<th>Properties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Competitiveness</td>
<td>Achievement orientation</td>
</tr>
<tr>
<td></td>
<td>Concerned with quality</td>
</tr>
<tr>
<td>Social Responsibility</td>
<td>Being reflective and socially responsible</td>
</tr>
<tr>
<td>Supportiveness</td>
<td>Team and people orientated</td>
</tr>
<tr>
<td>Innovation</td>
<td>Seize opportunities and risk taking</td>
</tr>
<tr>
<td>Performance Orientation</td>
<td>High expectations, enthusiasm, results orientated</td>
</tr>
<tr>
<td>Stability</td>
<td>Low conflict, calmness, security of employment</td>
</tr>
</tbody>
</table>

(Source: Densten, Gray, & Sarros, 2002, p. 14)

A mixture of transactional and transformational leadership approaches best predicted cultures that focused on rewards. Cultures with a transformational focus (supportiveness, social responsibility) were best demonstrated by transformational leadership (inspirational motivation) styles. According to Covey (1992) transformational leadership means that people change the realities of their world to conform to their values and ideals. Transformational leadership is principle-centred while transactional leadership is event-centred.

The leader who understands the significance of culture is better prepared to use strategies to achieve organisational vision, and to use a variety of symbolic tools for transmitting this organizational vision to others (Brenton & Driskill, 2005).

### 3.5 Culture and personality

Culture can be viewed as shaping one’s personality and this is reflected in an individual’s management style (Robbins, 2003). There is also evidence that a manager’s personality can shape the “personality” and even the culture of an
organization (de Vries & Miller, 1987). An important aspect of the concept of culture is the process of identification. According to Dinello (1983, p. 67) “identification, although always retaining its cultural and personal character, is accomplished ‘with’ and ‘in the face of’ the other people with whom one has relations”. According to Cartwright (1999, p. 183) “the culture of the person enables us to apply the tools and techniques of culture management to develop our personality”. There are various qualities and personal characteristics of a manager that play a part in establishing whether the manager is respected or trusted by employers and employees. Cartwright (1999, p. 180) states “leadership quality adds value to management style” and thus such a style can be demonstrated by the manager’s personality through relationship and communication skills; along with his or her personal demeanor.

Cartwright lists the main aspects of the concept of ‘culture of the person’ as follows (1999, p. 184):

- Every individual has a unique personality
- That personality is defined by psychological characteristics that are either inborn or acquired through life experience
- Values have a measurable effect on motivation
- Personal cultural values have an effect on various relationships

It is important to note that a “leader’s authority is also a product of his personality” (Vaughan, 2000, p. 29) and while there is no ideal leadership style, a leader’s general conduct must be respectable. Vaughan (2000) writes that a leader’s authority and the extent of his power is a product of his or her position in the organization. According to Potgieter (1998) culture has been noted as one explanation for the differences found between ethnic groups regarding their assertive and aggressive responses. The following lesson in leadership, as noted by Vaughan (2000), is integral to understanding cultural influences on leadership styles: “A wise
leader will build on the foundation he inherited from the past, thereby leaving a legacy for the future” (p. 178).

### 3.6 Culture and management

Management and leadership are not mutually exclusive as leadership can be viewed as the highest component of management (Covey, 1992). Organizations cannot function effectively without middle managers who can exercise leadership (Sadler 2003). Leadership skills are needed to deal with the various challenges and bureaucracy of organizations and an effective manager sets an example through his leadership (Van Niekerk, 1994). Management is a process that brings authority, power and status to people in management positions (Nelson, 1989). A manager is usually concerned with creating an appropriate climate for other managers and employees in order to ensure that the staff is committed to the plans and goals of the organization (Nelson, 1989). It is important for the current study to focus on an exploration of the functions of managers and especially middle managers in order to fully understand their roles and responsibilities.

Hellriegel et al. (2001) stated that middle managers’ responsibilities generally include directing and categorizing the activities of the first line managers and in some cases, the activities of non-managerial personnel. Middle managers receive “broad, general strategies and policies from top management and translate them into specific goals and plans” (Hellriegel et al., 2001, p.13). As this is a vitally important aspect of any organization’s functioning, it is essential to explore and describe how the middle managers’ culture influences their translation of the strategies and policies in an organization.

Managers may implement different approaches when dealing with their staff. The approach that a leader implements is usually referred to as his or her
leadership/management style (Armstrong & Stephens, 2005). A leader/manager’s approach to employees is usually dictated by his/her leadership/management style. According to Langdon (1993), there is an increase in the comfort level of managers who increase contact with their employees through informal meetings or just by taking time out to talk to them.

3.6 Chapter Summary

An integral component of workplace behaviour is leadership. Management and leadership are not mutually exclusive concepts as leadership is a vital aspect of management and of middle level managers in particular. Leadership qualities and styles that are influential in the workplace tend to be developed through cultural values. The focus of this study falls on two distinct but varying leadership styles: Paternal authoritativeness versus Impersonal-other family orientation. According to research, transformational and supportive leadership styles have the most positive and effective influence on employees. Fairhurst (in Jablin & Putnam, 2001) writes that in conceptualising leadership, researchers have tended to compare leadership with manag ership, contrasting transactional and transformational leaders, participative with autocratic leadership styles and formal with informal leaders. In conclusion, true leadership by example is “developed by the manager setting standards and then ensuring that everything is done to that level” (Nelson, 1989, p. 72) and it also involves the manager ensuring that everything is done in accordance with that level. The following chapter describes the research methodology used and ethical considerations that were taken into account by the researcher.
CHAPTER FOUR

METHODOLOGY

4.1 Introduction

The previous chapters focused on the literature review and the exploration of the topics of culture, leadership and management. This chapter describes the research design and research methodology used in this study.

4.2 Research design

The research design of this study was qualitative in nature. Qualitative research design is characterized by several aspects; namely, the researcher as the key instrument of data collection, data is collected as words, use is made of expressive language, and the outcome is a process rather than a product. Qualitative research is often used when there is a lack of information on a specific topic or a phenomenon.

There are a number of advantages of qualitative analysis. According to Denscombe (2003), there is a richness and detail to the data and that the description of the data is grounded in reality. There are also disadvantages in that the data is less representative, and there can be a tendency to oversimplify the explanation.

Qualitative research design tends to be exploratory (David & Sutton, 1994). In the current study, the researcher's aim was to explore and describe the cultural values and leadership styles of middle level managers at a private sector hospital. Thus a qualitative, exploratory approach was used as little information is available on this topic and the researcher tried to understand and describe this phenomenon by using a qualitative methodology. This approach was implemented through the use of the researcher as responsible observer and main instrument for the data collection.

Qualitative research aims at providing rich description of the participants, the phenomenon and the experiences of the participants. This type of research can be described as “descriptive and naturalistic, with natural settings as the sources of data”
(Bailey, 1997, p.39). The current study is descriptive in nature as the researcher describes in detail the responses and reactions of the participants as well as using descriptive language.

### 4.3 Research Methodology

This section describes the research methodology utilised during the study.

#### 4.3.1 Research population

A research population is a collection of items of interest in research. The population represents a group that can be generalized to the research. Populations are often defined in terms of demography, geography, occupation, time, care requirements, diagnosis, or some combination of the above (www.childrens-mercy.org/stats/).

The research population consisted of middle level managers at a healthcare institution. The individuals that were chosen met the necessary criteria of being employed at a healthcare institution in the position of middle level managers and they can be seen as representative of the total research population. In total there were five middle level managers working at the private sector hospital.

#### 4.3.2 Research sampling

This study made use of purposeful sampling as the selection of the participants will be based on information-rich cases that will provide sufficient data for the exploration of the influence of culture on various management styles. According to de Vos (2002, p.334), in purposive sampling, “a particular case is chosen because it illustrates some feature or process that is of interest for a particular study”.
Selecting cases must be carefully done so as to maximize what can be learned in the time period available for the study. The sampling strategy that was used was homogeneous and convenient sampling as the focus was on a specific subgroup, namely the middle managers at the hospital. The researcher decided on specific characteristics for the research sample group. The inclusion criteria for the sample were that:

- the participants had to occupy a middle management position at a private hospital
- they have occupied that position for a period of a minimum of two years
- they are able to communicate easily in English (the language of the interview)
- they have agreed to participate in the research study.

All the middle-level managers at this healthcare facility were interviewed providing a 100% sample. All of the managers were bilingual in English and Afrikaans. One of the managers could also speak Xhosa in addition to English and Afrikaans. The participants originated from varying economic backgrounds but they had all been in their positions as managers for at least two years and thus were accustomed to the organizational culture and aware of what their positions entailed.

4.3.3 Data collection

The multiple case study method was used within this qualitative research. A case study is an empirical inquiry that investigates a contemporary phenomenon within its real-life context, especially when the boundaries between a phenomenon and the context are not clearly evident (Yin, 2002). Case studies suit the three tenets of the qualitative method, namely describing, understanding, and explaining (Tellis, 1997).
The researcher determined that there were 5 middle-level managers at the hospital and thus all of them were interviewed. In order to determine the representivity of the sample, the researcher confirmed the diversity of race, age and gender with the Chief Executive Officer of the private sector hospital. The researcher contacted the selected participants by e-mail in order to schedule suitable time slots. The topic of culture is open to interpretation and thus the researcher understood the importance of making attempts to minimize bias by means of triangulation and obtaining a deeper understanding of the topic through various sources of information (books, articles and journals). Triangulation was ensured as three data gathering methods were used namely semi-structured, in-depth individual interviews, field notes as well as enlisting the expertise of an independent coder to verify the credibility of the findings.

In the current study, the researcher explored and described cultural values and leadership styles of middle level managers using a qualitative, exploratory approach. The researcher conducted semi-structured interviews with five middle level managers in order to construct a description of their reality and understand their points of view. This type of interview is less rigid but not completely unstructured. Semi-structured interviews rely on a certain set of questions and attempt to direct the conversation to remain on those questions (Hesse-Biber & Leavy, 2006). Semi-structured interviews allow the participants to discuss what is of interest or important to them.

The interviews were conducted during work hours at the specific hospital in order for the participants to feel comfortable in their natural work surroundings. The individual interview took the form of a semi-structured, open-ended interview as that is the usual format of the qualitative approach. The researcher had a number of pre-determined questions prepared for the interview but was also flexible in the
interviewing style as with the semi-structured interview “the interviewer is prepared to be flexible in terms of the order in which the topics are considered” (Denscombe, 2003, p. 167). The approach that was used was a “general interview guide approach…this type of interview is useful for eliciting information about specific topics” (de Vos, 2002, p. 297), in this case, the topic comprised the cultural values and leadership styles of middle level managers at a private sector hospital. The researcher conducted the interview using a tape recorder.

Prior to conducting the interview, the researcher reviewed the relevant literature about various aspects of culture and leadership styles of middle managers. This helped the researcher in the construction of the semi-structured questionnaire (refer to Appendix C). The researcher asked the following four prepared questions during each of the five interviews:

- Please can you describe a typical day at work in your position as a middle level manager at this hospital?
- How has your upbringing influenced your behaviour as a manager?
- How do you believe your culture (culture is the unique pattern of shared assumptions, values, and norms that shape the socialization activities, language, rites and ceremonies of a group of people) has influenced you in the workplace?
- What are your feelings on your employees approaching you for advice on their personal problems? How do you usually deal with these kinds of situations?

The researcher utilised a journal in which the prepared questions were written and where relevant field notes were made during the interviews although “the main focus should be on active and supportive listening…need to make some notes” (Wengraf, 2001). The researcher noted some of the themes that emerged during the interviews in the journal and her own interpretation of the interview process. The
researcher made notes immediately after each interview in order to summarize each interview as ‘notes should be written up covering the physical context of the interview and other impressions the researcher might have’ (Denscombe, 2003, p. 181). According to Hesse-Biber and Leavy the “heart of the qualitative interview requires much reflexivity” (2006, p. 135), and thus the researcher attempted to be sensitive to any situational dynamics that might have arisen during the interview. Reflexivity was also attained through the process of the researcher making observations during the interviews and writing these observations in the journal. The written observations were reviewed by the researcher at a later stage during the process of data analysis.

Interviews have particular strengths and limitations. The strengths of interviews include that they are a useful way of obtaining large amounts of data quickly and are an effective way of obtaining depth in data (De Vos, 2002). The limitations of interviews are that the participants may not be willing to share certain information and some of their responses may be untruthful (De Vos, 2002).

4.3.3.1 Trustworthiness

The study aimed to be as trustworthy as possible and the researcher committed to present herself at the highest possible level of good conduct. In order to ensure trustworthiness, the research was assessed against the criteria of the Lincoln and Guba Model (1985) which states that research must be measured against the following four criteria:

- Credibility
- Applicability
- Consistency
- Confirmability.
Credibility asks whether the researcher has established confidence in the truth of the findings for both topics under investigation. Credibility can be established qualitatively by selecting participants who have the knowledge of the phenomenon being studied. Thus the researcher interviewed all the middle level managers at the private sector hospital. In order to ensure credibility (also known as internal validity), the researcher used triangulation, independent coding and was trained and rehearsed in her interview technique. Interviewing and observation of the participants allow for greater internal validity (David & Sutton, 2004). The supervisors of this study are skilled in qualitative research and can therefore ensure the rigour of the study.

The researcher has taken precautions to promote applicability by using only middle level managers at a private sector hospital for this study and ensuring that they met the criteria. Applicability (also known as external validity) was demonstrated by a dense description of the data and findings as the researcher allowed the participants to talk until data saturation was achieved.

In order to ensure confirmability, an independent coder was enlisted in order to follow the progression of events in the research study. This was done in order to understand the findings and to ensure that the independent coder would arrive at the same conclusions given the same data and research context. The researcher was also able to confirm the findings derived from the data by using a literature control to support or contradict the findings.

Consistency is dependent on the ability of the data gathering instrument (in this case the semi-structured questionnaire) to obtain consistent results (Krefting, 1991). Consistency (also known as reliability) of the proposed research study was ensured by a solid description of the research methodology and a thorough data analysis using Tesch’s method. The attempts made at trustworthiness of the research study are summarised in Table 3.1:
Table 4.1
Criteria of Lincoln and Guba Model (1981) as applied to this study

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Strategy</th>
<th>Applicability to current research study</th>
</tr>
</thead>
</table>
| Credibility       | Triangulation     | • Data Analysis  
|                   | Reflexivity       | • Independent Coder  
|                   | Interview technique | • Literature control  
|                   |                   | • Journal observations made during interviews  
|                   |                   | • Researcher trained in interview technique  
|                   |                   | • Exposed to research procedure  
|                   |                   | • Supervisor fills in where the researcher lacks experience  
| Applicability     | Dense description | • Data saturation achieved  
|                   | Nominated sample  | • The participants for the interviews were selected according to specified criteria  
| Consistency       | Code-recode procedure | • Careful reading of the transcripts to identify categories, themes and sub themes  
|                   | Independent coder | • Independent coder will be able to follow the data collection and results  
| Confirmability    | Triangulation     | • Literature control  
|                   | Reflexivity       | • Independent coder  
|                   |                   | • Written observations of the participants  

With regard to the actual research data, only the researcher and the research supervisor have access to the research data in order to ensure confidentiality. The researcher engaged the help of her supervisors regarding problems that arose relating to the study.
4.3.4 Data analysis

There are a number of advantages of qualitative analysis. According to Denscombe (2003), there is a richness and detail to the data while the description of the data is grounded in reality. There are also disadvantages such as the data being less representative with a tendency to oversimplify the explanation.

Data analysis in a qualitative research study is a very significant process. The qualitative data obtained through the semi-structured interviews was analysed using content analysis. Content analysis is a method of developing categories from the text and developing a method of counting the material connected to each category. By exploring the subjects that the participants chose to focus on when narrating their lives, the researcher is “in a position to see what most matters to them, from their point of view” (Gubrium & Holstein, 2003, p. 125).

For the current research, the qualitative data was analysed using Tesch’s eight-step model as outlined in Tesch (1990). Tesch’s method for the analysis of descriptive data ensured a systematic approach to analyse the data. The data collected for this study from the interviews was initially stored as a tape recording ready to be transcribed. Once the interviews were transcribed they were analysed according to Tesch’s (1990) eight-step design for qualitative data analysis as described below:

- Obtain a sense of the whole interview.
- Closely examine the interview as a whole and determine underlying meanings.
- List all emerging themes or topics, cluster them together.
- Assign codes to appropriate sections of the text, find new emerging categories.
- Identify the most descriptive wording for the topics found and form categories.
- Develop abbreviations for each category in order to help in writing analysis.
• Assemble data material in one place for each category, perform preliminary analysis.

• Recode data if necessary.

According to Strauss (1987, p. 4), “analysis is synonymous with interpretation of data” and thus the content was analysed in terms of its meaning and the themes that arose from the interviews. The researcher made assumptions regarding the topic of cultural influences on middle managers based on the information obtained from the interviews. A common mode is to identify the major categories in the data collected (Woods, 1999). The message of the speaker should be analysed “in terms of explicit themes, relative emphasis on various topics…and numerous other dimensions” (Berg, 1995, p. 177).

All of the transcriptions were read thoroughly to obtain a holistic perspective of the topic. Some ideas were recorded during the initial reading. One transcript was then read and notes were made about the possible themes. The researcher then identified clusters of themes and patterns. Each transcript was then read in detail and number codes were assigned to statements in the interview transcripts. The data belonging to each category was listed on a single list for each category and the lists were examined. The categories and themes were confirmed by an independent coder and agreed on by the researcher and coder in consultation. This was accompanied by a literature control. Once the data was analysed, the researcher looked for supportive and/or contradictory literature.

4.3.5 Ethical considerations

When undertaking research, it is of the utmost importance to be aware of ethical considerations. Thus the purpose of the study, namely the exploration and description of cultural values and leadership styles of middle level managers in a
private sector hospital, was explained to the managers prior to obtaining informed consent. The necessity for and value of the research was also explained to the subjects, as well as its proposed benefits.

4.3.5.1 Violation of privacy

There are various risks, in terms of privacy violation when conducting a research study. This study could put the managers being interviewed in an uncomfortable position if they are not used to discussing their culture with an outsider. As the research study centres around the investigation of the various cultural influences on departmental managers, the researcher tried to ensure that a high ethical standard was maintained throughout the study. Qualitative design incorporates informed consent decisions and is open to ethical concerns. Due to the sensitivity of the research topic, the researcher tried to be non-judgemental and was aware that there could be several different issues arising from the comparison of cultural values and leadership styles.

4.3.5.2 Informed consent

The essential information for informed consent in research is (Byrne, www.findarticles.com/p/articles):

- Introduction of research activities,
- Statement of research purpose, selection of research subjects,
- Explanation of procedures,
- Description of risks and discomforts,
- Description of benefits,
- Assurance of anonymity or confidentiality,
- Offer to answer questions,
• Option to withdraw

The researcher made use of informed consent and permission (see Appendix A). The individuals were also given the option of withdrawing their informed consent at any stage of the research process.

4.3.5.3 Confidentiality

The researcher assured the participants that their interview responses would be anonymous and be kept confidential at all times. Confidentiality can be defined as an “active attempt to remove from the research records any elements that might indicate the subjects’ identities” (Berg, 1995, p. 213) while anonymity means that the subjects remain nameless. During the interviews no mention was made of the name of the participant or of the institution so that the transcriber was unable to identify them. Only the researcher and the research supervisors had further access to the transcribed interviews.

4.3.5.4 Permission to conduct the study

The researcher had a meeting with the Chief Executive Officer of the specific private sector hospital in November 2005 in order to explain the nature of the study and obtain permission for this study to be conducted at the hospital. The researcher also had to obtain permission from the NMMU Research Ethics Committee (Human) and approval from Research, Technology and Innovation Committee of the Faculty of Health Sciences, NMMU (see Appendix B).

4.3.5.5 Proposed benefits of the study

According to Brenton and Driskill (2005), motivating the participant is important in order for them to share information. If employees believe that
organizational leaders will actually use the information for constructive change then they will be more willing to share that information. Thus the researcher explained to the participants the benefits of the research study. The main proposed benefit for the participants is that the findings could be incorporated into future managerial training sessions. According to Breslin (2000) there are a number of benefits that stem from good training programs such as the rejection of stereotypes, ability of employees to understand problematic encounters in a manner similar to individuals in other cultures, and respectful interactions between employees in an organization. These would all benefit the managers should the findings be encompassed as part of future managerial training sessions. According to DuBrin (1994) a convincing argument for training in valuing and understanding diversity is that it contributes to harmony and a pleasant working environment in the workplace.

4.4 Chapter Summary

The methodology and procedure of the study were outlined in this chapter. The study was based on qualitative, semi-structured, one-on-one interviews with the five middle level managers at the private sector hospital. The Lincoln and Guba (1985) model of trustworthiness was implemented in order to ensure trustworthiness in regard to the research method and data collection. The study utilised Tesch’s eight-step model as outlined in Tesch (1990) in order to analyse the data. Results and a discussion of the content and thematic analyses of the interviews are presented in Chapter Five.
CHAPTER FIVE

RESULTS AND DISCUSSION

5.1 Introduction

The research methodology and the procedure of the study were outlined in the previous chapter. This chapter focuses on the description of the results of the interviews and a discussion of these results.

5.2 Demographic orientation to the study

The researcher conducted five, semi-structured interviews with the middle level managers of the private sector hospital. The demographical information of the middle managers interviewed revealed a mix of four racial groups as there were one Black manager, two Coloured managers, one Indian manager and one White manager. Three of these managers were females and two were males. The approximate age group of these participants was between early thirties and late forties. The levels of education of the managers varied with three of the managers having Senior Certificate (now Grade 12 equivalent) as their highest educational level while the other two managers had tertiary qualifications. The lack of tertiary qualification can be viewed as a significant aspect in contributing to the managers' leadership styles being affected by their culture rather than being diluted by theory acquired at a tertiary institution.

5.3 Presentation of data analysis

The researcher identified two main themes, namely that (i) the managers take their leadership roles seriously and (ii) the managers acknowledge that personal and cultural values underpin their management activities. These themes, along with the 3
resulting sub-themes and 10 categories will be outlined and discussed in depth in the following sections. Direct quotations will also be used to illustrate some of the results and literature will aid the exploratory discussion.

The results of the content analysis of the personal interviews are summarised as content themes, sub-themes and categories in Table 5.1:

**Table 5.1**

**Content categories**

<table>
<thead>
<tr>
<th>THEMES</th>
<th>SUB-THEMES</th>
<th>CATEGORIES</th>
</tr>
</thead>
</table>
| 1. Managers take their leadership roles seriously | 1.1 Management strategies are used to create an environment that facilitates goal achievement | - Managers set goals in consultation with their staff  
- Managers prioritise all activities to maximise goal attainment  
- Managers identify and address problems and risks |
| 1.2 Managers recognise the importance of satisfied staff | |
| 2. Managers acknowledge that personal values underpin all their management activities | 2.1 Managers demonstrate a strong sense of self | - Managers demonstrate a strong sense of responsibility  
- Managers acknowledge the role of religion in their daily activities  
- Managers demonstrate respect towards all staff and patients |
The original transcript of an interview is given in Appendix D. In order to maintain anonymity, the names of the participants were not included.

**THEME 1: MANAGERS TAKE THEIR LEADERSHIP ROLE SERIOUSLY**

**Sub-theme 1.1 Management strategies are used to create an environment that facilitates goal achievement**

South African leadership has become more diverse and inclusive of all race groups and this presents a challenge to the commanding management values and practices (Booysen, 2001). The authors Brousseau, Driver and Hunsaker (1993) wrote that due to diverse backgrounds, managers will have varied styles of leadership and organizational behaviour. Thus managers will have different approaches to areas such as goal setting, prioritising of activities and problem solving.

In his study on leadership, decision-making and corporate culture, Gigerenzer (2006) focused on how leaders influence the corporate culture. Gigerenzer (2006) discussed the concept of leaders being influenced by their personal attributes (heuristics) when they are in the process of making quick decisions. These heuristic rules are followed by a number of the employees and that leads to a modification in the corporate culture. The categories associated with this sub-theme will now be described in terms of the relevant literature review

- **Managers set goals in consultation with their staff**
The five middle level managers interviewed can be divided into managers who were more people orientated versus the managers who were more task orientated. The people orientated leaders were more focused on their employees, identifying, discussing and solving their employees' problems and on creating a pleasant atmosphere for their employees. The task orientated leaders centered their concerns and efforts more on the hospitals' goals and strategies and put their efforts into promoting the hospital. The Coloured and the Black managers can be viewed as being task orientated but also focused on setting goals within the department:

The White manager was more focused on her employees and included the employees in organizational processes such as goal setting:

“You set the goals with your staff members but we set our own goals as well. We discuss all the common set goals amongst ourselves”.

According to Harvard Business Review (1999) in a major diversified company, managers changed their planning and review process from the traditional annual cycle to a one more suited to the changes in the markets.

- **Managers prioritise all activities to maximise goal attainment**

The analysis of the data collected from the interviews produced the following results regarding the managers' goal-orientation. Middle managers receive general strategies from top management and transform them into specific goals and plans (Hellriegel, 2001). The White manager was concerned with using the best operative strategies to maximise goal attainment:

“If you see another hospital is doing better than what we are doing, then we can phone each other and find out what they are doing that makes their days better”.”
The main focus of most of the managers was on the hospital goals. The managers were more concerned with adhering to the hospital goals than their own personal goals. The White and Coloured managers perceived their 'own personal' goals to be departmental goals and they took pride in that they were doing well with regard to reaching these goals:

“Ultimately you want to achieve what the hospital wants”.

The Indian manager was also focused on the group’s and the hospital goals as, according to her:

“The focus is more on the hospital and what the hospital expects from you and that is your goal”.

Thus there was not much differentiation between personal and departmental goals. Organisations are becoming less bureaucratic and more transparent and thus the concept of a conventional leader who controls his employees and makes unilateral decisions does not fit in with the new structure (Booysen, 2001). Therefore most of the cultural work values of these managers can be viewed as collectivistic especially in regard to goal setting. In collectivistic cultures, people tend to “downplay their own goals in favour of goals of a valued group set” (Brislin, 2000, p. 53). Collectivism also reflects the degree to which individuals express pride, loyalty and cohesiveness in their organizations’ events (Dorfman et al, 1996).

The White manager was the one who was concerned with being perfect and did not like messes or any kind of untidiness:

“I want everything to be perfect and like that and I don’t like (it) when everything is ‘deurmekaar’”.

This manager seems to favor order, neatness and organization. The White manager was focused on promoting the reputation of the hospital:

“There is never any unpleasantness and arguing”.
She was careful to present herself as a very capable and caring manager.

- **Managers identify and address problems and risks and make their decisions rationally**

The cultural value of uncertainty avoidance focuses on the degree to which different cultures accept uncertainty and find it easier to take risks, or prefer structured types of organizations and feel safer with rules and regulations (Booysen, 2001). People who feel more comfortable with rules are more prone to a stricter adherence to policies and procedures. The managers who discussed in detail their concern with uncertainty and the way they manage to deal with it were the Indian and Coloured managers:

“The day before you knock off you would have a semi-plan for the next day. Aah so when you come you get right to focus on the plan but because this is a hospital your plan might be thrown at any time”.

The other managers emphasized their adherence to policies and procedures:

“I will set specific rules for handling a specific conflict”.

The Coloured manager acknowledged that as a middle level manager at a hospital there are a number of planning difficulties and dealing with uncertainties. His way of handling these was to maintain a flexible schedule in order to cope with any emergencies or unscheduled situations:

“But yes, as far as possible you try to plan every day and do what you can and you try to stick to the semi-plan”.

Thus this manager can cope in a less structured organization. According to Lepsinger and Yukl (2004), effective leaders are those that focus on ways to deal with multiple challenges at the same time. An important characteristic of a leader can be
summarized by the following quote by Richard Pascale (in Field, Koch & Yudelowitz, 2002, p. 8), “Leaders must place themselves squarely in the zone of discomfort and learn to tolerate ambiguity”

Sub theme 1.2 Managers recognize the importance of satisfied staff

Conger and Pearce (2003) describe the key leadership tasks as formulating a vision of what the organization should be like, deciding on the core values of the organization, structuring, effective selection and training of prospective and current employees, and motivating employees through empowerment, performance appraisal, goal setting and morale building. Therefore it is important that leaders in their leadership styles were focused on encouraging, motivating and praising their staff.

According to Brislin (2000) the two leadership styles that are culturally influenced and are in contrast to each other are ‘paternal authoritativeness’ and ‘impersonal-other family orientation’. The analysed data from the interviews can be compared in accordance to these two leadership styles. One of the main differences among cultures is the degree to which supervisors participate in the personal lives of their employees (Brislin, 2000). ‘Paternal authoritativeness’ leadership style is characterized by leaders treating workers like family members and showing concern for the employees (Brislin, 2000). In sharp contrast to this leadership style is the ‘impersonal-other family orientation’ leadership style. The sub-themes below describe the leadership styles of the managers interviewed and explore how managers recognize the importance of satisfied staff. The categories related to this sub-theme will now be discussed.

• Managers provide their staff with opportunities to discuss personal and work-related issues
Leaders usually follow rules and guidelines set out for them by the company and the legal system. In regard to the managers' leadership styles, there seems to be a balance between the two styles. The managers do exhibit concern for their employees and are attuned to their problems but most of the managers do not treat the employees as family members as they do not invite them to their houses or see them outside the working environment. The White and the Indian managers primarily discuss work-related problems with their employees:

“There is no outside like familiarity...it is work related”

“More working relationships”

The Black manager interviewed said that she usually discusses both the work and personal problems of her employees:

“I am very proud of myself with their personal problems because many of them, they come through to this office just talking and talking”.

Another cultural influence that had deeply affected a Coloured manager was his economic background. Poverty played a big part in his decision to make something of himself and to make the decision to pursue tertiary education in order to lead a better life than when he was a child. His feelings are represented by the following extract from his interview:

“I decided that yeah something had to be changed and that I needed to change and there was no way that I was going to work in a factory and I went for it”.

The Coloured manager's experiences of being a child in a poor family have played a role in the way he deals with his subordinates in the working environment. Cocking and Greenfield (1994) categorize cultural differences in the educational context into three types: universal, primary and secondary. The universal and primary cultural differences are relevant to this study as they can have a direct influence on shaping the
individual. Primary cultural differences arise due to the fact that members of different populations have their own specific ways of behaving, thinking and feeling. Thus, some managers can be more drawn to other employees who are similar to them in areas such as economic background. This manager identifies with his employees who are from a low economic background and is thus more familiar and lenient towards them:

“There is a familiarity...especially if it involves financial difficulty”.

This might not be viewed as the best managerial practice as he could be biased towards a certain group. On the other hand, if he recognizes that he is biased towards employees from similar background than him, he might take steps to limit this bias:

“At the end it is my job to take charge in work related issues as well so I do try to do both”.

- Managers address and resolve conflict without delay

The Indian manager was more focused on problem solving and taking any action possible to prevent uncertainty. This manager would arrive at work earlier to deal with any problems that might have arisen during the night and preferred to deal with problems immediately as they arose:

“We don't like to keep problems going for the next day”.

The Coloured manager was also set on resolving any conflicts at work immediately and with a specific and fair way of handling them:

“All of them put in suggestions and then I will also put in my suggestions and then we can decide what is the appropriate decision”.
• *Managers demonstrate the importance of good interpersonal skills*

All of the managers interviewed emphasized that they believe in having an open-door policy for their employees:

“It is an open door policy and they can come in any time”.

This means that they want to be viewed as approachable. The managers believe that it is vital for employees to be able to approach them with their problems:

“If there is something affecting us we like to raise it”.

They want to be there to help their employees in order for the employees in return to be able to focus on their work and thus be productive and achieve the goals of the hospital.

The majority of the managers focused on the concept of hands-on management. These managers emphasized the importance of being visibly present to their employees and to be able to observe the situation in their department:

“Even this door is open. I can quickly open and see what is going on that side”.

These managers discussed in detail what measures they take to ensure the smooth running of the hospital and dealing with their staff. According to Langdon (1993), there is an increase in the comfort level of managers who increase interactions with their employees through informal meetings or by conversing with them.

**THEME 2: MANAGERS ACKNOWLEDGE THAT PERSONAL AND CULTURAL VALUES UNDERPIN THEIR MANAGEMENT ACTIVITIES**

**Sub-theme 2.1 Managers demonstrate a strong sense of self**

Sheldrake (2003) writes that a manager’s culture can be explored and explained from different perspectives, such as his or her level and type of education, social environment and general life experiences. The managers that the researcher
interviewed for this study were all to a certain degree influenced by their childhood and their upbringing. Socialization refers to the “experiences in which children participate so that they eventually will become productive and responsible adults” (Bate, 2002, p. 113). These socialization influences had an impact on the leadership styles, cultural values and general functioning of these managers in their workplace. The managers interviewed exhibited a strong sense of self-identity, responsibility, acknowledgement of other religions and respect for all patients and staff.

A leader should have a strong sense of self-awareness and be constantly striving for personal development in order to be able to influence his or her followers (Bennis & Townsend, 1995). According to Koopman (1991) organizational values are norms that are favoured to be established in organizations in order to bind the total activity and workforce to a common goal/purpose. Managers are usually the ones who are in the position to determine which values take precedence over others and which priorities need to be dealt with in the organization. The categories associated with these sub-themes will now be discussed.

- **Managers demonstrate a strong sense of responsibility**

  One of the major childhood influences on the Indian and the Black manager was learning how to cope with and handle responsibility. Childhood and socialization influences impact the way managers behave and function as leaders in an organization. When a child is born it has almost limitless possibilities to the kind of person it can be. The child needs various stimuli in order to be able to become a participant in the community (Bate, 2002). These stimuli originate from the child's environment. According to Bate (2002) this process is called enculturation and it encompasses the learning of the home culture. This learning gives us “language, our traditions, our customs, our values and our behaviour patterns” (Bate, 2002, p. 11).
According to Rosman and Rubel (1995) early childhood experiences are integral determinants of personality. Culture provides the environment in which children participate and learn the skills that are necessary for later adulthood successes (Brislin, 2000). Both of these managers were raised to look after and take care of their younger siblings and thus they were responsible for other people from a young age:

“Being an African woman you are raised to be responsible. When I was growing up as a child at home, I had to take care of my mum and dad and siblings”.

This had an impact on them as managers as they were ready to handle and cope with the responsibilities that they faced as middle level managers in a hospital:

“They helped me a lot...the way I was brought up and even all those responsibilities”.

• Managers acknowledge the role of religion in their daily activities

The researcher noticed that during the interviews the managers used the concept of their culture interchangeably with the concept of religion. The majority of managers viewed their religion as the main influential element of their culture in their personal and working lives:

“My assistance is my Christianity, which helped me a lot because I can handle myself”.

The managers also had a certain amount of knowledge and awareness about religions that were different to theirs and all of the managers emphasized their respect towards the religions of other employees.

According to Higgins and Mcallaster (2003), there are a number of primary types of cultural variables such as the values and norms and rituals and ceremonies specific to a culture. Rituals can be understood as “repeated symbolic behaviour”
(Bate, 2002, p. 22). Rituals can include birth rituals, celebrations, prayers and even going to work rituals. These rituals are relevant to the study as the researcher should be aware of certain rituals that different managers might exhibit in their everyday functioning at work. The Indian manager and the Black manager had a daily prayer routine that they carried out at work. This was of great importance to them as this was their source of strength for dealing with daily tasks and challenges in the working environment of the hospital. The following quote from the Indian manager illustrates that concept:

“If you can talk about religion in the work then you can become a stronger person and become assertive and you can share that. You can only get that kind of strength from God; you cannot get it anywhere else”.

Brislin and Landis (1983) theorized that when individuals share their perceptions, the cultural understanding will generate similar expectations of behaviour and this will lead to effective interpersonal relations. Religion also influenced the way they perceived others as it required them to be more respectful, patient and understanding of others:

“You don't mock somebody else's religion. You have to be able to respect each other's religion to be able to understand each other”.

Both Coloured managers noted the importance of religion in their lives and of these religious rituals but they did not carry out these rituals in their working environment. One of the Coloured managers stated that even though he respected other religions and cultures, he could not allow preferential treatment:

“Also the thing because it is such a diverse type of culture in this hospital, you cannot give preference to a specific culture all the time”.

This manager believed in the importance of equality and not making special allowances for different cultures as he thought that this could lead to clashes within the different religions. This could be viewed as the managers' desire to ensure equality or can also be an indication of lack of acceptance of diversity.

The White manager did not mention her religion at all in regard to her position as a manager. This manager did not like to focus on her culture or religion and when asked questions regarding them, avoided these questions. According to Wijnbeek (2000), the term organizational culture consists of the pattern of beliefs and values, rituals and sentiments that are shared by the members of an organization. It is thus important to note what cultures operate within the organization as that will have an impact on the employee. Thus the White manager in a mostly Black/Indian/Coloured hospital non-white culture had learned to adapt to the hospital's culture and uses the hospital's culture, rather than her own culture, as a guide for her behaviour as a manager in this hospital.

- Managers demonstrate respect towards all staff and patients

One of the major sub-themes that emerged from the data analysis was the managers' attitude of respect towards their employees and subordinates. Respect was a concept that was discussed by all the middle level managers:

“I mean people from different walk of lives and you have to respect them”.

“But the respect I learnt from my culture that also helps me”.

“I expect them to respect my culture and vice versa I respect their culture”.

All the managers place strong emphasis on having a respectful attitude towards their employees. This attitude is viewed as something that should be
maintained within different areas of managerial duties. The managers also discussed the importance of respecting other employees' cultures and racial differences as this leads to greater understanding and a more harmonious and productive working environment.

The Black manager raised an important cultural aspect that has played a major role in her behaviour as a manager and leader. The practice of Ubuntu is fundamentally inclusive, involving respect and concern for one's family and one's neighbors:

“Ubuntu is part of my Xhosa culture. We all care for each other”.

Thus the manager has always had concern for her fellow employees and has been focused on working within a group and as a team rather than individually. Research shows that the type of leadership style that achieves higher performance and job satisfaction from employees is the considerate leadership style (Davis & Newstrom, 1997). Most of the managers interviewed can be seen as representative of that style.

- **Managers value personal integrity and trustworthiness in their activities**

The managers who were interviewed all discussed the importance of being viewed as trustworthy by their employees. The following quote is by the Black manager discussing the issue of trustworthiness:

“They also know that whatever they talk about in the office stays in the office”.

The managers were intent on maintaining trustworthiness and confidentiality in regard to what their employees divulge to them about their problems. The general consensus amongst these managers is that they believe in confidentiality in regard to their employees' problems (work related or personal problems). The managers view
themselves as approachable and they deduce that this is due to the fact that employees view them as being trustworthy.

Another aspect of self-identity is the way managers view themselves. The Coloured manager spoke about how the main influence of his culture that has affected him as a manager and leader was the need to be neutral:

“The Coloured culture is quite neutral”.

According to this manager neutrality is part of the Coloured culture and thus he focuses on objectivity during his daily tasks and encounters with his staff. When dealing with his employees he does not like to take sides or become part of the problem as he would rather remain unbiased:

“You always need to ensure that you stay outside the fence. You mustn’t become part of the thing”.

This manager also described how his culture had influenced him in a way that has given him an internal locus of control and to place the focus on himself in order to solve the problem instead of blaming other for a problematic situation:

“If something goes wrong it is always about me. What could I do better?”

The Black manager has had to deal with overcoming feeling submissive in the working environment as that has always been a part of her culture:

“In our culture, the way we are raised up, we are raised to be more submissive to our husbands”.

The African culture centers around men as the authority figures and the women are expected to be submissive to them. Thus the Black manager had encountered this in her interactions with the male doctors. Her views were that some of the doctors take advantage of this cultural phenomenon and expect the Black women to be submissive but she has learned to stand up for herself and her rights:
“I got to stand up to the doctors, I got to tell them that I got to stand up to them”.

Potgieter (1998) found that Black managers tend to be aggressive in their management style towards their subordinates. Black employees view aggressiveness as the only way to prevail in an argument. On the other hand, Indian and Coloured managers also seem to have difficulty in expressing anger and frustration and then they can become passive aggressive. Thus cultural and environmental influences play a significant role in determining the levels of aggressiveness and assertiveness in a cultural group (Potgieter, 1998).

5.4 Chapter summary

The findings from the semi-structured interviews support the literature researched on the concept of culture, cultural values and leadership styles. Other themes that emerged during the interviews were also discussed and compared to current scientific literature. Through the exploration of the topics of cultural work values and leadership styles of middle level managers, it clearly emerges that the middle level managers are quite similar in their leadership styles irrespective of the cultural differences.

In Chapter 6 the conclusions of the study will be briefly reiterated and the limitations of the study will be outlined.
CHAPTER SIX

CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

6.1 Introduction

The results of the study were described and discussed in the previous chapter. The aims of the present study were to explore and describe the cultural values and leadership styles of middle-level managers in a private sector hospital in the Eastern Cape. The findings are summarised in this chapter as well as the limitations of the study.

6.2 Limitations of the study

Although the findings of this study are interesting and beneficial, the researcher is aware of several possible limitations in this study such as sample size and instrument limitations. These are discussed in the following section.

6.2.1 Sample size

The number of participants interviewed can be considered a small sample size. Only five middle-level managers between the ages of 30-50 years were interviewed. This sample type however, is appropriate for a qualitative research study. Also the study focuses on middle-level managers and there were only five middle-level managers at the private sector hospital and thus all of them were interviewed. However the researcher is aware of the negative impact on the generalisibility of the findings. The results also cannot be generalized to other hospitals as the study focused on one particular private-sector hospital in the Eastern Cape.
6.2.2 Instrument limitations

The researcher developed the questionnaire specifically for the purpose of this study. The researcher found that probing questions were required as the instrument was not sufficient in eliciting information needed and the questions were too restrictive. Adaptations to the instrument to incorporate questions aimed more specifically at cultural values might be needed to enhance validity of the instrument.

6.3 Dissemination of results

As the present study will contribute to creating an awareness of how a manager's cultural values and his or her ethnic background impacts upon his or her leadership style, the dissemination of the results of the study is of great importance. The findings could be incorporated into managerial training sessions, inter alia. The final treatise will be submitted to the Faculty of Health Sciences and a copy of the treatise will be placed in the library of the Nelson Mandela Metropolitan University.

6.4 Conclusions

A difficult realization for all employees who want to have positive intercultural interactions in the workplace is that not everyone knows other cultures so well that they will always behave appropriately in the workplace. The reasons for cultural clashes or misunderstandings can sometimes be understood if they examine cultural differences (Brislin, 2000).

The four cultural work values as depicted by Hofstede (1980) are uncertainty avoidance; masculine and feminine goals in the workplace; individualism versus collectivism; and power distance. The most emphasized cultural value that emerged was that of uncertainty avoidance. It was identified that certain cultures cope more easily with planning difficulties and are more flexible than other cultures that are
more concerned with adherence to rules and regulations. Most of the managers possessed a mixture of masculine and feminine goals as they were concerned with money and the prestige of the hospital but they were also focused on creating a pleasant atmosphere for their employees.

With regard to the cultural value of *individualism versus collectivism*, it was discovered that all of the managers, irrespective of their culture, were more focused on collectivistic goals such as hospital and departmental goals than their own personal goals. The cultural value of *power distance* was not fully explored but the majority of the managers interviewed did state that they believed in equality.

The leadership styles of the five managers were similar in that all their styles had a component of the 'paternal authoritativeness' leadership style, as they were all concerned with their employees' problems. Some of the managers though were more focused on the work problems while others were open to listening and aiding employees with work and personal problems.

The interviews also led to the emergence of instrumental themes that help with the understanding of the leadership styles and general functioning and behaviour of managers at a private sector hospital. These themes include religion, socialization influences and adaptation to organizational culture by the White manager.

### 6.5 Recommendations

- Further research on the topic of cultural and socialization influences on managers should be undertaken, as it could lead to a better understanding of any cultural conflicts or misunderstandings between the diverse workforce.
- This study can be utilized as a basis for further research into the cultural values and leadership styles of managers at a non-private sector hospital.
A replication of this study should be done using a more diverse population of managers.

This study provided evidence of a perceived lack of knowledge and awareness about the effects of one's own culture and others' differing cultures. There appears to be a need for managerial training workshops with the emphasis on cultural awareness and sensitivity amongst the staff.

Doctors should be included in these training programmes to help them move out of their cultural stereotypes (doctors expecting Black women to be submissive).

6.6 Evaluative summary

Given the increased globalization of industrial organizations and increased interdependencies among nations, there is a need for better understanding of cultural influences on leadership and organizational practices. In this study the researcher explored and described the cultural values and leadership styles of middle-level managers at a private sector hospital in the Eastern Cape. It is an important topic to explore as cross-cultural research can help to develop new theories of leadership and organizational processes and effectiveness.
References


APPENDIX A

COVER LETTER AND CONSENT FORM

Cover Letter

Faculty of Health Sciences
NMMU
Tel: +27 (0)41 504-2815  Fax: +27 (0)41-504-2854
healthsciences@nmmu.ac.za

Contact person: Lynn Markman
Dear

You are being asked to participate in a research study. I will provide you with the necessary information to assist you to understand the study and explain what would be expected of you (participant). This information will include the risks, benefits and your rights as a study subject. Please feel free to ask the researcher to clarify anything that is not clear to you.

To participate, it will be required of you to provide written consent that will include your signature, date and initials to verify that you understand and agree to the conditions.

You have the right to voice any concerns regarding the study at any stage of the process. Telephone numbers of the researcher are provided on separate forms. Please feel free to call these numbers.

Furthermore, it is important that you are aware of the fact that the study has to be approved by the Research Ethics Committee (Human) of the Nelson Mandela Metropolitan University. This committee consists of a group of independent experts that have the responsibility to ensure that the rights and welfare of participants, in research are protected and that studies are conducted in an ethical manner. Studies cannot be conducted without RECH’s approval. Queries with regard to your rights as a research subject can be directed to the Research Ethics Committee (Human). You can call the Director of Research Management at (041) 504-4536. If no one could assist you, you may write to: The Chairperson of the Research, Technology and Innovation Committee, PO Box 77000, Nelson Mandela Metropolitan University, Port Elizabeth, 6031.

Participation in this research study is completely voluntary and you are not obliged to take part. If you do partake, you have the right to withdraw at any given time during the study without penalty or loss of benefits. However, if you do withdraw from the study, you should return for a final discussion in order to terminate the research in an orderly manner.

Although your identity will, at all times, remain confidential, the results of the research study may be presented at scientific conferences or in specialist publications.

This informed consent statement has been prepared in compliance with current statutory guidelines of the Nelson Mandela Metropolitan University.

Yours sincerely
Marianna Boguslavsky
# Consent Form

**N ELSON MANDELA METROPOLITAN UNIVERSITY**

<table>
<thead>
<tr>
<th>Title of the research project</th>
<th>Cultural values and leadership styles of middle level managers in a private sector hospital in the Eastern Cape</th>
</tr>
</thead>
<tbody>
<tr>
<td>Principal investigator</td>
<td>Marianna Boguslavsky</td>
</tr>
<tr>
<td>Address</td>
<td>7 Doncaster Court, Doncaster Street, Park Drive, Port Elizabeth,</td>
</tr>
<tr>
<td>Postal Code</td>
<td>6001</td>
</tr>
<tr>
<td>Contact telephone number</td>
<td>084 827 1767</td>
</tr>
</tbody>
</table>

## A. DECLARATION BY OR ON BEHALF OF PARTICIPANT

(Person legally competent to give consent on behalf of the participant)

<table>
<thead>
<tr>
<th>Initial</th>
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I, the participant and the undersigned

<table>
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<tr>
<th>I.D. number</th>
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## A.1 I HEREBY CONFIRM AS FOLLOWS:

1. I, the participant, was invited to participate in the above-mentioned research project that is being undertaken by

<table>
<thead>
<tr>
<th>Marianna Boguslavsky</th>
</tr>
</thead>
</table>

of the Department of

<table>
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<tr>
<th>Psychology</th>
</tr>
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<tbody>
<tr>
<td>Health Sciences</td>
</tr>
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</table>

2. The following aspects have been explained to me, the participant:

2.1 **Aim:**
The general aim of the research study is to explore and describe the influence of cultural values on the leadership styles and general functioning of middle managers at a private sector hospital in the Eastern Cape.

2.2 **Procedures:** I understand that
The researcher will interview me for the duration of approximately one hour and will record the interview using a tape recorder.

2.3 **Risks:**
Minimal risks that might be associated with the invasion of privacy but a consent form will be used.

2.4 **Possible benefits:**
The main proposed benefit for the participants is that the findings could be incorporated into future managerial training sessions.

2.5 **Confidentiality:**
My identity will not be revealed in any discussion, description or scientific publications by the investigators.

2.6 **Voluntary participation/refusal/discontinuation:**
MY participation is voluntary
3. The information above was explained to me/the participant by Marianna Boguslavsky in Afrikaans, English, Xhosa, and I am in command of this language.

I was given the opportunity to ask questions and all these questions were answered satisfactorily.

4. No pressure was exerted on me to consent to participation and I understand that I may withdraw at any stage without penalisation.

5. Participation in this study will not result in any additional cost to myself.

A.2 I HEREBY VOLUNTARILY CONSENT TO PARTICIPATE IN THE ABOVE-MENTIONED PROJECT

Signed/confirmed at on 20

Marianna Boguslavsky
APPENDIX B

APPROVAL FORMS
APPENDIX C

QUESTIONNAIRE

Biographical Questionnaire

Age:

Gender:

Race:

Level of education:

Occupation:

Area of residence:

Languages Spoken:
**Semi-structured interview**

<table>
<thead>
<tr>
<th><strong>Questions</strong></th>
<th><strong>Observations</strong></th>
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<tbody>
<tr>
<td>• Please can you describe a typical day at work in your position as a middle level manager at this hospital?</td>
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<tr>
<td>• How has your upbringing influenced your behaviour as a manager?</td>
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<tr>
<td>• How do you believe your culture (culture is the unique pattern of shared assumptions, values, and norms that shape the socialization activities, language, rites and ceremonies of a group of people) has influenced you in the workplace?</td>
<td></td>
</tr>
<tr>
<td>• What are your feelings on your employees approaching you for advice on their personal problems? How do you usually deal with these kinds of situations?</td>
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APPENDIX D

TRANSCRIPT OF AN INTERVIEW

Interview with a Black manager

M: Please can you describe a typical day at work in your position as a middle-level manager at this hospital?

4: I have to think now...!

M: Just take you time...

4: Actually as a unit manager of theatre, it is a very busy unit, well not a unit, a department. So it is essential for me to come on duty here, to see that everything is covered. But covered I mean that every theatre that is on the list is covered with staff, that everybody is here. If it happens that anybody phoned in sick, I just try if the Night sister did not do reshuffling, I do it myself in the morning, just reshuffle the allocation to suit the business of the department. Then I check that everybody is preparing, and then we have a short review meeting just to gather any problems that happened on a previous day. We gather information from the night staff. Any problems, we discuss the problems and the ways and means of preventing them from re-occurring during the course of the day. Then after that, any highlights we need to being to the person’s attention we do that. Like now, we are embarked on risk management and so we talk of any risks that might occur during the day. We recap on
those risks—such as burns, administration of drugs, make sure that drugs are labelled and that the syringes where these drugs are, are also labelled. Those are the things I come and check in the morning. But I also have kids to take to school...that I try to fit in within a half an hour. Then I come back and continue visiting the doctors in the theatres to find out if everything is fine in the theatres. If there were any problems they encountered while I was away. That is what I used to do during the day but then I found out that the staff themselves feels neglected. They come out and said that I never ask them if they are ok so I started asking them if they are ok.

M: So now you have learned to focus on your staff as well...

4: Yes...sometimes you find out that the doctors were not treating them well. After that I come to the office and all the meetings you have to attend. You have to plan for the smooth running of the hospital. I also check the storeroom here as we have stock control here.

M: It sound like you have a lot of responsibility as a manager. Do you think your culture has prepared you for this and has helped you to cope with all this responsibility?

4: I would say it is part of my culture that enables me to cope with this responsibility and the challenges. Being an African woman you are raised to be responsible. When I was growing up, as a child at home, I had to take care of my mum and dad and siblings. I took that responsibility at an early age because when my mummy at work and my daddy at work, you must take care of your siblings. You must see that they
are clean and that they are fed by cooking for them. You have to put the food on the table, prepare the food, and clean the house. Then after that, it also helped me in life because with us, our parents were irresponsible people; school was not much for them. I only went to school at the age of twelve. I was motivated by other school kids and I felt like going to school. It was middle of the year, June. When my mother had another baby then I had to leave school. Fortunately the teacher there I showed my mark and the teacher had to come and speak to my parents that I had to go back to school. She told them they need to find someone to look after the kids so I could go to school. She helped me a lot. Then because of financial constraints I could not go to grade eight. Then another white lady...because at an early age I used to go out and help and do chores at a white lady’s house. Then she took over and took me to school, she took over until I got into my training. So the culture has helped me a lot and so has the love, the tremendous love that I got from my parents. The encouragement and the praise...I mean they praised me for no matter what, even a cup of tea. That has also helped me to be able to deal with people-I can praise people. They helped me a lot...the way I was brought up and even all those responsibilities. Even being a married woman now, I’m working here and have all these responsibilities, but in the evenings if my child has a meeting or a sport I am there for them.

M: You have now actually answered my second question: How has your upbringing influenced you as a manager? You have spoken about your upbringing but how do you think it has actually influenced the way you deal with your employees and how you function in this environment?
4: It has affected me in a big way is to love mankind. My Christianity...you know I am brought up in a Christian family, that has helped me a lot as well. ‘Ubuntu’ is part of my Xhosa culture. We all care for each other...

M: Do you think because of the African concept of ‘Ubuntu’, your priorities lie more with the group and the hospital or do you also focus on your own goals?

4: When I took this post as a manager, my big aim and goal, being in a black environment, you know in a hospital where you just look after blacks. Many people look down on this hospital. You know...some people don’t want to come here-they think the standards are very low. Then I took it upon me because when I started I was just a scrubs sister; I always wanted to be part of management to bring up standards here. That was my main goal and fortunately people were impressed when they interviewed me as I got to be a manager. I took this post enthusiastically and it is still my goal to look back on this hospital and to see it have the best theatre.

M: So your personal goals are actually entrenched in the hospital goals, you aim to promote the hospital?

4: Yeah, Yeah...and promote the staff as well to do and give their best.

M: How do you believe you culture (for instance the African values, assumptions and norms) have influenced you in the workplace?

4: You know being an African woman, at home you are sort of the manager of your home. You are the manager of your kids and your husband at home and they need
everything from you, you are their advisor. Then now when you come to your work-
this was how i was raised as a Black woman- you got to do those things, you are
responsible for those things. It gives me that assertiveness in the hospital and being
grown up as a Black woman with apartheid that has also affected our assertiveness. I
managed to overcome suppression and also you know from way back, during
apartheid era, you would not just hug a white woman to show affection and
appreciation but now it comes spontaneously. In our culture, the way we are raised
up, we are raised up to be more submissive to our husbands. The doctors will easily
try to use that against us because we got that thing that the man... you know...the man
is always the head of the family. That is the very disadvantage about our culture. Now
that I have learned that, I got to stand up to the doctors, I got to tell them that I got to
stand up to them. But the respect I learned from my culture that also helps me because
I would not just tell the doctor ...you do it in a respectful and assertive manner.

M: Now lets talk a bit more about you as a leader and a manager. What are your
feelings about your employees approaching you with their personal problems? How
do you deal with these kinds of situations?

4: Actually I am very proud of myself with their personal problems because many of
them, they come through to this office, just talking and talking. I think in that way my
assistance is my Christianity, which helps me a lot because I can handle myself and I
can give them advice when they come to me with their personal problems. They also
know that whatever they talk about in the office stays in the office. That trust I
managed to win from them. They know that whatever comes into this office will
never go out. This is part of my culture as when you are getting married, the first
thing they tell you that you are now part of this family and they give you a long dress and they tell you whatever happens in this family stay behind this long thing. Whatever happens in this family, stays in this family. It doesn’t go anywhere else. So that also runs through...to keep my staff’s secrets to myself. It is also part of my culture...my religion that you shouldn’t go around with others’ personal problems and talk about them.

M: Do you view yourself as a manager having an ‘open door’ policy?

4: Yes...that is why even this door is open. I can quickly open and see what is going on that side. So me I like to observe everything around here.

M: You say that you like to observe...is that of great importance for you to see what is happening and what your subordinates are doing?

4: Not really to police them, just to see and to help where I can help because there are patients sometimes lying here. If there is something then I can quickly run out and help.

M: As a manager you seem quite assertive but you are also focused on creating a friendly and comfortable atmosphere for your employees. In your culture though, where does the emphasis lie?

4: I like friendliness and all that...I don’t like unhappy people, Like one of my staff members I see she not happy and so i called her and asked her what is wrong and she
said that I am the reason she is unhappy! [laughs]. I told her that I didn’t mean to be negative and then I told her I meant it positively not negatively. But my major thing is promoting standards. The major thing why I am here is my patient care...I like it when my patients go out of the theatre and they are happy. Then they would really recommend the next person to go here. Then they would come back here next time. The same thing with my staff- I would like my staff to get more money as people are working very hard. But because of this...there is management there on top...because it is market related you cannot get more. My triumph though is quality care...quality care for my patients. There is no compromise on that. I do tell them “guys, there are always people who try to put you down because of my culture, but god gave me this post and no one can take it away” and that guides me and gives me strength. There are many things that happened that depressed me...aghh...many challenges that people faced before me and they could not cope and I wondered if I could cope. Then I go on my knees and I feel like I can do it.

M: From what you told me, it sounds like you can. Thank you for letting me interview you. It has proved to be very informative.

4: Pleasure
APPENDIX E

CONTENT CATEGORIES
<table>
<thead>
<tr>
<th>CATEGORIES</th>
<th>THEMES</th>
<th>SUB-THEMES</th>
</tr>
</thead>
</table>
| 1. Managers take their leadership roles seriously | 1.1 Management strategies are used to create an environment that facilitates goal achievement | - Managers set goals in consultation with their staff  
- Managers prioritise all activities to maximise goal attainment  
- Managers identify and address problems and risks and make their decisions rationally |
|                          | 1.2 Managers recognise the importance of satisfied staff | - Managers provide their staff with opportunities to discuss personal and work-related issues  
- Managers address and resolve conflicts without delay  
- Managers demonstrate the importance of good interpersonal skills |
| 2. Managers acknowledge that personal values underpin all their management activities | 2.1 Managers demonstrate a strong sense of self | - Managers demonstrate a strong sense of responsibility  
- Managers acknowledge the role of religion in their daily activities  
- Managers demonstrate respect towards all staff and patients  
- Managers value personal integrity and trustworthiness in their activities |